



GUIDELINES FOR MANAGING FOOD ALLERGIES AT CAMP

Food allergies can be life-threatening. In any camp setting: day camps, residential camps, sports camps, or travel camps the risk of accidental exposure to a food allergen is present. Camp staff, physicians, parents, and campers themselves must work together to minimize the risk. There must also be medications and procedures in place to deal with accidental ingestion or contact.

FAMILY RESPONSIBILITY

Choose an appropriate camp for the child. Find out the following:

- Who is the primary healthcare person and what are their credentials? Who is responsible for their duties in this person's absence?
- How does camp communicate and monitor food allergy information? Is this sufficient for your child?
- How far is the camp from definitive care?
- What trips might the camper take that change the response time? Are you ok with this?

Notify the camp of the camper's allergies or suspected allergies.

- Use the camp application and/or health form to fully describe the allergy. If necessary, attach a detailed explanation of the type of symptoms. List foods to which the camper is allergic, and the specific symptoms he or she typically experiences during an allergic reaction.
- Inform the camp director of the allergy early in the process so that appropriate personnel can be hired or instructed on proper approach to the camper with food allergy.

Make personal contact with the director, counselor, or the division supervisor before the camper's arrival at the facility.

- Make certain that the camp director notifies all affected personnel. Pool life guards, transportation drivers, dining hall/cafeteria workers, camp nurses, counselors, specialty area workers, and anyone else who may offer food or plan parties or events all need to be informed of the allergy. Additionally, many camps use volunteers who may only come to camp one or two days during the week. These individuals will also need to understand the camp's food allergy policy.

Provide the camp with a recent photo of the child, attached to written instructions, medical documentation, and medications as prescribed by the physician for handling accidental contact.

- *Do not simply transfer school documentation.*
- The specific camp personnel need to be authorized and instructed on how to proceed.
- The camp may have an Allergy Action Plan, OR use the Food Allergy Action Plan from the Food Allergy & Anaphylaxis Network.

Check the expiration date of all medications.

- Be prepared to replace any expired or unsealed, previously used medication. Review with camp director and nurse the location and storage of medications. Given the remote location of many camps, provide two (2) epinephrine auto-injectors (such as EpiPen®) if prescribed.

Educate and review often with the camper the self management of his or her food allergy.

- Camper should know:
 - Safe and unsafe foods;
 - Strategies for avoiding exposure to unsafe foods;
 - Symptoms of allergic reactions;
 - How and when to tell an adult about a possible allergic response;
 - How to read a food label, especially those at the camp candy store, if age appropriate. For young campers, plan with camp how to handle this.
 - How to use an epinephrine auto-injector (such as EpiPen®).

(Continued on next page)

CAMPER RESPONSIBILITY

Camper should:

- NEVER trade food with other campers.
- Not eat anything with unknown ingredients.
- Read every label and check with a counselor (if age appropriate).
- Be proactive in the management of mild reactions, such as seeking help if a reaction is suspected
- Tell an adult if a reaction seems to be starting, even if there is no visible appearance of allergic response.
- NOT go off alone if symptoms are beginning.

CAMP RESPONSIBILITY

Be informed of the availability of emergency care.

- Know: How to contact EMT/ambulance;
 - How much time is needed for an emergency crew to arrive;
 - How far it is to the nearest hospital;
 - If the hospital has an M.D. present at all times.
- Camps located in non-urban settings must understand that rural ambulance and emergency crews may be volunteers. Therefore, additional plans and additional medications may be required.
- On trips away from the campsite, a communication device (i.e., cell phone, 2-way radio) should be carried.

Review the health records submitted by parents and physicians.

Establish prevention protocols for your camp.

- Make plans so that the camper with food allergies may be safely included in all activities.
- Be certain that all food service or kitchen personnel are aware of, and can identify the child with food allergies.
- Discuss meal plans with parents/camper and alternative plans if necessary.
- Plan how a camper with food allergies will participate in meals. A camper with food allergies should go first in a buffet line to avoid cross-contact or may need a place to sit apart in a special allergen-free space.

Assure that all who will be in contact with camper know of the allergy and can recognize the symptoms of allergic response.

Maintain an appropriate sense of confidentiality and respect for individual privacy.

Identify the camp core emergency response team. This should include, but not be limited to appropriate staff.

- Arrange to have this team meet with parents and camper prior to the opening activity, on or before the first day of camper's participation.
- Assure that the nurse has the required authorizations and appropriate medications to use in the event of inadvertent contact.

Assure that appropriate personnel are familiar with EpiPen® usage, where medication is located, and protocol.

- Arrange a training session before the start of camp. Allow participants to become familiar with the usage of epinephrine auto-injectors.

If there are planned field trips or out of camp activities:

- Be certain any emergency medications and authorizations accompany the camper and the counselor.
- Be certain there is a way to contact emergency assistance.
- Enforce a "no eating" policy in the vehicle.

Medications must be stored in the correct temperature range. Be certain travel personnel understand the importance of this. Many medications are rendered ineffective if left in the sunshine or inside a closed vehicle, or refrigerated. Refer to the manufacturer's instructions for proper storage.

**Food Allergy & Anaphylaxis Network can be contacted at:
(800) 929-4040, www.foodallergy.org**

These guidelines were developed with input from the following:

- Helen Rebull, R.N., Virginia Congressional Schools
- Cassie Piper, Director of the Early Childhood Program, Virginia Congressional Schools
- Greg Cronin, Camp Director
- Association of Camp Nurses
- The Food Allergy & Anaphylaxis Network



FOOD ALLERGY BASICS

- Food allergy is a growing food safety concern in the U.S. Physicians are reporting an increase in the number of food-allergic patients in the country.
- Approximately 11 million Americans suffer from food allergy, with 6.5 million allergic to seafood and 3 million allergic to peanut and tree nuts. Millions more are affected by allergy to insect sting, latex, exercise, medication, and idiopathic reactions (no cause identified). All of these individuals are at risk for anaphylaxis, a potentially life-threatening allergic reaction.
- Eight foods account for 90% of all reactions in the U.S.: milk, eggs, peanuts, tree nuts (walnuts, almonds, cashews, pistachios, pecans, etc.), wheat, soy, fish, and shellfish.
- Food allergy reactions result in over 30,000 emergency room admissions each year.
- It is estimated that between 150 and 200 people die annually from anaphylaxis to food; many of these are young children and young adults.
- Approximately 2 million school-aged children have food allergy.
- One in every 20 children under the age of 3 has food allergies.
- Teens and young adults with food allergy and asthma appear to be at increased risk for severe or fatal allergic reactions.
- The majority of patients don't have written plans from their doctor for preventing and treating reactions.
- Trace amounts of the food allergen can cause a reaction. Patients should be on guard for hidden ingredients (such as milk or peanuts) in unsuspected places such as candy, baked goods, trail mixes, sauces, desserts, and gravy.
- There is no cure for food allergy. Strict avoidance of the allergy-causing food is the only way to prevent a reaction.
- Most individuals who have had a reaction ate a food they *thought* was safe.
- Studies have shown that early administration of epinephrine (adrenaline), available by prescription as EpiPen®, is key to a patient's survival of anaphylactic shock.

These statistics involve estimates for the U.S. only.

Food Allergies

what you need to know



Millions of people have food allergies that can range from mild to life-threatening.

Most Common Food Allergens



Peanuts



Tree nuts



Fish



Shellfish



Eggs



Milk



Wheat



Soy



Take guest food allergy requests & questions seriously.



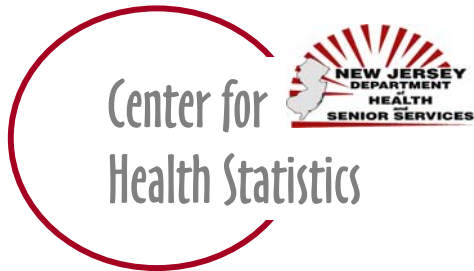
Always let the guest make their own informed decision.

When a guest informs you that someone in their party has a food allergy, follow the four R's below:

- **Refer** the food allergy concern to the chef, manager, or person in charge.
- **Review** the food allergy with the guest and check ingredient labels.
- **Remember** to check the preparation procedure for potential cross-contact.
- **Respond** to the guest and inform them of your findings.



If a guest has an allergic reaction, notify management and call 911.



HEALTH DATA FACT SHEET 2005

Food Allergies

- ◆ Approximately 327,000 New Jerseyans suffer from food allergies. Nearly 100,000 of them are children.^{1,2}
- ◆ Physicians are reporting an increase in the number of food-allergic patients in the U.S. The number of children with peanut allergy doubled in a five-year period between 1997 and 2002.
- ◆ Food allergy is the leading cause of anaphylaxis (a sudden, severe, potentially fatal, systemic allergic reaction) outside the hospital setting, accounting for an estimated 30,000 emergency department visits, 2,000 hospitalizations, and 200 deaths nationwide each year.
- ◆ Eight foods account for 90% of allergic reactions: milk, eggs, peanuts, wheat, soy, tree nuts (walnuts, pecans, etc.), fish, and shellfish.
- ◆ Food allergies differ from food intolerances. An intolerance is a metabolic disorder and does not involve the immune system. A food allergy occurs when the immune system reacts to a food protein causing symptoms that can affect the respiratory system, gastrointestinal tract, skin, and/or cardiovascular system.
- ◆ Symptoms of a reaction include a tingling sensation in the mouth; swelling of the lips, tongue, and throat; difficulty breathing; hives; vomiting; abdominal cramps; diarrhea; drop in blood pressure; loss of consciousness; and death. Symptoms may appear within seconds to hours after eating the food to which one is allergic.
- ◆ The prescription drug epinephrine, also called adrenaline, is used to control severe reactions and must be carried at all times by those at risk. An antihistamine should also be administered. Call 911 in cases of severe food allergy reactions, even if epinephrine has been administered and the reaction seems to be under control.
- ◆ Strict avoidance of the allergy-causing food is the only way to prevent a reaction. Reading ingredient labels of all foods to be consumed and knowing alternative names for allergens (such as whey and casein for milk) as well as preventing cross-contact of utensils and hands are the keys to controlling food allergies.
- ◆ The Food Allergen Labeling and Consumer Protection Act³ requires that all food labeled on or after January 1, 2006, declare the presence of any of the eight major food allergens in clear language.
- ◆ A key component of inspections conducted at wholesale food establishments by the New Jersey Department of Health & Senior Services' Food and Drug Safety Program staff is the evaluation of product labels to determine if food allergens utilized as ingredients are properly declared on the finished product ingredients label. In addition, inspectors evaluate the potential for allergen cross-contact when firms produce multiple products, not all of which contain allergy-causing ingredients, in the same facility. Cross-contact can occur due to such factors as the use of common processing equipment, production scheduling of allergen-containing products before non-allergen containing products on common equipment, and inadequate equipment sanitation.
- ◆ In an effort to prevent or delay the onset of food allergies, the American Academy of Pediatrics currently recommends waiting to introduce solid foods until after a child is 6 months old, dairy products after 1 year old, eggs after 2 years old, and peanuts, nuts, and fish after 3 years old for children from families with a member who has any type of allergy.
- ◆ Nursing mothers of food-allergic children are generally advised to avoid eating the foods to which the child is allergic. Pregnant women with a family history of food allergies may want to avoid eating potential allergens such as peanuts or tree

nuts during the last trimester so as not to sensitize the baby to those foods, although scientific studies about the efficacy of this practice are inconclusive.

- ◆ In 2003, a law was passed in New Jersey calling on the Commissioner of Health and Senior Services to adopt rules and regulations, including proper medical protocols, that would authorize all Emergency Medical Technicians (EMTs) to have access to, and to administer an epinephrine auto-injector device to a person experiencing an allergic reaction. The new rules and regulations are nearing completion.
- ◆ In 2004, the New Jersey Legislature passed a resolution which urges school districts to acquaint personnel with the dangers of peanut allergy and to establish peanut-free cafeteria areas.
- ◆ In 2005, a bill was signed into law in New Jersey which calls for the creation of a public information campaign, known as “Ask Before You Eat,” designed to inform the public about food allergies and anaphylaxis. The new law also calls for the Department of Health and Senior Services to create a fact sheet on nut allergies, which will be distributed to local boards of health, local health officers, and restaurants.

For information about food safety from the New Jersey Department of Health and Senior Services, Food and Drug Safety Program: www.state.nj.us/health/eoh/foodweb/

For information about food allergy from the National Institutes of Health: www.nlm.nih.gov/medlineplus/foodallergy.html

For support, information, guidelines for schools and camps, and the CD-ROM titled “Food Allergy Training Guide for Restaurants and Food Services” from The Food Allergy and Anaphylaxis Network (FAAN): www.foodallergy.org

For research information from Food Allergy Initiative (FAI): www.foodallergyinitiative.org

Sources:

¹Sicherer S, Munoz-Furlong A, Murphy R, Wood R, Sampson H. [Symposium: Pediatric Food Allergy](#). Pediatrics 111(6): 1591-4. 2003.

²Personal communication from Scott H. Sicherer, MD

³U.S. Food and Drug Administration: [Food Allergen Labeling and Consumer Protection Act of 2004 \(Public Law 108-282, Title II\)](#)

Food Allergy Initiative:

[Food Allergies 101](#)

The Food Allergy and Anaphylaxis Network:

[Information for Media](#)

[Answers to Frequently Asked Questions](#)

Personal communication from Christopher Weiss, Director of Legislative and Regulatory Research

New Jersey Department of Health and Senior Services:

[Food and Drug Safety Program](#)

American Academy of Pediatrics:

[Policy Statement: Hypoallergenic Infant Formulas](#)

[Food Allergen Avoidance in the Prevention of Food Allergy in Infants and Children](#)

LaLeche League:

[My Family Has Food Allergies. How Does This Affect Breastfeeding?](#)

[Allergies and the Breastfeeding Family](#)

New Jersey Legislature:

[2003 Chapter Laws \(P.L.2003, c.1\)](#)

[2002-2003 Bills SR111/AR199](#)

[2005 Chapter Laws \(P.L.2005, c.26\)](#)



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Food Allergy Action Plan

ALLERGY TO: _____

Name: _____ Date of Birth: _____

Campus Residence: _____ Phone Number: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____

Give Checked Medication**:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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To be determined
by physician
authorizing treatment

If reaction is progressing (several of the above areas affected), give:
The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® Twinject™ 0.3 mg
(see reverse side for instructions)

Antihistamine: give _____
medication/ dose/ route

Other: give _____
medication/ dose/ route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)

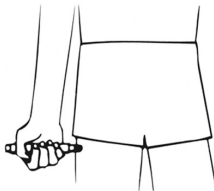
CAMPUS CONTACTS AND NOTES

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).

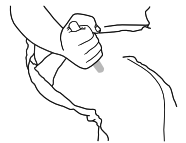


- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions



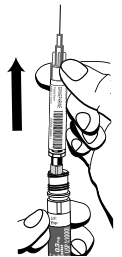
- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



Take A Minute – Save a Life:



You Need To Know About Food Allergies

- ▶ Food allergies can kill.
- ▶ Millions have food allergies.
- ▶ Food allergies are on the rise in children.
- ▶ There is NO cure for food allergies.
- ▶ Staying away from food allergens is the ONLY way to avoid reactions.



Any food can be an Allergen!

The most common food allergens are:

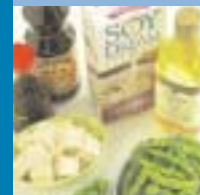
Tree Nuts &
Peanuts



Milk
Products



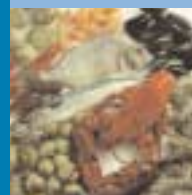
Soy



Wheat



Fish &
Shellfish



Eggs



**SPOT A
REACTION —**

Save a Life!

- ▶ Symptoms appear within seconds to hours.
- ▶ Symptoms range from skin rash to trouble breathing to death.
- ▶ Get help right away — **CALL 911**

GET MORE INFORMATION:

<http://www.foodallergy.rutgers.edu>



Does Your Child Have Food Allergies?

You Can Feel More Confident Leaving Them In the Care of Others.



GET READY...

Write An Action Plan

- ▶ List foods your child cannot eat.
- ▶ Make a list of safe snack choices.
- ▶ Describe how your child reacts to food allergens.
- ▶ Outline steps to take in case of a reaction.
- ▶ List emergency contacts.

GET SET...

Share Action Plan With Those Caring For Your Child

- ▶ Review plan with school nurses, administrators, teachers, and cafeteria staff.
- ▶ Tell family, sitters, coaches and other parents about the plan.
- ▶ Answer any questions and offer resources.

Educate Your Child

- ▶ Teach your young child to ask before eating — "Is this safe for me?"
- ▶ Help your older child learn how to select safe foods.
- ▶ Teach your child to alert an adult right away if feeling sick after eating.
- ▶ Consider giving your child a medical alert bracelet.



GO...

Be certain your child's caregiver understands the action plan.

Make sure the caregiver knows how to reach you.

Enjoy your day!

Get More Information: <http://www.foodallergy.rutgers.edu>

