



2013 Guidelines for Managing Food Allergies

Millions of children and adults in the United States have been diagnosed with specific food allergies that can be life-threatening. Initial food allergy reactions can occur at any time, even in previously undiagnosed individuals. Developing food allergy prevention policies will help camp staff minimize exposure for those with known food allergies and be prepared for the possibility of a food allergy reaction in any camper or staff member.

True Food Allergy Versus Food Sensitivity

A food allergy may lead to a life-threatening allergic reaction (anaphylaxis) and may occur even if previous reactions have been mild. Therefore, it is imperative that recognizing a severe food allergy and understanding treatment protocol are included as part of your camp's food allergy prevention policy.

Knowing the difference between true food allergies and sensitivities or intolerances can be a helpful component to any food allergy prevention policy. It should be noted that food sensitivity reactions are very common, and symptoms typically develop gradually. A true food allergy involves an antibody response and can lead to severe reactions. Even very small amounts of the offending food may cause an immediate, severe response for those with food allergies. In contrast, celiac disease involves an immune response to gluten, but it does not cause an anaphylactic response in the individual.

Resources for information about food allergies and food-intolerance symptoms include:

American College of Allergy, Asthma, and Immunology:

<http://www.acaai.org/allergist/allergies/Types/food-allergies/Pages/food-allergy-symptoms.aspx>

Academy of Nutrition and Dietetics:

<http://www.eatright.org/Public/content.aspx?id=6442472669&terms=food%20allergy%20symptoms>

The following information is not intended to be comprehensive. More information about managing food allergies can be found in the resources listed at the end and throughout this paper. It is recommended that a food allergy action plan should be reviewed and current research be evaluated at least annually.

Family Responsibilities

Before camp:

Plans must be developed before arriving at the camp. This includes completing an Annual Health and Medical Record (AHMR). A key component of the parent's/participant's responsibilities is identifying allergies/sensitivities on the AHMR. This should include what causes the response, what type of response has occurred in the past, symptoms, and any treatment/prevention strategies.

Discuss your Scout's desire to attend camp with their health care professional to determine if camping is a possibility. Choosing an appropriate camping experience for your child is critical, especially for those considered by a health care professional to have an extreme sensitivity to food allergens. Strong consideration for the parent or guardian to attend camp with the Scout must be discussed.

In some cases, it may be necessary for the camper to provide his own food for the duration of the camp.

Contact the camp personnel directly as soon as possible before arriving at camp. The family, adult unit leaders, and camp leadership must determine whether camp is appropriate for the Scout. You must notify the camp of the camper's allergies and/or suspected allergies on the AHMR. If possible, meet with the food service staff and the camp health officer. If available, obtain and review a copy of the camp menu for the period of time that your Scout will be attending the camp. After reviewing the menu, discuss any concerns of potential allergens with the camp staff.

It is the family's responsibility to review with the child the information needed to manage his food allergy.

Discuss the camper's needs with a responsible adult leader in the Scouting unit. If the adult leader agrees to assist your Scout in managing a food allergy, then a plan needs to be developed and agreed upon. This may include informing others in the unit regarding the Scout's food allergy. It may be beneficial to include the entire unit or a few Scouts, depending on the circumstances. This should be determined and agreed to by all involved.

Resources to help you develop a food allergy action plan include the Food Allergy Research and Education group. Helpful information is available at these links:

<http://www.foodallergy.org/managing-food-allergies/at-camp> and
<http://www.foodallergy.org/document.doc?id=234>.

Upon arrival at camp:

The parent, guardian, or adult unit leader must notify camp personnel of the Scout's allergies. The responsible adult should also meet with the camp's health officer. Review the agreed-upon food allergy action plan with camp leadership, the camp health officer, the camp food service director, adult unit leadership, and anyone else the camp director suggests. The review should

include specific food allergies, symptoms, typical reaction, and treatment. Including the Scout in this discussion may be beneficial.

All information regarding your Scout's allergy, including directions from the doctor regarding medication, should be given in writing to both the camp staff and adult unit leader.

Medication:

Provide adequate amounts of unexpired medication according to the camp's guidelines. Keep in mind that additional medication may be necessary based on the type of camp and activities planned for the Scout. Review the medication, including the written directions and proper use, and location of storage with the camp health officer, camp director, and others as determined by the camp director. Additional information on medications at Scout activities can be found at <http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx> and on the Annual Health and Medical Record itself (<http://www.scouting.org/filestore/HealthSafety/pdf/whole.pdf>). It is important to note that state and local laws may be different and must be complied with.

Scout Responsibilities

The Scout with food allergies must be prepared for unintentional exposure. The National Institute of Allergies and Infectious Diseases recommends the following precautions:

- Wear a medical alert bracelet.
- Carry (or have available) an auto-injector device containing epinephrine (adrenaline) if possible. Check first with specific camp rules and state/local regulations. This medication may be carried by an adult unit leader or camp leader if the Scout is unable or not permitted to do so.
- Seek help immediately if a suspected or actual reaction occurs, even if an epinephrine injection has been given.

The Association of Camp Nurses and the Food Allergy Research and Education group also recommend that the Scout do the following:

- Limit exposure to food allergens by eating in a separate area away from potential allergens and/or bringing your own food.
- Never trade food with other campers.
- Never eat anything with unknown ingredients.
- Read every available label and check any questionable ingredients with a parent, guardian, or adult unit leader.
- Be proactive in the management of any reaction, and seek help if a reaction is suspected.
- Tell an adult leader if a reaction seems to be starting, even if there are no visible symptoms of an allergic response.
- Do not isolate yourself if symptoms are beginning. Seek adult help.

Adult Leaders' Responsibilities

The Boy Scouts of America does not mandate nor recommend that you take responsibility for managing a Scout's food allergies. If you agree to do so, then it is recommended that you assist in developing the food allergy action plan specific for that Scout for use at Scouting activities. The plan must utilize the Scout's current food allergy action plan developed by their personal physician (that is already in place for home or school) as a model. The plan should be developed with the family, camp director, camp health officer, and others determined by you or the camp director. The food allergy action plan must be agreed upon by all involved.

The unit leader needs to confirm with the parents, in writing and in advance, a description of the allergy including symptoms, treatment plans, and whom the parent chooses to be notified of the allergy action plan. It is also recommended that the leader become familiar with the symptoms of a food allergy reaction and be comfortable with the treatment plan in the event of a severe reaction. Additional certification in CPR/AED techniques and knowledge of how to properly use an auto-injector device containing epinephrine (adrenaline) are also recommended.

Camp Responsibilities

Being made aware of campers with food allergies prior to their arrival is helpful for camp staff to begin the planning process. Check-in procedures must include reviewing allergies of all campers, both children and adults. Make sure that the participant's AHMR is identified so that all appropriate camp staff is aware of the individual's allergies. It is best to complete this process during check-in for each camper. Keep in mind that first-time food allergy reactions may happen at camp, and, though they are rare, fatal and near-fatal food allergy reactions do occur.

Food allergy action plans must be in place prior to the camper's arrival. It is vital that these plans are communicated to and easily accessed by all staff involved with the camper who has food allergies. Although it can be difficult, the individual's confidentiality must be maintained. Only those in direct contact with the Scout should be aware of the identity of the individual with a food allergy. Training regarding severe food allergy causes, symptoms, recognition, and treatment (including the use of medications such as auto-injector devices containing epinephrine) should be conducted for all camp staff, including volunteers, prior to the camping season, and the training should be reviewed as needed.

Camp emergency procedures must be in place and reviewed at least annually, and additional periodic reviews are recommended. Camp location, access to emergency care, and response time must be taken into account.

Communication is an important component of the plan. All events and locations that the Scout will encounter need to be considered in the plan to minimize the occurrence of unintentional exposure. Discuss with the parent or guardian, camp staff, and adult unit leader the options that best accommodate the needs of the camper such as separate eating areas or other precautions.

Include all mealtimes and snack times in the food allergy action plan. Events to consider that may involve food service include special events such as group campfires or shows. Also make

sure to consider any activity during which the individual will be separated from the main camp or the main unit. Examples of these activities include but are not limited to merit badge classes (wilderness survival, etc.), cycling, hiking, backpacking, OA ordeals, and individual activities such as sailboating.

Be aware that guests may bring in foods that may cause issues for food-allergic or food-sensitive individuals. Examples include family night at resident camps, guest visits, and day camp activities.

Do not overlook possible exposure to food allergens in enclosed locations such as boats, cabins, and tents or at remote locations. Although it is recommended that food should not be brought into tents, that recommendation is occasionally ignored. It may become necessary to frequently review this rule with everyone at camp.

Food preparation protocols:

Food allergy safety protocols need to be established that include food preparation, serving, cleaning, and easily identifying Scouts with food allergies in the food service areas for food service staff. Food allergy action plans need to be accessible to all food service staff. Education about food allergies should be made available to all food service and support staff and should include common allergens, prevention, symptoms, treatment, and emergency procedures. Camp leadership may consider consulting with a professional or a knowledgeable parent in understanding, developing, and implementing strategies for safe food preparation.

Cross-contamination or cross-contact can occur with minute particles of food protein invisible to the eye, and food service personnel need to keep this possible hazard in mind during all phases of food preparation, serving, and cleanup. Modifications to the kitchen, food storage, and serving areas may be needed. Using disposable cooking or serving utensils, separating meal preparation areas, or preparing meals at different times (for example, preparing meals for food-sensitive individuals first) should be considered. Possible sources of cross-contamination include slicers, deep fryers, sanitizing dip buckets, sponges/dish rags, food splatters, hands, utensils, and tabletops.

Modifications to dining areas may include identifying an isolated area that is free of potential food allergens. Developing an “allergen-free zone” in the dining areas can be beneficial for many reasons. It offers participants with severe allergies an area that can help reduce the potential for reactions and it helps staff to prevent cross-contamination during cleaning procedures.

Reading all labels during food preparation is crucial. The FDA requires that all FDA-regulated manufactured food products list the major food allergens on food product labels. In addition to ingredient lists, labels may also have advisories stating “may contain” or “processed in a facility.” It is recommended that products that have advisory labeling be avoided for food-allergic or food-sensitive campers. It may be possible that some food products do not have a food label identifying potential allergens. If there is any doubt, refrain from serving the food to a person with known food allergies or sensitivities. Information on food labels can be found at <http://www.foodallergy.org/document.doc?id=133>.

Development of camp menus to exclude potential allergens needs to be considered. There are eight foods that are responsible for 90 percent of food-allergic reactions in the U.S.: peanuts, tree nuts, milk, eggs, wheat, soy, fish, and shellfish. Excluding these items from camp menus may be helpful in the management of food allergies for all. Keep in mind that these items may also be available at camp stores and outposts. It would be beneficial to evaluate all locations where foods are served or sold. Information regarding the most common food allergens can be found at <http://www.foodallergy.org/allergens>.

Establish cleaning procedures that prevent cross-contamination. Separate cleaning equipment should be strongly considered. Examples include separate buckets, mops, and sponges.

Hand washing must occur both before and after meals. Hand sanitizers alone have been shown to be ineffective in preventing cross-contamination in food-allergic and food-sensitive individuals, according to the American Academy of Allergy, Asthma, and Immunology as described on its website (<http://www.aaaai.org/ask-the-expert/management-of-food-allergy-in-schools.aspx>).

Inhalation of food protein particles has been known to cause reactions and should be prevented for food-sensitive campers. Food allergies can potentially occur via steam or vapors released during the cooking process. This phenomenon occurs most often during preparation of fish. The Food Allergy Research and Education group (formally FAAN) recommends that food-sensitive individuals should be aware of this potential hazard, though it is relatively uncommon. For information on this concern, visit these links:

<http://www.foodallergy.org/managing-food-allergies/at-home>

<http://www.foodallergy.org/allergens/fish-allergy>

In addition to food service areas, pay close attention to food preparation activities campers might participate in, including patrol cooking, cooking merit badge activities, and cracker barrel.

Another area of concern includes the camp store. Foods purchased by the camper must be checked for possible allergens. Remember, if the food product is not labeled, then it should not be consumed.

Be alert that there may be potential food allergens used in various activities, such as craft projects. Checking with the appropriate staff prior to the activity may be necessary.

Before the Scout's departure, make sure that all unused medication is returned to the Scout, adult leader, or other responsible adult.

Resources

FDA: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm089307.htm>

FARE (Food Allergy Research and Education): <http://www.foodallergy.org/resources/camps>

National Institute of Allergy and Infectious Diseases:
<http://www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/treatment.aspx>

American Camp Association: <http://www.acacamps.org/>

USDA resource material: <http://www.nal.usda.gov/fnic/pubs/foodservice.pdf>

Mayo Clinic: <http://www.mayoclinic.com/health/food-allergies/AA00057>

American Academy of Allergy, Asthma, and Immunology: <http://www.aaaai.org/home.aspx>

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