

Preparing for Camp with Food Allergies

A guide for parents, schools and camps



Also includes
section on
insect allergy

Content updated December 2022

CONTENTS

Introduction	3
About Allergy & Anaphylaxis Australia	4
About Food Allergies And Anaphylaxis	5
Information For Parents	8
Information For Schools	22
Information For Camp operators	37
Preparing For Camp With Insect Sting And Bite Allergies	48
Appendix 1: ASCIA Action Plan for Allergic Reactions (Personal)	51
Appendix 2: ASCIA Action Plan for Anaphylaxis (Personal)	52
Appendix 3: ASCIA First Aid Plan for Anaphylaxis (General)	53
A Few Words on Student Responsibilities on Camp	54

This e-book is provided as general information for schools, parents, carers and guardians, students and camp facilities only. The e-book has been prepared without taking into account individual medical needs, circumstances or objectives. Parents and children/teenagers (in consultation with their treating doctor) should consider their medical diagnosis and needs before making any decision based on the information contained in this e-book. Where appropriate, independent professional advice should be sought prior to camp. Allergy & Anaphylaxis Australia does not represent or warrant that the content of this e-book is accurate or complete or that information contained in this e-book is suitable for your individual medical needs. To the extent permitted by law, Allergy & Anaphylaxis Australia excludes liability for any loss caused by use or reliance on this e-book.



INTRODUCTION



Camping is a long-standing and much-loved Australian tradition. School camps encourage personal growth, foster independence and provide the opportunity for children and teenagers to learn through experience alongside their classmates.

For children and teenagers with food and insect allergies — and their parents — school camps can also provoke anxiety. While fatalities from food and insect allergy remain rare, the reality is that young lives have been lost to anaphylaxis during camps.

With this sobering knowledge in mind, it is important for parents, schools and camp organisations to remember that most fatalities from anaphylaxis are preventable. Education, communication and preparation are key to ensuring children with food and insect allergies can camp safely.

Children and teenagers with food and insect allergies face unique challenges on camp but they are challenges that can be overcome. Managing allergies on camp is a shared responsibility, involving school staff, camp staff, parents and, of course, the child or teenager at risk. While risk can never be eliminated, it can be reduced. With careful planning and a cooperative approach, all children and teenagers with allergies can join in and enjoy everything a camp has to offer.

While the focus of this e-book is food allergy, camping with insect allergy is detailed on [page 48](#). It is important to note that while there is a slight difference in the signs and symptoms of anaphylaxis triggered by insect allergy compared with food allergy, the presentation and emergency treatment are the same.

Hosting a student with food allergies on camp can be daunting, not only for the student and their family, but also the school and camp staff. Key to a safe, inclusive and successful camping experience for the student is clear communication and thorough planning. Integral to that planning is sharing the responsibility for the student at risk between the student, their family, and the school and camp staff.

The information in this e-book has been designed to serve as a springboard for ideas to use when planning to care for students with food allergies on school camp and is not intended to be prescriptive. Keep in mind there is no one-size-fits-all approach to managing food allergies, and a range of factors will affect how camp staff need to manage a student's individual needs — for example, a student who has multiple severe food allergies may need to be managed differently from a student who has a single food allergy.

It is important to understand that every student with food allergies will have unique needs that must be considered and planned for well in advance of a school camp.

My hope is that parents, schools and camp organisations will use this e-book to help plan and prepare an inspiring, educational, fun and safe camping experience for children with food and insect allergies.

Happy camping!

Maria Said CEO

Allergy & Anaphylaxis Australia



ABOUT ALLERGY & ANAPHYLAXIS AUSTRALIA

Allergy & Anaphylaxis Australia (“A&AA”) is a registered charity and Australia’s only national support organisation, dedicated to helping individuals and carers alike in managing allergy and anaphylaxis. Our outreach extends to individuals, families, schools, children’s education and care services, health professionals, workplaces, food manufacturers, government, food service establishments including camping providers and all Australians.

Our Vision: Improved quality of life for all Australians living with allergic disease.

Our Purpose: The trusted charity for allergy support. We listen, guide and educate Australians living with allergic disease. We advocate on their behalf to ensure their voice is heard.

Living with one or more allergic conditions can impact on your quality of life. Talk to us if you need to know more or need to be pointed in the right direction. With almost 30 years’ experience and a Medical Advisory Board to consult for

advice, we will do our best to assist you in a world where research into allergic disease continues. For some questions there are currently no answers, but we can support you. We are part of an international alliance of like-minded organisations and work closely with the Australasian Society of Clinical Immunology and Allergy (ASCI) the peak professional medical body of clinical immunology and allergy in Australia and New Zealand.

Visit us: www.allergyfacts.org.au

Contact us at: 1300 728 000

Follow us on:



The National Allergy Strategy Best Practice Guidelines for anaphylaxis prevention and management in schools and children’s education and care (CEC) services were developed following extensive consultation with key stakeholders to provide consistent, evidence-based, best practice guidance for staff in school and CEC services as well as parents. They are available online at: www.allergyaware.org.au



ABOUT FOOD ALLERGIES AND ANAPHYLAXIS

Australia has one of the highest reported incidences of food allergies in the world, and the numbers are growing. In fact, one in ten babies born in Australia today will develop a food allergy. Ninety per cent of food allergic reactions are to cow's milk, egg, peanuts, tree nuts, fish, shellfish, wheat, soy and sesame; however, more than 170 foods have been known to trigger allergic reactions, as well as insect bites and stings, latex and medications.

Children are diagnosed with food allergy by a doctor and assessed as being 'at risk' of anaphylaxis, but not every child diagnosed with food allergy is deemed at high risk of experiencing anaphylaxis. A child who is assessed as being at risk of anaphylaxis is given an ASCIA Action Plan for Anaphylaxis (coloured red) and prescribed two adrenaline injectors. A child assessed as being at lower risk of anaphylaxis is given an ASCIA Action Plan for Allergic Reactions (coloured green) and will not be prescribed an adrenaline

injector. It is essential that any child with food allergy is medically diagnosed to ensure they receive accurate advice, appropriate medication and documentation, as well as ongoing medical care and support.

What is a food allergy?

A food allergy is an immune system response to a food protein that the body mistakenly believes is harmful. When a child eats food containing the protein to which they are allergic, the immune system releases massive amounts of chemicals, triggering symptoms that can affect the child's gastrointestinal tract, skin, breathing and/or heart.

What is anaphylaxis?

Anaphylaxis is a generalised allergic reaction that is potentially life threatening.

It always involves the respiratory and/or cardiovascular system. In the majority of cases, the skin and/or gut



systems are also involved. Anaphylaxis usually occurs within 20 minutes to two hours after exposure to the trigger — for example, eating even a small amount of a particular food or being stung or bitten by an insect — and can rapidly become life-threatening. Anaphylaxis is the most severe and serious form of allergic reaction and is treated as a medical emergency.

Living with the risk of anaphylaxis can be stressful for a child, their family and anyone who cares for them — especially when the child is away from home or eating food prepared by others.

What are the signs and symptoms of anaphylaxis?

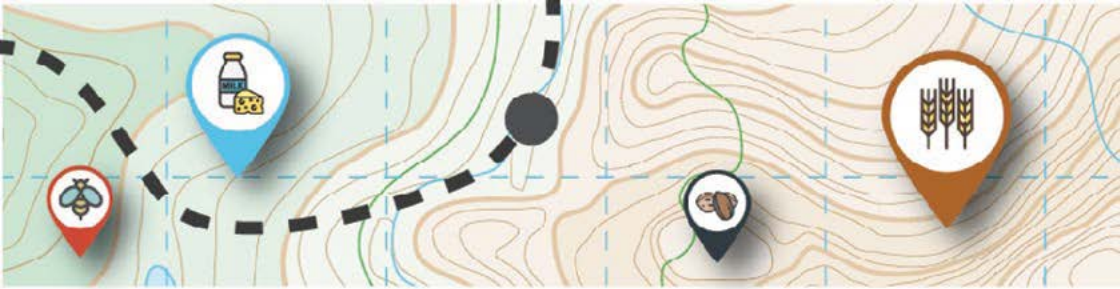
Signs of anaphylaxis are potentially life-threatening and may include any one of the following:

- Difficult or noisy breathing.
- Swelling of the tongue.
- Swelling or tightness in the throat.
- Difficulty talking and/or a hoarse voice.

- A wheeze or a persistent cough.
- Persistent dizziness or collapse.
- Young children may become pale and floppy.
- In most but not all cases, less dangerous signs involving the skin and/or gut appear before anaphylaxis, including:
 - Swelling of the lips, face, eyes.
 - Hives or welts.
 - A tingling mouth.
 - Abdominal pain and vomiting (these are signs of anaphylaxis for insect sting or bite allergy).

Emergency treatment for anaphylaxis

Early administration of adrenaline (also known as epinephrine) is the first-line treatment for anaphylaxis. Adrenaline injectors contain a single fixed dose of adrenaline and have been designed so that anyone in the community can use them in an emergency. Anyone caring for a child at risk of anaphylaxis must be trained in how to recognise the



symptoms of an allergic reaction and how to administer an adrenaline injector in the event of anaphylaxis. If a child has been diagnosed as being at-risk of anaphylaxis, then two prescribed adrenaline injectors and an ASCIA Action Plan for Anaphylaxis completed and signed by a doctor or nurse practitioner must accompany the child at all times. The ASCIA Action Plan for Anaphylaxis outlines exactly what needs to happen in the event of an allergic reaction, including anaphylaxis ([see page 52](#)).

If there is any doubt about whether or not a child is experiencing symptoms of anaphylaxis, an adrenaline injector should always be administered immediately and an ambulance must be called. A ‘wait and see’ approach should never be adopted.

Although a child or teenager might be considered mature enough to carry their own medical kit, it must never be presumed they can self-administer an adrenaline injector in an emergency.

Even adults experiencing anaphylaxis are sometimes unable to administer their own adrenaline injector because they rapidly become very unwell.

An important note on anaphylaxis

If a child or teenager with a food or insect allergy and asthma suddenly develops severe breathing difficulty, always administer an adrenaline injector first and then use an asthma inhaler. Adrenaline is the first-line treatment for anaphylaxis — asthma inhalers and other medications, such as antihistamines, will not prevent or treat anaphylaxis. It is better to use an adrenaline injector unnecessarily than administer it too late. Importantly, if a child or teenager is experiencing signs of a severe allergic reaction, ensure they remain lying down — or sitting with legs outstretched if breathing is difficult — and administer adrenaline before calling an ambulance. Do not allow a child or teenager to stand up, or walk to an ambulance, or into hospital. Standing can quickly lower blood pressure and cause collapse.



INFORMATION FOR PARENTS

Any parent of a child or teenager with a food allergy will undoubtedly understand that planning ahead is part and parcel of managing the allergy. School camps are no exception and, in fact, usually require parents to take their planning skills to a whole new level. Planning ahead takes significant time and effort to ensure that you not only do it well, but can also remain calm and share in your child's enthusiasm and excitement about joining their friends on camp. It's important to remember that preparing for your child's camp is a shared responsibility that involves you, your child, your child's school and the management and staff at the camp location.

The information provided in this e-book is designed to serve as a springboard for ideas to use when you are planning for your child's school camp. While the information is presented in a step-by-step format for ease of use, it is not intended to be prescriptive. Keep in mind that there is no one-size-fits-all approach

and the steps you need to take as a parent will depend on a range of factors, including the severity of your child's allergies, the location of the camp, your child's personality and level of understanding, and any other health-related issues. Always discuss any health concerns with your child's doctor to ensure you receive advice specific to your child's diagnosis and needs.

Ten steps to preparing your child with food allergy for school camp

1. *Make an appointment to meet with your school's camp coordinator well in advance of camp*

Prior to any school camp, you can expect to receive a note from your child's school about the camp. Parents are required to sign a consent form and list their child's medical conditions, any medications they are taking, dietary needs and emergency contact information. When you receive this note — or, ideally, beforehand — make an



appointment to meet with the school camp coordinator to discuss your child's food allergies. The importance of arranging this meeting with the camp coordinator before returning the medical form cannot be over-emphasised. Even with the best of intentions, paperwork can be lost and information can be misinterpreted or not passed on to all the relevant parties. Face-to-face communication with your child's school — in conjunction with written information — is an essential step in preparing for your child's camp.

2. Communicate clearly with your school

When communicating with your child's school, it can be helpful to take a 'two-step' approach. At your initial meeting with the camp coordinator, be prepared to listen and learn how the school usually manages food allergies on camp and then offer your own suggestions on specific measures that may be needed for your child. Be sure to schedule a follow-up meeting for a more detailed discussion prior to the camp. This second meeting

is the time to confirm all the safety measures that will be put in place on camp to reduce the risk of your child experiencing an allergic reaction, and to confirm an Emergency Response Plan for the specific camp location has been formulated ([see page 28, 'Emergency Response Plan'](#)).

Some of the issues you might want to discuss with staff during these two meetings include:

- Have all the staff going on the camp been made aware that your child has a food or insect allergy and what they are allergic to?
- Will any non-teaching staff be attending the camp — for example, parents, casual relief staff, activity coordinators? If so, have they been made aware that your child has a food or insect allergy? Have they undertaken anaphylaxis education? If so, what training have they completed and when?
- Is it possible for a parent volunteer to attend the camp?
- A&AA encourages serious consideration be given to a parent of a primary school child



attending camp if: the child has multiple severe food allergies; the child has difficulty to manage food allergies; the camp is in a remote location; or the child has additional medical needs.

- Will an Emergency Response Plan be developed? The answer to this question must be 'yes' (see [page 28, 'Emergency Response Plan'](#)).
- Have all staff been trained in how to recognise the signs and symptoms of an allergic reaction, and how and when to administer the child's adrenaline injector? If so, was the training recent and will all staff practise using the adrenaline injector trainer prior to camp?
- Where will your child's medications be stored? Depending on the age of your child, who will be responsible for carrying your child's medications and ASCIA Action Plan on location — for example, during day trips?
- Remind your camp coordinator that adrenaline injectors should never be stored in direct sunlight or a hot environment — for example, left inside a school bus — and nor should they be refrigerated. Consider purchasing an isothermic travel pouch to help maintain the required temperature. Visit [allergyfacts.org.au](#) for information about isothermic travel pouches.
- Will your child be wearing a medical identification bracelet or necklace?
- Who will be catering for the camp? Ask for their contact details so you can speak to the catering staff directly. It is essential that you communicate with the camp chef; do not allow staff to do this on your behalf (see [page 12, 'Talk to the camp chef'](#)).
- Are there any planned activities that involve food — for example, egg and spoon races, treasure hunts, cooking, craft, food rewards or treats? Ensure the staff understand that preventing an allergic reaction needs to be managed at all times, not only during mealtimes.
- Will children be allocated jobs that could involve food — for example, collecting rubbish and washing up? If so, the child at-risk should be given alternative tasks.



- Are any children celebrating their birthday while on camp? If so, can you send along an appropriate treat for your child in a clearly labelled container?
- If your school has a 'buddy system' in place — where some of your child's friends have been educated to look out for your child if they are unwell — check your child will be with one of their buddies during all activities and mealtimes on camp. It is also a good idea for your child to be placed with a buddy in their room, tent or cabin. Consider suggesting A&AA's 'Be a MATE' program for schools at allergyfacts.org.au
- Discuss sending along a supply of appropriate snacks for your child. If your child does not like the food on offer, they may be tempted to eat unsafe snacks from other children's plates or secret stashes. Ensure you pack snacks your child has eaten and enjoyed previously — this is not the time to try something new.
- Does any information about



your child's allergies need to be communicated to the parents of other children attending camp? For example, does an email need to be sent home asking parents not to pack foods containing nuts or sesame for camp?

- Be clear that you are happy to be contacted at any time with questions. Ensure you have given the school accurate medical information and your current contact details.

Following your second meeting with the school, confirm all arrangements in writing and thank the camp coordinator for their time and effort in reducing the risk of your child having an allergic reaction on camp. A written document ensures everyone has a clear understanding of their responsibilities and also serves as a useful checklist prior to leaving for camp.

3. Talk to the camp operators

After speaking with your child's school, contact the camp operators. Do not rely solely on school



staff to transfer messages about your child. Even with the best of intentions, messages can be lost or miscommunicated. Speak directly with the people who will be involved in feeding and supervising your child for the duration of the camp.

Some of the issues you may want to discuss with the camp operators include:

- How do they usually manage food allergies at the camp?
- Have all camp staff been trained in how to recognise an allergic reaction and how and when to use an adrenaline injector? If so, was the training recent and who conducted the training?
- How will the information about your child's allergies be communicated to all the camp staff?
- If relevant, is it possible to remove particular foods from the menu that won't impact on the nutritional needs and enjoyment of all children on camp – for example, kiwifruit, nuts, sesame?
- Discuss strategies to reduce the



risk of an allergic reaction where the allergen cannot be removed – for example, milk, eggs, wheat.

- Will all the meals be prepared on site and, if so, by whom? (Also see 'Talk to the camp chef' on this page).
- Will children be able to purchase any food on camp?
- What games and activities are planned for the camp? Do any involve food, either during the activity or as a reward?
- Are any off-site outings planned? For example, day trips, hiking, boating, swimming.

After this discussion, remember to thank camp staff for their time. Be sure to follow up in writing, confirming points discussed and sending a copy of your child's current ASCIA Action Plan.

4. Talk to the camp chef

It is essential to speak with the chef who will be in charge of the catering



Do staff know that foods with precautionary allergen labelling statements (such as “may contain traces of”) should not be provided to students allergic to that particular food?

on your child’s camp. Ensure you make contact well in advance of the camp and that the chef you are talking to will be in charge on the dates your child will be at camp. Begin with an initial chat about your child’s food allergies and ask the chef how they usually cater for food allergies on the camp, as this will give you a good sense of how knowledgeable and experienced they are in managing food allergies.

Some of the issues you might discuss include:

- Do all kitchen staff have experience and knowledge of preparing meals and snacks for children with food allergies? Do they understand how to interpret food labels and how to prevent cross contamination?
 - How will meals be served? For example, buffet-style meal service is a concern for cross contamination.
 - What is the menu for the camp?
 - If the camp is planning to provide special meals for your child, it is still advisable to find out what will be on the menu for the other students. If high-risk items are on offer for everyone else, cross contamination may be a very real risk.
 - Will any freeze-dried meals be part of the menu? If so, are the ingredients of these meals clearly labelled?
 - How do staff store and serve meals brought from home to prevent cross contamination and ensure a child with allergies receives the correct meal?
 - Is there a canteen or anywhere else that children can purchase food from? If so, what safety measures are in place?
 - Will other camp staff be involved in food service or preparation? If so, have they completed free online [“All About Allergens For Camps”](#) training?
- Your discussion with the chef will determine whether or not you feel comfortable with the staff preparing food for your child on camp, or whether you need to pack food from home. If camp staff will be feeding



your child, ensure to follow up your conversation with the chef in writing.

Your email should confirm your child's allergies, what you discussed and remind staff that the label on every ingredient needs to be checked every time it is used.

If you have any doubt about the ability of the chef and camp staff to provide appropriate meals for your child, you need to talk to the school and camp operators about sending your child's own meals and snacks. Children with multiple food allergies — especially if they include cow's milk, egg and wheat — are at greater risk of having an allergic reaction than a student who has a single food allergy. A&AA strongly encourages parents to supply at least some of the child's food if they have multiple severe food allergies. If you are supplying food for your child, the kitchen and school staff still need to understand the risk of cross contamination, as your child's meals will be stored in the kitchen and

prepared — for example, heating and serving — by camp and/or school staff.

If you are sending food from home, ensure it is clearly labelled. If you can, try to prepare food for your child that is similar to what will be on offer for other children. Most importantly, however, ensure to pack meals you know your child will enjoy.

If you need to pack freeze-dried meals or cooked frozen meals for your child, visit camping stores well in advance of the camp departure date. Check the labels carefully and offer your child some of the options at home to find meals you know they can eat safely and enjoy.

Regardless of who will be providing meals for your child, check with the camp operators and school staff to find out if your child can bring along snacks in case they are needed at any time during camp. Midnight feasts are common on camp and your child should not miss out on the fun — or



be tempted to eat something that could possibly contain an allergen.

5. Ensure you have a current ASCIA Action Plan for Anaphylaxis or an ASCIA Action Plan for Allergic Reactions

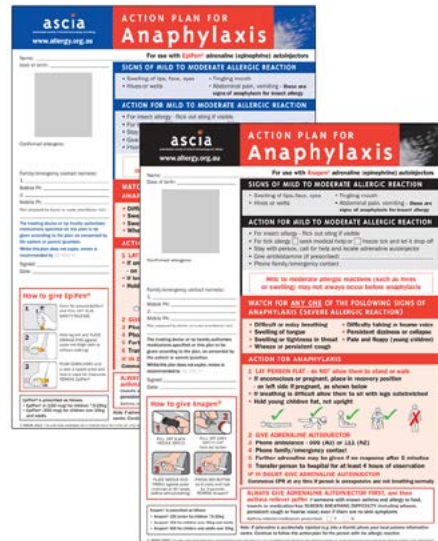
If your child is diagnosed with a severe food allergy, they will be prescribed an adrenaline injector and provided with an ASCIA Action Plan for Anaphylaxis — coloured red.

If your child has been diagnosed with mild to moderate food allergies but no adrenaline injector is prescribed, they should be provided with an

Forward planning and open communication helps increase camp safety for those at risk of anaphylaxis.

Action Plan for Allergic Reactions — coloured green. Both of these ASCIA Plans are explained on the next two pages. Ensure your child's relevant Action Plan is current — updated within the past two years — and is stored with your child's medications at all times.

ASCIA Action Plan for Anaphylaxis (coloured red) for any child or teenager who is diagnosed as being at risk of anaphylaxis, the parents must provide the school with a current ASCIA Action Plan for Anaphylaxis. It must be completed and signed by the child's doctor or nurse practitioner. This ASCIA





Action Plan is a legal medical document, which is why it can only be completed and signed by a doctor or nurse practitioner.

- The ASCIA Action Plan for Anaphylaxis can be used for students with food and/or insect allergies.
- Note the information on positioning the individual and when to commence CPR after administering the adrenaline injector.
- See important information about what to do if you are unsure about whether your child is experiencing anaphylaxis or asthma.
- Space for doctor to indicate if asthma reliever medication has been prescribed

- Space to include a larger photo of your child.
- The ASCIA Action Plan for Anaphylaxis is colour coded: the signs of a mild to moderate allergic reaction are shaded in blue while the signs of anaphylaxis are shaded in red. The colour coding is an important feature for ease of use in an emergency, and for that reason it is preferable that any copies made of the ASCIA Action Plan are in colour.



ascia www.allergy.org.au		ACTION PLAN FOR Allergic Reactions	
Name: _____ Date of birth: _____		SIGNS OF MILD TO MODERATE ALLERGIC REACTION	
Confirm allergies: _____		<ul style="list-style-type: none"> Swelling of lips, face, eyes Hives or welts Tingling mouth Abdominal pain, vomiting, these are signs of anaphylaxis for insect allergy 	
Family/emergency contact (name): _____ Mobile No: _____ Mobile No: _____ Post (required by doctor or nurse practitioner): _____		ACTION FOR MILD TO MODERATE ALLERGIC REACTION	
The heading doctor or top family addresses medication specified on this plan is to be given according to the plan, as indicated by the parent or legally guardian, including use of adrenaline if available.		<ul style="list-style-type: none"> For insect allergy: <input type="checkbox"/> Take out sting if visible For tick allergy: <input type="checkbox"/> Seek medical help or <input type="checkbox"/> Remove tick and let it drop off Stay with person and call for help Give antihistamine (if prescribed) Phone family/emergency contact 	
When this plan does not apply, return to emergency by _____		<p>Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis</p>	
Signed: _____ Date: _____		WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)	
Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a pre-existing asthma or respiratory condition. For information refer to the advice sheet on the ASCIA website www.allergy.org.au/asthma		<ul style="list-style-type: none"> Difficult or noisy breathing Swallowing or trouble talking Swelling or tightness in throat Whistle or persistent cough Difficulty talking or hoarse voice Persistent dizziness or collapse Pain and floppy (young children) 	
Adrenaline systems are given as follows: • 150mg for children 1-5yrs • 300mg for children over 5yrs • 300mg for adults		ACTION FOR ANAPHYLAXIS	
1. Lay person flat - do NOT allow them to stand or walk • Do NOT raise if pregnant, place in recovery position • If breathing is difficult allow them to sit with legs outstretched • Hold young children flat, not upright		<p>IF IN DOUBT GIVE ADRENALINE INJECTOR</p> <p>Commence CPR at any time if person is unresponsive and not breathing normally</p>	
2. GIVE ADRENALINE INJECTOR IF AVAILABLE		<p>ALWAYS GIVE ADRENALINE INJECTOR FIRST and then another medicine (either a bronchodilator and/or steroid) to their mouth or inhalation has SUCCESS DIFFICULTY (including wheeze, persistent cough) or hives OR OR if these are to also symptoms</p> <p>Continue to follow this action plan for the person with the allergic reaction</p>	
3. Phone ambulance - 000 (AU) or 111 (NZ)		<p>IF IN DOUBT GIVE ADRENALINE INJECTOR</p> <p>Continue to follow this action plan for the person with the allergic reaction</p>	
4. Transfer person to hospital for at least 4 hours of observation		<p>NOTE: If adrenaline is successfully injected and the person shows any vital signs information centre. Continue to follow this action plan for the person with the allergic reaction</p>	



ASCIA Action Plan for Allergic Reactions (coloured green). If your child has been diagnosed with mild to moderate food allergies but has not been prescribed an adrenaline injector, they should have an ASCIA Action Plan for Allergic Reactions.

This ASCIA Action Plan is a legal medical document, which is why it can only be completed and signed by a doctor. While children provided with the ASCIA Action Plan for Allergic Reactions are not considered to be at high risk of anaphylaxis, allergies to foods, insect stings and medications do have the potential to result in anaphylaxis. This ASCIA Action Plan also provides guidance for parents and others on how to respond to anaphylaxis should it occur in this lower risk group.

For more information on ASCIA Action Plans for Anaphylaxis and ASCIA Action Plans for Allergic Reactions, visit the ASCIA website at www.allergy.org.au

6. Visit your child's doctor

Book an appointment with your child's doctor in advance of the school camp.

Ask the doctor to review your child's current health and provide you with any additional medications and documentation your child may need for camp.

Before the appointment, make a list of anything you want to talk to your doctor about. Check the prescriptions and expiry dates of your child's medications to ensure they are current. Ask your child's doctor if any changes need to be made to the dosages of your child's medications for camp.

Be sure to let your child's doctor know the location of the camp and duration, so he or she can consider if any additional medications may be required. If your child has asthma, be sure to establish that their asthma is being well managed prior to camp. Ask your doctor to provide you





with an asthma action plan and any medications your child requires, such as a preventer puffer, reliever puffer and steroid medication.

7. Prepare a medical kit for the child prescribed an adrenaline injector

Your child's medical kit should be clearly labelled with your child's name. Attaching a photo to the kit is also helpful, especially if there are many children with medical kits going on camp.

The medical kit should contain:

- At least two adrenaline injectors (discuss quantities of all medications with your child's doctor). All individuals diagnosed at risk of anaphylaxis can access two injectors under the Pharmaceutical Benefits Scheme.
- A copy of your child's ASCIA Action Plan for Anaphylaxis completed and signed by a doctor or nurse practitioner.

- Any asthma medications prescribed by your child's doctor and a copy of your child's asthma action plan.
- Any other medications your doctor prescribes – for example, antihistamine, steroid medication.

Ensure all the medications in the kit are clearly labelled and within the use-by date. Ensure your child's prescribed dosage is clearly labelled on all medication. If the camp is taking place in numerous or remote locations, or for an extended period of time, discuss with your doctor and school whether or not to send two medical kits in case one is lost or damaged, or the adrenaline injectors are used. (Also [see pages 30 & 43 for information](#) on schools and camps providing adrenaline injectors for general use).

8. Talk to your child or teenager

All children and teenagers are different. For some, camping with allergies may not cause them a worry in the world, while for others, the



prospect of being away from home and eating food prepared by others might prove daunting.

Spend some time beforehand thinking about what you are going to say to your child, and make a time to talk to them when they will not be distracted by technology or other family members or friends.

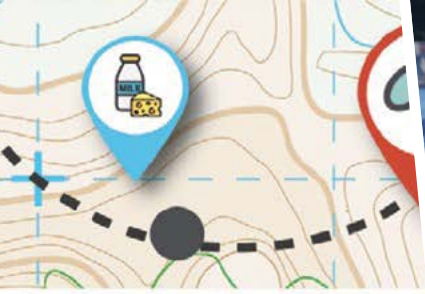
Plan to talk to your child after you have met with the school's camp coordinator. Talking to your child once you know there is a plan in place may prevent you from transferring your own anxiety to your child. This knowledge also means you can explain to your child or teenager how the school and camp staff intend to keep them safe on camp.

If you have an older child/teenager who will be carrying their own medication, ask them how they would be most comfortable managing this and involve them in the purchase of a special bag or holder. Work with your teenager on

how they will carry their medication as opposed to instructing them. The age at which a child becomes responsible for carrying medication varies depending on the maturity of the child and the individual policies of schools and camps. You should discuss this issue with your child's doctor, school staff, camp coordinator, camp management and your child.

All children, including from a young age, should be encouraged to be involved in being responsible for their allergies so they understand that managing allergies is a shared responsibility. When you talk to your child, remind them of the important responsibilities they should be taking seriously on camp, including:

- Not sharing or accepting food from others.
- Washing hands before and after eating.
- Reading food labels carefully and checking with a teacher before eating anything.
- Always telling a teacher or camp



staff if they are feeling unwell — a child or teenager should never go to a bathroom or elsewhere alone when feeling unwell.

- Always telling a teacher or camp staff if they have eaten something that might not have been safe, even if they feel well.
- Knowing where their medical kit is at all times.

Keep the conversation with your child positive and make sure you allow time for them to ask questions or talk about anything in particular they may or may not be worried about. Remind your child you have confidence in them to manage their allergies with the support of their teachers and friends.

9. On the departure day of camp, ensure your child's medical kit is delivered to the camp coordinator

On the day of departure it is essential that parents hand their child's medical kit to the camp coordinator to sign in. The camp coordinator

should check the medical kit, ensuring that all medications are clearly labelled with dosages indicated and that all are within their use-by date. Your child's ASCIA Action Plan for Anaphylaxis must be kept within their medical kit at all times.

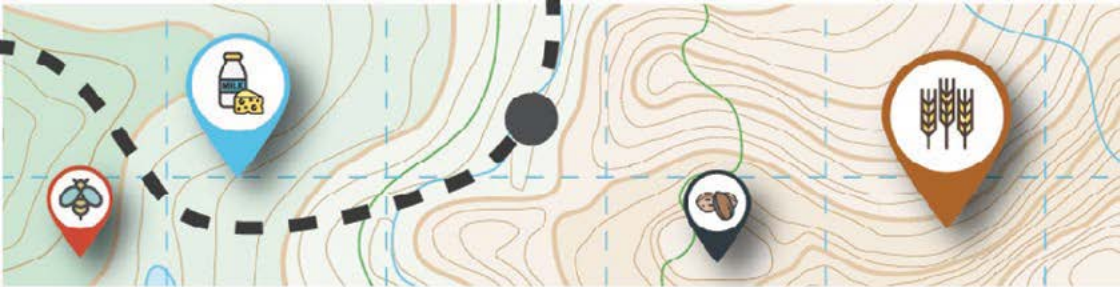
If a teenager is carrying their own medical kit, the kit must still be signed in and checked by the camp coordinator prior to departure.

10. Reflect upon the camp experience with your school and your child

Follow up with your school camp coordinator soon after the campers return. Talk to the coordinator about what strategies worked well and anything that could be improved for future camps. It is helpful to have this discussion while the experience is still fresh in everyone's memory.

If your child does have an allergic reaction on camp, be sure to have a detailed discussion about how





the reaction occurred and how it was managed. Talk about how the reaction could be prevented from happening in the future and whether or not both the ASCIA Action Plan and the camp Emergency Response Plan were followed — and if changes need to be made for future camps. This process is not to lay blame if something went wrong but, rather, provide an opportunity for learning.

It is also important to ask your child or teenager how they felt they managed their allergies on camp and if they have any suggestions for doing something differently at the next camp. Above all else, remember to ask your child about all of their camp experiences, not only those that relate to allergies.

Note: If your child/teen did have an allergic reaction while on camp despite you disclosing their food allergy, this needs to be reported. See [here](#) for the How to Report a Reaction flow chart.

For further information on how to report a reaction call 1300 728 000.

Finally, remember to thank your school camp coordinator and other school staff, as well as the camp operators, for taking special care of your child on camp.



INFORMATION FOR SCHOOLS

Taking a student on camp with food or insect allergy can be daunting not only for the student at risk and their family, but also the school and camp staff. Key to a safe, inclusive and successful camping experience for the student is clear communication and thorough planning. Integral to that planning is sharing the responsibility for the student at risk between the student, their family, and the school and camp staff.

The information in this e-book has been designed to serve as a springboard for ideas to use when planning to care for students with food allergies on school camp and is not intended to be prescriptive. Keep in mind there is no one-size-fits-all approach to managing food allergies and a range of factors will affect how school staff need to manage a student's individual needs — for example, a student who has multiple severe food allergies may need to be managed differently from a student who has a single food allergy.

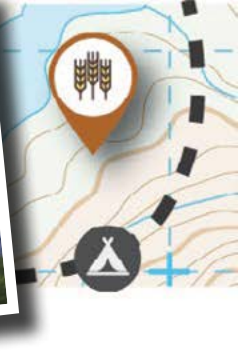
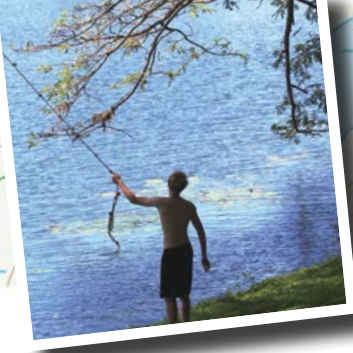
It is important to understand that every student with food allergies will have unique needs that must be considered and planned for well in advance of a school camp.

Note: Information specific to minimising risk for those with insect allergy can be found on [page 49- 50](#). Camp must also be informed of students attending with insect allergy prior to camp.

Ten steps for preparing to take a student with food allergies on camp

1. Confirm the date and location of the school camp with parents of any student with food allergies

As soon as you know the date and location of the school camp, call or email the parents of students with food allergies. Let them know you will contact them again in advance of the camp to discuss, in detail, how you will work with them to prepare for the camp.



Keep in mind that parents need time to arrange medical appointments, update medical documents and prepare medical kits. They may also need to arrange leave from work if there is the possibility of the parent coming along to the camp as a volunteer. The earlier you notify parents of the camp dates and location, the better prepared they can be.

A&AA encourages serious consideration be given to a parent of a primary school child attending camp if: the child has multiple severe food allergies; the child has difficult to manage food allergies; the camp is in a remote location; or the child has additional medical needs.

2. Contact the camp facility you will be visiting to let them know you will be bringing a student with food allergies

Clear and early communication with camp operators about any student with food or insect allergies who will

be attending the camp is essential. This communication should occur at least four weeks prior to the camp so the school and camp staff can plan ahead. Even if the school has visited the camp in previous years, contacting the camp operators in advance of every camp is imperative, as significant changes may have taken place — for example, the camp may be under new management, the menu might be different, access roads and gates to the camp may have changed. The individual needs of any student with food allergy must be discussed and planned for.

Be sure to run through the planned activities on camp and allow the camp manager to detail how they usually manage food allergies. Ensure you ask questions about access to the campsite and emergency services. Importantly, schools need to conduct a risk assessment of the camp in conjunction with the camp operators. A&AA and ASCIA have produced a Camp Allergy Management Checklist. This useful resource can be accessed at allergyfacts.org.au/resources/helpsheets.



Be sure to also inform camp staff about **FREE** online e-training [“All About Allergens for Camps”](#) training.

Ensure you tell the camp operator the name of the student with food allergies and follow up by sending them a copy of the student’s ASCIA Action Plan that clearly indicates the student’s diagnosed allergies.

At the end of your initial discussion, advise the camp you will talk to the parents of the student with food allergies and be in touch again about specific measures that may need to be considered. Advise the camp manager that the parents of the student will be contacting them and the chef directly about allergy management and the camp menu. Follow up your phone call with an email to confirm what you have discussed.

3. Meet with the parent of any students with food allergies well in advance of camp

When communicating with the parent of a student with food allergies, it

can be helpful to take a ‘two-step’ approach. At the initial meeting with the parent, be prepared to explain how the school and camp usually manage food allergies and then ask the parent about the specific measures that might be needed for their child. Parents might arrive with a list of questions ([see page 9 for a list](#)) of common questions you can expect to be asked by parents of a child at risk of anaphylaxis). It is important to understand that every student with food allergies has individual needs. While staff may have cared for students at risk of anaphylaxis previously — and that’s great experience which staff can build upon — the next student that staff care for may have very different requirements, which is why face-to-face communication is essential.

Confirm with the parents that the student’s ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions is current (also see the next step, [‘Ensure documentation is thorough, accurate and up to date’](#)) and discuss the medications the student





will need to take on camp. Parents of students who have a prescribed adrenaline injector should provide two adrenaline injectors for camp and should also seek advice from their child's doctor in regard to medications, including quantities and dosage, that need to be taken on camp. This will vary depending on the location of the camp, its duration, and any other medical conditions that the student may have.

Depending upon the age of the student, discuss who will be responsible for carrying the student's medication and ASCIA Action Plan at all times. The age at which a student becomes responsible for carrying medication varies depending on the maturity of the child and individual policies of schools and camps. It is important to be aware that even if a student does carry their own medication, this does not mean they will be able to recognise a reaction and administer an adrenaline injector in a timely manner. A severe allergic reaction can alter thought processes, so students must be supervised by staff

who can recognise an allergic reaction and are trained and prepared to act in an emergency.

Discuss with parents that children, even from a young age, should be encouraged to be involved in being responsible for their allergies at an age-appropriate level. Responsibilities that every student with food allergies needs to assume for camp include:

- Not sharing or accepting food from other students.
- Washing their hands before and after eating.
- Reading food labels carefully and checking with a teacher before eating anything.
- Always telling a teacher or camp staff if they are feeling unwell — a child or teenager should never go to a bathroom alone when feeling unwell.
- Always telling a teacher or camp staff if they have eaten something that might not have been safe, even if they feel well.



- Knowing where their medical kit is at all times.

Be sure to provide the parents with the name and contact details of the camp manager and chef, and request that the parent contact the camp directly to discuss the camp menu. The parents will need to decide whether they are happy for the camp to cater for their child or whether they will be supplying some or all of the child's meals. This can be confirmed in your second meeting with the parents.

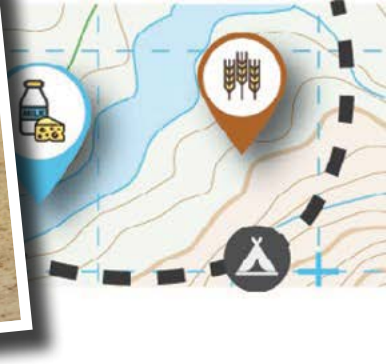
Take notes during the meeting and email these notes to the parent. Schedule a follow-up meeting for a more detailed discussion. Use this second meeting to confirm all the safety measures that will be put in place to reduce the risk of the student experiencing an allergic reaction on camp and that an Emergency Response Plan has been formulated ([see page 28, 'Emergency Response Plan'](#)).

Forward planning and open communication helps increase camp safety for those at risk of anaphylaxis.

4. Ensure documentation is thorough, accurate and up to date

Every student with an ASCIA Action Plan (red or green) should have an Individualised Anaphylaxis Care Plan (IACP) in place at the school they attend. The IACP may have a different name depending on the state or territory where the school is located. The IACP includes the ASCIA Action Plan and contains information about the management of the health and care of a student at risk of an allergic reaction, including anaphylaxis. The IACP also includes risk minimisation strategies to prevent exposure to known allergens.

It is imperative for schools to



understand that for the purpose of a school camp, the important documents that are needed are:

- i. The student's Individualised Anaphylaxis Care Plan (IACP)
- ii. A student's ASCIA Action Plan for Anaphylaxis/Allergy (red or green), signed by a doctor or nurse practitioner (part of the IACP)
- iii. An anaphylaxis risk management plan for camp that covers communication, food policy, medication management, training & education and emergency response.
- iv. An Emergency Response Plan specific for anaphylaxis for all locations during camp

i. ASCIA Action Plan for Anaphylaxis - coloured red

Any student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline injector must provide the school with a current ASCIA Action Plan for

Anaphylaxis, completed and signed by the student's doctor. The ASCIA Action Plan for Anaphylaxis is a legal medical document, which is why it can only be completed and signed by a doctor or nurse practitioner. The ASCIA Action Plan for Anaphylaxis can be used for students with food and/or insect allergies.

- The ASCIA Action Plan for Anaphylaxis includes instructions on how to use an adrenaline injector and must always be stored with the student's adrenaline injector. Instructions on how to use an adrenaline injector are also included on the injector and a helpful, easy to understand demonstration can also be seen at the [Allergy & Anaphylaxis website](#).
- Note the information on [positioning the individual](#) and when to commence CPR after administering the adrenaline injector.
- Note important information about what to do if you are unsure about whether the student is experiencing anaphylaxis or asthma.



- See space for a doctor to indicate if the student takes prescribed asthma medication.
- The ASCIA Action Plan for Anaphylaxis is colour coded: the signs of a mild to moderate allergic reaction are shaded in blue while the signs of anaphylaxis are shaded in red. The colour coding is an important feature for ease of use in an emergency, and for that reason it is preferable that any copies made of a student's Action Plan for Anaphylaxis are in colour

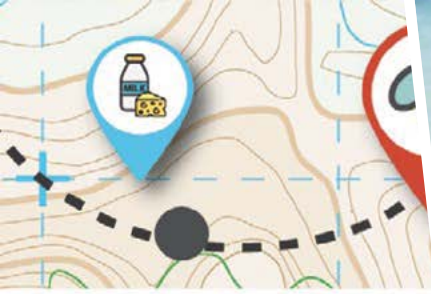
For more information on ASCIA Action Plans for Anaphylaxis and ASCIA Action Plans for Allergic Reactions, visit the ASCIA website at allergy.org.au



Note: If a student has been diagnosed with mild to moderate food allergies but has not been prescribed an adrenaline injector, they should have an ASCIA Action Plan for Allergic Reactions (coloured green). While children provided with the ASCIA Action Plan for Allergic Reactions are considered to be at low risk of anaphylaxis, allergies to foods and insects, always have the potential to result in anaphylaxis. The ASCIA Plan for Allergic Reactions also provides guidance on how to respond to anaphylaxis should it occur.

ii. Emergency Response Plan

Before the camp, an Emergency Response Plan specific to anaphylaxis should be developed for all locations and activities during camp. An Emergency Response Plan provides a framework for the effective management and treatment of allergic reactions and anaphylaxis on camp and covers the safety and wellbeing of the student at risk, as well as fellow students and staff.



The Plan should be formulated by the school in consultation with the camp operators and then communicated with the parents of the students at risk of anaphylaxis and individual students who are at risk, when appropriate. Questions that need to be considered in formulating the Plan include:

- What is the exact location of the camp? Include map and GPS references. If the location of the camp will be different on different days — for example, the student at risk might be hiking or visiting various locations — then all locations must be identified and documented in the Plan.
- Consider mobile phone coverage/reception from different providers. Whilst one staff member with one provider may have good reception, another staff member with a different provider may have none.
- Has this information been given to the local emergency services and hospitals? Sharing the camp's location and students' medical conditions can be beneficial because some

states log these details into an ambulance database. If this system is available, it allows location data and medical condition details to appear on the ambulance dispatch computer screen, providing valuable information in an emergency.

- Has access to all the camp sites been checked and documented — for example, are there locked gates? Is there a need for a fourwheel drive vehicle?
- Is mobile phone coverage reliable at camp and any other locations the student will visit?
- If mobile coverage is unreliable, does the camp have a satellite phone or walkie-talkies?
- Will staff carry mobile phones or other communication devices at all times?
- If the student at risk is a teenager, are they allowed to carry a mobile phone?
- Have laminated emergency response cards been prepared?
- Does the camp have a stretcher in case the student needs to be moved to a safe location?



An emergency response card features a photo of the student at risk, instructions on what to do in the event of an allergic reaction, and a script for calling an ambulance — including camp location details. This card does not, however, replace the ASCIA Action Plan. Staff members should carry an emergency response card at all times during camp.

- Will the student at risk or a staff member be responsible for carrying the student’s medications at all times?
- Although some students may be able to carry their own medication, do all teaching and camp staff understand that they are responsible for administering medication in an emergency? A student’s thought processes may be altered during an allergic reaction and this can lead to late or no administration of the adrenaline injector.
- Will two medical kits be provided in case one is misplaced or damaged? i.e. two adrenaline injectors provided but one in each kit with ASCIA Action Plans in both.
- How many adrenaline injectors will be taken on camp? Parents of a student at risk must discuss this with their child’s doctor before camp, but at least two should be taken.
- Where will the medications be stored? Medications should never be stored under lock and key; keep them easily accessible at all times. All staff must know where medications are located at all times.
- Is the school providing an adrenaline injector for general use? ([Also see page 32, ‘Consider carrying an additional adrenaline injector for general use.’](#))
- What is the name of the nearest hospital and how far is it from the camp site? What is the average response time for emergency services?
- Has the school clearly outlined roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of anaphylaxis? For example, while



staff members are treating the student, who will look after the other students?

- Will a staff member be responsible for directing an ambulance to the student?
- Does the plan cover on-site and off-site scenarios? For example, if day trips and off-site activities are taking place, **the Emergency Response Plan should include what to do if a reaction happens on the beach, on a bus, during a hike or any other planned activities at any time of day or night.**
- Have the responsibilities of school staff and camp staff during an emergency been clearly communicated? Do the allocated responsibilities address all areas of need?

5. Revise staff training in anaphylaxis

Research shows that adrenaline injectors are under-used in emergency situations. Additionally, research also illustrates that

lack of access to, or the timely administration of adrenaline is a significant contributing factor in fatalities from anaphylaxis.

Staff who have received training in anaphylaxis may feel confident they will be able to handle an emergency situation, but research suggests that training for adults — including parents, teachers and even doctors — needs to be repeated and ongoing. Revision will ensure staff are more confident and capable in an emergency situation and will also be reassuring for the parents of students at risk of anaphylaxis. Staff must understand and be prepared and trained to administer a student's adrenaline injector according to instructions on a student's ASCIA Action Plan in an emergency situation.

Revision for school staff on [how to recognise the signs and symptoms](#) of an allergic reaction and how to administer an adrenaline injector must be considered essential before any school camp.



ASCIA has developed anaphylaxis [e-training for schools](#) in conjunction with health, education and children's services departments and ministries throughout Australia. The courses are reviewed and updated regularly to ensure they are consistent with best medical practice. The courses are free of charge and highly recommended. To access anaphylaxis e-training, visit allergy.org.au

In addition, staff should practise with an adrenaline injector trainer device prior to camp — trainer devices can be purchased from our [online shop](#). An online animation on how to administer an EpiPen® and Anapen® may also be viewed [here](#)

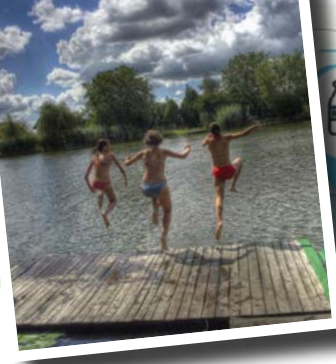
Ensure that a trainer device — containing no needle or medication — is never stored with a real adrenaline injector. Consider wrapping coloured duct tape around the body of any trainer device and having a dedicated storage place where they are kept

away from real adrenaline injectors to avoid confusion in the event of an emergency.

6. Consider carrying an additional adrenaline injector for general use

Many schools now carry additional adrenaline injectors for general use in the school's first aid kit on camps and excursions. Schools should seek advice from local education or health authorities in regard to authorisation to carry and administer an adrenaline injector for general use in an emergency.

An adrenaline injector for general use must be considered as additional to the adrenaline injectors prescribed for a student who has been diagnosed as being at risk of anaphylaxis. An adrenaline injector for general use must never be considered a substitute for any student at risk of anaphylaxis having their own prescribed adrenaline injectors available at all times. An adrenaline injector for general use can be used:



- On a student not previously diagnosed with an allergy.
- On a student who has been diagnosed with an allergy but not prescribed an adrenaline injector.
- On a student already prescribed an adrenaline injector that needs another dose.
- In the event that a student's prescribed adrenaline injector is unavailable or out of date.

Adrenaline injectors for general use can be purchased from pharmacies without a prescription at full price. A colour copy (coloured orange) of the ASCIA First Aid Plan for Anaphylaxis, specific to the prescribed adrenaline injector must always be kept with that adrenaline injector for general use ([see page 53](#)). The adrenaline injector for general use must be administered following instructions on the ASCIA First Aid Plan for Anaphylaxis in the event of an emergency. To download a copy of the ASCIA First Aid Plan for Anaphylaxis and for further information on adrenaline injectors for general use, visit www.allergy.org.

[au/healthprofessionals/ascia-plans-action-andtreatment](http://www.allergy.org.au/healthprofessionals/ascia-plans-action-andtreatment)

7. Meet again with the parents of the student at risk of anaphylaxis

A week or two prior to the camp, you should have a second meeting with the parents of the student at risk of anaphylaxis. At this meeting:

- Confirm with parents that all staff have undertaken revision training on recognising the signs of an allergic reaction and using an adrenaline injector.
- Confirm the risk minimisation strategies for the student at risk while they are on camp.
- Confirm with the parents if the school will be sending home a note to all families attending camp about particular risk minimisation strategies — for example, asking parents not to pack any food containing nuts on camp and discouraging students from eating on buses.
- The parents should confirm all catering arrangements with





you: whether the camp will be catering for the student or the parent will be sending food, or if there will be a combination of both.

- If parents are providing meals, ensure they will be packed in clearly labelled food-safe containers in an esky or cooler. Also ask the parents to pack generous portions and extra snacks.
- Walk through the Emergency Response Plan with the parents and ask them if they have any feedback or comments.
- Check that the parents have followed up on ensuring the student's ASCIA Action Plan is accurate, features a recent photo of the student, and is completed and signed by a doctor or nurse practitioner.
- If the student has asthma, ensure the student's asthma plan is up to date.
- Check that the parents have prepared a medical kit for the student. Remind the parents to check that all medications are clearly labelled with the student's name and dosage requirements,

and that they are within their use by date. Advise the parents who they need to give the medical kit to on the day the student departs for camp. Check how the medical kit will be supplied — for example, an isothermic travel bag clearly labelled with the student's name. A photograph of the student displayed on the kit is also helpful if the school is taking a large number of medical kits.

- Confirm with the parents whether or not an adrenaline injector for general use will be taken on camp in addition to the individual medical kits of every student at risk of anaphylaxis.
- Make the parents feel welcome to contact you again if they have any further concerns or questions.

8. Contact the camp operators to confirm camp arrangements

Just prior to the camp, the camp coordinator should contact the camp operator to confirm that:

- Teachers will be available and in the dining room during meal



times.

- Risk minimisation strategies are clearly understood by all parties.
- The catering arrangements between the camp chef and parent have been agreed upon. If the parent is sending all meals for the student at risk, ensure that issues around cross contamination for storing, serving and heating have also been discussed and confirmed with the parent.
- Access to the camp site remains the same — for example, checking that access roads cannot be cut in bad weather.
- Ask if the camp operator has any further questions or concerns about catering for the needs of the student with food allergies.

9. On the departure day of camp, ensure the student's medications are collected and signed in by the camp coordinator

It is essential that on the day of departure the parents of the student at risk of anaphylaxis hand their child's medical kit to the camp coordinator to sign in. The medical kit should be checked by the camp

coordinator, ensuring that all medications are clearly labelled with dosages indicated and that all medications are within their use by date. The student's ASCIA Action Plan for Anaphylaxis must be kept within the student's medical kit at all times. If there are two medical kits, each kit should contain an ASCIA Action Plan and required medications.

If a teenage student is carrying their own medical kit, the kit still needs to be checked and signed in by the camp coordinator prior to departure.

10. Reflect upon the camp experience with the student, and their parents, as well as the camp operators

Follow up with the student and their parents soon after the campers return. Talk about what strategies worked well and anything that could be improved upon for future camps. It is helpful to have this discussion while the experience is still fresh in everyone's memory. If a student does have an allergic reaction on camp,

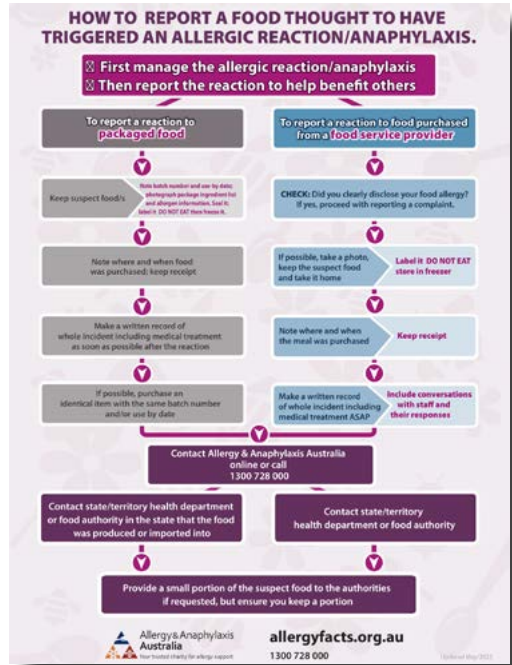


be sure to have a detailed discussion about how the reaction occurred and how it was managed. Talk about how the reaction could be prevented from happening in the future and whether or not the ASCIA Action Plan and Emergency Response Plan were followed — and if changes need to be made for future camps. This process is not to lay blame if something went wrong but, rather, provide an opportunity for learning.

See [here](#) for information on how to report a reaction or call: 1300 728 000.

It is also important to ask the student how they felt they managed their allergies on camp and if they have any suggestions for doing something differently at the next camp.

Reporting an allergic reaction



Finally, remember to thank the student and their family for working closely with the school to ensure a successful camp experience, and also thank the camp operators.



INFORMATION FOR CAMP OPERATORS

Ten steps to preparing for a student with food allergies to visit your camp

1. Contact the school well in advance of the camp

Camp operators should have a key person responsible for planning and managing food allergies at the camp. Clear and early communication between the key person at the camp and the school's camp coordinator is essential. This first contact should happen at least four weeks prior to the camp so both the school and camp staff can make forward plans. Even if your camp has a long-standing relationship with a school or its staff members, contacting the school well in advance of every camp is imperative, as significant changes may have taken place — for example, the camp menu and activities may have changed, school and camp staff may have changed, school requirements may have changed, access roads and gates to the camp may have changed. Importantly, every student with food allergies will have individual needs that must be

discussed and planned for. While peanut and tree nut allergies receive significant attention in the media, it is imperative for camp operators to understand that more than 170 foods have been known to trigger allergic reactions, in addition to latex, insect bites/stings, and medicines.

Ask the school's camp coordinator for the names of any students with food allergies and request they send a copy of each student's ASCIA Action Plan that clearly indicates the student's allergies. Be sure to run through the planned activities on camp and detail how your camp usually manages food allergies and then ask the coordinator for suggestions on what might need to be done differently to accommodate the needs of each student with allergies.

At the end of your initial discussion, ask the school for the contact details of the parents of students with food allergies so you and the camp chef can contact them about allergy management and catering. Follow up your phone call with the school's



camp coordinator with an email to confirm what you have discussed.

2. Contact the parents of students with food allergies well in advance of camp

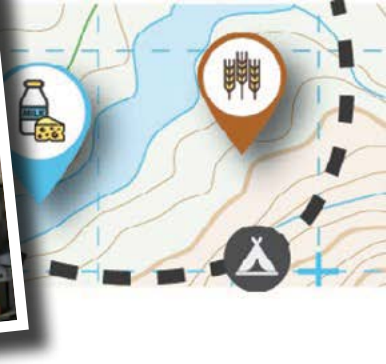
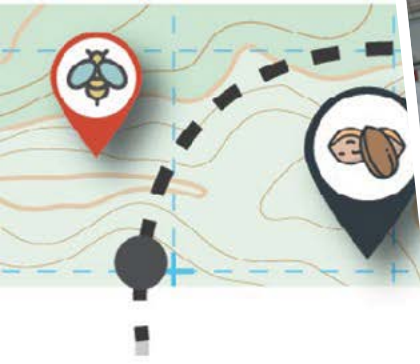
Communicate directly with the parents of every student with food allergies who will be attending your camp. Do not rely solely on school staff to transfer messages to you about a student with food allergies. Even with the best of intentions, messages can be lost or miscommunicated. Some of the issues that parents of students with food allergies may want to discuss with you include:

- How does the camp usually manage food allergies?
- How will the student's allergies be communicated to all camp staff?
- Will all the meals be prepared on site and by whom?
- Have all camp staff been trained in how to recognise an allergic reaction and how and when to

use an adrenaline injector? If so, was the training recent and who conducted the training?

- Are all students allowed to bring their own snacks on camp?
- Will the students be able to purchase any food on camp?
- What games and activities are planned for the camp? Do any involve food — either in the activity or as a reward?
- Are any off-site outings planned?
- A&AA encourages serious consideration be given to a parent of a primary school child attending camp if: the child has multiple severe food allergies; the child has difficulty to manage food allergies; the camp is in a remote location; or the child has additional medical needs.

After this conversation, be sure to follow up in writing to confirm the content of your conversation and advise that the camp chef will also be contacting them to discuss catering for the student on camp.



3. Ensure the camp chef contacts the parents of every student with food allergy who has an ASCIA Action Plan

The camp chef who will be on duty during the camp needs to talk directly with the parents of every child with food allergies to discuss catering requirements.

Some of the issues that parents might want to discuss include:

- Do all kitchen staff have experience and knowledge of preparing foods for children with food allergies? For example, do they understand how to interpret food labels and how to prevent cross contamination?
- How will meals be served? For example, buffet-style meal service is a concern for cross contamination.
- If the camp is planning to provide special meals for the students, it is still advisable to discuss what will be on the menu for the other students so that any risk of cross contamination can be discussed.

- Will any freeze-dried meals be part of the menu? If so, are the ingredients of these meals clearly labelled?
- Can you store and reheat the food a parent sends from home for the student with food allergy?
- Will other camp staff be involved in food service or preparation? If so, have they completed free online [“All About Allergens for Camps”](#) training?

This discussion will determine whether or not the parents, and camp staff, feel comfortable with the camp preparing food for the student. Keep in mind that students with multiple food allergies — especially those that include cow’s milk, egg and wheat — are at greater risk of having an allergic reaction than a student who has a single food allergy. A&AA strongly encourages parents to supply at least some of the student’s food if they have multiple severe food allergies.

If parents are supplying food, the kitchen and school staff need to understand the risk of cross contamination during the storing, preparation and serving of food.

If parents are sending food from



home, ask that it be packaged in foodsafe containers and clearly labelled. Regardless of who will be providing the main meals for the student, request that parents pack appropriate snacks in case they are needed at any time during camp.

Ensure you follow up your conversation with the parent in writing. Your email should confirm the student's allergies and what you discussed in regard to catering.

4. Assist the school in conducting a risk assessment of the camp and in preparing an Emergency Response Plan for students at risk of anaphylaxis

In preparing to bring students with food allergies on camp, schools are required to conduct a risk assessment of the camp in conjunction with the camp operators. The school is also responsible for developing an Emergency Response Plan specific to anaphylaxis for all locations and activities during

camp. An Emergency Response Plan provides a framework for the effective management and treatment of allergic reactions including anaphylaxis and covers the safety and wellbeing of the student at risk, as well as fellow students and staff.

The Plan should be formulated by the school in consultation with the camp operators and then communicated with the parents of the students at risk of anaphylaxis and individual students who are at risk, when appropriate. Questions that schools are likely to raise in assessing risks and formulating the Plan include:

- What is the exact location of the camp, including map references and GPS references? If the location of the camp will be different on different days — for example, the students at risk might be hiking or visiting various locations — all locations must be identified and documented in the Plan.
- Has access to all camp sites been checked and documented — for



example, are there any locked gates? Is there a need for a fourwheel drive vehicle to gain access to the camp?

- Is there reliable mobile phone coverage at the camp site and to any other locations the student will be visiting?
- If mobile coverage is unreliable, does the camp have a satellite phone or walkie-talkies that can be taken during off-site trips?
- Will staff carry mobile phones or communication devices at all times?
- If the student at risk is a teenager, are they allowed to carry a mobile phone?
- Have laminated emergency response cards been prepared? An emergency response card features a photo of the student at risk and instructions on what to do in the event of an allergic reaction, and a script for calling an ambulance — including camp location details. This card does not, however, replace the ASCIA Action Plan. Staff members should carry an emergency response card at all times during camp.

- Although some students may carry their own medication, do all the camp staff understand they are responsible for administering medication in an emergency? A student's thought processes may be altered during an allergic reaction and this can lead to late or no administration of the adrenaline injector.
- How many adrenaline injectors will be taken on camp? Parents of a student at risk should provide their two prescribed adrenaline injectors. Depending on the camp's location, the student's doctor may advise that more than two injectors are taken.
- Where will the medications be stored? Medications should never be stored under lock and key; keep them easily accessible at all times. All staff must know where medications are located at all times.
- Is the school and/or camp providing an adrenaline injector for general use? ([Also see page 46, 'Consider keeping an additional adrenaline injector for general use'.](#))



- What is the name of the nearest hospital and how far is it from the camp site? What is the average response time for emergency services?
- Will a school or camp staff member be responsible for directing an ambulance to the student?
- Are day trips and off-site activities taking place? The Emergency Response Plan should include what to do if a reaction happens on the beach, on a bus, during a hike or any other planned activities at any time of the day or night.

Become Allergy Aware, by completing the 'All about Allergens for Camps' online training.
www.foodallergytraining.org.au

5. Ensure all staff who prepare or serve food have been trained in food safety

All camp staff who prepare or serve food for students must have undertaken food safety training that includes a food allergy component.

In addition, camp kitchens should have systems and routines in place to reduce the risk of allergic reactions.

Free e-training for food service, "All About Allergens for Camps" can be found [here](#). Some ideas to consider in setting up routines and systems for risk minimisation when preparing and serving food include:

- Ensuring the student's medical kit is located in the dining area during all mealtimes.
- Ensuring all staff understand the ingredients of every meal need to be checked every time before serving.
- Consider having a separate food preparation area in the camp kitchen dedicated to preparing meals for students with allergies. Ensure that the staff understand that this area will still contain foods that are allergens for some students – for example, a student with nut allergy might have a meal prepared in this area that contains milk, and milk might be an allergen for another student on camp. Staff cannot assume the area is always safe for any individual



with food allergy. Ensuring all staff understand that buffet-style meal service is not appropriate for students with food allergies because of the high risk of cross contamination.

- All staff need to be aware of the risk of cross contamination in the storing, preparation and serving of food.
- Kitchen staff and a designated school staff member should check the meals before serving them to students with food allergies.
- Ideally, meals for all students with food allergies should be prepared and served first.
- All students should wash their hands before and after eating.
- Tables should be cleaned with warm soapy water before eating.
- Ensure teachers supervise meal times and students understand they need to tell a teacher/ adult if they are feeling sick.
- All students should be reminded not to share food with students who have food allergy.
- When rostering camp duties, students with food allergies should be allocated duties that do not require handling food, collecting rubbish or cleaning dishes or tables.

6. Consider the wording of camp food policies

- Many camps ban nuts or claim to be 'nut free', but it is never possible to guarantee an environment is free of nuts — or free of any other food. Promoting a nut-free environment is not recommended as it can lead to a false sense of security and staff and students being unprepared for an accidental exposure. A&AA does not encourage nuts to be brought to, served or used in activities on camp and also promotes allergen minimisation on camps — for example, by asking parents and students not to pack any food for camp that contains nuts — but camp and school staff, as well as students, should never presume that nuts won't be present on camp as they are often hidden in foods, such as biscuits, muesli bars and desserts.

The [Australian Camps Association](#) have template documents discouraging peanut and tree nut consumption on camp on their website. Importantly, nuts are not the only food to trigger severe allergic reactions. While it is not



practical or advisable to remove foods such as milk, egg and wheat from a menu, the risk of a reaction can be reduced by removing specific allergens from a camp menu that won't impact on the nutrition and enjoyment of all campers — for example, kiwifruit and sesame.

The bottom line to remember is that the risk of an allergic reaction can never be eliminated, so it is not advised to declare a camp 'free' of anything. Encouraging your camp to be allergy aware and working in partnership with schools, families and students to foster shared responsibility is the best way to reduce the risk of allergic reactions on camp.

7. Avoid foods with Precautionary Allergen Labelling (PAL) for the student with food allergy

Foods with PAL statements (such as "may contain traces of") should not be provided to students allergic to that particular food. Students without food allergy can eat these foods.

8. Ensure all staff and visitors are aware of the students with food allergies

While the camp must have a key person responsible for planning and managing food allergies at the camp, all staff and visitors, including external activity coordinators and service providers, must be aware of students who have food allergies. All visitors to the camp must know that any activities involving food need to be approved by both the school and camp coordinators.

A system needs to be in place to ensure students with food allergies are supervised only by camp and school staff members who are familiar with the [signs and symptoms](#) of an allergic reaction and are trained [to administer an adrenaline injector](#) in an emergency according to instructions on the student's ASCIA Action Plan for Anaphylaxis.

Students should not be solely in the care of a parent volunteer unless the student is their child. Students with food/insect allergy should not be isolated or removed from their friend group because of their allergy.



9. Revise staff training in anaphylaxis

Research shows that adrenaline injectors are under-used in emergency situations. Additionally, research also illustrates that lack of access to, or the timely administration of adrenaline is a significant contributing factor in fatalities from food-induced anaphylaxis.

Staff who have received training in anaphylaxis may feel confident they will be able to handle an emergency situation, but research suggests that training for adults — including parents, staff and even doctors — needs to be repeated and ongoing. Revision will ensure staff are more confident and capable in an emergency situation and it will also be reassuring for the parents of students at risk of anaphylaxis. Staff must be able to recognise the signs and symptoms of an allergic reaction and be prepared to administer a student's adrenaline injector following instructions on the ASCIA Action Plan.

Revision for camp staff on how to recognise the signs and symptoms of an allergic reaction and how to

administer an adrenaline injector must be considered essential before caring for any child at risk of anaphylaxis. ASCIA has developed anaphylaxis e-training for schools in conjunction with health, education and children's services departments and ministries throughout Australia. The courses are reviewed and updated regularly to ensure they are consistent with best medical practice. The courses are free of charge and highly recommended. To access anaphylaxis e-training, visit allergy.org.au

In addition, camp staff should practise with an adrenaline injector trainer device prior to camp — reusable trainer devices containing no needle or medication can be purchased at minimal cost from our [online shop](#).

An online animation on how to administer adrenaline injectors may be viewed [here](#)

Ensure that a trainer device is never stored with a real adrenaline injector. Consider wrapping coloured duct tape around the body of trainer devices and having a dedicated



storage place where they are kept away from real adrenaline injectors to avoid confusion in the event of an emergency.

10. Consider keeping an adrenaline injector for general use

Many camps now purchase adrenaline injectors for general use as part of the camp's first aid kits. An adrenaline injector for general use must be considered as additional to the adrenaline injectors prescribed for any student who has been diagnosed as being at risk of anaphylaxis. An adrenaline injector for general use must never be considered a substitute for any student at risk of anaphylaxis having their own prescribed adrenaline injectors available at all times.

An adrenaline injector for general use can be used:

- On a student not previously diagnosed with an allergy.
- On a student who has been diagnosed with an allergy but

does not have an adrenaline injector prescribed.

- On a student already prescribed an adrenaline injector who needs another dose.
- In the event that a student's prescribed adrenaline injector is unavailable or out of date.

Adrenaline injectors for general use can be purchased from pharmacies without a prescription at full price. A colour copy (coloured orange) of the ASCIA Action Plan for Anaphylaxis (General) must always be kept with an adrenaline injector for general use. The adrenaline injector for general use must be administered following instructions on the ASCIA First Aid Plan for Anaphylaxis, in the event of an emergency.

To download a copy of the ASCIA First Aid Plan for Anaphylaxis and for further information on adrenaline injectors for general use, visit allergy.org.au



11. Reflect upon the camp experience with the parents of the student at risk of anaphylaxis, as well as the school's camp coordinator

Follow up with the parents of the student at risk of anaphylaxis, as well as the school's camp coordinator, soon after the campers return home. Talk about what strategies worked well and anything that could be improved upon for future camps. It is helpful to have this discussion while the experience is still fresh in everyone's memory. If a student does have an allergic reaction on camp, be sure to have a detailed discussion about how the reaction occurred and how it was managed.

Talk about how a reaction could be prevented from happening in the future and whether or not the student's ASCIA Action Plan and the school's Emergency Response Plan (see page 28) was followed – and if changes need to be made for future

camp. This process is not to lay blame if something went wrong but, rather, provide an opportunity for learning.



Finally, remember to thank the parents of the student at risk of anaphylaxis, as well as the school's camp coordinator, for working closely with the camp to ensure a successful camp experience.

To download our Camp Allergy Management Checklist visit www.allergyfacts.org.au/resources/help-sheets/camp-checklist



PREPARING FOR CAMP WITH INSECT STING AND BITE ALLERGIES

Food is not the only trigger for allergic reactions. An insect sting or bite can also cause an allergic reaction, ranging from mild to life-threatening (anaphylaxis). The information in this section is designed to be used by parents of students with insect sting or bite allergies, school staff and camp operators. Key to a safe, inclusive and successful camping experience for any student with an insect sting or bite allergy is clear communication and thorough planning. Integral to that planning is sharing the responsibility of managing insect sting or bite allergy between the student at risk, their family, and the school and camp staff.

The information provided in this section is designed to serve as a springboard for ideas to use when planning for a student with insect sting or bite allergy to go on school camp. Keep in mind that there is no one-size-fits-all approach and the steps you need to take as a parent,

staff member or camp operator will depend on a range of factors, including the severity of the student's allergy, the location of the camp, the student's personality and level of understanding, and any other health-related issues.

About insect sting or bite allergies

The most common causes of severe insect sting or bite allergy in Australia are:

- Bees — honey and native Australian.
- Wasps — paper and European.
- Ants — Australian jack jumper, green-head, bulldog.

Insect bites trigger fewer incidences of anaphylaxis than insect stings; however, caterpillars, march flies and even bedbugs can trigger anaphylaxis. Ticks (arachnid) also bite and can trigger anaphylaxis although, again, this is less common than the stings from bees, wasps and ants.

Most allergic reactions to bites or stings are not dangerous. They



commonly involve itching and swelling at the site of the sting or bite, which usually resolves within a few days. Those at greatest risk of anaphylaxis to an insect bite or sting are those who have previously been stung or bitten and experienced symptoms involving the heart and/or breathing systems. If a student has been diagnosed with insect sting or bite allergy and is considered at risk of anaphylaxis, they must have a current [ASCIA Action Plan](#) for Anaphylaxis and their two prescribed adrenaline injectors.

The [ASCIA Action Plan](#) for Anaphylaxis is a legal medical document so it must be completed and signed by the student's doctor or nurse practitioner. This ASCIA Action Plan must be stored with the student's adrenaline injectors, and any other medications prescribed, at all times. School and camp staff must know where medications are located at all times. Parents of any student at risk of anaphylaxis from insect stings or bites should visit the doctor prior to camp to review the child's current health and provide any additional medications, advice and documentation the child may

need for camp. If the student also has asthma, ensure that the asthma is well managed prior to camp. The student's doctor should also provide the parents, and the school, with an asthma action plan and any medications the student requires, such as a preventer puffer, reliever puffer and steroid medication.

As with food allergies, planning ahead for insect sting or bite allergies is essential. The school must develop an Emergency Response Plan ([see page 28](#)) prior to camp, which is written in conjunction with the parents of any student at risk of anaphylaxis, as well as camp staff.

Strategies to reduce the risk of a severe allergic reaction to insect sting or bite on school camp

- Contacting the camp to find out if particular insects or ticks are commonly found at the camp site.
- Using insect repellents that contain DEET. Check the label.
- Wearing light-coloured clothing that covers most of the body.



- Avoiding wearing clothing with floral prints.
 - Wearing shoes at all times.
 - If the child or teenager is allergic to ant sting, wearing boots and thick clothing such as denim jeans.
 - Avoiding wearing perfumes or scented body creams or deodorants.
 - Avoiding ant mounds.
 - Wearing gloves when working with soil.
 - Avoiding picking up rubbish as it frequently attracts insects. A child or teenager with insect sting or bite allergy should never be allocated rubbish duty.
 - Being aware that bodies of water such as lakes, ponds and chlorinated swimming pools frequently attract bees.
 - Ensuring that the windows of cars and buses remain closed while being driven.
 - Keeping drink containers — glasses, bottles and cans — indoors or covered. Anyone at risk of an allergic reaction from an insect bite or sting should check their drink container is free from insects before sipping from it.
 - Keeping garbage bins covered with a lid at all times.
 - Ensuring grassed areas are kept mown to reduce the weeds that attract insects.
 - Having any ant mounds, wasp nests or a swarm of bees removed by professionals and preferably when campers are not present.
 - Never provoking bees, wasps or ants.
 - Ensuring that anyone with a tick has it sprayed with Wart-Off or Tick Off and then lets it fall off/out. If a tick is to be removed, it should be removed by a doctor with fine tip tweezers being careful not to squash the tick. Those who have had a previous anaphylaxis to ticks should always have a tick removed by a doctor.
- Further information on insect sting or bite allergy, as well as tick allergy, can be accessed through ASCIA www.allergy.org.au/

APPENDIX I



coloured green

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www.allergy.org.au

Name: _____
Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____
Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____
Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

ACTION PLAN FOR Allergic Reactions

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright

- 2 GIVE ADRENALINE INJECTOR IF AVAILABLE**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

APPENDIX 2



coloured red/blue for EpiPen®

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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out stinging if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergies: _____

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____
Plan prepared by doctor or nurse (practitioner sign): _____

The treating doctor or nurse hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.
What this plan does not expire, review is recommended by (DD/M/YYYY)

Signed: _____
Date: _____



How to give EpiPen®

EpiPen® is prescribed as follows:
• EpiPen® is 150 mcg for children 7.5-20kg
• EpiPen® 300 mcg for children over 20kg and adults

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with **Anapen®** adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out stinging if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergies: _____

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____
Plan prepared by doctor or nurse (practitioner sign): _____

The treating doctor or nurse hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.
What this plan does not expire, review is recommended by (DD/M/YYYY)

Signed: _____
Date: _____

How to give Anapen®

Anapen® is prescribed as follows:
• Anapen® 250 mcg for children 7.5-20kg
• Anapen® 500 mcg for children over 20kg and adults
• Anapen® 500 mcg for children and adults over 50kg

1 LAY PERSON FLAT - do NOT allow them to stand or walk
• If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
• If breathing is difficult allow them to sit with legs outstretched
• Hold young children flat, not upright

2 GIVE ADRENALINE AUTOINJECTOR
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation
IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms
Asthma reliever medication provided:


Note: If adrenaline is accidentally injected (e.g. into a tooth) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

coloured red/black for Anapen®

APPENDIX 3

coloured orange





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www.allergy.org.au


FIRST AID PLAN FOR

Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

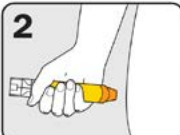
How to give EpiPen®

1



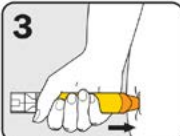
Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**

2



Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)

3



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

EpiPen® is given as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Phone family/emergency contact


Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT** - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



- 2 GIVE ADRENALINE AUTOINJECTOR**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

© ASCIA 2021. This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.



A FEW WORDS ON STUDENT RESPONSIBILITIES ON CAMP



Students with food allergies play an important role in minimising the risk of an allergic reaction on camp. Although school and camp staff have a duty of care, students need to understand they have responsibilities too. They need to have an age-appropriate understanding on reducing the risk of a reaction.

Strategies to be considered depending on age and maturity of the student include:

- Wash hands before and after eating
 - Never share food and drinks
 - Always tell the food server about your allergy and check that the food does not contain the food you are allergic to - always ASK about food content. Do not presume food is OK because staff have been told about your food allergy prior to camp or a previous meal.
 - Always read labels of packaged food prior to eating.
 - If in doubt, do not eat that food! Speak with a teacher about this –
- do not go hungry.
 - Speak with your parent about what they have told the camp and the school about your allergies and ask what plans have been put in place for you.
 - If your parents are providing food for you on camp – know what it is, where it is kept and who is meant to help you prepare it. Understand whether you are only allowed to eat food provided by your parents or other checked foods provided by the camp as well. Sometimes parents provide some food but not all as they have checked ingredient content of meals/snacks prior to camp.
 - If you are hungry and don't have any safe snacks from home, speak with a teacher.
 - If your teacher or camp staff give you directions about when/where to eat or what peer group you should be in for activities, follow this advice.
 - Notify staff if you have eaten something that may not have been safe, even if you are feeling well.
 - Always have your medication kit close by (easily accessible).



- Ask for help from staff immediately if feeling unwell. DO NOT go to the bathroom alone or call home for advice. If you feel you are having an allergic reaction, tell a teacher or camp staff. Try not to move around as this can progress an allergic reaction and make it more severe. Follow your ASCIA Action Plan for Anaphylaxis.

Students with insect allergy can:

- Consider whether the clothing you wear each day is appropriate.
- Ensure you have footwear on at all times.
- Keep drink containers covered.
- Avoid flowering plants and be aware of insects when sitting.

Other students without food allergies can be supportive by:

- Understanding food allergy is serious.
- Not sharing food.
- Washing hands after eating.
- Assisting in getting staff if their friend is feeling unwell (even if they do not want you to).
- Not teasing someone about their allergy.

This list of suggestions is only to be used to initiate conversation between student, parent, school and camp staff.

It is not a comprehensive list of student responsibilities.

Note from the Australia Camps Association

Australian Camps Association www.auscamps.asn.au is the national peak body for residential camps and outdoor activity providers, with over 240 members across Australia. Our vision of 'more people outdoors more often' means that we are delighted to support the important work of Allergy & Anaphylaxis Australia in helping all young people enjoy the many physical, social and mental health benefits of the camp experience.

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Mum, can I go
again next year?



Awesome!



**Allergy & Anaphylaxis
Australia**

Your trusted charity for allergy support



**AUSTRALIAN
CAMPS ASSOCIATION**
auscamps.asn.au

**A grant from Australian Camps Association has enabled this resource
to be made free to all.**

Allergy & Anaphylaxis Australia

www.allergyfacts.org.au

1300 728 000

ABN: 70 693 242 620