**Camp Augusta Food Allergy Plan**

*A Summary for Campers, Guests and Staff*

*Updated April 2018*

**Overview:**

We utilize our best efforts to make camp safe for those with food allergies and do not knowingly serve food to an individual that contains products we know the individual is allergic to. Nevertheless, there always exists the possibility that food or other items that contain, or have had contact with, allergens can be brought into camp. While we are an “allergy aware” facility, we do not guarantee that we are “allergen free”. As always, please contact us if you have any concerns about this or any other matter at camp.

# **Responsibility *before* attending Augusta Parent/Guardian/Camper/Staff/Guest:**

* If there is an allergy to food items, indicate the food allergy on the registration forms and submit a *\*FARE Food Allergy & Anaphylaxis Emergency Care Plan* with a physician’s signature.
* Provide any epinephrine and/or antihistamine prescribed by a medical provider for the individual’s allergy treatment plan in their original containers with the prescription.
* If there is an allergic reaction from ***contact*** with food (as opposed to only with ingestion): we require confirmed notice at least **6 weeks** in advance of the individual’s arrival to camp, including if the contact allergy is life threatening.
  + Submission of the *FARE Food Allergy & Anaphylaxis Emergency Care Plan* with a physician’s signature
  + Please include a note in the “other directions/information” field of the FARE to indicate the need for contact precautions.
  + Please also email office@campaugusta.org and coordinate a time to connect with a kitchen staff member to discuss your needs.
* For individuals on ***desensitization*** or maintenance programs during the session: please connect with the Camp August office elves (before registration) to discuss whether we will be able to meet your medical needs.

**PreRequisites for Parent/Camper/Staff/Guest:**

Prior to attending camp, the individual can reliably:

1. Recognize early signs of an allergic reaction.
2. Be proactive in the management of mild reactions:
   1. Stop eating immediately or move away from a potential contact point.
   2. Tell a staff member/adult about possible allergic responses - seek help.
3. Read labels, know safe and unsafe foods and strategies to avoid exposure to unsafe foods.
4. Remember to carry his/her Epipen on their person with little adult oversight.
5. *Preferred - is comfortable injecting his/her own Epi Pen.*

# **Responsibility during Attendance for Parent/Camper/Staff/Guest**

During the session, you will be counted on, with minimal staff oversight, to:

* NEVER trade food with other campers, staff or guests.
* Not eat anything with unknown ingredients; read labels and/or check with staff.
* Be proactive in the management of mild reactions, such as seeking help if a reaction is suspected.
* Tell a staff member if a reaction seems to be starting, even if there is no visible appearance of allergic response.
* NEVER go anywhere alone if symptoms of a reaction are beginning.

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# **Camp Augusta’s Responsibility**

* Review the health records submitted by parent/guardian/camper/staff/guest and physicians.
* Assure that the nurse has the required authorizations and appropriate medications to use in the event of unintentional contact.
* Be certain that all food service or kitchen personnel are aware of, and can identify, the individual with food allergies.
* Be certain that the Village Leader and Counselor are also aware of individual allergies.
* Discuss meal plans with parents/camper/staff/guest and find alternative plans if necessary.
* During our pre-session meeting, we will inform all staff of any life threatening allergies, including who the individual is, and what to do in the event of a reaction (as per the FARE Plan submitted by the parent).
* Maintain an appropriate sense of confidentiality and respect for privacy.
* Assure that appropriate personnel are familiar with the use of epinephrine, where medication is located, and the protocol.
  + Staff not trained to administer epinephrine may be able to assist the individual in administering their own medication.

***We may still serve foods that an individual is allergic to during their time at camp (depending on serverness of allergy) but will make reasonable accommodations to not serve that food to the individual with the allergy.***

## **Offsite Trips and Overnights**

* Any emergency medications and medical forms (FARE, health form) accompany any camper or counselor.
* Medications are stored at the correct temperature range.
* All trips will have either a ResQLink, a SPOT, or other Personal Locator Beacon, which sends a GPS location to emergency services when they are activated.
  + All staff will show campers where this device is and how to use it in case of emergency.
* Trips that go to sites that are more than 30 minutes drive time away from a medical center will have a certified Wilderness First Responder (WFR) attend with them\*
* All one-week or longer Wilderness Trips will carry a satellite phone which will allow them to contact camp and emergency services if needed, as well as a Garmin Inreach Explore Device which allows them to text and email camp in real time.

*\*Trips off site that are within a 30 minute car ride to the nearest medical center, require only a first aid trained staff member, not a WFR. If you have any questions or concerns about this, please let us know right away*.

# **Availability of Emergency Care On and Offsite**

* Any staff member can direct the office staff to call for an ambulance in the case of an emergency.
* Ambulance response times to our site range from 8-30 minutes, with most arriving within 15 minutes.
* The nearest hospital is Sierra Nevada Memorial, 5.1 miles from camp.
  + The hospital has a 24-hour emergency room with a physician on duty.
* On trips away from the Camp Augusta Residential Site groups carry a Personal Locator Beacon to contact our office and emergency services.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Camper(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_