



AUSTRALIAN
CAMPS ASSOCIATION

More people outdoors more often



Allergy & Anaphylaxis
Australia

Your trusted charity for allergy support

Allergy and Anaphylaxis Information

Updated Dec 2017

Introduction

The following information has been put together to assist camp operators to understand school expectations and to assist in maintaining systems and protocols that will accommodate students and other guests with special dietary needs, life threatening or other.

The Australian Camps Association gratefully acknowledges the support of Allergy & Anaphylaxis Australia in preparing this material.

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What do state Education Departments require from a camp?

New South Wales

Department of Education <http://www.dec.nsw.gov.au/>

Information from Anaphylaxis Procedures for Schools
<http://www.schools.nsw.edu.au/student-support/student-health/conditions/anaphylaxis/guidelines/index.php>

It is essential that staff understand that peanuts, tree nuts or any nut products must not be provided or used in any form in schools. This does not include foods labelled as “may contain traces of nuts”.

<http://www.schools.nsw.edu.au/media/downloads/schoolsweb/student-support/student-health/conditions/anaphylaxis/guidelines/appendix9.pdf>

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| Overnight excursions, including camps, remote settings | Develop an excursion risk management plan that includes strategies to avoid exposure to allergens and provide a copy to staff on the excursion. |
| | Where a student attending the excursion has a severe allergy to peanuts or tree nuts, request that foods containing these are not taken or supplied. |
| | Take the student’s adrenaline autoinjector, copy of their individual health care plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency services on camp. |
| | Inform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction. |
| | Ensure staff accompanying the student on field trips or excursions have current training in the Recognition and Management of Anaphylaxis Training as it includes practical training in the administration of the adrenaline autoinjector. |
| | Identify local emergency services in the area and how to access them. |
| | Have an adrenaline autoinjector in reasonably close proximity to the student at risk of anaphylaxis and inform staff of its location. |
| | Request the parent provide a backup adrenaline autoinjector. |
| | Further information about excursion risk management can be found in the Excursion Policy Implementation Procedures. |

Victoria

Department of Education and Training <http://www.education.vic.gov.au>

Ministerial Order 706: Anaphylaxis Management in Victorian Schools came into effect on 22 May 2014 and the revised *Anaphylaxis Guidelines* (dated Feb 2014, listed as “under review” in May 2016)) were issued to support implementation. The Ministerial Order applies to **all** schools (government, independent and Catholic) in Victoria.

Ministerial Order 706

http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

This is a minimum requirement for all Victorian schools – it is not a minimum requirement for ACA members. Notwithstanding this Victorian ACA members must be able to reassure their school clients that their policies and practices are consistent with DET policies and practices.

Extract from Anaphylaxis Guidelines July 2017 (found in

http://www.education.vic.gov.au/Documents/school/principals/health/Anaphylaxis_Guidelines_FIN AL.pdf

Camps and remote settings

- 1.** Prior to engaging a camp owner/operator’s services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
- 2.** The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- 3.** Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- 4.** Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp’s commencement.

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| 5. | School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care. |
| 6. | If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students. |
| 7. | Use of substances containing allergens should be avoided altogether where possible. |
| 8. | Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs. |
| 9. | Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp. |
| 10. | The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction. |
| 11. | Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp. |
| 12. | It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency. |
| 13. | Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and including this as part of the emergency response procedures. |

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| 14. | Each student's adrenalin autoinjector should remain close to the student and school staff must be aware of its location at all times. |
| 15. | The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector. |
| 16. | Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants. |
| 17. | Cooking and art and craft games should not involve the use of known allergens. |
| 18. | Consider the potential exposure to allergens when consuming food on buses and in cabins. |

South Australia

The Department for Education and Child Development (DECD) refers to the ASCIA site for guidelines <https://www.decd.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-care-plans>

Queensland

http://education.qld.gov.au/schools/healthy/docs/anaphylaxis_guidelines_for_queensland_state_schools.pdf

Extract – page 13-14:

Change of environment (e.g. camps, excursions or sporting events)

Ensure consideration is given to students participating in excursions, camps, sports carnivals or other activities where the students are in a new environment. Supervising staff for these events need to:

- know which students are at risk of anaphylaxis and their known allergens
- provide relevant information to excursion/camp/event site coordinators (e.g. outdoor education centres) to inform planning of the events to enable a risk assessment of activities and the environment to occur
- ensure adequate staff in attendance are trained in anaphylaxis management including the use of an auto-injector.
- consider the distance from the school, camp or location of a school activity to an ambulance service or medical treatment
- consider the emergency first aid equipment required and the distance of the first aid equipment from the at-risk student during activities
- make the menu, medical support, environment and other location details of school camps available to the student and parents well ahead of the camp/excursion date to allow time to consider risks and suggest safety actions
- know what risk minimisation strategies are in place to support the student
- consider issues such as the administration of prescribed emergency medication and risk management strategies when planning an excursion/camp
- have the student's anaphylaxis emergency kit readily available and stored out of direct heat, but not on ice
- know when and how to give the adrenaline auto-injector
- be aware of the campsite's procedure in the event of a medical emergency
- ensure a broad range mobile phone is available when away from landline phone facilities
- encourage at-risk students, who are capable, to manage their own risk as much as possible, but ensure that support is available to the student if required.

Camps and food allergies

When planning a school camp which a student with a severe food allergy will attend, the implementation of blanket food bans or attempts to prohibit the entry of food substances at the camp is not recommended, as it cannot be policed adequately and can lead to a false sense of security. However, it is very important to consider all risks, include the parent/s in the planning process and implement workable risk minimisation strategies. Strategies to reduce risk, such as hand washing (include washing of food preparation equipment to avoid cross contamination) and no food sharing, should also be implemented.

Western Australia

<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>

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| Off-site school settings – camps and remote settings | When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. |
| | Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. |
| | Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. |
| | Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. |
| | Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. |
| | The student’s adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp. |
| | A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. |
| | Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. |
| | Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. |
| | The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector. |
| | The student with allergies to insect venoms should always wear closed shoes when outdoors. |
| | Cooking and art and craft games should not involve the use of known allergens. |
| | Consider the potential exposure to allergens when consuming food on buses/ airlines and in cabins. |

1. Adapted from the Department of Education and Early Childhood Development, Victoria, Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006) and Sample Anaphylaxis Management Policy (2008).

The following is drawn from <https://documentcentre.education.tas.gov.au/Documents/Specific-Health-Issues-Procedures.pdf#search=anaphylaxis>

This document must be read in conjunction with the Department of Education's *Health Care and Safety Policy*.

1. Anaphylaxis

- Individual Anaphylaxis Management Plans must be developed as a priority for each student who is identified as being at risk of anaphylaxis. Plan proformas are available at allergy.org.au and the DoE Medical Action Plan pro forma.
- The Department recommends that all schools and colleges where a student identifies as being at risk of anaphylaxis, become certified "Anaphylaxis ACTIVE" schools. See information on this program.
- Information is available on first aid treatment for anaphylaxis.
- Requirements for the administration of medication for an anaphylactic reaction (EpiPen) are contained in the Department of Education's Administration of Medication Procedures.
- Further information on how to give an EpiPen is available.
- Risk assessment and minimisation must be undertaken by the school. Information is available on what should be addressed as part of risk assessment and minimisation.
- An order form for purchasing EpiPens for school/college first aid kits is available at [Order for obtaining adrenaline for school first aid kits](#).
- EpiPens in first aid kits are **for emergency use by students with an existing Anaphylaxis Action Plan. If an individual is experiencing a first episode of anaphylaxis and has not previously been known to be at risk, dial 000 immediately.**

Information on anaphylaxis is available at www.asthmatas.org.au

Contacts: Asthma Foundation of Tasmania Phone: 1800 278 462 Email: schools@asthmatas.org.au

Teacher's Duty of Care

*Education authorities have a duty of care to take reasonable steps to keep students safe **at school**. This includes minimising the risk of personal injury to students, seeking medical assistance and administering emergency medication when a student has signs and symptoms of anaphylaxis.*

Source:

http://education.qld.gov.au/schools/healthy/docs/anaphylaxis_guidelines_for_queensland_state_schools.pdf

All schools have a legal duty to take reasonable steps to protect their students from reasonably foreseeable risks of injury. In some circumstances, school volunteers engaged in school activities also have a duty of care to students. E.g. where volunteers have a direct supervision role with a student at risk of anaphylaxis, and where there are no school teachers present.

In relation to anaphylaxis management, a school's obligations extend to whether it knows or 'ought reasonably to know' that an enrolled student has been diagnosed as being at risk of anaphylaxis. The school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis.

Source:

http://www.education.vic.gov.au/Documents/school/principals/health/Anaphylaxis_Guidelines_FIN_AL.pdf

Note: All Victorian school staff are required to complete the Australasian Society of Clinical Immunology and Allergy (ASCI) online training course: <https://etrainingvic.allergy.org.au/> , plus two staff per school / campus complete a course in the correct use of Adrenaline Autoinjector Devices.

Excursions (extract from The Royal Children's Hospital – Kids health info for parents
http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

The adrenalin auto-injector must be taken on all excursions and a staff member trained in its use must always be present. The EpiPen®/EpiPen®Jr or Anapen® Anapen® Jr must always be readily accessible.

What information can camps reasonably expect from the school / parents of students?

Extract from Anaphylaxis Guidelines Feb 2014 (found in <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>), page 35

Role and responsibilities of Parents of a student at risk of anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for Parents under the Order, and some suggested areas where they may actively assist the School. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Parents.

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| 1. | Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis. |
| 2. | Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School. |
| 3. | Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan. |
| 4. | Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed. |
| 5. | Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies. |
| 6. | Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired. |
| 7. | Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used. |
| 8. | Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days). |
| 9. | If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed. |
| 10. | Inform School Staff in writing of any changes to the student's emergency contact details. |
| 11. | Participate in reviews of the student's Individual Anaphylaxis Management Plan: when there is a change to the student's condition; as soon as practicable after the student has an anaphylactic reaction at School; at its annual review; and prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School. |

Parents get good guidance from schools on what information they need to provide to the school, including when the student is on an excursion.

What the Vic DET expects of parents:

<http://www.education.vic.gov.au/school/parents/health/Pages/medicalconditions.aspx>

Medical Conditions

- *Child Health and Wellbeing*
- *Medical Conditions*

If your child has a medical condition you need to inform the school's principal and your child's teacher. In particular, the school needs to know if your child has any serious medical conditions like epilepsy, haemophilia, asthma, diabetes or severe allergic reactions.

You will be asked to provide this information when you enrol your child in a school.

It is important to keep information about your child's medical conditions up-to-date. If there is a change in your child's care plan or medication, you should contact the school either by phone or in person.

All children with a medical condition or illness will have a health support plan developed in conjunction with the school, your child's doctor and you. This plan will be attached to your child's school records.

If your child needs to take medication during school hours you should talk with their teacher about necessary arrangements and provide written instructions for storing and administering the medication.

You may also need to provide this information again when your child attends school excursions or camps.

It's also a good idea to consider having your child wear a medical alert bracelet as these provide essential information in times of emergency.

More information

For more information on medical issues to consider while your child is at school – including fact sheets on chronic illness and school and school sores, see:

The Royal Children's Hospital – Kids health info for parents

http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

Extract - Food sharing:

Food sharing between children at risk of anaphylaxis should be completely avoided. These children must only consume food provided from home or given with the parent's permission.

Information for catering staff and kitchens

Extract from *The Royal Children's Hospital – Kids health info for parents*

http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

Food preparation:

Any staff who are responsible for cooking or delivering food to children, including relief/casual staff, should know about the child's allergies. They should be aware of alternative words used to describe the particular allergy food. For example, cow's milk may be called casein, and egg may be called ovalbumin. They should also be aware of contamination of other foods when preparing, handling or displaying food.

Food sharing:

Food sharing between children at risk of anaphylaxis should be completely avoided. These children must only consume food provided from home or given with the parent's permission.

This additional extract from

http://education.qld.gov.au/schools/healthy/docs/anaphylaxis_guidelines_for_queensland_state_schools.pdf may be useful :

General strategies that tuckshops can implement to reduce risk are to:

- be aware that students with anaphylaxis should not be given any food without parental consent*
- keep surfaces clean and prevent cross-contamination during handling, preparation and serving of food (for example, ensuring all utensils and chopping blocks used in the preparation of meals are thoroughly cleaned before use and between reuse)*
- ensure that promotion of the sale of new foods in the tuckshop and providing samples of new foods is carefully supervised*
- familiarise yourself with information related to food allergies in Section 6 of these Guidelines (Risk Management)*
- discuss any concerns you have with the principal or class teacher.*

Extract from Anaphylaxis Guidelines July 2017 (found in

http://www.education.vic.gov.au/Documents/school/principals/health/Anaphylaxis_Guidelines_FIN_AL.pdf

The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

Further relevant information from the same source:

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with Parents about food-related activities ahead of time.

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| 3. | Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student. |
| 4. | Never give food from outside sources to a student who is at risk of anaphylaxis. |
| 5. | Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible. |
| 6. | Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth. |
| 7. | Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars). |
| 8. | Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking. |
| 9. | Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. |
| 10. | A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member. |

Canteens

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| 1. | Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide, available at: http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx Helpful resources for food services: http://www.allergyfacts.org.au/component/virtuemart/ |
| 2. | Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls. |
| 3. | Display the student's name and photo in the canteen as a reminder to School Staff. |
| 4. | Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. |
| 5. | Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement. |

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| 6. | Make sure that tables and surfaces are wiped down with warm soapy water regularly. |
| 7. | Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads. |
| 8. | Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts. |

Extract from the Allergy and Anaphylaxis Australia 'Camp Allergy Management Checklist':

This checklist helps both camp staff and groups attending camps prepare for a safer camp experience for those at risk of anaphylaxis. The list is meant as a guide and does not include every safety measure a facility could implement.

- *Have majority of staff (including chef/cook) had specific anaphylaxis training?*
- *Have relief staff been trained?*
- *Are all staff aware of attendees with FOOD and INSECT allergies? (i.e. attendees that have an ASCIA Action Plan for Allergy/Anaphylaxis +/- an adrenaline/ epinephrine autoinjector)*
- *Who is responsible for the camps catering? Do they have information on attendees and what food they are allergic to?*
- *Has the catering supervisor/chef spoken directly with attendee with food allergy/ their parent?*
- *Can the allergen be removed or minimised? (Remember: food bans do not work and are not to be trusted).*
- *Always keep labels so food content can be checked. If food arrives without a label, call manufacturer and ask for printed ingredient list .e.g. bread from bakery.*
- *Be aware of cross contamination of foods during storage, preparation, cooking and serving of foods. (for detailed information on appropriate food preparation for those with food allergy, consider purchasing A&AA Food Service Kit through our online shop www.allergyfacts.org.au).*
- *Can you create a safer dining table for the attendees with specific food allergy? (especially if primary school aged) e.g. no milk in cups or bowls of cereal on the table where an attendee with milk allergy is sitting.*
- *Have you considered inviting an attendee to supply their own food (especially attendees with multiple food allergy)? If so, how will you manage storage, preparation and serving of their food?*
- *Are there any activities planned that involve food? Consider non-food activities/ rewards.*
- *Are attendees allowed to bring snacks and treats from home? How will this be managed?*

Further information can be found in **Preparing for Camp with Food Allergies** (Allergy & Anaphylaxis Australia), pages 10 – 12.

Provision of dietary information – ie camp medical and/or dietary forms

Camps must be able to distinguish clearly between dietary preferences and dietary needs. The term “dietary requirements” is commonly used as a catch all for both, perhaps backed up by additional information sought through an allergies / asthma form.

There is a vital difference between:

- 1) Essential dietary **requirements** (includes anaphylaxis, coeliac, faith based requirements, life practices – eg vegetarian, vegan, etc), and
- 2) Non essential dietary **preferences**

Not all dietary preferences can be met, but all known dietary needs must be (possibly through external provision of food – eg brought from home).

This has implications for storage, preparation and serving of food and meals, with the attendant potential for cross contamination.

1. What is an appropriate time frame for receipt of information?

The ideal is to receive information within 10 – 15 working days of travel. This allows time for the camp to contact the individual or parents of the individual directly to discuss needs, and to make suitable adjustments to catering.

Anaphylaxis is a potentially life threatening condition and must be treated as such. Camps are within their rights to refuse to accommodate a participant who arrives without providing this information within the prescribed time frames.

2. Should camps be ‘nut free’?

This is probably impossible to enforce or to police adequately and is in any case inadvisable as it may lead to a false sense of security.

Sector statement template 1 (endorsed by Allergy & Anaphylaxis Australia) :

Food requirements and food preferences

(insert camp name)

(We) recognise that camp guests may suffer from conditions (both diagnosed and undiagnosed) such as anaphylaxis, coeliac disease, gluten or lactose intolerances, etc which can place their health or wellbeing at risk if exposed to the relevant allergen / foodstuff.

We also recognise that a guest's diet may be influenced by other factors such as faith or ethical beliefs.

(We) acknowledge that not adhering strictly to such food requirements can, in certain circumstances, be life threatening.

(We) support participation in healthy camp experiences for people from all backgrounds through the provision of suitable menus and program design, provided that we receive complete and timely (no less than five working days) information prior to the guest's arrival. (We) reserve the right to refuse service to those guests with previously diagnosed conditions that do not provide us with adequate information to ensure that we can be suitably prepared.

(We) further recognise also that some guests may have food preferences, exposure to which may not necessarily result in damage to that person's health or wellbeing if not met.

In these instances, our catering staff will do whatever is reasonably practical to meet each guest's identified food preference; however there will be times when some cannot be met.

Sector statement template 2 (endorsed by Allergy & Anaphylaxis Australia):

Food allergy statement

We cannot guarantee that our venue is 100% nut free.

We try to minimise nuts in the foods we provide, however, we cannot guarantee that all of our food will always be nut free.

Our menu is free of obvious peanuts, tree nuts or nut derivative products, but this does not include foods labelled as 'may contain traces of nuts' for example.

We strongly discourage groups, staff and students from bringing nuts and foods containing peanuts and tree nuts to camp.

We work with guests or their parents / guardians to ensure that the menu is suitable. This might include bringing suitably packaged and labelled food from home which will be stored and served appropriately.

If you or your child have a severe food allergy please contact the camp catering staff, no later than 10 working days prior to arrival at camp.

Training

(Advice from the Australasian Society of Clinical Immunology and Allergy - ASCIA)

ASCIA anaphylaxis e-training for schools is available free of charge from the ASCIA website.

There are a number of courses available, some of which are region specific, others Australasian. For camp facilities in Victoria, the ASCIA anaphylaxis e-training for Victorian schools would be ideal, whilst in other regions, camp facilities may wish to undertake the ASCIA anaphylaxis e-training for Australasian schools. These courses have the same content in the core modules (modules 1-4), but differ with regards to the risk minimisation module in which the Victorian version includes information specific to the Victorian anaphylaxis management guidelines and legislation. These courses would be best suited for completion by camp staff.

ASCIA also has an anaphylaxis e-training for first aid (community) which is also freely available from the ASCIA website. This course includes consistent core modules (modules 1-4) with the school versions, but the information in the risk minimisation module is not specific to the school setting and therefore does not include information relating to camps.

To access ASCIA anaphylaxis e-training courses, each person should register using their own email address. On successful completion of the final assessment, participants are able to print an individual certificate of completion. ASCIA recommends hands-on demonstration with an EpiPen trainer device on completion of the e-training course and there is a space on the certificate to have this verified by another person.

Reference to anaphylaxis in accreditation schemes

Minimum operating standards as part of the accreditation process

1. Australian Tourism Accreditation Program (ATAP) - Camping and Adventure Activity Providers (CAA)

<http://www.atap.net.au/>

It is not a mandatory requirement for every Camp/Adventure Activity accredited business to provide procedures around dealing with allergies/anaphylaxis as part of their accreditation process, although ATAP believes that this is something that has been discussed in the past.

Having said that, the majority of CAA business do provide information on this anyway as part of their accreditation as it is becoming an issue that businesses must manage carefully in order for safe running of camps and meeting needs of all guests. In most cases ATAP would see it as part of the customer service section, where businesses are collecting booking and user group information, and businesses would generally give a timeframe before the camp where the group has to provide details of dietary needs. In hire agreement forms ATAP do see that businesses provide terms/conditions around dietary needs, including prohibiting certain food products from being brought into the campsite at all (eg nuts).

2. National Accommodation, Recreation and Tourism Accreditation (NARTA)

www.narta.org.au/criteria.html

Part 4 Health and Hygiene

Systems are in place to meet legislative requirements in regard to the health of guests attending an operator's facility or program.

An operator needs to show evidence of state legislative requirements (in which they operate) regarding health protection and demonstrate its application within their operation.

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Understanding of food allergies and systems in place

..."

Resources

1. National

Food Standards Australia New Zealand

<http://www.foodstandards.gov.au/consumer/foodallergies/Pages/default.aspx>

2. By state

Victoria

Ministerial Order 706

http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

Anaphylaxis Guidelines July 2017

http://www.education.vic.gov.au/Documents/school/principals/health/Anaphylaxis_Guidelines_FINAL.pdf

NSW

Information from Anaphylaxis Procedures for Schools

<http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/guidelines/index.php>

<http://www.schools.nsw.edu.au/media/downloads/schoolsweb/studentsupport/studenthealth/conditions/anaphylaxis/guidelines/appendix9.pdf>

Queensland

http://education.qld.gov.au/schools/healthy/docs/anaphylaxis_guidelines_for_queensland_state_schools.pdf

Western Australia

<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>

3. General

Allergy and Anaphylaxis Australia <https://www.allergyfacts.org.au/>

'Preparing for Camp with Food Allergies'

Allergy and Anaphylaxis Australia

Camp Allergy Management Checklist

<https://www.allergyfacts.org.au/images/pdf/CAMPchecklist516.pdf>

Australasian Society of Clinical Immunology and Allergy (ASCI) <http://www.allergy.org.au/>

http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

4. Food service

<https://www.allergyfacts.org.au/how-to-manage/food-industry/food-service>

'Safe Food Handling' in the School Policy and Advisory Guide, available

at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>

A&AA Food Service Kit, available on line via <https://www.allergyfacts.org.au/shop/category/16-food-preparation-tools>

Food Standards Australia New Zealand

<http://www.foodstandards.gov.au/consumer/foodallergies/collaboration/Pages/default.aspx>

Food Safety (Victoria)

<https://www2.health.vic.gov.au/public-health/food-safety>

Food Authority (NSW)

<http://www.foodauthority.nsw.gov.au/>