



More than 200,000 youth and adults in the United States are diagnosed each year with allergies related to food, medications, plants, or insects. First-time reactions can occur anytime, anywhere, and many of the allergies are severe and potentially life-threatening. Prevention is always the best defense, and planning ahead is the first step.

Incident Review #1

A mother at Cub Scout day camp was stung on her ankle by a bee as she stood near the tot lot. She reported to the medic tent where an ice pack was applied for 45 minutes. By that time the sting site looked better, but the mother developed shortness of breath, and since she didn't have an epinephrine autoinjector, the medic administered one belonging to another camper. The woman also received an antihistamine, and was driven home by a friend with a written account of the event, the medic's name and phone number, and the used epinephrine autoinjector. She was instructed to contact a physician.

Key Points

- Using someone else's medication is not recommended except by trained health professionals in emergency situations.
- Epinephrine is for use in a true emergency. Symptoms may reappear after an initial injection, and second doses may be necessary. Patients receiving epinephrine injections should always be evaluated by a physician.

Incident Review #2

A Boy Scout ate bread during dinner at a dining hall, unaware that it contained nuts. When his throat began to "close up," he was taken to the health lodge nearby and given an epinephrine injection. He was then transported to a hospital.

Key Points

- Discussing and identifying foods that may contain allergens should be part of any allergy education plan. No food item should be consumed by anyone with severe food allergies during a Scouting activity unless they are sure it is allergen-free. This is particularly important as youth get older and begin camping without parents or guardians.
- If a Scout is known to have severe allergies, a clear written plan for responding to episodes should be shared in advance with adult leaders and camp staff.

“Milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soybeans account for about 90 percent of U.S. food allergies.”





Incident Reviews #3, #4, and #5

In two separate incidents, Boy Scouts accidentally injected themselves with their own epinephrine pens. One injected the pen into his right thumb; it should only be injected into the outer thigh. In another case, a registered leader in a first-aid class accidentally discharged epinephrine into her finger while demonstrating it with the safety cap off.

Key Points

- Encourage Scouts to carry their own emergency medicine responsibly.
- Epinephrine autoinjectors that do not contain a needle or active ingredient are available for training and demonstration purposes.
- Credentialing organizations, such as the American Red Cross or the Emergency Care and Safety Institute, have specific training protocols for their trainers to follow.



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Incident Review #6

A parent of a Boy Scout notified the National Service Center that her son and another Scout, both with diagnosed celiac disease (autoimmune reactions to gluten), were served pasta containing gluten in a camp dining hall. The mother also said that a year ago, her son was served a steak marinated in a soy sauce containing gluten.

Key Points

- A true food allergy involves a systemic antibody response and can lead to severe anaphylactic reactions such as hives, vomiting, or trouble breathing. Even in very small amounts, the offending food may cause immediate or delayed reactions for those with food allergies.
- In contrast, celiac disease is a chronic condition involving an immune response to gluten found in wheat and other grains such as barley, rye, and some oats; it leads to gastrointestinal symptoms like bloating and diarrhea. In many meals, wheat content may not be obvious without carefully reading the packaging labels of the ingredients. If anyone being served a meal is known to have severe reactions to gluten, make sure the products chosen are gluten-free or provide a gluten-free alternative.
- Directly involving food service personnel in allergy management plans is a best practice.
- The Scout and his parent or guardian are best qualified to develop a personal plan for preventing severe allergic reactions.





Discussion Questions

- Where on the Annual Health and Medical Record are allergies listed for members of your unit?
- Who should be involved in the planning phase when a Scout is attending a campout?
- Who should be trained in recognizing and treating severe allergic reactions at a council camp?
- Why should we take precautions against severe reactions even if none of our Scouts have severe allergies or celiac disease?
- Do people with gluten sensitivities need to carry epinephrine pens?
- For individuals who have been prescribed epinephrine autoinjectors, what determines the number of doses they need to have on hand when participating in a given event?

Resources

- Annual Health and Medical Record, <http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx>
- Guidelines for Managing Food Allergies, www.scouting.org/filestore/HealthSafety/pdf/2013Guidelines_Managing_Food_Allergies.pdf
- Medication Use in Scouting, No. 680-036, www.scouting.org/filestore/HealthSafety/pdf/SAFE_USE_OF_MEDICATION_IN_Scouting.pdf
- FARE (Food Allergy Research & Education), www.foodallergy.org
- Epinephrine injection tips, www.epipen.com/en/resources/caregiver-tips

“ When did you last check the expiration date of your inhaler or epinephrine autoinjector?”

