



Managing Students with Food Allergy during a Shelter-In-Place Emergency

School districts and schools across the country, along with the federal government¹, are developing emergency plans in the event of an occurrence that would shelter children and staff in place rather than evacuating them in the event of a crisis. Some schools may refer to this as a “lockdown” or “shelter-in-place” where no one is permitted to leave the premises for a period of time (1 to 3 days, perhaps). Such emergencies may result from a disaster involving hazardous materials outside of the school building(s), a threat of terrorism, or an act of God (earthquake, tornado, hurricane). Clearly, the safety of all children during a lockdown is paramount; this document, however, pertains to an increasing medical concern among our nation’s children: life-threatening food allergies.

Parents have expressed concern that such emergency plans may not take into account the special needs of children with medical conditions, including food allergy. Of particular concern is the risk posed to children with food allergies when the emergency food supply could be harmful to them, for example, peanut butter sandwiches for children with peanut allergy. The Food Allergy & Anaphylaxis Network (FAAN) offers the following suggestions to those planning for emergency situations to ensure the safety of all food-allergic children during the event of a lockdown situation. Several of these suggestions would be applicable to students with other medical conditions that require access to specific foods and medications.

FOOD

- Schools should work with the parents of children with food allergy (and parents of children with other medical conditions) to ensure an adequate supply of safe, non-perishable foods for that child, and an ample supply of medications needed in case of an allergic or other physiological reaction.
- Schools should educate the staff about food allergies and make the necessary arrangements to ensure that each student have an adequate supply of safe food, as well as, action plans to address any physiological reactions. School emergency planners should consider placing stickers on the food containers

¹ The National Advisory Committee on Children and Terrorism (NACCT) has been meeting since March 2003 to develop recommendations to HHS Secretary Thompson about ways to assure that children are reflected in preparedness, response and recovery plans related to terrorism. Moreover, the U.S. Department of Education has released a new guide, Practical Information on Crisis Planning: A Guide for Schools and Communities, to help schools plan for any emergency, including natural disasters, violent incidents and terrorist acts.

identifying the presence of particular allergens, and schools should request that the parents of children with food allergies help assure that the allergen stickers are appropriate and visible.

- Parents of students with food allergies should provide a 3 day supply of safe food from home in case the food at school is not safe or supplies of certain safe food run low during the emergency.
- Every effort should be made to have all children wash their hands with soap and water or use an antibacterial hand-cleaning product before and after each meal/snack.

MEDICATIONS

- An individual student action plan that includes all medications provided to the school by the student's parents/guardians should include written instructions, signed by a physician, indicating how and when the medicine is to be administered during a reaction.
- Where allowed by state laws, rules and regulations and not in violation of union contracts, an emergency bag filled with the student's individual action care plan, medications, and written instructions should be created for students with special medical needs. The bag should be assembled in collaboration with the parent, student, private health care provider, school personnel and the school nurse. This bag would need to travel with the child at school and to school-related activities.
- Proper disposal methods of an exposed needle, such as an EpiPen® auto-injector, should follow current OSHA standards.
- Many children with food allergy also have asthma. Battery-powered nebulizers may be needed to treat asthma.
- The school's emergency plans for addressing medical emergencies need to consider where medication is to be kept, how medical treatment can quickly be given, and by whom, in case a food-allergy induced reaction or other medical emergency occurs. Schools may wish to hold scheduled documented drills to ensure the safe care of students experiencing a medical emergency.

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