

Food allergy education and management in schools: A scoping review on current practices & gaps



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INTRODUCTION

- Food allergy (FA) affects an estimated 7-8% of children globally
- Pre-pandemic, 20% of severe FA reactions occurred in schools
- Management practices of FA, availability of epinephrine autoinjectors (EAI) and emergency anaphylaxis plan (EAP) varied in school settings

AIM

- To conduct a scoping review on FA and anaphylaxis knowledge and management amongst teachers and school staff, including knowledge differences post-educational intervention

METHOD

- OVID-Medline, PsycInfo and Scopus databases were searched for English and French studies published ≥ 2006
- Primary outcomes: teacher and school staff previous experience, training and schools' FA-related policies/guidelines

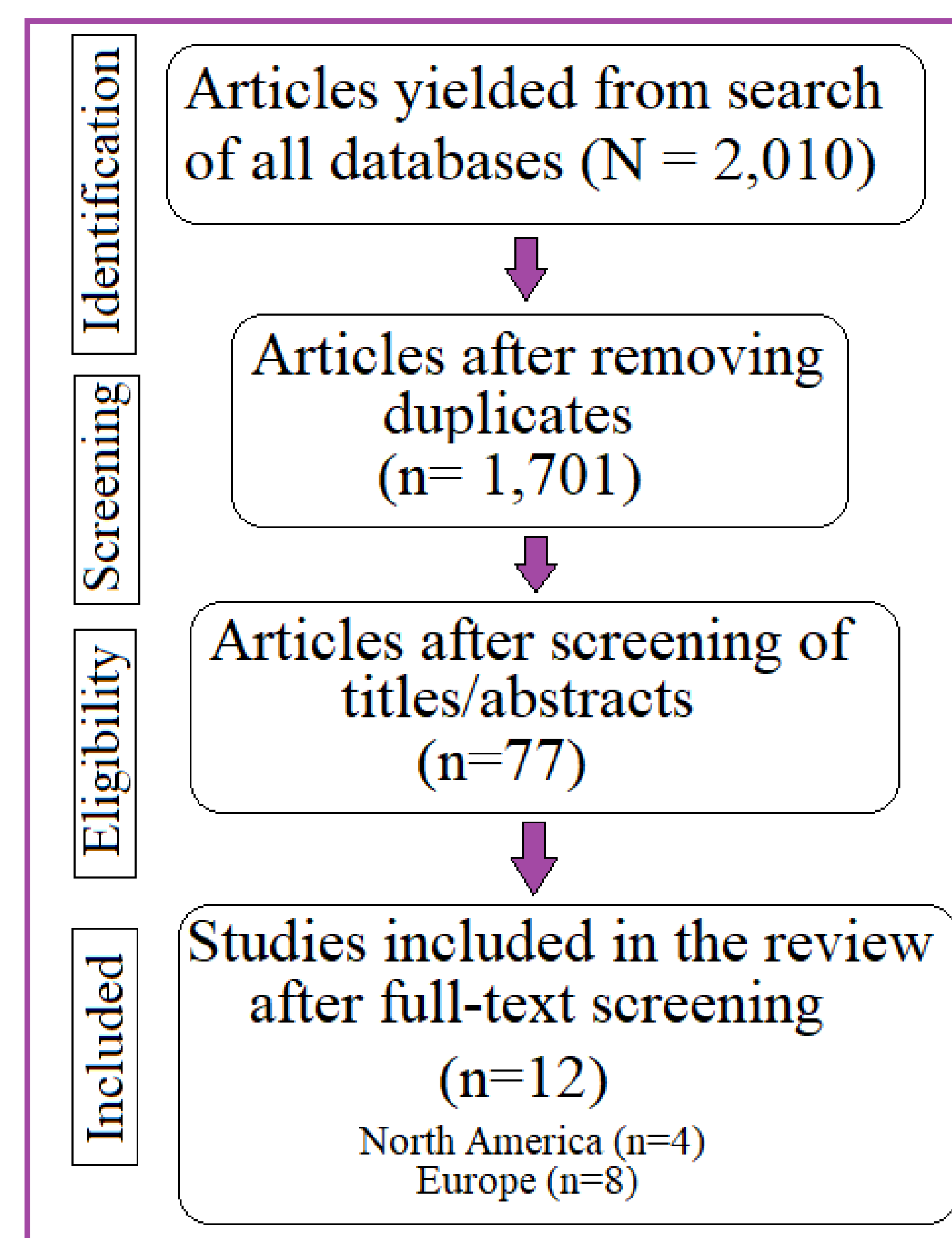


Figure 1. PRISMA flow diagram depicting the selection process

RESULTS

- We included 12 articles in this review
- 8/12 studies conducted pre-post educational interventions; 4/8 had EAI training
- 37-59% of teachers and school staff had prior FA and/or anaphylaxis training
- 51-88% of teachers and school staff previously worked with a student with FA
- Most studies did not provide information on EAI (6/8 studies) or EAP (7/8 studies) availability

Knowledge post-educational intervention

- Better knowledge of FA management, attitudes, EAI use and symptom recognition (4/8 studies; 50.0%)
- Sustained knowledge 3-12 months after the session (1/8 studies; 12.5%)
- Higher reported self-efficacy and confidence (3/8 studies; 37.5%)
- Education sessions were useful (2/8 studies; 25.0%)

CONCLUSION & NEXT STEPS

- FA-related experience, training, EAI and EAP availability is variable
- Training increased FA knowledge and self-efficacy and confidence
- Annual, standardized FA and anaphylaxis training may be beneficial to optimize FA management

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