

Correspondence

Allergists are critical in actively guiding schools in the development of food allergy policies

To the Editor:

We read with interest the guidelines set forth by Wasserman et al¹ for preventing and managing food-induced allergic reactions in child care centers and schools. Evidence dating back decades highlights the fact that schools are unprepared for medical emergencies, specifically anaphylaxis.² Various groups have set forth recommendations encompassing food policies and education for school staff in an attempt to address this need³; however, as detailed in the article by Wasserman et al,¹ there is no evidence that schools are any better prepared than they were 20 years ago. The disconnect between the studies published over a period of more than 20 years and the lack of evidence for any particular policy, not to mention the tremendous heterogeneity of policies that fill the evidence-void, signifies a perilous gap in the community between schools and medical professionals, particularly, allergists.

Wasserman et al¹ stated that the “primary target audience of these guidelines includes policymakers, public health professionals, and child care and school personnel that play a role in developing and implementing policies for managing food allergy in child care centers, primary/elementary schools, middle/junior high schools, and secondary/high schools.” Although the article’s Appendix A states that policymakers are “encouraged” to “appoint a guideline committee comprising clinicians, methodologists, and key stakeholders from child care and school communities,” allergists were not included in this target audience.

Physicians, especially allergists, need to play an active role in the development and implementation of medical policies such as anaphylaxis prevention and response plans. Although the article by Wasserman et al¹ quite thoroughly reviewed issues pertaining to allergic reactions to foods in child care centers and schools, it does not include the role of an allergist in helping policymakers, public health professionals, and child care and school personnel understand these issues. It also does not suggest that allergists play key roles in helping schools recognize

when a listed recommendation would be appropriate to implement, hence “conditional recommendation.” School administrators and teachers frequently lack the bandwidth to sort through the medical literature to determine best practices regarding allergy emergency preparedness and subsequently implement such practices. Many school nurses may oversee hundreds of students in different buildings and even different schools, and they alone cannot be responsible for developing and implementing school policies and response protocols. As allergists, we must work to build a clinic-to-classroom bridge and take the opportunity to fill this vacuum through allergy-focused community outreach.

Allergists serve a unique, important role in empowering child care centers and schools to make allergy policies that keep students safe and limit allergy policy-associated anxiety. We must not underestimate our roles as allergy experts and allergy “interpreters” for our local communities, and it is up to us to collaborate with our communities’ educational hubs on the appropriate adaptation and implementation of policies. These are, after all, our patients, and it is our duty to protect them.

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Disclosure of potential conflict of interest: A. E. W. Hoyt is the chairperson of the board of the nonprofit organization The Teal Schoolhouse and executive director of Teal Schoolhouse’s program Code Ana, the mission of which is to equip schools for medical emergencies such as anaphylaxis. J. E. Goertz is a member of the board of The Teal Schoolhouse. All efforts by both authors with this organization are voluntary and unpaid.

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