

PE1775/B

Scottish Government submission of 20 February 2020

Thank you for your letter dated 21 January 2020 to the Scottish Government regarding Petition PE1775, which the Public Petitions Committee considered at their meeting on 16 January 2020. I note the objective of this petition, which is to see the Scottish Government passing legislation that will make an allergy care policy statutory for every nursery and school and to establish appropriate standards for nursery and school staff of medical training, education and care for children with anaphylaxis.

The Scottish Government fully recognises the importance of schools having robust and proactive procedures in place to deal with allergic reactions, including anaphylaxis. I know that allergic reactions can take hold very quickly, particularly in the case of insect stings, and holding spare adrenaline auto-injector devices on the school premises could potentially save the life of a child or young person. Therefore we are supportive of any actions that schools take in order to deal with allergic reactions as quickly as possible, including the purchase and storing of spare devices.

I understand that the Convener of the Public Petitions Committee referenced the Scottish Government's guidance on supporting children and young people with healthcare needs in schools at the meeting on 16 January and highlighted the guidance informed that schools can purchase spare adrenaline auto-injector devices for use in emergency situations. The ability for schools to buy spare devices came into effect on 1 October 2017 through the commencement of The Human Medicines (Amendment) Regulations 2017.

The position in Scottish schools is that children and young people should always carry their own prescribed adrenaline auto-injector device, however the school's spare device can be used if the child or young person's own devices fails, for example if it misfires or it is out of date. The guidance states that schools may administer adrenaline from their spare devices to any pupil who is at risk of anaphylaxis provided that both medical authorisation and written parental consent has been given to the school to use the spare device.

The guidance also recommends that schools maintain an up-to-date register of children and young people who have been prescribed with an adrenaline auto-injector to help identify whether they may need support with their condition and/or to ensure whether they have consent in place to use the emergency AAI device. Such a register will be particularly beneficial in larger schools and high schools where school staff may well be less familiar with the healthcare needs of individual pupils. Where a school does choose to keep a separate register, the guidance advises that it should be stored beside the emergency adrenaline autoinjector kit.

The guidance also provides information about staff training for treating children and young people at risk of anaphylaxis. In respect of maintenance, the guidance recommends that at least two named volunteers amongst school staff should have responsibility for ensuring that the spare adrenaline autoinjectors are in date (the

guidance recommends this is done every month) and that replacement devices are ordered when the expiry dates are approaching.

Whilst the guidance does state that staff training for treating anaphylaxis is voluntary, and that no member of staff can be required to undertake it, it also states that "schools must arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis and that the specialist training should include practical instruction in how to use the different adrenaline autoinjector devices available", namely EpiPen, Jext and Emerade.

The Committee will be aware, as highlighted by me in evidence in December 2019 on a petition to make a statutory requirement on the provision of first-aid in schools, that I am very mindful of the number of asks which Government makes of teachers in schools, and that I am very often asked to mandate, guidance, training and support on specific issues. There is a need for me to carefully balance the requirements placed upon school staff, with their responsibilities to deliver education and support to pupils.

In this circumstance, I believe that there are sufficient provisions already in place through the legislative approach to the provision of emergency medication and the specific guidance on these matters, to make clear to education authorities and schools and NHS Boards their respective responsibilities in relation to this matter, both in relation to responding in emergency situations and as part of a planned approach where the medical need is known in advance. With that in mind I am not, therefore, minded to bring forward a statutory requirement upon school staff for mandatory training in anaphylaxis.