

PE1775/C

Petitioner submission of 30 March 2020 updated on 16 April 2020

Response to submissions of Scottish Government (18 February 2020) and COSLA (18 February 2020)

The current statutory guidance, available from the Scottish Government has been well formulated and outlines the best practices for schools to follow when caring for pupils with medical needs, including allergy. This said, empirical and anecdotal evidence exists suggesting that implementation within the school setting is poor, specifically with regards to the care of the allergic child^{1,2}. Therefore we would argue that this guidance alone is not sufficient to ensure the safety and inclusion of the allergic child at school and that schools require further support. Efforts and emphasis on implementation of this guidance are now needed to support schools, pupils and their families.

There is narrow focus on the use and provision of adrenaline auto-injectors. The guidance references staff training, it is the responsibility of the school to determine what level of training is appropriate when they may have no experience of allergies. In my experience, there is no specialist face to face training available for staff to access, and no funding available for outside training. Where training is available for other regions as part of the management of health conditions in schools, it gives a general overview of allergy; signs and symptoms of anaphylaxis and basic practical skills. There is little focus on how to incorporate preventative measures into the school policies or time allocated to practice an emergency drill.

Anaphylaxis is a life threatening condition and requires more than a brief talk on its management. This is far from sufficient in generating confidence on the subject.

In the absence of clear training arrangements or funding for resources from the Government and local authority, the majority of schools and nurseries are forced to rely almost entirely on information provided by parents of allergic pupils, and the protection of children with life threatening allergies is still down to an assortment of ad hoc policies and procedures. I feel school training should be Government led so it becomes widely available and mandatory for all schools.

If training and guidance was implemented as a matter of course, with clear policy and guidelines offered for all staff, it would enable school and nursery staff to feel empowered to know they are well informed and have the support they need, it would

also give the parents of these children comfort in the knowledge that their children are being looked after by educational professionals who have had the correct training to prevent/treat anaphylaxis.

I have witnessed the problems the absence of clear guidance causes, it puts additional pressure on staff, causing them unnecessary stress and anxiety. Also the additional time and resources it takes to try and establish best practice, having to consult many different departments within the local authority, environmental health, catering etc.

Children with other medical conditions have a medical representative present at a child's plan meeting which takes place after enrolment. Children with allergies have no such support and it's left for parents to advise, which they are not equipped to do. There is a need to ensure all schools are given the same support and resources to best manage pupils with allergy.

I hope that it does not take a child to fall seriously ill or worse before the lack of training and guidance is addressed within school and nurseries. A recent inquest into the death of school boy, Karanbir Cheema, who suffered anaphylaxis at school, heard the coroner call for action to be taken to prevent future deaths. Such actions included targeted allergy education for pupils; regular audits of the emergency kit and care plan; a system to ensure medications are in date; standardised approach for providing schools with allergy action plans; increase awareness of the emergency response to anaphylaxis; generic adrenaline auto-injectors should be in place in public spaces³.

I have recently been in touch with Dr George Raptis, Consultant in Paediatric Allergy, and his team, who have set up a pilot scheme working with schools to advise on management of pupils with allergic disease in an attempt to address this gap. This is part of a research study with the university of Glasgow and NHS Greater Glasgow and Clyde (see survey of school's preparedness for managing anaphylaxis in pupils with food allergy)⁴. Who better to advise on allergies but a professional in the field who deals with allergic children and their families in clinic daily. I would like to ask that the Government and COSLA work with his team to ensure the appropriate training and guidance is rolled out to all schools and nurseries.

References

1. Turner, P.J., Regent, L., Jones, C. and Fox, A.T. (2020), Keeping food-allergic children safe in our schools—Time for urgent action. *Clin Exp Allergy*, 50: 133-134. doi:[10.1111/cea.13567](https://doi.org/10.1111/cea.13567)
2. Raptis, G., Perez-Botella, M., Totterdell, R., Gerasimidis, K. and Michaelis, L.J. (2020) A survey of school's preparedness in managing anaphylaxis in pupils with food allergy. *European Journal of Paediatrics* (in press, accepted March 2020).
3. Hassell, M. E. (2019) Prevention of Future Deaths Report: Karanbir Cheema 2019–0161. https://www.judiciary.uk/wp-content/uploads/2019/07/Karanbir-Cheema-2019-0161_Redacted.pdf
Accessed 23 March, 2020
4. Raptis, G., Perez-Botella, M., Totterdell, R. et al., *European Journal of Pediatrics* (2020) <https://link.springer.com/article/10.1007/s00431-020-03645-0>