

PE1775/D

Deputy First Minister and Cabinet Secretary for Education and Skills submission of 26 January 2021

Thank you for your letter of 6 October 2020 regarding petition PE1775 calling on the Scottish Government to pass legislation that will make an allergy care policy statutory for every nursery and school, and to establish appropriate standards of medical training, education and care for children with anaphylaxis for nursery and school staff. I am sorry for the delay in responding you.

As set out in my previous submission to the Committee, the Scottish Government recognises the importance of schools and early learning and childcare (ELC) settings having robust procedures in place to deal with allergic reactions, including anaphylaxis. I was extremely saddened to hear about the tragic incident leading to the inquest that the petitioner refers to; every child in Scotland has the right to safe, good quality, compassionate care in education including schools and ELC settings and I would like to convey my deepest condolences to Karanbir Cheema's family.

In response to the petitioner's concerns regarding implementation of the [guidance on supporting children and young people with healthcare needs in schools](#) ('the guidance'), under the National Health Service (Scotland) Act 1978, securing the medical inspection, medical supervision and treatment of children and young people at school is the statutory responsibility of NHS boards. NHS boards, education authorities, schools and other partners must work collaboratively to implement the guidance and put in place a policy framework to ensure adequate and efficient provision for children and young people with healthcare needs in schools. The day-to-day management and support of their medical needs should be met by staff in schools and ELC settings.

Regarding training on the use of adrenaline auto-injectors, the guidance states that any member of staff can volunteer to take on the responsibility for administering adrenaline to children and young people, although they are not obligated to do so. Where school staff choose to take on this responsibility schools must arrange specialist anaphylaxis training. This training should include practical instruction on how to use the different adrenaline auto-injector devices available.

NHS Boards and education authorities are responsible for working collaboratively to ensure that all staff receive an appropriate level of training to understand the needs of the children for whom they are responsible, including the provision of refresher courses to update competencies relating to their roles. Training requirements should be planned for and driven by the individual needs of children and young people in the schools within the relevant area. Therefore this is best decided at a local level given the better understanding of the needs and circumstances of the children and young people in attendance in each school.

In addition, the guidance recommends that general awareness training of common conditions including anaphylaxis should be provided to ensure that staff in schools have a basic understanding, can recognise symptoms, and know where to seek appropriate support. Education authorities should ensure that their

insurance/indemnification arrangements provide full cover for their staff who meet healthcare needs or administer medication within the scope of their employment. At the school level, the school management team and the school health team should both be aware of the arrangements in place for staff training and ensure that the training provided gives staff sufficient levels of knowledge, understanding, confidence and competence appropriate to their roles.

Regarding availability and funding for resources, the Human Medicines Regulations 2012 allows all schools in the UK, including independent and grant-aided schools, to buy adrenaline auto-injector devices without the need for a prescription for use in emergency situations on children who are at risk of anaphylaxis, if they wish to do so. This school-held device can then be used on children and young people where both medical authorisation and written parental consent has been provided to do so, including in instances where a child or young person is at risk of anaphylaxis and been provided with a medical plan confirming this, but has not been prescribed with an adrenaline auto-injector device of their own. Whilst there is no specific funding set aside for this purpose, local authorities can purchase these devices using money allocated through the Scottish Government's existing grant funding settlement.

In relation to ELC settings, the Care Inspectorate guidance on [management of medication in daycare of children and childminding settings](#) recognises the need for care providers to consider any training and qualifications required for staff who manage medicines. The Professional Development Award (PDA) in Health and Social Care: Administration of Medicine at SCQF level 7 has been designed to meet the requirements of social service workers who are in a job role where they assist or administer medication to individuals. The PDA is also designed to provide Continuing Professional Development for employees who are currently in a role where they administer medicine.

Continuous professional learning also includes regular first aid/paediatric first aid training that includes training on the relevant skills to understand and respond to a child suffering from an allergic reaction. The 2019 Care Inspectorate data shows 97.3% of ELC settings reported that they have at least one member of staff with a current first aid certificate or a current paediatric first aid certificate (or multiple staff with a combination of both types of certificate). This demonstrates that there continues to be a high commitment from registered ELC services in supporting staff development in relation to paediatric first aid training.

The administration of medication in ELC settings is also something that the Care Inspectorate review during their inspections. Each ELC settings has responsibility to meet every child's medication needs and ELC providers must make proper provision for the health, welfare and safety of all children in their care. Additional guidance for ELC providers on management and treatment of allergies is contained within the [setting the table](#) guidance, which states that all relevant details relating to food allergy, symptoms, emergency procedures and contacts should be recorded in the child's personal care plan in discussion with the child's parent/guardian. When a child has a severe allergy to a particular food the guidance provides information on how to minimise the risk of exposure. It is the individual ELC setting's responsibility to decide whether particular foods will be removed from their menus/setting. This should be communicated with parents, and form part of the setting's food policy.

It is the responsibility of the individual ELC setting to ensure that each member of staff is adequately trained. For ELC settings delivering the funded hours, training and development of staff is supported by the National Standard for ELC, which promotes continuous professional learning for the ELC workforce. As part of our programme to expand funded hours from 600 to 1140 hours, all settings delivering this entitlement will be required to meet a minimum National Standard, which requires them to achieve good or better in Care Inspectorate inspections on quality themes including quality of staffing and quality of care and support.

Taking into consideration the legislative framework around this issue, as well as the substantive guidance available to practitioners, my position remains that there are sufficient provisions already in place to make clear to education authorities, schools, ELC settings, and NHS Boards their respective responsibilities in relation to this matter. Therefore, we do not plan to introduce a further statutory requirement upon school and ELC staff in respect of an allergy care policy.

Finally, I would like to thank the petitioner for bringing the University of Glasgow and NHS Greater Glasgow and Clyde research study and pilot scheme to my attention, and for bringing forward these important issues for discussion.

I hope the above information is helpful in response to the petition PE1775.

JOHN SWINNEY