

PE2203/A: Make schools in Scotland safe for pupils with allergies

Scottish Government written submission, 12 December 2025

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable?

The Scottish Government provide local authorities with an agreed package of funding and it is the responsibility of each local authority to allocate the total financial resources on the basis of local needs, circumstances and priorities having first fulfilled its statutory obligations. This means that local authorities already have the power to use funding to take the action they deem necessary to protect children and young people with allergies from harm while at schools.

The Scottish Government has written [guidance](#) to support schools, local authorities and health boards as they consider what action they need to take in order to safeguard children and young people with healthcare needs while at school. The guidance provides practical advice and highlights sources of support as well as actions they may wish to consider as they develop processes to handle health care needs including those relating to allergies. Information relating to the use of adrenaline auto-injectors in schools is specifically referenced within Annex B of this guidance.

To further support local authorities, in 2017 an amendment was made to the Human Medicines Regulations 2012, which allows schools to buy and hold spare adrenaline auto-injector (AAI) devices without the need for a prescription.

Local authorities are not required to hold spare AAI devices under the provisions of the legislation, however this amendment makes it easier for schools to purchase an AAI device where a child or young person has an allergy and it is deemed appropriate to hold one for emergency use as part of that child or young person's care plan.

We recognise that decisions about whether to hold spare AAI devices in schools and what staff training may be required need to be made taking into account local circumstances within each individual school. For example a school with no allergy sufferers is unlikely to need to take any direct action but where a child has been provided with a healthcare plan confirming they are at risk of anaphylaxis the school is under a duty of care to ensure that sufficient steps are taken to protect the child or young person from potential harm, for example providing specialist anaphylaxis training for staff and holding a spare AAI devices. The national guidance on supporting children and young people with healthcare needs in schools confirms that in these cases an individual healthcare plan should be established to ensure that appropriate arrangements are in place to support a pupil's healthcare needs.

All food and drink served in schools (anywhere in the school) must meet the nutritional standards set out in the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2020. The Regulations are accompanied by statutory guidance which states that 'All education authorities and schools should have policies in place to safely support children, young people and staff with food allergies'. Compliance with the Regulations is monitored by HMIE Health and Nutrition Inspectors.

Regulation 3(a) of the Schools (Safety and Supervision of Pupils) (Scotland) Regulations 1990 provides that "every education authority... shall take reasonable care for the safety of pupils when under their charge". As such local authorities are already required to take necessary action to protect children and young people from harm including those with allergies.

Education authorities and schools also have a common law duty of care in relation to the physical well-being of their pupils, requiring them to take reasonable care to prevent foreseeable harm to pupils during the school day. 'Common law' refers to the body of law derived from court decisions made over the years, as opposed to those laws which have been determined by Parliament and set down in statute.

In short we believe that:

There is already sufficient legislation in place to require schools in Scotland to take appropriate action to safeguard children and young people with allergies as well as financial and practical support for local authorities to do so.

What, if any, action the Scottish Government is currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

All 32 local authorities have a range of actions and processes in place at their schools to meet the need of children and young people with special dietary needs including those who have allergies. These actions and processes are focused on individual care plans appropriate to the needs of each child or young person recognising that a one size fits all allergy policy is unlikely to be adequate to meet the needs of all children and young people. Instead each local authority is expected as confirmed in national guidance, to put in place processes that take into account local circumstances, making adjustments and taking appropriate action to ensure the needs of each child or young person are managed in the dining hall and anywhere else where food may be served (for example breakfast clubs or class activities). This would include assessing it would be beneficial to hold an AAI device and what training may be required.

All inspections carried out in schools by HMIE include consideration of the administration and storage of medicines as part of safeguarding actions. If a potential weakness in those arrangements is identified the HMIE inspector would refer this to the relevant education authority and follow up with them to ensure appropriate action had been taken. In addition, as part of the inspections carried out by HMIE Health and Nutrition Inspectors, education authorities are asked about the

processes they have in place where a child or young person presents as having a special dietary need and again, any weaknesses identified are raised with the education authority.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

Public Health Scotland provides the following information in relation to allergic conditions in Scotland. This information relates to the whole population, not those of school age or attending school.

Allergic conditions: key points

- In 2022/23, 120 people per 100,000 were hospitalised for an allergy-related illness at least once during the year, compared to 112 people per 100,000 in 2020/21. In the years leading up to the pandemic, admissions were consistently around 160 people per 100,00. The pandemic caused a large disruption to healthcare services and had an impact on individuals' health and their use of healthcare services. Therefore, this data should be interpreted with caution.
- Asthma continues to be the most common allergic condition, accounting for 81% of the approximately 6,546 allergy-related hospital admissions in 2022/23.
- Allergic mechanisms contribute to a large number of different diseases and have both acute and chronic effects.
- Diseases with an allergic basis include allergic rhinitis, [asthma](#), food intolerance and reactions to drugs and to wasp and bee stings.
- Most allergic conditions are treated in primary care.
- There is a lack of good quality information on rare but severe conditions such as anaphylaxis.

Source [Key points - ScotPHO](#)

Improvement, Attainment and Wellbeing Division