

CLINICIANS AND CHARITIES CALL FOR URGENT ACTION TO KEEP FOOD ALLERGIC CHILDREN SAFE IN SCHOOL

Submitted by: Satellite PR

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An editorial in the February edition of *Clinical and Experimental Allergy* (the official journal of the British Society of Allergy and Clinical Immunology) explores the current statutory guidance on the care of children with medical conditions in schools, and highlights the existing shortcomings in keeping pupils with food allergy safe. The Department for Education will be reviewing its statutory guidance "Supporting pupils with medical conditions at school"

(<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>) this year, and the article's co-authors Dr. Paul Turner, Prof. Adam Fox and the CEOs of the charities Allergy UK and the Anaphylaxis Campaign¹ are calling for a level of specific detail on supporting children with allergy to sit below the currently wholly generic guidance.

17% of fatal food-anaphylaxis reactions in school-age children happen while they are at school² and 20% of anaphylactic reactions in schools are in children with no prior history of food allergy³.

Coroners at the inquests into the deaths of Mohammad Ismaeel Ashraf and Karanbir Cheema (who both died as a result of anaphylaxis while at school) flagged up some key issues. These focused on:

- a lack of staff training which resulted in the delayed and incorrect administration of adrenaline, and
- policy implementation issues around autoinjectors which were out of date and not readily available.

The authors highlight the urgent need for clear and mandatory food allergy policies which recognise children at risk, include measures to minimise risk, and formalise adequate training for school staff to recognise the symptoms of anaphylaxis and administer adrenaline early and effectively in a 'whole school' approach.

The authors also review the current legislation which allows schools to purchase 'spare' AAls.⁴ This legislation is supported by non-mandatory Department of Health and Social Care (DHSC) guidance on the management of children with anaphylaxis in schools.⁵ With take-up of spare pens at a very low level (linked in part due to the absence of any funding for this initiative) and poor staff training, they propose important changes which include funding for schools to purchase AAls and for mandatory training for school staff. These initiatives could be cost-neutral, as pupils would no longer need to provide their own exclusive supply of AAls to remain in school. Legislation in both the USA and Australia allows a supply of AAls direct to schools, with a documented improvement in the management of allergic reactions⁶.

The article's lead author Dr. Paul Turner says: "We are asking for the DHSC, the Department for Education and the schools inspectorates to work together to make schools a safer environment for food-allergic children. Two inquests into the death of school pupils have highlighted the urgent need for staff training, for systematic and consistent policies and procedures on the management of children with food allergy and an assurance through inspection that these are implemented in schools. We believe that the approach we will present to the Government departments in the next month is far-sighted and

cost-effective. Families with children with food allergy live in fear of the consequences of anaphylaxis. They need to have confidence that schools will safeguard their children and that staff are trained to take correct and urgent action in the event of anaphylaxis. The current guidance is simply not adequate to inspire that confidence – parents, school staff and most importantly, our children deserve better.”

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Notes to Editors: The article will be published in the journal *Clinical & Experimental Allergy* (<https://onlinelibrary.wiley.com/journal/13652222>) on January 30th, 2020.

For further information, please contact the Communications team at Allergy UK.

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- 1 Paul Turner, Imperial College London, Section of Paediatrics; Adam Fox, Guy's & St. Thomas' Hospital, NHS Foundation Trust; Carla Jones, CEO, Allergy UK; Lynne Regent, CEO, Anaphylaxis Campaign
- 2 Turner PJ, Gowland MH, Sharma V, et al. Increase in anaphylaxis-related hospitalizations but no fatalities: an analysis of UK national anaphylaxis data, 1992-2012. *J Allergy Clin Immunol*.2015 Apr; 135(4): 956-63.e1.
- 3 Muraro A, Clark A, Beyer K, et al. The Management of the Allergic Child at School. *Allergy*201 June 1;65(6):681-9
- 4 The Human Medicines (Amendment) Regulations 2017.
- 5 Department of Health and Social Care. Guidance: Using emergency adrenaline auto-injectors in schools.
- 6 Vale S, Netting MJ, Ford LS, Tyquin B, McWilliam V, Campbell DE: Anaphylaxis Management in Australian Schools: Review of guidelines and auto-injector use. *J Paediatric Child Health*. 2019 Feb;55(2):143-151.