

Citizen Participation and Public Petitions Committee
Wednesday 21 January 2026
2nd Meeting, 2026 (Session 6)

PE2203: Make schools in Scotland safe for pupils with allergies

Introduction

Petitioner Helen Blythe

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to close the allergy safeguard gap by introducing legislation to mandate and fund all schools to:

- hold in date Adrenaline Auto-Injector
- have an allergy policy
- provide allergy training for all school staff on emergency response, preventing reactions, and allergy awareness.

Webpage <https://petitions.parliament.scot/petitions/PE2203>

1. This is a new petition that was lodged on 3 November 2025.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition collects signatures while it remains under consideration. At the time of writing, 931 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.
6. The Committee has received a submission from the Scottish Government which is set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
January 2026

Annexe A: Summary of petition

PE2203: Make schools in Scotland safe for pupils with allergies

Petitioner

Helen Blythe

Date Lodged

3 November 2025

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to close the allergy safeguard gap by introducing legislation to mandate and fund all schools to:

- hold in date Adrenaline Auto-Injector
- have an allergy policy
- provide allergy training for all school staff on emergency response, preventing reactions, and allergy awareness.

Background information

Allergy is the most common chronic condition among children, affecting around two pupils in every Scottish classroom. 18% of all food allergy reactions and a quarter of first-time anaphylaxis episodes happening in schools. Fatal allergic reactions among children happen more in school than in any other setting.

A 2024 FOI revealed fewer than 1 in 20 schools in Scotland have all four recommended allergy safeguards in place; almost half (49%) have no allergy policy; only 8% hold spare adrenaline auto-injector allergy pens; and nearly a third of schools don't provide allergy training. This is a dangerous postcode lottery.

Annexe B: SPICe briefing on PE2203



Brief overview of issues raised by the petition

Petition [PE2203: Make schools in Scotland safe for pupils with allergies](#) calls on the Scottish Parliament to urge the Scottish Government to close the allergy safeguard gap by introducing legislation to mandate and fund all schools to:

- hold [an] in date Adrenaline Auto-Injector
- have an allergy policy
- provide allergy training for all school staff on emergency response, preventing reactions, and allergy awareness.

Background

Allergies are thought to affect [approximately 30% of children in Scotland](#). [Common allergens include](#):

- grass and tree pollen – an allergy to these is known as hay fever (allergic rhinitis)
- dust mites
- animal dander (tiny flakes of skin or hair)
- food – particularly nuts, fruit, shellfish, eggs and cow's milk
- insect bites and stings
- medication – including ibuprofen, aspirin, and certain antibiotics
- latex
- mould
- household chemicals.

Allergic reactions can range from mild rashes and sneezing attacks, to distressing widespread hives and skin swelling, breathing difficulties and in the most severe cases life threatening [anaphylaxis](#) (also known as anaphylactic shock).

Anaphylaxis

Signs of anaphylaxis include:

- itchy skin or a raised, red skin rash
- swollen eyes, lips, hands and feet
- feeling lightheaded or faint
- swelling of the mouth, throat or tongue, which can cause breathing and swallowing difficulties
- wheezing
- abdominal pain, nausea and vomiting
- collapse and unconsciousness.

The most [common triggers of anaphylaxis](#) are insect stings, foods (particularly peanuts), latex and medicines.

[Anaphylaxis](#) should always be treated as a medical emergency. If available, an injection of adrenaline should be given as soon as possible. Some people, with a previous history of anaphylaxis, carry an [auto-injector of adrenaline](#). These are sometimes also known by the brand names including: Emerade, EpiPen, and Jext.

Duty of care

There are no specific duties on schools on supporting allergies. There is a range of wider duties on schools that will be applicable as well as guidance that is relevant in managing allergies in schools.

There are general duties for schools under the [Health and Safety at Work etc. Act 1974](#) and there are risk assessment requirements under the [Management of Health and Safety at Work Regulations 1999](#). Schools must comply with health and safety law and put in place proportionate measures. In addition, schools have a general duty to ensure the safety of pupils under Common Law and [The Schools \(Safety and Supervision of Pupils\) \(Scotland\) Regulations 1990](#) to take reasonable steps to ensure the safety of its pupils.

Scottish Government policy

In December 2017, the Scottish Government published [Supporting children and young people with healthcare needs in schools: guidance](#). This guidance is non-statutory and is intended to “inform local policy development between NHS boards, education authorities, schools and other partners in supporting children and young people with healthcare needs in schools.”

The guidance includes several references to managing allergies and anaphylaxis. Allergies are mentioned in the first paragraph of the introduction. Other general

advice in the guidance includes general awareness raising, training on common conditions (including allergic reactions/anaphylaxis) and being aware of allergies if arranging social occasions.

The use of Adrenaline auto-injectors (AAIs) in schools

Annexe B of the guidance covers condition-specific guidance, including the use of adrenaline auto-injectors (AAIs) in schools. It notes that [schools may obtain AAIs without a prescription for emergency use](#). The AAIs can be used if the pupil's own prescribed AAIs are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered). However, schools are not required to hold spare AAIs for use in emergency situations.

Consent from parents and medical authorisation is required for use of AAIs and schools are advised to maintain a register of pupils with allergies and consent status.

The guidance also includes information on purchasing, storing and managing stocks of AAIs. It states:

“A school's allergy/anaphylaxis policy should include staff responsibilities for maintaining the spare anaphylaxis kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis, that the AAIs are present and in date;
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).”

In relation to [funding the provision of spare AAIs in schools](#), the Cabinet Secretary for Education and Skills said:

“The Scottish Government provides funding to local authorities through a block grant. It is the responsibility of individual local authorities to manage their own budgets and to allocate the total financial resources available to them, including on providing AAI devices to schools, on the basis of local needs and priorities.”

Local policy

[The supporting children and young people with healthcare needs in schools: guidance](#) states that education authorities and NHS Boards may wish to consider whether to implement their own local policy in relation to the use of emergency adrenaline auto-injectors in schools. It goes on to outline what the policy may cover:

- a statement as to whether the school or NHS Board actively encourages the keeping of spare adrenaline auto-injectors for emergency use in schools
- what the arrangements are for purchase, storage, care of, use and disposal of the devices

- the number of spare AAI devices that a school should hold (this may vary depending on school size and the number of sites it has)
- processes for seeking written consent for using the emergency AAI device
- how schools should record the use of emergency AAI devices
- arrangements on how schools maintain an up-to-date register of children and young people who suffer from allergic reactions and have been prescribed with their own AAI device – and for whom consent has been granted for use of the emergency AAI device
- process for informing parents or other emergency contacts in the event the emergency AAI has been required
- training that staff should expect in regard to using emergency AAI devices.

Staff training

In relation to the training and development of staff to support healthcare needs in schools [the guidance](#) states:

“NHS boards and education authorities should work collaboratively to ensure that all staff receive an appropriate level of training to understand and respond to both the educational and health needs of children and young people for whom they are responsible. Training requirements should be planned for and driven by the individual needs of children and young people in the schools in the area”

In relation to training on anaphylaxis it says that “schools must arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis.”

In response to [parliamentary question S6W-41028](#), the Cabinet Secretary for Education and Skills said:

“Schools must arrange specialist anaphylaxis training for staff where a pupil within the school has been diagnosed as being at risk of anaphylaxis. Where this happens, schools should ensure there are a reasonable number of designated members of staff available to provide sufficient coverage, including times when staff are on leave. Any member of a school staff can volunteer to take on responsibilities for administering adrenaline to children or young people, although they cannot be compelled to do so.”

Lizzy Burgess and Ned Sharratt, Senior Researchers, SPICe

08 December 2025

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Annexe C: Written submission

Scottish Government written submission, 12 December 2025

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

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