bsaci
improving allergy care
through education, training and research

The BSACI Paediatric Committee

Standards for paediatric allergy services in secondary care

1. Staffing

a. Medical: The service should be led by a consultant or associate specialist who is the designated lead for the paediatric allergy service. This may be a consultant paediatric allergist or a general paediatric consultant or associate specialist with an interest in allergy, with a minimum of 2 PA's in their job plan designated for paediatric allergy. Throughout the rest of this document, the term 'consultant' applies to all 3 designations.

b. The consultant should be expected to run at least one allergy clinic per week and have adequate time for allergy CPD in his/her job plan, to maintain competence. The consultant should work as part of a regional paediatric allergy network. The consultant should be in good standing with the Trust, RCPCH and GMC and be a member of the BSACI.

   The consultant should be competent in the following:

   1. Taking an allergy focussed clinical history
   2. Selecting, performing and interpreting allergy tests using specific IgE and skin prick testing
   3. Knowledge of indications for performing oral challenges
   4. Be able to advise about allergen avoidance
   5. Be able to provide emergency treatment plans
   6. Be able to train children and their families in the use of emergency medication for treating allergic reactions.

c. Trainees should be adequately supervised.

d. Nursing: The service should have at least one paediatric nurse, registered on sub part one of the NMC register as RN8 or RNC. He / she will act as the designated clinical nurse specialist in paediatric allergy. The nurse should be a member of the BSACI and keep themselves up to date and competent in current practice. This post may be shared with one other service e.g paediatric asthma or dermatology

   The nurse should be competent in the following:

   1. Taking an allergy focussed clinical history
   2. Selecting, performing and interpreting allergy tests using specific IgE and skin prick testing
   3. Performance of spirometry
   4. Knowledge of indications and procedure for performing oral challenges
   5. The management of allergic reactions and anaphylaxis.
   6. Be able to advise about allergen avoidance
   7. Be able to provide emergency treatment plans
   8. Be able to train children and their families in the use of emergency medications, including adrenaline autoinjectors, for treating allergic reactions.

9. Be able to train children and their families in the use of devices such as: asthma inhalers, nasal sprays and eye drops
10. The management of eczema, including topical application of therapies.

e. Dietetic: A paediatric dietician should be available and competent to support patients with food allergy.

2. Facilities

The clinic should be run in a child-friendly environment. There should be adequate space for patients to wait, for consultations and for skin prick testing.

a. Adequate consultation time; a minimum of 30 minutes for a new patient appointment. It should be recognised that a consultation, including skin testing and training could take up to 2 hours.
b. Skin prick testing should be available during the clinic, performed by appropriately qualified nursing staff according to the BSACI SOP
c. Training and supervision of adrenaline autoinjector technique
d. Training and supervision of asthma inhaler technique
e. Training and supervision of the use of nasal sprays
f. Training and supervision of the use of topical therapies for eczema
g. Spirometry
h. Patient information resources
    i. Allergen avoidance information
    ii. Management plans should be available for all patients

3. Access to investigations and other specialists

a. Radiology and imaging
b. Accredited immunology laboratory
c. Pulmonary function testing
d. Have the opportunity to consult with and refer patients to specialists in paediatric dermatology, respiratory paediatrics, paediatric gastroenterology, paediatric ophthalmology and paediatric ENT surgeons
e. Secondary care allergy services should have close links with a tertiary paediatric allergy service, for training and support, sharing protocols and the referral of more complex allergy patients
f. Facilities for performing oral food challenges and drug provocation tests should be provided on site or through the regional allergy network.
g. Facilities for treatment using sublingual immunotherapy should be provided on site or through the regional allergy network
h. Patients requiring treatment with subcutaneous immunotherapy should be treated through the regional allergy network.
i. Be aware of the nearest available adult allergy service to facilitate transition of adolescent allergy patients.
j. There should be direct links with community-based nursing services for the training of local school staff on the delivery of comprehensive management plans including allergen avoidance and adrenaline auto-injector training.

4. **Patient pathway**
    a. Referral – the allergy clinic should be registered on the Choose and Book system. The allergy service should work with primary care to ensure that referrals are appropriate.
    b. Coding – Allergy appointments should be coded as 255 Paediatric Clinical Immunology and Allergy or 420 Paediatrics.
    c. Follow-up. Mechanisms should exist to ensure that there is the ability to follow up patients as appropriate.
    d. The patient pathways should follow the condition specific pathways described in the RCPCH Allergy Care Pathways 2011

5. **Clinical governance and audit**
    a. The service should have ready access to nationally accepted guidelines for the management of common allergic conditions.
    b. Complaints should be recorded and responded to, according to trust guidelines
    c. Multidisciplinary meetings should be held at least monthly and include discussion of complex patients, service management and provide an environment for informal CPD.
    d. The service should undertake or provide data for national audits when appropriate (BSACI)

6. **Education and liaison with primary care**
    a. The service should have provided at least one education event for colleagues per year
    b. A directory of services should be provided by the allergy service to inform primary care of appropriate referrals. Referral guidelines should be agreed with primary care.

Appendix

1. Additional standards for services performing challenges

A paediatrician running an allergy service should have access to facilities for performing food and drug challenges. These may be on site or provided through the regional network. If these are performed on site, the following requirements should be met:

a. Each child attending for a challenge should be under the care of a named consultant
b. Challenges should be performed according to nationally accepted guidelines for challenges. Guidelines for challenges should be shared across the regional network.
c. Centres performing challenges should maintain a database of children undergoing challenge procedures and their outcomes.
d. Consent for the challenge should be taken and recorded according to local procedures
e. Parents and children should be provided with written information about the challenge process
f. Written protocols should be available for the challenge procedure, recording observations and treatment of reactions
g. Challenges should be performed on a paediatric day ward with appropriate facilities for food preparation, patient observation, treatment and resuscitation
h. Staff performing the challenges should be competent in the supervision of challenges, management of allergic reactions and in the management of anaphylaxis.
i. A nurse should supervise no more than 2 challenge patients at any one time.
j. The unit should perform at least 2 challenges per month in order to maintain competence
k. The outcome of challenges and the indications for performing them should be audited on a regular basis
l. High risk challenges (where a patient has previously had anaphylaxis) should be discussed with a tertiary allergy centre before being undertaken. If appropriate, high risk challenges should performed at the tertiary centre.
m. Challenges resulting in the administration of adrenaline should be reviewed at a network level.

2. Additional standards for services providing sublingual immunotherapy

A paediatrician running an allergy service should have access to facilities for sublingual desensitisation. This may be on site or through the regional network. If the service is run on site, the following requirements should be met:

a. Each child receiving treatment with sublingual immunotherapy should be under the care of a named consultant, who is competent in the knowledge of the indications for

treatment, the management of side effects and the efficacy of sublingual immunotherapy.

b. Sublingual immunotherapy should be administered according to nationally accepted guidelines .
c. A database of children undergoing sublingual immunotherapy should be maintained
d. Consent for immunotherapy should be taken and recorded according to local procedures.
e. Written patient information about sublingual immunotherapy should be available
f. The centre should have written protocols for the administration of the first dose of sublingual immunotherapy in a supervised setting.
g. Staff administering immunotherapy should be competent in the management of allergic reactions and in the management of anaphylaxis.
h. Support for children and families undergoing sublingual immunotherapy should be available.

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