ALLERGY AND ANAPHYLAXIS POLICY

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1. Aims and Objectives

This policy outlines John Lyon School approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies: First Aid, Health & Safety, EDI, Safeguarding, Anti-Bullying.

2. What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are mostly caused by food, insect venom (such as a wasp or bee sting), latex, pollen, animal dander and medication.

3. Definitions

Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans (such as prawns, crabs and lobsters), egg, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts), soya, sulphites (or sulphur dioxide), and sesame.

Adrenaline Auto-Injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, AAI or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline auto-injectors (AAI).

Allergy Action Plan: Allergy action plans are a document filled out by a healthcare professional for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

Designated Allergy Lead: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

Individual Healthcare Plan: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy (other than Hay fever) should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan (BSACI plans preferred).

Risk Assessment: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate

those risks. Allergy should be included on all risk assessments for events on and off the school site.

Spare AAI: Schools can purchase spare AAI. These should be held as a back-up; in case pupils' prescribed AAI are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. Roles and Responsibilities

John Lyon School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Jillian Mannion. She reports to the Head. She is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment); and
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.

At regular intervals the Designated Allergy Lead will check procedures and report to the SMT.

4.2 School nurse

A School Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum) Coordinating medication with families and ensuring medication is in date.
- Keeping an AAI register to include AAI prescribed to pupils and the school's stock of spare AAI, including brand, dose and expiry date. The location of spare AAI should also be documented;
- Regularly checking spare AAI are where they should be, and that they are in date;
- Replacing the spare AAI when necessary;
- Providing on-site AAI training for staff and pupils and refresher training as required e.g. before school visits;
- Reviewing the school's stock of spare AAI (check the school has an appropriate number for the setting, that they hold the correct dose, that spare AAI are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared; and
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert their line manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or visit.
- Ensuring that any reaction or near misses is reported to School Nurse/ First Aider who will then record and report internally or in accordance with RIDDOR.

4.5 All parents

All parents and carers (whether their child have an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school nurse with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and

- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan (BSACI plans preferred);
- If applicable, provide the school or their child with two labelled AAI and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two AAI if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school permission for taking their child photo and for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- Where pupils bring or purchase their own food, parents/carers/pupils are asked to check ingredients carefully and ensure that no products containing nuts are brought into school in line with our nut - free policy.

4.8 Pupils with Allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Always carrying two AAIs with them, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their AAI;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;

- Pupils permitted to leave the school site during the school day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.
- Where appropriate, pupil at prep will be supported to develop increasing independence in managing their allergy, including recognising symptoms, avoiding allergens and understanding when to seek adult assistance. Younger pupils in the prep school who cannot manage their allergy independently will receive appropriate supervision from staff/carers. Opportunities to develop allergy awareness and self-management skills will be introduced gradually, taking account of the child's age, understanding and individual needs.

5. Information and Documentation

5.1 Register of Pupils with an Allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed AAI, as well as pupils with an allergy where no AAI have been prescribed. A register of all children who have been prescribed AAI is available in each anaphylaxis kit throughout the school.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include AAI, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare AAI in case of suspected anaphylaxis;
- A copy of their Allergy Action Plan.

6. Assessing Risk

Allergens can happen in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The school will ensure compliance with the Equality Act 2010.

7. Food, Including Mealtimes & Snacks

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school permits the use of ingredients which may contain (allergens) for food prepared in school kitchen but not food items in packets which are labelled "may contain nuts".
- Food containing the main 14 allergens will be clearly displayed on the menu cards in dining hall. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the "main 14" should always notify catering staff members about their allergen and should check ingredient information before consuming food;
- The school will make reasonable adjustments to enable pupils with coeliac disease to participate safely in all aspects of school life.
- The school's menu is available for parents to view weekly in advance on the school website at https://www.johnlyon.org/school-life/food-and-lunch-menus/ .
- Prep school:
  - Early Years in prep will adhere to new Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies;
  - The school has robust procedures in place to identify pupils with food allergies. In prep school, the school nurse will provide catering team with list of pupils with their food allergies and intolerances, including their photographs. The school nurse will also produce an allergy card for all pupils with food allergy or food intolerance, up to and including year 2, detailing their known food allergens. During lunch service pupils in nursery to year 2 with identified food allergies are visually supervised with their allergy needs. The supervising staff member carries out a visual check of the pupil's meal before consumption and remain vigilant throughout the lunch period to help ensure allergen avoidance.
  - Food provided at breakfast club will follow the school's Allergy and Anaphylaxis Policy;
- Senior school:
  - The school nurse will provide the catering team list of pupils with allergies or food; intolerances. The school nurse will also provide the catering team with an up-to-date list of pupils at risk of anaphylaxis with their food allergies, including their photographs;
  - Food sold at Sixth Form café and tuck shop in dining hall will have allergens clearly displayed on the menu cards; and
  - Pre-packaged food sold at Sixth Form café and tuck shop in dining hall will comply with Pre-packed for Direct Sale (PPDS) legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;

7.2 Food brought into school

- Bottles, other drinks and snacks/lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- When food or drinks are brought into school by parents, carers or staff for events or celebrations, considerations must be given to food safety, allergen management, cross contamination, and the dietary and medical needs of pupils. Wherever possible, food should be clearly labelled with ingredients and presence of any of the 14 major allergens.

7.3 Food Bans or Restrictions

- John Lyon School is a nut free and an Allergen Aware school. However, school cannot guarantee that it is completely allergen free environment for a child living with food allergies, as nuts are only one of many allergens that could affect pupils. School adopts a culture of allergy awareness and education.
- We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We prohibit peanuts and tree nuts on the site and check all foods coming into the kitchen; and
- All food coming onto school premises or taken on a school visit or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Parents should check the label on all foods provided from home. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food Hygiene for Pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed; and
- Water bottles and packed lunches should be clearly labelled.

8. Educational Visits and Sports Fixtures

- Staff leading the visit will have a register of pupils with allergies and details of their medication.
- Staff leading sports fixtures will be aware of pupils with allergies and details of their medication. The Head of Sports will identify any pupils who present the highest risk in relation to allergens and will inform staff members who are covering sports fixtures.
- Staff should notify the Educational Visits Leader / staff leading sports fixtures of their personal allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the visit requires an overnight stay;
- Staff accompanying the visit / sports fixtures will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead where possible to ensure they have a safe meal. If the staff leading the sports fixtures deemed it necessary that a meal/snack was needed before returning to school, they would arrange this on a case-by-case basis; and
- See AAI section for School Visits and Sports Fixtures.

9. Insect Stings

Pupil with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. Animals

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School visits that include visits to animals will be carefully risk assessed.

11. Allergic Rhinitis/ Hay Fever

Pupil suffering from allergic rhinitis/hay fever may receive medication from the school nurse where parental consent has been provided in advance.

12. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school visit;
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/ school nurse etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. AAI

See the government guidance on AAI in Schools.

13.1 Storage of AAI

- Pupils prescribed with AAI will have easy access to two, in-date pens at all times;
- Pupils in senior school carry their AAI along with other emergency medications. Pupils in Nursery – Year 2 always have their emergency medication in a labelled bag in their classroom. If children are leaving the site or going on visits it is the teacher's responsibility to carry the emergency medication. Pupils in Year 3 - 6 always carry their AAI in red first aid bags with them in school.
- Spot checks will be made to ensure AAI are where they should be and in date;
- AAI must not be kept locked away;
- AAI should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare AAI

John Lyon School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time. These are stored at various locations throughout the school, clearly labelled 'Emergency Anaphylaxis Kit', kept safely, not locked away and accessible and known to all staff. Spare AAIs are kept in the

following locations:

Senior School	Prep School	Sudbury
Medical Room	Outside medical room	Entrance to Pavillion
Reception		
Red House – (Ground Floor)		

The School Nurse is responsible for checking the spare medication is in date monthly and to replace as needed.

13.3 AAI on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school visit without two of their own devices. It is the Educational visit leader's responsibility to check they have them;
- AAI will be always kept close to the pupils e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- AAI will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Off-site activities with pupils at risk of anaphylaxis are sent with spare AAI as part of the first aid kit.

14. Responding To an Allergic Reaction /Anaphylaxis

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare AAI are available and follow instructions from the operator. The Medicine and Healthcare products Regulatory Agency (MHRA) says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. Training

15.1 The school is committed to providing annual allergy awareness training to all staff as part of their mandatory training programme.

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where AAI are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying; and
- Understanding food labelling.

16. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

17. Reporting Allergic Reactions

The school will log all allergic reaction incidents and near-misses. This is regularly reviewed by the bursar, and actions will be taken as appropriate to avoid future occurrence.

Reviewed by: Deputy Head (Pastoral)

Implemented: September 2026

Next Review: September 2027

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate AAI
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.