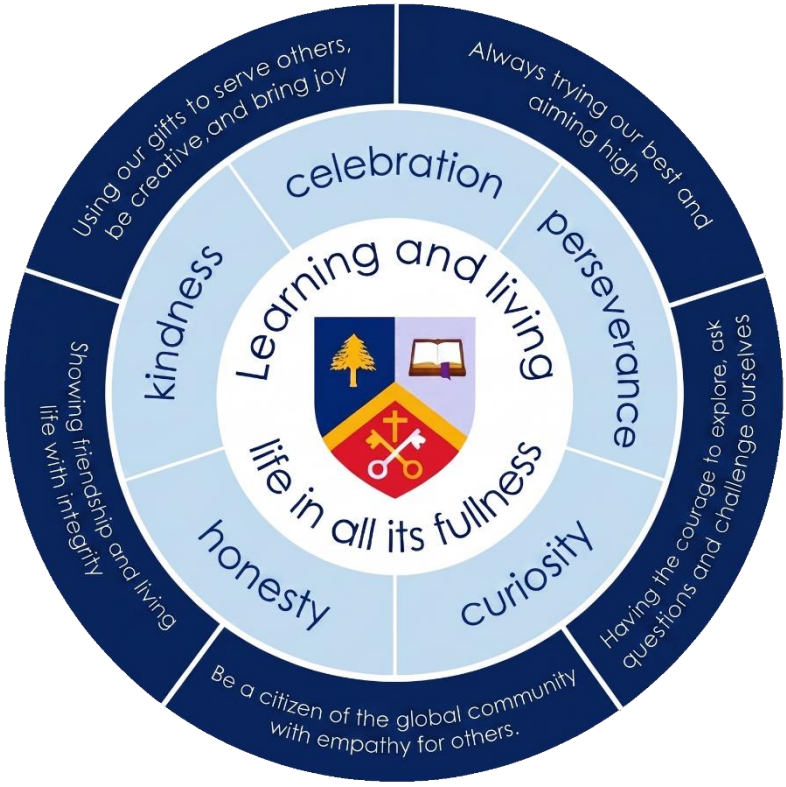
St Peter's CE Junior School

Learning and living life in all its fullness

Allergy and Anaphylaxis Policy



Policy Principles & Review

This policy is available on our school website and is available on request from the school office. We also inform parents about this policy when their children join our school and regularly thereafter through our school newsletter and other relevant opportunities.

We use the Schools Allergy Code to ensure good allergy management in our setting.
The Code is not a set of rules and regulations but it is a guide to best practice in achieving a whole school approach to allergy safety and inclusion. It has been drawn up by the Benedict Blythe Foundation and The Allergy Team, with the backing of leading allergy clinicians and the Independent Schools' Bursars Association.

Principles of good practice

- **Take every allergy seriously** - allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined in the Code.
- **Every child matters** - allergies are as unique as the children who have them. It is crucial that an individualised approach is adopted to implementing the Code, working with families and children to understand their experiences.
- **Prioritise safety and inclusion over the 'status quo'** – responding to the needs of children with allergy can require finding new ways of doing things, with schools prioritising safety and inclusion every time.

This policy will be reviewed in full by the Governing Body/Trustees on at least an annual basis. This policy was last reviewed and agreed by the Governing Body in September 2026. It is due for review in September 2027.

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AIMS AND OBJECTIVES

This policy outlines St. Peter's Junior School's 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:

Asthma, Whole School Food Policy, First Aid, Supporting Pupils with medical conditions, Safeguarding, Dogs on school grounds and Mental Health and Wellbeing

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 most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

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, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree 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, adrenaline pens 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 Pens.

ALLERGY ACTION PLAN: The BSACI Allergy Action Plan is filled out by parents under health professionals' guidance. Paediatric Allergy Action Plans - BSACI]

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 should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

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

ROLES AND RESPONSIBILITIES

St. Peter's Junior School, takes a whole-school approach to allergy management.

Designated Allergy Lead

The Designated Allergy Leads are Kelly Taylor and Diane Martin. They report to the headteacher. They are 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);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens 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;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

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

School nurse/ Healthcare team/ Medical Lead

Natalie Jennings, Community Public Health Staff Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- 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. Whilst it's the responsibility of parents/carers to ensure medication is up to date, the nursing team/medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;

- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g., before school trips;

School Office Team

The school office 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/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity this should be in place 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., catering team and school staff);
- 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.

All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers, TLG coaches, regular volunteers 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 and anaphylaxis drills 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 a 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/ Healthcare Team; 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 trip.

All parents

All parents and carers (whether their child has 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 allergy lead – Kelly Taylor 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.
- To keep the school informed following any allergic reactions or reviews to medication.

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;
- If applicable, provide the school or their child with two labelled adrenaline pens 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 adrenaline pens 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 with an up-to-date photograph of their child and sign the associated permission 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.

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

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;
- Two adrenaline auto-injectors are kept in close proximity within the class medical bag at all times. They must only be used for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;

- 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;

INFORMATION AND DOCUMENTATION

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 adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

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;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

ASSESSING RISK

Allergens can crop up 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.

FOOD, INCLUDING MEALTIMES & SNACKS

Catering in school

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

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- 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 has robust procedures in place to identify pupils with food allergies, these are: a visual check from a member of staff familiar with the pupils who have allergies, photos of pupils with allergies and a back-up plan in place in case of staff absences.
- Food containing the main 14 allergens (see Allergen's definition) will be clearly labelled. Other ingredient information will be available on request
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the catering company
- Products with Precautionary Allergen Labelling or "May Contain' labelling must only be consumed by the child who brings it to school and during lunchtime where staff are monitoring.
- Food provided at breakfast club and after school club is the responsibility of Complete Coaching.

Food brought into school

To help keep every child safe, the school asks parents to support us by being mindful of what they include in packed lunches and avoiding restricted items, which are all types of nuts and sesame seeds. Any food used within school for the purposes of the curriculum is checked against our list of children with allergies and communicated before the event with all parents. Any food within the school building during school fundraiser events will be clearly labelled and only be available for parents to purchase / consume.

Working together, we can create a safe and inclusive environment for all pupils.

Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We try to restrict peanuts and tree nuts, as much as possible on the site.
- All food coming onto school premises or taken on a school trip or to a match should be checked by parents to ensure peanuts and tree nuts are not an ingredient in another product. Labels on all foods brought in should be checked. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.
- Sharing, swapping or throwing food is not allowed;

Food hygiene for pupils

- Pupils are encouraged to wash their hands before and after eating
- Water bottles and packed lunches should be clearly labelled
- For cooking lessons, ingredients that contain common allergens (such as dairy, and gluten) will be stored in sealed, distinctly labelled containers on a separate clearly marked shelf. All perishable foods will be stored in a refrigerator between 1and 5 degrees using sealed containers, keeping raw meet on the bottom shelf and ensuring food is covered and clearly labelled.

EDUCATIONAL VISITS

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip provider of any 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 trip requires an overnight stay;
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- If attending another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.

INSECT STINGS

The school site manager, will monitor the grounds for wasp or bee nests. 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. Staff and children with a known insect venom allergy will be asked to avoid the area.

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 trips that include visits to animals will be carefully risk assessed.

ALLERGIC RHINITIS/ HAY FEVER

Those with seasonal pollen allergy, hay fever or persistent nasal allergy due to house dust mites or other allergens, are encouraged to take their medication before school. If a child is struggling with their pollen allergy, parents will be contacted.

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 trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher, 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.

ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Children's adrenaline pens are stored in the class medical bag alongside the pupil's Allergy Action Plan.

- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away
- Adrenaline pens 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.

Spare adrenaline pens

This school has two spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are in the school office and 0.3 mg

The Allergy Lead is responsible for:

- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Deciding how many spare pens are required
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion;
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the pupils at all times e.g., not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens 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
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

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;
- Instigate the school's Emergency Response Plan – phone 999 and say ANAPHYLAXIS
- 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 adrenaline pens are available and follow instructions from the operator. The 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.
- Any adrenaline pens that have been administered will be handed to the paramedics / hospital.

TRAINING

The school is committed to training all staff annually to give them a good understanding of allergy.

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 [staff should be given the opportunity to practise with a training adrenaline auto-injector];
- How the school manages allergies and allergic reactions
- Where adrenaline pens 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;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response. The alarm will be raised by the use of walkie - talkies or the class phone.

ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. (https://www.stpeterscofejuniorschool.co.uk/policies)

REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses on Medical Tracker. Parents will be alerted to this via a Medical Tracker email. Parents will also be phoned immediately; an investigation will be carried out by the Health and Safety manager and will report incidents to the HSE when necessary and under the guidance of the Health and Safety consultant. A report will be shared, discussed and learnt from.

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 adrenaline pens
- 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.