ALLERGY & ANAPHYLAXIS POLICY

WHOLE SCHOOL

RGS

ALLERGY & ANAPHYLAXIS POLICY

Newcastle upon Tyne Royal Grammar School

In order to help ensure we keep all members of our community safe, it is important that we have clear, whole-school awareness of the requirements and procedures relating to allergies and anaphylaxis risk in school. The Children's Wellbeing and Schools Act (2026, Part 2, section 34) compels schools to be allergy-safe communities. The legislation laid out in Benedict's Law (September 2026) gives schools clear requirements around how we manage allergies in the school community.

The designated allergy lead, the School's SLT and Governors are responsible for ensuring the policy is up-to-date, remains fit for purpose and is implemented.
The designated allergy lead is Sarah Longville (the DSL: s.longville@rgs.newcastle.sch.uk)
The designated governor for allergies is Sally Green (our Safeguarding Governor: s.green@rgs.newcastle.sch.uk)

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AIMS AND OBJECTIVES:

This policy outlines the RGS'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: Medical Conditions in School, Safeguarding, Mental Health, Health & Safety, Accident and Incident Policy, and Asthma Policy.

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 (APs).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. This will be shared with the school's lead nurse and a copy stored on their medical notes in our MIS.

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. Our Designated Allergy Lead is Sarah Longville (our DSL).

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved(see appendix 1 for a Neffy factsheet).

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

The Royal Grammar School takes a whole-school approach to allergy management.

Name	Role	Training / provider	Date of training
Mo Thornily Walker	Lead nurse	New guidance training webinar The Allergy Team	06/03/26
Sarah Longville	DSL; Designated Allergy lead	New guidance training webinar The Allergy Team	06/03/26
Rebecca Pedlow	School Medical Officer	New guidance training webinar The Allergy Team Annual CPR & anaphylaxis training	06/03/26 29/07/26
Sally Green	Safeguarding governor (named allergy governor)	New guidance training webinar The Allergy Team	06/03/26
Graeme Tom	Catering manager	New guidance training webinar The Allergy Team	06/03/26
Vicky Duns	Assistant Nurse	New guidance training webinar The Allergy Team	06/03/26
Karen Wall	DDSL / Junior School Pastoral lead	New guidance training webinar The Allergy Team	06/03/26

All staff at RGS have a role to help protect our community from the risk of anaphylaxis. All staff will receive training on allergies and anaphylaxis, and will have annual refresher training.

4.1 Designated Allergy Lead:

The Designated Allergy Lead is the designated safeguarding lead (Sarah Longville).
They report to the Headteacher (Geoffrey Stanford) and safeguarding governor (Sally Green). 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 [although they have ultimate responsibility, the collation of information will be delegated to the lead school nurse];
- 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;

- Ensuring the lead nurse has:
  - reviewed the school's stock of spare adrenaline pens,
  - checked that the school has an appropriate number for the setting,
  - checked that they hold the correct dose,
  - ensured that spare adrenaline pens are stored appropriately,
  - has ensured staff know where they are;
  - keeps a record of any allergic reactions or near-misses, and reports these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
  - ensured there is an anaphylaxis refresher training for all staff once a year
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- At regular intervals the Designated Allergy Lead will check procedures and report to the SLT and governors

4.2 School nurse/ Healthcare team/ Medical Lead

Mo Thornily Walker (Lead 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)
- Reviewing the school's stock of spare adrenaline pens,
- Checking that the school has an appropriate number for the setting,
- Checking that they hold the correct dose,
- Ensuring that spare adrenaline pens are stored appropriately,
- Ensuring staff know where they are;
- 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
- Keeping a record of any allergic reactions or near-misses, and reports these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Ensuring annual training updates / refreshers are done for all staff

4.3 Admissions Team

The admissions team is likely to be the first to learn of a student 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
- 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 Parents ensure their child is carrying their medication when they visit the school.

4.4 All staff

All school staff, including teaching staff, operational staff, occasional staff (for example sports coaches, music teachers and those running 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 [depending on the age of the pupils and the management of adrenaline pens in the school];
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and refresher 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 trip.

4.5 **All** parents (regardless of medical need)

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 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. They should be proactive in informing the school should there be any changes to their child's medical needs;
- 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;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. 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;
- 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 eg. not eating the food to which they are allergic.
- Pupils permitted to leave the school site 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.

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 adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed. The current register is available easily to all staff via iSAMS.

Access to lists and photographs of pupils with this condition can also be via **Teams > Common Room > Student Medical Info**.

When staff are using SOCS registers for trips, there will be a medical flag alerting them if the pupil has a medical need.

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 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 copy of their Allergy Action Plan.

6. 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;
- 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.

- 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;
- The catering department is fully compliant with the Food Standards Agency guidelines on allergy labelling. There are 14 known allergens which are required to be declared.
- 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 information provided by parents. Photos of students who carry epipens in catering manager's office. Students with allergies encouraged to make themselves known to the catering manager.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request. All the sandwiches in the canteen have potential allergens specified on the packaging.
- A menu for the day is broadcast on a screen for all pupils and staff to see. Under each meal, allergens are highlighted.
- 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 manager (Graeme Toms);

7.2 Food brought into school

Food brought into school (or taken on school trips and sports fixtures) should not contain any nuts. Staff should be aware of the 14 main food allergens, and it is the responsibility of the member of staff who organizes and / supervises the event to ensure that students are aware of our requirements and potential risk from an allergy perspective. This includes form time, tutor time and class events, such as birthday cakes, snacks, fund-raising events and other food brought into school.

7.3 Food bans or restrictions

This school is an Allergen Aware school. It is a nut-free school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly named;
- Student teaching kitchen: There are clear measures to limit cross-contamination in preparation and the storage of food.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register (via SOCS) of pupils with allergies and details of their medication. Staff should notify the trip leader 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;
- ALL school staff accompanying the trip will have received allergy training as part of the wider-school training programme.
- Allergens will be clearly labelled on catered packed lunches.
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

- For those pupils and staff who have allergies relating to insects, they 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;
- Keep food and drink covered.
- The school caretaking and groundstaff teams will monitor the grounds for wasp or bee nests. Pupils

and staff 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 trips that include visits to animals will be carefully risk assessed.
- Visits from the school's therapy dog, Storm, have been risk assessed and parents made aware that she will be visiting the school

11. ALLERGIC RHINITIS / HAY FEVER

Parents are asked to share with us should their child have a severe reaction to pollen, and how best they would like school to support their child should they struggle with hay fever. School has cetirizine available if required during school time, and would administer accordingly.

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 trip;
- Pupils with allergies may require additional pastoral support including discrete but regular check-ins from their tutor/ form supervisor etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

(See the government guidance on Adrenaline Pens in Schools.)

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
  In the Senior school, pupils will be expected to carry their own adrenaline pens, and should have access to two pens that their parents / carers will have provided;
  In the Junior School, all pupils will be required to have access to two adrenaline pens that their parents / carers will have provided. These will be **centrally stored in the Junior School Brandling Staff Room** – signage shows staff where they are stored, and they will be labelled with the pupil's name and Allergy Action Plan. These pens will be taken on school trips or when the pupils are travelling off-site.
- Spot checks will be made by the school nurse to ensure adrenaline pens are where they should be and in date (although it is the parents' responsibility to provide in date adrenaline pens to school); 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);
- Used or out of date pens will be disposed of as sharps

13.2 Spare adrenaline pens

This school has spare adrenaline pens to be used in accordance with government guidance.
The locations of spare adrenaline pens are clearly labelled in an anaphylaxis box – allergy response kit.
Location of spare adrenaline pens: (6 orange boxes with 2 pens in each)

- One orange box in Main Senior School reception
- one orange box in the Dining Hall: catering manger's (Graeme Tom's) office,
- one in the Performing Arts Centre (PAC) reception,
- one orange box in Sports Reception,
- one orange box in Brandling House Junior School reception
- one orange box in Lambton House Junior School reception



The Lead Nurse is responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand(s) to buy.
- The purchasing of spare adrenaline pens
- Distribution around the site and clear signage.

13.3 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;
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

(See Appendix 2 on recognising and responding to an allergic reaction)
If a pupil has an allergic reaction:

15. TRAINING

15.1 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 will be given the opportunity to practise with a training adrenaline auto-injector];
- How the school manages allergy;
- 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;
- The need to complete annual refresher training on allergy and anaphylaxis.

15.2 The school will carry out an anaphylaxis refresher once a year.
This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing how to respond.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. [see our Asthma Protocol policy].

17. REPORTING ALLERGIC REACTIONS

- The school will log allergic reaction incidents and near-misses following our accident and incidents procedure.

Appendix 1:
How to use a NEFFY

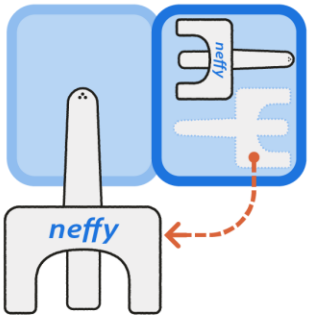
RGS

How to Use Neffy

Using neffy may be easier than injecting epinephrine for some people. But it's important to use it correctly. Improper use may cause it to be less effective.

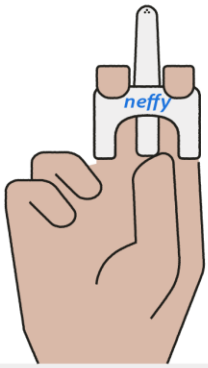
1

Remove one spray from its packaging.



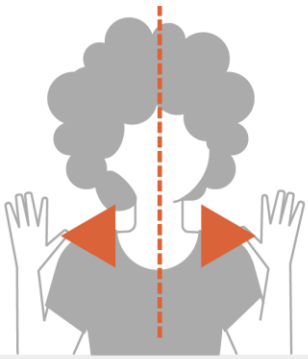
2

Hold neffy in the correct position.



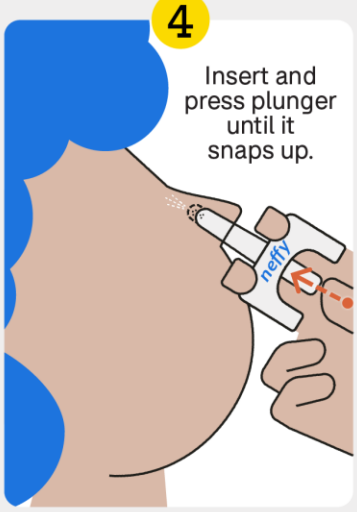
3

Use the right hand to insert into right nostril, or the left hand for left nostril.



4

Insert and press plunger until it snaps up.



5

Call 911.
Tell them you've used neffy.

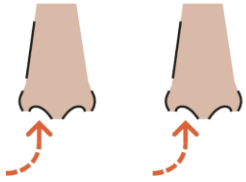


6

Wait at least 5 minutes for a second dose if it's needed.



Use the same nostril as during the first dose.



GoodRx Health

Appendix 2:

Managing Allergic Reactions:

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 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.

Appendix3:

Responding to 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.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

CONTACT DETAILS

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