



MVS Allergy and Anaphylaxis Policy

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Individual Responsible	Toby Fisher, Senior Deputy Head

1. Aims and Objectives

This policy sets out Maida Vale School's approach to allergy management: how we reduce the risk of allergic reactions, respond when one occurs, and support the wellbeing and inclusion of students with allergies. It applies to all staff, students, parents, carers and visitors and should be read alongside the Medical Conditions Policy and Safeguarding and Child Protection policies.

Maida Vale School aligns with the Schools Allergy Code, which promotes a whole-school approach grounded in three principles:

- Take every allergy seriously – reactions are unpredictable; every child with a diagnosed allergy is included in the measures in this policy.
- Every child matters – allergies are as unique as the children who have them; we work with families to understand individual needs.
- Prioritise safety and inclusion – we find new ways of doing things rather than defaulting to the status quo.

2. What is an Allergy?

An allergy occurs when the immune system reacts to a substance that is normally harmless, releasing chemicals including histamine, which cause the symptoms of an allergic reaction. Most reactions are mild, but some can be severe and lead to anaphylaxis, a life-threatening medical emergency.

Food allergy is different from food intolerance or dietary choice because it involves the immune system. There are two types:

- Delayed (non-IgE mediated) – symptoms such as tummy pain or a rash can appear hours after exposure.
- Immediate (IgE mediated) – symptoms typically appear within minutes and can be life-threatening.

Some allergies are outgrown; others develop in later life. It is possible to have a reaction with no previous allergy history. People with a food allergy must avoid even a trace of their allergen.

3. Definitions

Anaphylaxis

A severe, potentially life-threatening allergic reaction that develops rapidly. It is always a medical emergency requiring immediate adrenaline and emergency services.

Allergen

A substance that triggers an allergic reaction. Common triggers include food, medication, insect venom, latex, animal dander and pollen.

The nine foods responsible for the majority of serious reactions are: eggs, milk, peanuts, tree nuts, sesame, fish, shellfish, soya and wheat.

UK law requires 14 allergens to be clearly identified on pre-packed food: celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites/sulphur dioxide and sesame.

Adrenaline Auto-Injector (AAI) / Adrenaline Pen

A single-use device containing a pre-measured dose of adrenaline, injected into the upper outer thigh to treat anaphylaxis. Referred to as "Adrenaline Pens" throughout this policy.

Allergy Action Plan (AAP)

A written plan from a healthcare professional detailing a student's allergy, symptoms and emergency actions.

Individual Healthcare Plan (IHP)

A formal school document setting out how a student's medical condition is managed, including medication, responsibilities and emergency arrangements. Developed in partnership with families and reviewed at least annually.

Risk Assessment

A documented process identifying potential allergy-related risks for an activity and the measures taken to reduce them. Required for all activities on and off site.

Spare Adrenaline Pens

School-owned pens held under the Spare Pens in Schools initiative (legal since 2017). They may be used when a student's own pen is unavailable, for a student at known risk who has not been prescribed their own pen (with medical authorisation and parental consent), or in a life-threatening emergency for anyone on site.

4. Roles and Responsibilities

Maida Vale School takes a whole-school approach to allergy management. Allergy safety is not solely the responsibility of the catering or medical team – every member of the school community plays a part. Andrew Ritchie, Director of Estates is the nominated allergy director.

4.1 Designated Allergy Lead (DAL)

The Designated Allergy Lead is a member of the Senior Leadership Team with pastoral responsibility: Toby Fisher, Senior Deputy Head. The DAL reports to the Headteacher and is responsible for:

- Overall strategic leadership of allergy management.
- Ensuring safety, inclusion and wellbeing of students with allergies.
- Developing, reviewing and implementing the Allergy and Anaphylaxis Policy.
- Being the main point of contact for staff, students and families regarding allergy management.
- Ensuring allergy is included in all relevant risk assessments.
- Overseeing the school's spare adrenaline pen supply, locations and staff awareness.
- Ensuring all staff receive annual allergy training.
- Maintaining records of allergic incidents and near-misses and implementing learning.
- Ensuring an anaphylaxis drill is held at least once a year.

4.2 School Nurse / Healthcare Team

The School Nurse provides clinical oversight and day-to-day management of students with allergies. Responsibilities include:

- Collecting and coordinating medical documentation (AAPs, IHPs) from families.
- Sharing relevant allergy information with staff on a need-to-know basis, including catering, teaching, peripatetic and club staff.
- Reviewing medical information at least annually or when a student's condition changes.
- Monitoring medication expiry dates and notifying parents when replacement is due.
- Maintaining an adrenaline pen register (brand, dose, expiry, location) for all prescribed and spare pens.
- Providing adrenaline pen training and refreshers for staff and, where appropriate, students.
- Ensuring spare pens are stored correctly, accessible and in date.

4.3 Admissions Team

The Admissions Team is responsible for:

- Capturing allergy and dietary information at the earliest opportunity, including for taster days, open days and visits where food may be provided.
- Communicating relevant information promptly to the DAL, School Nurse and Catering Team.
- Ensuring appropriate arrangements are in place for visitors and prospective students.

4.4 All Staff

All staff – teaching, support, domestic, peripatetic, and those leading clubs or activities – are responsible for:

- Knowing which students have allergies and the specific allergens involved.
- Implementing this policy and seeking guidance where needed.
- Considering allergy risks when planning activities and completing risk assessments.
- Ensuring students always have access to their medication.
- Recognising signs of an allergic reaction and responding promptly.
- Participating in annual allergy training and drills.
- Promoting inclusion and wellbeing of students with allergies.
- Preventing and responding to allergy-related bullying.
- Being vigilant after mealtimes and snack times – reactions do not always occur immediately or in the dining hall.

4.5 All Parents and Carers

- Being aware of and adhering to the school's Allergy and Anaphylaxis Policy.
- Providing accurate and timely allergy information to the School Nurse.
- Adhering to food-related guidance, including for packed lunches, snacks and events.
- Ensuring allergy information provided is medically accurate, not based solely on preference.
- Encouraging their child to be **allergy aware** and considerate of others.
- When sending in packed lunches, considering the allergens of classmates and avoiding peanuts and tree nuts.

4.6 Parents and Carers of Students with Allergies

In addition to 4.5 above:

- Completing an IHP in partnership with the school and providing an up-to-date AAP.
- Providing two clearly labelled, in-date Adrenaline Pens (where prescribed) and any additional medication.
- Replacing medication promptly and keeping the school informed of any changes to their child's condition or treatment.
- Providing an up-to-date photograph of their child.
- Supporting their child to understand their allergy and advocate for themselves.
- Signing an image-release form permitting the child's photo to be displayed in semi-private areas of the school to support safe identification.

4.7 All Students

- Being **allergy aware** and considerate of classmates.
- Not sharing, swapping or throwing food.
- Supporting peers with allergies and reporting concerns to staff.
- Reporting allergy-related bullying.
- Understanding basic actions to take in an allergic emergency.

4.8 Students with Allergies

In addition to 4.7 above, and in an age-appropriate way:

- Understanding their allergy and how to reduce personal risk.
- Carrying and knowing how to use their Adrenaline Pens where agreed.
- Informing a member of staff immediately if they feel unwell or suspect a reaction.
- Raising concerns about allergy management with the DAL or a trusted member of staff.

5. Information and Documentation

Medical information is handled in line with data protection requirements and shared with staff on a need-to-know basis. All information should be documented in the two key documents below.

5.1 Register of Students with Allergies

The School Nurse maintains a register of all students with a diagnosed allergy, including those with a history of anaphylaxis, those prescribed Adrenaline Pens, and those with diagnosed allergies not requiring an AAI. The register is reviewed regularly and shared appropriately with relevant staff.

5.2 Individual Healthcare Plans (IHPs)

Every student with a diagnosed allergy has an IHP, developed in partnership with parents/carers and reviewed at least annually. Each IHP includes:

- Known allergens and identified risk factors.
- Allergy history, including any previous reactions or anaphylaxis.
- Prescribed medication with type, dosage and administration instructions.
- Written parental consent for medication administration, including spare Adrenaline Pens.
- A current photograph of the student.
- A copy of the AAP provided by a healthcare professional.

5.3 Gathering Information from Families

Before a student with a known allergy starts at the school, the School Nurse will arrange a meeting with the family. Where possible, the meeting should include relevant staff: a member of SLT, the SENCO, School Nurse, class teacher/head of year and a representative from catering.

At the meeting, the school will:

- Talk through the student's allergies in detail, including previous reactions and related conditions (e.g. asthma).
- Assess the student's understanding of their own allergy and their capacity to self-manage.
- Discuss dining hall arrangements and how allergens are managed.
- Explain medication storage arrangements and responsibilities for keeping pens in date.
- Explore the impact of allergies on the student's wellbeing and whether additional pastoral support is needed.
- Agree whether the student is comfortable with their allergy information being shared with peers, and to what extent.
- Ask parents/carers to bring the student's AAP, medication (if leaving it at school), and a recent photograph, and to sign an image-release form.

Parents/carers will be sent a copy of the IHP before the meeting so they can start completing it.

6. Assessing Risk

Allergies must be considered in all activity planning and risk assessments, both on and off site. This applies to all staff including visiting and peripatetic staff. Activities requiring allergy risk assessment include, but are not limited to:

- Classroom activities – including use of food packaging, science experiments involving allergens, Play-Doh or home-made modelling dough (which may contain wheat), pasta-based counting games, and practical food subjects.
- Crafting and junk-modelling – old food boxes, egg cartons and milk cartons may retain allergens. Consider using shoe boxes or non-food packaging.
- Animals in school – class pets, visiting animals, hatching chicks or bird feeders containing nuts or seeds require risk assessment. Some students may be allergic to animals, their eggs or their food.
- Musical instruments – shared instruments such as recorders should be wiped down between students to prevent cross-contamination.
- Clubs, enrichment activities and rewards – where snacks or food treats may be offered. Use a non-food alternative for all students, or confirm all food is safe for every student present.
- Special events and celebrations – cultural days, charity events and whole-school activities where food may be shared or brought in.
- Educational visits and off-site activities – including residential trips, travel, accommodation and activities at the venue.

The safety of students with allergies must always be balanced with their right to inclusion. Students must not be excluded from activities because of their allergy. Where a risk is identified, reasonable adjustments should be made. Excluding a student from an activity on allergy grounds alone could be considered discriminatory under the Equality Act 2010.

Risk assessments must be shared with relevant staff and, where appropriate, reviewed with the DAL and School Nurse.

7. Food: Mealtimes, Snacks and Beyond the Dining Hall

Food (and other allergens) can arise throughout the school day – not just at mealtimes. Research suggests most anaphylactic reactions in schools occur in the classroom, during field trips or in the playground, not in the dining hall. Vigilance across the whole school day is essential.

7.1 Catering in School

The Kitchen Manager, working with the Catering Team, School Nurse and DAL, is responsible for allergen management in food preparation areas. The school ensures that:

- Catering staff receive up-to-date allergen awareness training.
- Strict hygiene and allergen management procedures are followed to reduce cross-contamination risk.
- At least two robust methods are used to identify students with food allergies at mealtimes (e.g. visual checks by staff who know students, and photographs). Identification systems must function even when usual staff are absent.
- Allergens are clearly labelled on dishes using full words, not abbreviations or symbols.
- Full ingredient information is available on request.
- All food prepared and packaged on site for direct sale complies with Prepacked for Direct Sale (PPDS) legislation (Natasha's Law).
- Products with precautionary allergen labelling ("may contain") are risk-assessed before being offered to students with allergies.
- Peanuts and tree nuts are not used as ingredients in school kitchen meals wherever reasonably possible.
- Food provided at breakfast clubs, after-school clubs and school events follows the same allergen management procedures.
- Changes to ingredients or suppliers are communicated promptly to students with dietary needs.

7.2 Food Brought into School

Food brought in by students, staff or visitors for events, fixtures, fundraising or celebrations must comply with the school's allergen guidance. Parents, carers and staff must check ingredient labels before bringing food onto site. Food should not include peanuts or tree nuts as ingredients.

7.3 Food in the Classroom and Wider School Day

Staff must be aware that allergens arise throughout the school day, not just at mealtimes. Particular care should be taken with:

- Science experiments using food items.
- Art and craft using food packaging or ingredients.
- Animals and bird feeders in or near classrooms.
- Sharing of snacks during lessons or activities.

Be vigilant after mealtimes and snack times. Not all reactions occur immediately – students should be monitored throughout the period following eating.

7.4 Food Hygiene

All students must wash hands with soap and hot water before and after eating (hand sanitiser does not remove allergens). Students must not share, swap or throw food. Chairs, tables, benches and transport should be wiped down and kept free from food debris.

7.5 Food Lessons

5–8% of children in the UK have a food allergy – typically 1–2 students in every class of 30. Food lessons present specific challenges and must be planned and risk-assessed with allergies in mind. Students with food allergies must not be excluded from food lessons. Teachers must have adequate training and support to ensure safe access to the curriculum.

Good practice in food lessons includes:

- Risk-assessing ingredients before each lesson and sharing the assessment with relevant staff.
- Liaising with families in advance about ingredients.
- Having clear procedures for safe storage, preparation and cooking of food, including cross-contamination controls.
- Ensuring students with allergies can participate fully, with reasonable adjustments where needed.

8. Educational Visits and Sports Fixtures

All trips, sports fixtures and off-site activities must include allergy management in their planning. Excluding a student from a trip because of their allergies is discriminatory under the Equality Act 2010.

Before the trip:

- Talk through the trip with students and parents/carers with allergies.
- Liaise with the travel company, transport provider and venue about allergen management.
- Ensure staff attending have refreshed allergy and adrenaline pen training.
- For trips with older students, consider training students to recognise symptoms and how to respond.
- Include allergy in every risk assessment, covering catering, activities and potential delays.
- Check the location of the nearest hospital to the destination.

- For residential or foreign trips: consider translation cards explaining students' allergies; check requirements for carrying Adrenaline Pens on flights (medical certification letter from the student's doctor may be required).
- Where possible, take "safe" snacks for students with food allergies to manage unexpected delays.

During and after the trip:

- Trip leaders carry a register of students with allergies and details of their medication.
- Students must carry two in-date Adrenaline Pens at all times. Trip leaders verify this before departure.
- Central spare pens may be taken off-site as additional backup, documented in the risk assessment.
- Pens must remain close to the student and protected from extreme temperatures.
- Brief staff on the Emergency Response Plan and talk through potential scenarios (including what to do in an area with no phone signal).

9. Insect Stings

Students with a known insect venom allergy should:

- Avoid walking barefoot or wearing open sandals outdoors; keep arms and legs covered where possible.
- Avoid strong perfumes or scented products that attract insects.
- Keep food and drink covered when outdoors.

The School Site Team will monitor grounds for wasp or bee nests. Any nests found should be reported immediately and the area avoided until treated. If the school keeps bees, a risk assessment will be completed and specialist advice sought; affected students and families will be informed.

10. Animals

Allergic reactions to animals are typically caused by dander, saliva or urine. Any animal brought onto school premises requires a risk assessment before the visit. Areas where animals have been present must be cleaned thoroughly. Students and staff must wash hands immediately after contact with animals. Where animals live on site, reasonable adjustments will be made and affected families informed. Trips involving animals will be carefully risk-assessed.

11. Allergic Rhinitis / Hay Fever

Students with hay fever or persistent nasal allergies should follow their IHP, including taking prescribed medication. During high pollen seasons, windows and doors will be managed where possible to reduce exposure. Students are encouraged to wash hands and face after outdoor activities. Classrooms will be cleaned regularly to reduce exposure to dust and pollen.

12. Inclusion and Mental Health

Living with a food allergy can have a significant impact on a student's mental health and wellbeing. Every mealtime can bring anxiety. Eczema and poorly controlled asthma – which often accompany allergies – add further pressure. Research shows children with food allergies are twice as likely to be bullied as those without.

Staff should be alert to signs including:

- Anxiety about coming to school, eating, or food-related activities – noting that anxiety symptoms can physically mimic an allergic reaction.
- Poor attendance linked to asthma or eczema flare-ups, anxiety or medical appointments.
- Difficulties with friendships or peer relationships.
- Discomfort with discussions about their allergy in front of others.

The school's approach:

- No student with allergies will be excluded from any school activity, on or off site.
- Students with allergies may receive additional pastoral support, including regular check-ins with their Personal Tutor or designated member of staff.
- Allergy awareness will be woven into the curriculum, including PSHE lessons on health, nutrition and inclusion.
- Bullying related to allergies is addressed under the school's Anti-Bullying Policy.
- Staff will be mindful of how they talk about food allergy in front of students and will support a culture of respect and inclusion.
- The school will use information from the intake meeting to determine how a student's allergy is discussed with their peers – respecting student preferences around disclosure.

13. Adrenaline Pens

See also: Government Guidance on Adrenaline Auto-Injectors in Schools.

13.1 Storage of Prescribed Adrenaline Pens

- Students prescribed Adrenaline Pens always carry two in-date pens.
- Pens may also be stored centrally in the Nurse's Room as backup, clearly labelled with the student's name and AAP.
- Pens must always be accessible – they must never be locked away. Storage must be at moderate temperature, away from direct sunlight or heat sources.
- How pens are managed on site should be appropriate to students' age. For younger students, pens may travel around school (to the dining hall, sports pitches, trips) with the student.
- Spot checks will confirm pens are in place and in date. Expired or used pens are disposed of safely as sharps.

13.2 Spare Adrenaline Pens

The school holds four spare Adrenaline Pens under the Spare Pens in Schools initiative:

- 2 in the Nurse's Room
- 2 in the School Office

The DAL and School Nurse are responsible for: selecting the correct dose (following Resuscitation Council UK age-based guidance), choosing a single brand for consistency, purchasing pens from a pharmacy, distributing pens with clear signage, and ensuring stock is in date.

Spare pens may be used when a student's own pen is unavailable, broken or has misfired; for a student known to be at risk who has not been prescribed their own pen (with medical and parental authorisation); or, in exceptional circumstances, for anyone experiencing anaphylaxis on site. If medical/parental authorisation has not been obtained and time allows, call 999 first – the call handler can authorise use. If a different brand to the student's own pen is available in an emergency, it can be used as long as the dose is correct.

13.3 Adrenaline Pens on Off-Site Activities

- Students always carry two of their own in-date pens when off-site.
- Central spare pens may be taken as additional backup, documented in the risk assessment.
- Pens must remain close to the student and protected from extreme temperatures.

14. Responding to an Allergic Reaction / Anaphylaxis

Mild to Moderate Reaction

Symptoms: swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain; vomiting; change in behaviour.

Response:

- Stay with the student and call for help.
- Locate Adrenaline Pens.
- Administer antihistamine as directed in the AAP.
- Note the time and continue monitoring.
- Phone parent or guardian.

Important: reactions are unpredictable and not always linear. A student may progress rapidly to anaphylaxis. Be ready to escalate at any point.

Anaphylaxis

Symptoms (CBA):

- Circulation: persistent dizziness, pale or floppy, sleepy, collapse or unconscious.
- Breathing: difficult or noisy breathing, wheeze, cough.
- Airway: persistent cough, hoarse voice, difficulty swallowing, swollen tongue.

IF STAFF SUSPECT ANAPHYLAXIS – GIVE ADRENALINE FIRST, BEFORE ANYTHING ELSE.

Do not wait for all symptoms to be present. Act immediately.

Response:

- Follow the student's AAP and activate the Emergency Response Plan (see Appendix).
- Bring medication to the student – do not move the student to the medication.
- Lay the student down with legs raised. If they have difficulty breathing, sit them up with legs outstretched.
- Administer the student's own Adrenaline Pen into the upper outer thigh. It is not necessary to remove clothing, but avoid thick seams, buttons, zips or a phone in a pocket.
- Note the time of the first dose.
- Call 999 (or have someone else call while you administer). Tell them you have given adrenaline for anaphylaxis.
- Call the student's emergency contact.
- Do not let the student get up or walk, even if they feel better – this can cause cardiac arrest.
- If the student's condition has not improved after 5 minutes, give a second dose using a second device. Call 999 again to confirm a second dose has been given.
- If the student has no pen or AAP: lie them down with legs raised, call 999, state suspected anaphylaxis and that spare pens are available. Follow the operator's instructions.
- Begin CPR if necessary.
- Any student who has received adrenaline must go to hospital, even if they recover. A member of staff accompanies them until a parent or guardian arrives.
- Hand used devices to paramedics and arrange replacements.

15. Emergency Response Plan

The school has an Emergency Response Plan for anaphylaxis incidents covering:

- Who stays with and supports the person having a reaction (they must not walk or move to find help).
- Who retrieves medication and takes it to the patient.
- Who contacts the emergency services and ensures they have access to the site (e.g. gates open, clear directions to the patient).
- Who contacts the student's family or next of kin.

- Who manages onlookers (other students, passers-by).
- Who accompanies the student to hospital if adrenaline has been administered.
- What happens if only one member of staff is present – they should administer adrenaline first, then call 999 or the student's emergency contact.

The Emergency Response Plan is attached as an Appendix and is reviewed after every drill and incident.

16. Training

16.1 Annual Staff Training

All staff receive allergy training at least once a year, covering:

- What an allergy is and the difference between food allergy, food intolerance and dietary choice.
- How to reduce the risk of an allergic reaction, including cross-contamination and allergen management.
- How to recognise and respond to an allergic reaction, including anaphylaxis, with opportunity to practise using a training Adrenaline Pen.
- How the school manages allergy, including the Emergency Response Plan, documentation, procedures for trips and food lessons.
- Locations and access for Adrenaline Pens (prescribed and spare).
- Understanding food labelling and allergen information.
- The impact of allergies on mental health and wellbeing, and allergy-related bullying.
- The importance of inclusion for students with allergies.

16.2 Anaphylaxis Drill

The school conducts an anaphylaxis drill at least once a year. The drill simulates a student or staff member having an allergic reaction and tests the whole-school emergency response. It can be run as a live role-play (Option 1) or a discussion-based exercise (Option 2).

Preparation includes

- identifying a staff member to play the patient; placing trainer pens (not real pens) in the relevant locations;
- noting whether the school nurse/medical officer is in role or observing;
- and designating a note-taker.

Outcomes from the drill are reviewed and improvements implemented. Results inform the next drill and are recorded as part of the school's review of its allergy procedures.

17. Asthma

Students with both allergies and asthma must keep their asthma well-controlled, as poorly controlled asthma can significantly worsen allergic reactions. Staff should be aware of which students have both conditions. See the Medical Conditions Policy for full procedures, including inhaler access, medication storage and emergency response.

18. Reporting Allergic Reactions

All allergic reactions and near-misses are logged and reviewed. The reporting process includes:

- Recording details of the reaction: trigger, symptoms, medication used and time.
- Investigating the cause.
- Communicating lessons learned to staff and, where appropriate, to students and parents.
- Reviewing and updating procedures and risk assessments to prevent recurrence.

19. Useful Links

- Anaphylaxis UK: <https://www.anaphylaxis.org.uk>
- The Allergy Team: <https://theallergyteam.com>
- Schools Allergy Code: <https://schoolsallergycode.com>
- Safer Schools Programme: <https://www.anaphylaxis.org.uk/education/saferschools-programme>
- AllergyWise for Schools: <https://www.allergywise.org.uk>
- Allergy UK: <https://www.allergyuk.org>
- BSACI Allergy Action Plans: <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans>
- Spare Pens in Schools: <http://www.sparepensinschools.uk>
- Government guidance on AAls in schools: <https://assets.publishing.service.gov.uk> (search: adrenaline auto-injectors in schools)

Appendix A: Responding to an Allergic Reaction – Quick Reference

Mild to Moderate Reaction

Symptoms	Response
Swollen lips, face or eyes	Stay with student and call for help
Itchy or tingling mouth	Locate Adrenaline Pens
Hives or itchy rash	Give antihistamine (as per AAP)
Abdominal pain or vomiting	Note the time
Change in behaviour	Call parent/guardian
	Continue to monitor

Anaphylaxis

Symptoms (CBA)	Response
C – Circulation: dizziness, pale/floppy, sleepy, collapse B – Breathing: noisy/difficult breathing, wheeze, cough A – Airway: persistent cough, hoarse voice, difficulty swallowing, swollen tongue	1. GIVE ADRENALINE IMMEDIATELY - Lay student down, legs raised (or sit up if breathing is difficult) - Call 999 – state ‘anaphylaxis’ - Call emergency contact - Do not move the student - Second dose after 5 mins if no improvement - Start CPR if needed - Student must go to hospital

Delivering Adrenaline

- Take medication to the patient – never move the patient to the medication.
- Inject into the upper outer thigh per manufacturer’s instructions. No need to remove clothing – avoid thick seams, buttons, zips or phones in pockets.
- Note the time of the first dose.
- Call 999 (or have someone else call). Tell them you have given adrenaline for anaphylaxis.
- If no improvement after 5 minutes, give a second dose using a second device. Call 999 again.
- Hand used devices to paramedics. Arrange replacements.

Approved by: _____ Date: _____