

# St Benedict's Catholic College



## Allergy and Anaphylaxis Policy

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St Benedict's Catholic College  
Allergy and Anaphylaxis Policy

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## 1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potential allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St Benedict's Catholic College will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in College life.

## 2. Roles and Responsibilities

### Parent Responsibilities

- On entry to the College, it is the parent's responsibility to inform Medical Room Assistant of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to College. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the College up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### Staff Responsibilities

- All Staff will complete basic first aid training, including anaphylaxis awareness and responding to an anaphylaxis emergency.
- Staff must be aware of the students in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading College trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- Medical Room Assistant will ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's responsibility to ensure all medication is in date however the Medical Room Assistant will check medication kept at College on a termly basis and send a reminder to parents if medication is approaching expiry.
- Medical Room Assistant keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency

treatment given.

- Medical Room Assistant ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

#### Student Responsibilities – all students

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- Adhere to food restrictions or guidance about food being brought in.

#### Student Responsibilities – students with allergens

- Students are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Students who are trained and confident to administer their own AAls will be encouraged to take responsibility for carrying them on their person at all times.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

### **3. Allergy Action Plans**

Allergy action plans are designed to function as individual healthcare plans for young people with food allergies, providing medical and parental consent for Colleges to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the College. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

### **4. Emergency Treatment and Management of Anaphylaxis**

#### What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no signs of life commence CPR.
- If no improvement after 5 minutes, administer second AAI.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment

## 5. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times in a suitable bag/container

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept in the College Medical Room.

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

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It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Medical Room Assistant will check medication kept at College on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so College staff need to be prepared to administer medication if the young person cannot.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. The College sharps bin is kept in the College Medical Room.

**6. 'Spare' adrenaline auto-injectors in College**

St Benedict's Catholic College has purchased spare AAls for emergency use in children **who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the Main Office Reception, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen',

The Medical Room Assistant is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

St Benedict's Catholic College may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Our spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay. AAls can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a student who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate

## **7. Staff Training**

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the College's anaphylaxis policy are:-

- Business Manager
- Office Manager
- Medical Room Assistant

All staff will complete basic first aid training, including anaphylaxis awareness and responding to an anaphylaxis emergency.

## **8. Inclusion and Safeguarding**

St Benedict's Catholic College is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in College so that they can play a full and active role in College life, remain healthy and achieve their academic potential

## **9. Catering**

All food businesses must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The College's menu is available for parents to view with all ingredients listed and allergens highlighted on our website

The Medical Room Assistant will inform the Catering Team Leader of students with food allergies.

Parents/carers are welcome to contact the Catering Team Leader to discuss their child's needs.

The College adheres to the following Department of Health guidance recommendations:

- Bottles and lunch boxes should be clearly labelled
- Students should check with catering staff, before purchasing food
- Staff who handle food will be appropriately trained to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **10. College Trips**

Staff leading College trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication.

Students unable to produce their required medication will not be able to attend the trip.

All the activities on the College trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight College trips should be possible with careful planning and a meeting for parents

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with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight College trip should be briefed early on that a student with allergies is attending and will need appropriate food (if provided by the venue).

### Sporting Excursions

Students with allergies should have every opportunity to attend sports trips to other schools. The College will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any student with allergies, the College will arrange for the student to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the College where possible, and the College will need their co-operation with any special arrangements required.

### **11. Allergy awareness and nut bans**

St Benedict's Catholic College supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. While our College kitchen is nut free, nuts are only one of the many allergens that could affect students, and no school could truly guarantee a completely allergen free environment for a child living with a food allergy.

In line with guidance, we adopt a culture of allergy awareness and education.

*A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.*

St Benedict's Catholic College will conduct a detailed individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

### **12. Useful Links**

Anaphylaxis UK - <https://www.anaphylaxis.org.uk>

Anaphylaxis UK Safer Colleges Programme –  
<https://www.anaphylaxis.org.uk/education/safer-Colleges-programme>

Allergy UK - <https://www.allergyuk.org>

The Allergy Team - <https://theallergyteam.com/>

BSACI Allergy Action Plans - <https://www.bsaci.org/resources/allergy-action-plans/>



## Anaphylaxis and Allergy Plan

Name ..... Date of Birth .....

The above named student may suffer from an anaphylaxis reaction if they are exposed to:

.....

Their usual allergic symptoms are:

.....

Procedure in the event of an acute allergic reaction:

### Symptoms:

- Wheezing Swelling of face and throat
- Difficulty in breathing and swallowing
- Feeling faint

### Action:

- Contact ambulance service 999
- Place child in safe, comfortable position
- Give Epipen injection
- Monitor closely. If no improvement, or if symptoms of floppiness or pallor develop or worsen within 10 minutes repeat if further Epipen available.
- Inform the following contact numbers in order of priority.

Contact No. 1 Name.....

Tel. No..... Relationship.....

Contact No. 3 Name.....

Tel. No..... Relationship.....

In case of:

- Itchiness
- Tingling of face and lips
- Tummy cramps
- Vomiting Blotchiness of skin

Give..... (antihistamine) immediately and  
Inform the contact numbers as above.

- It is the parents' responsibility to ensure that all medication supplied to the college is in date and clearly marked.
- It is the parents' responsibility to ensure the student is fully aware of the signs and symptoms of an allergic reaction.
- It is the parents' responsibility to ensure the student has been instructed to administer the necessary medication and the importance of carrying it at all times.
- It is the parents' responsibility to replace any medication used.
- The college will inform all relevant staff with regard to the student's condition and the arrangements set out in this document.

Agreed and signed

Parent Name ..... Sign ..... Date.....

This child/young person has the following allergies:

Name:

DOB:

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

☐ (If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

## Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

### A AIRWAY

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

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

- 3 In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available

- 4 Stay with child/young person until ambulance arrives, do **NOT** stand them up

- 5 Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.

- 6 Commence CPR if there are no signs of life

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

### Emergency contact details:

1) Name:



2) Name:



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

### Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at [bsaci.org](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://guidance.nice.org.uk/CG116)

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

This child/young person has the following allergies:

Name:

DOB:

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

  
(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

## Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

### A AIRWAY

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

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose:  mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

**Commence CPR if there are no signs of life**

You can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.

### Emergency contact details:

1) Name:



2) Name:



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

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### How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen.  
Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds.  
Remove EpiPen.

### Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:





## 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.**

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.



## 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 in the other leg, 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.