



STAMFORD

ALLERGY AND ANAPHYLAXIS POLICY

1. AIMS AND OBJECTIVES

This policy applies to:

- Stamford Schools (SS) which include Stamford School, Stamford Junior School, Stamford Nursery and Early Years setting.
- Any individual or organisation using SS premises, inside or outside of term time for the purpose of running activities for children.

This policy outlines Stamford Schools 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 students 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, students, parents and visitors to the school and should be read alongside these other policies:

- Safeguarding Children Policy
- Health and Safety Policy
- First Aid Policy

2. WHAT IS AN ALLERGY?

An 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.

3. DEFINITIONS

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

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

Most severe allergic reactions to food are caused by just nine 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 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: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We use the BSACI Allergy Action Plan paediatric which includes versions for people without a prescribed adrenaline pen and people prescribed different brands of adrenaline pen. [Paediatric Allergy Action Plans - BSACI](#)

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students 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. Any allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case students' 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.

4. ROLES AND RESPONSIBILITIES

Stamford Schools takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Anna Kennedy, Assistant Head Safeguarding and Clinical Services. The Designated Allergy Nurse is Sophie Wells, School Nurse. They report into the Deputy Head Pastoral who will then report to the Principal and Safeguarding Governor. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students 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, students 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, students and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (checking the school has enough spare adrenaline pens and the locations are correct) and ensuring staff know where they are
- Keeping a record of any allergic reactions or near-misses and ensuring an investigation is held as to the cause, and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill annually.

At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership team.

4.2 School nurse/ Healthcare team

The school nurses are 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 on how this information is disseminated to all school staff, including the catering team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families and ensuring medication is in date
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students and spare adrenaline pens, including the brand, dose and expiry date. The location of spare pens should also be documented
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and students and refresher training as required, e.g. before school trips

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)
- Visitors (for example at Open Days and events) are aware of the catering set-up and if food is to be offered, and plans for medication if the child is to be left without parental supervision

4.4 All staff

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

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed

- Being aware of students (and staff, when necessary) with allergies and what they are allergic to
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate
- Ensuring students always have access to their medication or carrying it on their behalf
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if any training has not been received in the last 12 months
- Considering the safety, inclusion and wellbeing of students with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

4.5 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 students with allergies
- Providing the school nurse with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- 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 complete an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If necessary, provide consent for the school to contact their child's NHS or private medical team for guidance and advice

- 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
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated
- 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.
- 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 they are allergic to.

4.7 All students

All students at the school should:

- 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
- Be aware of how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency. This will be achieved through training and allergy drills.
- Understand the importance of not sharing snacks, lunches etc.

4.8 Students with allergies

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

- Knowing what their allergies are and how to mitigate personal risk depending on the age of the student
- Avoiding their allergen as best as they can
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, carrying two adrenaline pens with them at all times. They must only use them for their intended purpose
- Understanding how and when to use their adrenaline pen

- 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

Students, including boarders, permitted to leave the school site during the school day or at the weekend, should carry their medication with them at all times, 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.

5. INFORMATION AND DOCUMENTATION

5.1 Register of students with an allergy

The school has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each student 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
- Details of the medication the student has been prescribed including dose, which 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 student
- A copy of their Allergy Action Plan if applicable.

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 crafts using food packaging, science experiments where allergens are present, food and nutrition or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk. A risk assessment is in place for animals in school.

- 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 students.
- Planning special events, such as cultural days and celebrations.

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7. 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 (currently externally through Holroyd Howe Ltd)
- 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 students 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 schools have robust procedures in place to identify students with food allergies. All nursery children are known to the nursery and catering staff. Nursery staff sit with the children to eat. Allergy cards are placed next to the children and on the servery. Children with allergies are served first. All Junior School children with allergies have an allergy card on a lanyard, stating their allergies. These are kept in the dining room and the catering staff have back-up photos of the children
- Senior School students are asked to self-identify. In addition, they are encouraged to collect an orange allergy card at their specified servery and place it on their tray to allow staff to identify that they have a food allergy
- Food that is packaged to go 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 students with dietary needs by catering staff

- After-school club will follow these procedures
- The school is committed to allergen awareness and restricts the use of nuts across all catering facilities
- The Scoreboard Café is staffed by Holroyd Howe employees who are appropriately allergy trained and can give advice to students, staff and visitors.

Food brought into school

Food brought into school by parents is by prior arrangement. Birthday treats should be individually wrapped, labelled with allergen ingredients and sent home with the student, not consumed in school. Trip letters state that, as an allergen aware school, parents need to be aware of what they are putting in packed lunches. Catering staff are made aware of those with allergies attending fixtures.

Food bans or restrictions

- We have students with a wide range of allergies to different foods so, as an Allergen Aware school we encourage a considered approach to bringing in food
- We try to restrict nuts as much as possible on the site and check all foods coming into the kitchen
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product.

Food and Nutrition Lessons

Food and Nutrition lessons take place at the school's St Martin's site and take place in custom built classrooms. Lessons will always be properly supervised by suitably qualified staff.

- Staff will make regular checks against iSAMS to identify any students with food allergies
- All Food and Nutrition teachers are first aid trained
- Allergy awareness is taught to all students as part of the curriculum
- Children with specific allergies are provided with a work space that has been cleaned down by staff to prevent cross contamination
- Recipes used in Food and Nutrition lessons will never knowingly contain nuts
- All student-devised recipes must not contain nuts
- A spare AAI kit containing 2 x Epi Pens are located in the Food and Nutrition prep room

Food hygiene for students

- Children will be encouraged to wash or sanitise their hands before and after eating

- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled
- Boarding house kitchens and Food and Nutrition kitchens will be properly managed and cleaned regularly to avoid cross contamination. Children will be encouraged to wash or sanitise their hands before using these facilities.

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of students with allergies including medication details. This is logged on iSams and available for trip leaders. They should also be aware of any members of staff with allergies who are accompanying the trip
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff (and some students, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- Packed lunches will be prepared by allergen-aware staff and clearly labelled to avoid cross contamination
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal
- Staff will ensure that children using an adrenaline pen have two pens (or one pen with a school-issued 'spare') with them. Children will not be permitted to travel should the pens not be available and parents will be alerted immediately.

9. INSECT STINGS

Those children with a known insect venom allergy should:

- Avoid walking around in bare feet
- Keep food and drink covered
- Avoid eating outside in summer months when risk may be greater
- Seek medical/adult attention should they feel they have been bitten or stung

The Stamford Schools' staff will report wasp and bee nests to the maintenance team using Every (their reporting system) should they find one on school premises. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It is normally the dander (minute scales, hair or skin from animals) that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy should avoid the animal they are allergic to
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- If an animal lives on site, for example in a boarding house, students, parents and staff will be made aware and consideration and adaptations will be made
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

- Students with allergic rhinitis/hay fever should be medicated at home before coming into school. Senior students may carry with them any medication they may need during the day. SJS parents should hand in medication to the school medical team with the appropriate paperwork.
- Children suffering from symptoms should speak to an adult who will help them.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Students 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
- Students with allergies may require additional pastoral support including regular check-ins from their class teacher tutor and/or houseparent
- Affected students 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 SES Anti-Bullying Policy

13. ADRENALINE PENS

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

13.1 Storage of adrenaline pens

- Children prescribed with adrenaline pens will have easy access to their in-date pens at all times.
- Children up to and including Year 5, will have their pens stored in their classroom during the day and staff will ensure pens are carried to the dining hall. Children in Year 5 will be encouraged to start taking responsibility for their own pens.
- Children in Year 6 and above are expected to carry their pens with them at all times or have easy access within the classroom. They should carry their own pens during lunchtimes.
- Spot checks will be made to ensure adrenaline pens are where they should be and are 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)
- Used or out-of-date pens will be disposed of as sharps.

13.2 Spare pens

This school has twenty spare adrenaline pens (three at SJS, seventeen at SS) to be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in locations across all sites (see APPENDIX A).

The Allergy Lead and Lead Nurse are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)
- Which brand(s) to buy
- The purchasing of spare adrenaline pens
- Distribution around the site and clear signage.

13.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the students 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 students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a student has an allergic reaction, they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan.
- If anaphylaxis is suspected, adrenaline will be administered without delay, lying the student down with their legs raised as described in APPENDIX B. They will be treated where they are and medication brought to them.
- A student's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the student themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained but in an emergency, **anyone** will administer adrenaline.
- If the student's own adrenaline pens are not available or misfire, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The Medicines and Healthcare Products Regulatory Agency 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 to tell them you have done so.
- The student will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the student in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

15.1 The school is committed to training all staff to give them a good understanding of allergies. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergies
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of students with food allergies, the impact of allergies on mental health and wellbeing, and the risk of allergy related bullying
- Taking part in an anaphylaxis drill.

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

- An exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Asthma guidance cards can be found in first aid kits.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic-reaction incidents and near-misses. These are logged on accident/near-miss report forms and sent to the Head of Safety & Compliance.

Author/Reviewer	Anna Kennedy (Asst Head Safeguarding)	Date of Last Review	Spring Term 2025
Authorised by	Principal	Date of Authorisation	Spring Term 2025
Applicable to	SES	Date of Next Review	Spring Term 2028

APPENDIX A – SPARE AAI (EPI) LOCATIONS

Stamford Junior School

Dining Room (wall mounted near servery) – one junior pen, one senior pen

Medical Room – one senior pen

Nursery Main Corridor – two junior pens

Wothorpe Sports Centre (wall mounted next to servery) – two senior pens

St. Paul's

Dining Room (wall mounted near servery) – two senior pens

Medical Centre – two senior pens

Reception – two senior pens

Sports Centre – two senior pens

St Martin's

Dining Room (wall mounted) – two senior pens

Medical Centre – two senior pens

Food and Nutrition Prep Room (wall mounted) – two senior pens



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

Allergy & Anaphylaxis Policy

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](#).