Aintree Davenhill Primary School



Allergy and Anaphylaxis Policy

Approved by the Headteacher

July 2025

Introduction

Aintree Davenhill Primary School aims to support pupils with allergies and to ensure that they are not disadvantaged in any way whilst at school as defined in Supporting Children with Medical Conditions Policy. Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies the allergens and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include peanuts, tree nuts, sesame, shellfish, cow's milk, eggs, grass and tree pollen, venom (bee and wasp stings), drugs, dust mites, moulds, animal dander latex and hair dye. Other triggers can be medication – including ibuprofen, aspirin, and certain antibiotics. This list is not exhaustive. Sometimes there is no known cause for an anaphylactic reaction. This is called idiopathic anaphylaxis.

The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the first line emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline autoinjector (AAI).

Anaphylaxis and severe allergic reaction:

Anaphylaxis (pronounced ana-fil-ax-is) is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food, an insect sting, or an unknown allergen). A reaction can be mild or severe with slow or fast onset; it should always be treated as a medical emergency, and requires immediate treatment. Any allergic reaction, including anaphylaxis occurs when the body's immune system wrongly identifies a food or substance as a threat. In severe cases, the allergic reaction can progress within minutes and rapidly progress into a life-threatening reaction but can occur up to 2-3 hours later. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact emergency services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

Adrenaline auto injector devices (or 'adrenaline pens') are prescribed to people with allergies who are at risk of having a severe allergic reaction (known as anaphylaxis).

Aintree Davenhill is a NUT AWARE SCHOOL. Nuts and products containing nuts or nut derivatives should not be brought in to school; parents are reminded of this throughout the year.

Most rapid onset reactions will only cause mild to moderate symptoms. However, a more severe reaction (anaphylaxis) can occur and cannot easily be predicted. Whilst such a severe reaction is potentially life-threatening – deaths are rare.

Aims:

- To minimise the risk of an allergic/anaphylactic reaction while the pupil is involved in school related activities.
- To ensure that all members of staff respond appropriately to an allergic/anaphylactic reaction.
- To raise, the awareness of allergy/anaphylaxis and its management through education and policy implementation.
- To give parents and pupils confidence in the school's ability to provide
 effective support and show an understanding of how medical conditions
 impact on a child's ability to learn as well as to increase their confidence and
 promote self-care.
- To help the child/young person to manage their specific condition and overcome any potential barriers to getting the most from their education.

Definition of anaphylaxis

It is a sudden, severe allergic reaction, when the body reacts to a foreign substance, which triggers an exaggerated response from the immune system. The reaction can be mild or severe with slow or fast onset.

Foreign substances can include foods (e.g. nuts) animal venom (e.g. wasp or bee sting) objects (e.g. latex) or drugs (e.g. penicillin).

There are 14 major food allergens which need to be mentioned (either on a label or through provided information such as menus) when they are used as ingredients in a food product or meal. However, you can be allergic to any food substance.

The top 14 food allergens are

| Celery | Cereals containing gluten | Crustaceans | Eggs | Fish |
|----------------|---------------------------|-------------|-----------------|------|
| Lipin Fisar | Mik | | (MUSTRAD) | |
| Lupin | Milk | Molluscs | Mustard | Nuts |
| Peanuts | Sesame seeds | Soya | Sulphur dioxide | |

<u>Celery</u> - Allergic reactions to celery, when they do occur can be severe for some people

<u>Cereals containing gluten</u> - An overreaction of the body's immune system to proteins in wheat.

<u>Crustaceans</u> - For example, crab, lobster, crayfish, prawns.

Eggs - Egg allergy is common in babies and young children, any cases of egg allergy are mild, but some people will have more serious symptoms.

<u>Fish</u> - People who are allergic to one type of fish have a high chance of reacting to others

<u>Lupin</u> - is a well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food.

<u>Milk</u> - There are two main type of cow's milk allergy immediate and delayed. With both types, there is often, but not always, a close family history of allergy.

<u>Molluscs</u> - being cautious because of the relatively high risk of cross contamination among different types of shellfish.

Mustard - Reactions to mustard when they do occur can be severe.

<u>Tree Nuts</u> - Include almonds, Brazil nuts, cashew nuts, walnuts, pecans, pistachios, and macadamia nuts.

<u>Peanuts</u> - The peanut is a legume, related botanically to foods such as peas, beans, and lentils.

<u>Sesame</u> - Sesame allergy can appear in childhood and persists in 80% of cases. Those who outgrow it are likely to have done so by the age of around 6. Sesame allergy can also begin in adulthood.

<u>Soya</u> - There are two types of soya allergy. "IgE mediated" soya allergy, caused by antibodies known as immunoglobulin E (or IgE), and "non-IgE mediated" soya allergy.

Symptoms and signs

Symptoms of an <u>allergic reaction</u> can include: (Taken from the NHS website)

- a runny nose or sneezing
- pain or tenderness around your cheeks, eyes or forehead
- coughing, wheezing or breathlessness
- itchy skin or a raised rash (hives)
- diarrhoea
- feeling or being sick
- swollen eyes, lips, mouth or throat

The symptoms and signs of **Anaphylaxis** can include:

(Taken from the NHS website)

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- You may also have a rash that's swollen, raised, or itchy.

The child/young person can have any of these signs and symptoms, in any order. There is no set pattern and just because certain signs and symptoms

may have been experienced before does not mean that they will experience the same ones again.

Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Auto Injector (AAI), looks like a large pen and is pre-loaded with the correct dose (depending on size and weight) of adrenaline. It is normally injected into the fleshy part of the thigh, sometimes through light clothing depending on the situation. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. Each AAI is a pre-loaded single dose and can only be used once. In cases of doubt it is better to give the injection than to hold back.

Management in school

It is the parents' or guardians' responsibility to notify the school if their child is at risk from anaphylaxis. Full details are required including the allergen and the name and dosage of medication prescribed.

- Photographs of pupils diagnosed with a severe allergy and prescribed an AAI are displayed in key areas around school (school office, dining hall, and classrooms) for the whole school community to see. This is updated annually in September and throughout the year as required.
- Staff are given anaphylaxis awareness training including the use of Adrenaline injectors annually or as needed.
- All staff are informed when a pupil diagnosed with anaphylaxis is enrolled at the school.
- The Appointed First Aid Lead will ensure that class teachers receive a copy of individual health care plans for those pupils at risk of anaphylaxis.
- The class teacher is required to share this information with the pupils' teaching staff.
- Parents may be involved in risk assessments and management plans.
- The Appointed First Aid Lead will inform the Catering Manager of any pupils with severe dietary allergies.

- Each pupil should have a minimum of 2 named Adrenaline injectors in school. Both will be kept in the First Aid grab bag in the pupils' classroom.
- The expiry date on all AAIs is checked monthly (although it remains the parents' responsibility to replace these when they expire).
- Class teachers are responsible for ensuring pupils diagnosed with Anaphylaxis, in their class, have their Adrenaline auto-injectors with them on any school trip.
- Parents are required to make a note of the expiry dates of their child's AAIs before they are brought into school and to replace them as required.
- In the case of a first time reaction of an undiagnosed pupil, an ambulance should be called immediately.

Administering the adrenaline auto-injector

There are two adrenaline injectors available on prescription in the U.K: EpiPen and Jext, and information about each and how to use can be found on the BSACI website. EpiPen has a spring-loaded concealed needle that delivers a single measured dose when the pen is jabbed against the muscle of the outer thigh. Jext has a locking needle shield which engages after use, designed to protect against needle stick injury. Both of the injectors are to be administered into the fleshy part of the thigh, through light clothing if necessary. The injection technique varies between brands. If you have to assist in using the adrenaline injector, read the simple instructions on the barrel of the injector itself.

Every time you use an adrenaline auto-injector an ambulance should be called immediately.

Key Messages to parents

If your child has been prescribed adrenaline, there are key messages you must remember:

- Ensure that they have their AAI with them at all times no exceptions.
- Check the expiry date regularly. An out-of-date injector may offer some protection, but this will be limited. Make a note of the expiry date of any

- AAI that your child keeps in school so that replacement devices can be obtained in good time.
- Get a health professional to show you and your child how to use your injector. If you haven't already been shown how, go back to the doctor who prescribed it and ask for a demonstration. Ask the practice nurse at your local GP surgery and get hold of a "trainer" pen and practise regularly.
- Remember that children who have been prescribed AAIs need to go on to the adult dose when they weigh 30kg. This is likely to be somewhere between 5-11 years old.

Emergency adrenaline auto-injections

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 has allowed all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan, and this will be updated by Alder Hey hospital/specialist nurse/doctor and training will take place each school year. Children with additional health needs, at risk of anaphylaxis, will be added onto the allergy register with written parental consent.

There are TWO spare Adrenaline Auto Injector (AAI) and they are kept in the school office.

A number of staff have been trained to administer the emergency use of Adrenaline Auto Injector pens. AAIs and medicines for the treatment of anaphylactic shock are kept in a secure place in the first aid grab bag of the child's classroom, in a box clearly labelled with the child's name, photograph, and IHCP.

Emergency AAI use protocol

Location of the emergency AAIs - all children's AAIs are stored in their class first aid grab bag and the emergency AAIs are stored in the school office.

What should I do in an emergency?

- Use the child's AAI immediately if they have any signs of anaphylaxis. If in doubt, use the AAI.
- Straight after using the AAI, dial 999 and say anaphylaxis ("ana-fil-ax-is").
- Track the time make a note of the time the first AAI is used.
- Lie down and raise the child's legs.
- If they are struggling to breathe, sit up but don't change position suddenly. Lie down again as soon as you can.
- Stay lying down even if the child is feeling better.
- Use their second AAI if symptoms have worsened or there is no improvement after 5 minutes.

There are no serious side effects even if the medication is given repeatedly or from misdiagnosis. Relapse is possible after apparent recovery. The child should always be sent to hospital after anaphylaxis, even if they seem to have fully recovered.

Biphasic Reaction

If the child has anaphylaxis, they will need to be observed in hospital after they have recovered. This is because in around 1 in 25 cases, a second "wave" of symptoms can develop. This is referred to as a biphasic reaction. Around half of biphasic reactions occur within 6-12 hours of the initial reaction. Biphasic reactions are less common with food-induced reactions compared to other, non-food triggers.

Storage and care of the AAI

The Appointed First Aid Lead has responsibility for maintaining the emergency anaphylaxis kits and shall:

- Complete a monthly check to ensure the AAIs are present and in date;
- Ensure that replacement AAIs are obtained when the expiry dates approach.

The AAIs should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Pupils are required to take their own prescribed AAIs home before school holidays to ensure that they remain in date and have not expired.

Pupils to whom an emergency AAI can be administered

The school may only administer its emergency AAI to a pupil:

- At risk of anaphylaxis;
- With medical authorisation;
- With the prior written parental consent, for the emergency AAI to be used on them.

This includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an AAI. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/guardian must be obtained. Consent must be updated annually to take account of changes to a pupil's condition.

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

Who is allowed to administer adrenaline in an emergency?

- Any member of staff may volunteer to provide first aid to support pupils with medical conditions. However, Regulation 238 of the Human Medicines Regulations 2012 allows for adrenaline to be administered by anyone for the purpose of saving a life in an emergency.
- All staff should be aware of the likelihood of an emergency arising and know what action to take if an emergency does occur. It's important to understand that any member of staff at any time might be with a child or adult who is experiencing a serious allergic reaction, and all staff need to be able to act appropriately, not wait for someone else to deal with the situation.

In an emergency, if someone has a reaction, can I use another person's adrenaline auto-injector on them?

Adrenaline auto-injectors should only be used on the person prescribed them. From 2017, all schools in the UK can purchase spare adrenaline auto-injectors for emergency use. Spare adrenaline auto-injectors are primarily for pupils known to be at risk of anaphylaxis and for who both medical authorisation and written parental consent for use of the spare auto-injector has been provided. The school's spare auto-injector can be administered to a pupil whose own prescribed device cannot be administered correctly without delay.

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

Administration of medicine

The School's emergency AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information should be recorded in a pupil's individual healthcare plan. All pupils with a diagnosis of an allergy and at risk of anaphylaxis must be recorded in an allergy register and for each student, the following shall be recorded:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the emergency AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.
- The signs and symptoms of an allergic reaction include: mild-moderate symptoms are usually responsive to an antihistamine.
- The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: pupils having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs should be given to the ambulance paramedics on arrival. Any out of date AAIs will be given back to the parent.

Catering at school

As part of a school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff must be able to identify pupils with an allergy. Parents can pre-order their child's food one week in advance by emailing the school office admin.aintreedavenhill@schools.sefton.gov.uk clearly stating the food choices, child's name and class and allergen they are allergic to, allergen cards will be available for the parents to view. At Aintree Davenhill, we have photographs of the children with food allergies in the canteen and a copy, for all lunchtime supervisors/staff, to refer to at the counter before a child orders food. Children with food allergies can go to the front of the lunch line so that the canteen staff are aware who they are. The staff will have copies of the food to be served and a list of allergens on the back. At the INSET day in September, the medical needs of the children are discussed. All staff have been specifically trained in allergy awareness.

All food businesses (including school caterers) 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. Schools can therefore identify whether a food product is safe for allergic pupils to eat.

Handling allergens and preventing cross contamination

Parents can pre-order their child's meal a week in advance, clearly stating the allergens they are allergic to. The catering manager will ensure that the catering staff keep in contact with food suppliers as ingredients may change so we can inform the parents as soon as possible. Some product ingredient lists contain precautionary allergen labelling, e.g. "may contain X". Some pupils may be able to eat foods labelled as "may contain," but others may need to

strictly avoid them. This information should be included on the Individual Healthcare Plan.

School trips including sporting activities

A risk assessment must be completed prior to any school trip for pupil at risk of anaphylaxis taking part in the trip off school premises. Pupils at risk of anaphylaxis should have both of their AAIs with them, and there should be staff trained to administer AAI in an emergency and at least one first aider.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs.

- 1. In the presence of any of the severe symptoms listed on page 4, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present.
- 2. Call or send for a trained member of staff. The designated member of staff should check the allergy register, collect the emergency AAI, and provide assistance in administering the AAI if required.
- 3. Always give an AAI if there are ANY signs of anaphylaxis present. The pupil's own AAI should be administered if available. If not, the school's emergency AAI should be used.
- 4. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

- 5. After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest.
- 6. Provide reassurance. The pupil should lie down with their legs raised.
- 7. If breathing is difficult, allow the pupil to sit.
- 8. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay even if they have already self-administered their own AAI and this has made them better.
- 9. A person receiving an AAI should always be taken to hospital for monitoring afterwards.

- 10. If the pupil's condition does not improve 5 minutes after the initial injection, a second dose should be administered. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- 11. ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.
- 12. Recording use of the AAI and informing parents/carers
- 13. The Appointed First Aid Lead should record the use of any AAI device. This should include:
 - Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
 - How much medication was given, and by whom.
 - Any person who has been given an AAI must be transferred to hospital for further monitoring.
 - The pupil's parents should be contacted at the earliest opportunity.
 - The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The BSACI Allergy Action Plans include this information, and are recommended for this purpose. The plan should include first aid procedures for the administering of adrenaline. Identify activities which the child may be at risk - for example food-based and outdoor activities.

- 1. There is no hesitation to use an Auto Adrenaline injector pen for a potentially life-threatening allergic reaction.
- 2. A staff member will always stay with the child.
- 3. The ambulance will be called immediately, by the member of staff first on scene or first aider.
- 4. The parents are called immediately by the office staff/SLT after the 999 call, if the parent is not available, the other emergency contacts will be phoned.
- 5. Regardless of the degree of reaction or response to the AAI, the child is taken to hospital.

| 6. | A member of staff MUST go with them if the parent is not present at the |
|----|---|
| | time the ambulance departs. They will stay until the parent arrives. |

| 7. | The AAI that was administered will be taken to hospital by the |
|----|--|
| | emergency services or staff member. |

Appendix A – Template Letter for Spare AAI

Further information can be found at http://www.sparepensinschools.uk

We wish to purchase emergency adrenaline auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

| Brand name* | | Dose* (state milligrams or micrograms) | Quantity required |
|-------------|---------------------------------|--|-------------------|
| | Adrenaline auto-injector device | | |
| | Adrenaline auto-injector device | | |

| Signed: | Date: | | |
|----------|-------|--|--|
| - | | | |

Print name:

Head Teacher

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

| For children age under 6 years: | For children age 6-12 years: | For teenagers age 12+ years: |
|--|------------------------------|--|
| Epipen Junior 0.15mg | Epipen 0.3 milligrams | Epipen 0.3 milligrams |
| or | or | or |
| Jext 150 microgram | Jext 300 microgram | Jext 300 microgram |

What to do if any symptoms of anaphylaxis are present

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.

- 1. In the presence of any of the severe symptoms, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present. IF IN DOUBT, GIVE ADRENALINE.
- 2. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED**. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay even if they have already self-administered their own AAI and this has made them better.
- 3. **Call or send for a trained member of staff**. The designated member of staff should check the allergy register, collect the emergency AAI and provide assistance in administering the AAI if required.
- 4. The pupil's **parents should be contacted** at the earliest opportunity.
- 5. Always give an AAI if there are ANY signs of anaphylaxis present. The pupil's own AAI should be administered if available. If not, the school's emergency AAI should be used.
- 6. The **AAI** can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.
- 7. **After giving adrenaline do NOT move the pupil**. Standing someone up with anaphylaxis can trigger cardiac arrest.
- 8. **Provide reassurance.** The pupil should lie down with their legs raised.
- 9. If breathing is difficult, allow the pupil to sit.
- 10.If the pupil's condition does not improve 5 minutes after the initial injection, a second dose should be administered. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- 11.A person receiving an AAI should always be taken to hospital for monitoring afterwards.

The Appointed First Aid Lead should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.

 Any person who has been given an AAI must be transferred to hospital for further monitoring.

If someone has symptoms of anaphylaxis

- Use an adrenaline auto-injector pen if the person has one,
 WITHOUT DELAY make sure you know how to use it correctly first.
- 2. Call 999/112 for an ambulance immediately (even if they start to feel better) mention that you think the person has anaphylaxis.
- **3.** Lie the person down and raise their legs unless they're having breathing difficulties and need to sit up to help them breathe. If they are pregnant, lie them down on their left side.
- 4. Stay with the person until medical help arrives
- 5. **Give another injection after 5 minutes -** if the symptoms do not improve and a second auto-injector is available.



Get in position

If you have any symptoms of <u>anaphylaxis</u>, **stay where you are**. You should **lie flat with your legs raised** to help blood flow back to your heart and vital organs.

If you are struggling to breathe, you may need to be propped up, but this should be for **as short a time as possible**.

You must avoid any sudden change in posture. **You must not stand up, or sit in a chair,** even if you are feeling better. This could lower your blood pressure drastically, causing your heart to stop.

Use your Adrenaline Auto-Injector

Anaphylaxis can come on very quickly. As soon as you suspect anaphylaxis you must use one of your <u>adrenaline</u> auto-injectors (AAI) without delay.

Don't wait to see how bad it is, or whether it will get worse. If in doubt, use your AAI.

Your AAI should be given into the muscle in your outer thigh. It can be given through clothes if necessary, avoiding bulky pockets or seams. Specific instructions vary by brand – always follow the instructions on your device.

More about the different adrenaline auto-injectors



Get emergency help

- → Immediately after using your first AAI, call 999 or ask someone else to do this for you.
- Ask for an ambulance and say this is an emergency case of anaphylaxis (ana-fil-axis).
- Give clear and precise directions, including the postcode of where you are.
- Make a note of the time you used your AAI.
- → Use your second AAI after five minutes if you get worse or there's been no improvement.
- → REMEMBER Whilst you are waiting for the ambulance, stay where you are and do not stand up, or sit in a chair, even if you are feeling better.