

# Dunsborough Primary School - Allergy Awareness and Approach to Anaphylaxis

*Updated April 2026*

At Dunsborough Primary School (DPS) we have an allergy aware approach in place, rather than implementing food bans. Banning food, and use of terminology such as 'nut free' is not an effective strategy for preventing or managing anaphylaxis in schools.

The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (Cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea. A smaller number of children have severe allergies to insect bites, stings, grass, dust and mites. Please note that severe allergies are not limited to this list/ or number of students at our school with a known severe allergy.

Our approach is to be clear what the expectations are for all members of our school community, to ensure all children safe.

## Background

---

- Anaphylaxis is a severe, life-threatening allergic reaction.
- 1 in 20 children are known to be allergic to food substances.
- The best way to prevent anaphylaxis in schools is to know which students have been diagnosed with food, medication and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the school and parents/guardians is important to help students avoid known allergens. Parents/guardians and school staff need to work together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.

## Purpose

---

- To increase safety and provide a supportive environment where students at risk of anaphylaxis are able to join in school activities.
- To raise awareness about allergy, including anaphylaxis and the school's approach to anaphylaxis management in the school community.
- To work with parents/guardians of students at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the student and help keep them safe.
- To ensure staff know about and understand that allergies can be potentially life-threatening and the school's guidelines and procedures in recognising and treating anaphylaxis when it happens.

## Knowing which students have allergies

---

- Parents should inform the school if their child has an allergy and keep the school informed if there are any changes. **As of May 2026, we have over 20 students with a severe allergy.**
- The student's individualised anaphylaxis care plan will be developed in consultation with the student's parents/guardians and signed by the school and the parent/guardian. The plan will include written permission to display the student's ASCIA Action Plan on the wall in the staff room and other appropriate places (such as the school canteen) and share the information in the plan with school staff.
- The student's individualised anaphylaxis care plan will be reviewed annually (at the start of each school year) in consultation with the student's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.
- The individualised anaphylaxis care plan will also be reviewed when a student's allergies change or after exposure to a known allergen while attending the school or before any special activities (such as excursions, camps) to make sure information is up to date and correct, and any new procedures for the special activity are included.

- Whenever a student at risk of anaphylaxis is enrolled at the school, or newly diagnosed as being at risk of anaphylaxis, all staff will be told:
  - the student's name, year and classroom.
  - where the student's ASCIA Action Plan for Allergic Reactions is located (if the student does not have an adrenaline injector).
  - where the student's adrenaline injector and ASCIA Action Plan for Anaphylaxis are located.
- Staff will help students at risk of anaphylaxis feel safe while they are at school by:
  - talking to the student about signs and symptoms of an allergic reaction so they learn to talk about these symptoms and how to tell staff when they are having an allergic reaction.
  - taking the student's and their parent's/guardian's concerns seriously.
  - making every effort to address any concerns/worries they may talk about.
- New and relief staff will be given information about the student's allergies during the orientation process before the student is in their care.

### **Risk minimisation strategies**

---

Wherever possible, the school will reduce exposure to known allergens. The following risk minimisation strategies will be implemented:

- Request that all student lunch boxes, and water bottles are clearly labelled with the student's name
- All students and staff will be made aware and monitor that students do not share food.
- Encourage students to wash hands before and after eating
- All staff supervising students during eating times, will have an updated list of students with allergies so they are aware. This will not be visible to students.
- Birthdays treats: As per the parent handbook, communication with the classroom teacher before the date is required. All items should be individualised and will be provided to students at the end of the day. A alternative treat will be encouraged for students with known allergies.
- No external or unknown food will be provided to a child with a known allergy or anaphylaxis by school staff.
- The canteen will be provided each term with an updated list of students with allergy and anaphylaxis
- The canteen ordering system will have the ability for parents to remind canteen staff of an allergy
- Our P&C will be informed of students with known allergies when organising activities or events.
- No food used for rewards by classroom teachers.
- Annual teacher/parent information sessions will include information on allergy awareness/prevention and any known students in each class.
- Classroom posters will be on walls as a reminder to all students.
- Where we have an in-class food-based learning activities where a child with a food allergy is in the group, the food will be approved by the parent in consultation with school staff
- Consider the coloured powder use for colour runs, may contain food allergens. We will work with families and avoid activities if the ingredients contain a student's allergen.
- Avoid sunscreen that contains food products such as nuts oils, cow's milk.
- We will not ask students with a known food allergy to pick up any unknown rubbish as part of activities such as Clean Up Australia Day.
- Ensure our approach applies to offsite activities such as excursions and camps.
- Ensure any student with an allergy and is part of the 'Green Ambassador' program, does not get involved in the chicken coop. This is because their fee may contain food allergens, or students may have an egg allergy.

- Dogs are kept off school grounds.
- Adrenaline injectors are placed around the school in a known location, should staff require to access it, in emergency situations.

## **Peer education**

---

- Staff will educate students about allergies and the risk of anaphylaxis, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.
- Staff will talk about strategies to help keep students with food allergy safe, such as students not sharing food, drinking from their own water bottle and washing their hands after they have eaten something that their classmate is allergic to.
- Reminders are provided at assemblies and through newsletters.

## **Staff training**

---

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. [ASCIA anaphylaxis e-training for schools](#) will be undertaken at least every two years. A staff training register will be kept.
- All staff will also undertake [ASCIA anaphylaxis refresher e-training](#) annually. The school will have adrenaline injector trainer devices available to allow staff to have hands-on practise with the devices during training and refresher training.
- The Canteen Manager will undertake the National Allergy Council [All about Allergens for Schools](#) food allergen management training for food service at least every two years.

## **Adrenaline injectors**

---

### *Prescribed adrenaline injectors*

- Students prescribed with an adrenaline injector will be required to make one device available to the school during the school terms. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- Staff will be informed of the location/s of the prescribed adrenaline injectors.
- The student's adrenaline injector (and any other medication) must be labelled with the name of the student and placed in a location easily available to staff (not locked away), when the student with the allergy is at school. The adrenaline injector will be stored at room temperature (not in the fridge) away from direct heat and sunlight.
- A process is in place to make sure prescribed adrenaline injectors and ASCIA Action Plans are taken whenever the child goes to off-site activities.
- Students prescribed adrenaline injectors will be checked annually. School staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).

### *General use adrenaline injectors*

- The school has at least five general use adrenaline injectors. Staff will be informed of the location/s of the general use adrenaline injector/s.
- The general used adrenaline injector can be used if the student does not have their prescribed adrenaline injector, if their device is not administered correctly, if the student requires a second dose or if a student does not have a prescribed device.
- A process will be in place to regularly check (each term) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- A student (or staff member/school visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the school. If school staff think a student/staff member/school visitor may be

having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

### **Planned emergency procedures**

---

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
  - Where it is known that a student has been exposed to whatever they are allergic to, but has not developed symptoms, the student's parents/guardians will be contacted and asked to come and collect their child.
  - The school will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
  - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the student needs medical care and observation for at least four hours after being given the adrenaline injector.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the school's risk minimisation strategies and emergency response procedures need to be changed/improved.

### **Reporting procedures**

---

- If a student is exposed to a known allergen, an Incident Report will be completed. A copy of the completed form will be kept in the student's file. The Principal will inform staff about the incident. Any other state or national reporting requirements will be undertaken.
- If a student has had an allergic reaction to a packaged food or to a meal provided by the school such as the canteen or camp provider, this will be [reported to the local food authority](#) for investigation. If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.
- Staff will be offered a debrief after each incident. An emergency can cause staff and other students distress especially if the event was life-threatening. Help should be provided to staff and students as needed. The student's individualised anaphylaxis care plan will be reviewed to identify if further risk minimisation strategies are needed, or some strategies need to be adapted. It is important to understand what went wrong, to learn from each incident and to put plans in place to help prevent the same accident from happening again.

### **Review**

---

This approach will be reviewed: **Term 4, 2026**