



Allergy Awareness Policy

Governing Council Endorsed: 2026

Review Date: 2028

PURPOSE

A number of our students have severe allergies (including nuts, dairy, egg, some fruits, other foods medications, venoms) and can have a life-threatening reaction. Anaphylactic shock can occur within seconds of exposure to allergens.

This can occur if:

- contact is made with a person who has handled or eaten an allergen
- contact is made with an object such as a toy or door handle that has traces of the allergen on it
- the person with the allergy inhales the air close to the allergen or products containing traces of the allergen.

For this reason, the following Allergy Awareness Policy has been endorsed by staff and Governing Council.

The Department for Education requires schools to promote and construct learning environments that are safe and supportive. Students and staff may have Anaphylaxis, the severest form of allergic reaction with nuts, nut products, dairy, eggs, some fruits, other foods, medications and venoms (e.g. bee sting) possible triggers. This means that exposure at school may constitute a risk to their health and well-being. It is not possible to guarantee that the environment will be completely free of potential hazards. However, compliance to reasonable guidelines will minimise the potential risks.

ROLES AND RESPONSIBILITIES

Students

are encouraged to wash their hands before and after eating
who bring food containing known triggers are required to eat that food in a designated place away from other students and to wash their hands, face and mouth before going to play
are not to share food.

Families

are requested NOT to send food to school that contain nuts. This includes products such as peanut paste, 'Nutella', peanut cooking oil and other foods that may contain nuts
be mindful of students who may have allergies to other foods, supporting students to eat away from others who may have allergies
are requested NOT to send empty containers to school, for classroom use, if those containers once had a substance that included nuts or traces of nuts
will be informed of this policy at the commencement of each new school year and at enrolment
will provide from a doctor a Health Care Plan and Emergency Procedure Plan, and liaise with IFPS staff to develop a Communication Plan for each child they have with an allergy
will ensure that the school has 'in-date'/current medication.

Staff

will be made aware of students who have anaphylactic responses, including nut, dairy, egg, fruit, other foods, medications, venom or other allergies

will notify students families of known triggers in the class

will be familiar with food handling procedures including reminding students to wash hands before and after eating

will direct students who have food containing allergen ingredients to eat their food in a designated area away from others

will supervise all students during eating times and will be vigilant in regard to this policy

will educate students NOT to share food

will participate in training from St John, Red Cross or Australasian Society of Clinical Immunology and Allergy (ASCI) to understand procedures related to anaphylaxis symptoms, triggers, adrenaline auto-injectors and management

be familiar with any Health Care Plans, Emergency Procedure Plans and Communication Plans in place for students

will be informed of the storage of student medication

regularly review food handling procedures to ensure that effective systems are in place and identify areas for improvement.

SUPPORTING POLICIES

Allergy and Anaphylaxis Information

- <https://allergy.org.au>
- www.allergyfacts.org.au
- www.foodallergyexplained.com.au

School Staff

- <https://edi.sa.edu.au/supporting-children/health-and-wellbeing/health-condition-plans-and-forms/allergy-and-anaphylaxis>

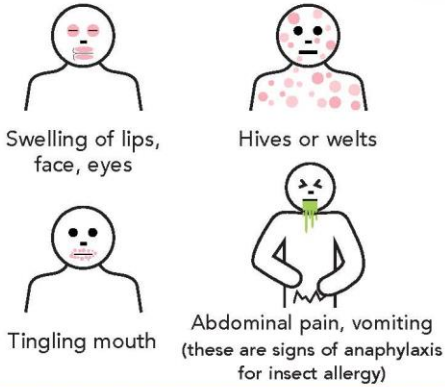


Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine). If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

ACTIONS



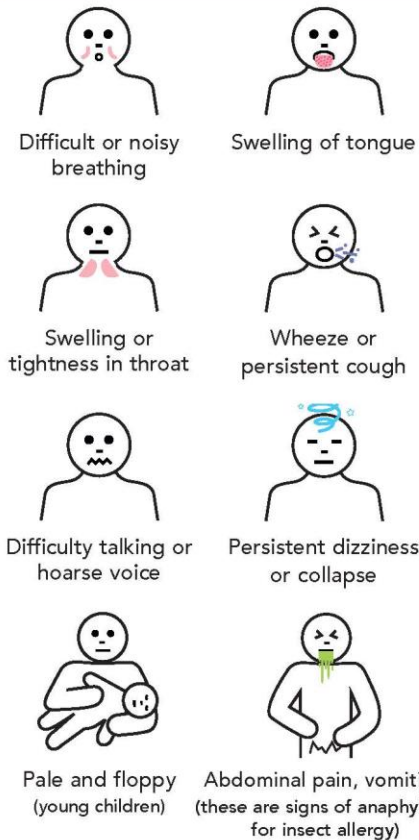
- Stay with person, call for help
- Locate adrenaline device
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS

ACTIONS



1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE DEVICE

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation



IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms.**



See page 2 for adrenaline device instructions or scan this code



Scan for translations of this plan

If device is accidentally injected or activated, use another adrenaline device if available.
If adrenaline is accidentally injected, contact the local poisons information centre.