

Policy and Procedure – Allergy Management

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| Policy Title: | Allergy Management |
| Effective Date: | 01 January 2022 |
| Scheduled Review Date: | 31 December 2022 |
| Version number: | Version 1.0 |
| Approved By: | Head of HSE |

1. Purpose

- 1.1. The purpose of the policy is to provide a safe and healthy learning environment for students with allergies, to reduce the likelihood of a student with known allergies developing a severe reaction, as well as to provide guidance to medical teams on managing allergic cases.

2. Scope

- 2.1. The scope covers all GEMS MENASA schools and includes students, employees and parents.

3. Procedure

- 3.1. Each school under GEMS MENASA cannot guarantee a completely allergen-free environment; our aim is to prevent exposure to allergens, encourage self-responsibility among students, staff and parents, and develop a robust emergency response in event of a medical emergency.

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3.2. Common allergens as defined by many food regulators within the UAE are:

- **Crustaceans and their products (prawns)**
- **Peanuts and their products**
- **Soybeans and their products**
- **Tree nuts and their products**
- **Sesame seeds and their products**
- **Fish and fish products**

The above allergens should not be allowed inside the school and it should be communicated to parents that food containing the above allergens should not be sent to school.

UAE food regulators also have mentioned below allergens appear commonly among individuals and should be avoided as much as possible within the school premises

- Egg and egg products
- Milk and milk products
- Gluten and cereals containing gluten (wheat, rye, oats, barley and spelt)

Symptoms associated with an allergic reaction to food include the following:

- Mucous Membrane Symptoms: red watery eyes or swollen lips, tongue or eyes.
- Skin Symptoms: itchiness, flushing, rash, hives.
- Gastrointestinal Symptoms: nausea, pain, cramping, vomiting, diarrhoea, acid reflux.

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- Upper Respiratory Symptoms: nasal congestion, sneezing, hoarse voice, trouble swallowing, dry staccato cough, numbness around mouth.
- Lower Respiratory Symptoms: deep cough, wheezing, shortness of breath or difficulty breathing, chest tightness.
- Cardiovascular Symptoms: pale or blue skin colour, weak pulse, dizziness or fainting, confusion or shock, hypotension (decrease in blood pressure), loss of consciousness.
- Mental or Emotional Symptoms: sense of “impending doom”, irritability, change in alertness, mood change, confusion.
 - Signs and symptoms can become evident within a few minutes or up to one to two hours after ingestion of the allergen, and, in rare cases, several hours after ingestion.
- Symptoms of breathing difficulty: voice hoarseness, faintness associated with change in mood or alertness.
 - Rapid progression of symptoms that involve a combination of the skin, gastrointestinal tract or cardiovascular symptoms may signal a more severe allergic reaction (anaphylaxis) and require immediate attention.

Student Enrolment Stage

- 3.3. The management and wellbeing of a child with allergies is the responsibility of the child’s parents or guardian.
- 3.4. Parents will be responsible for providing accurate and updated health and medical information related to their child’s allergens to the school medical team, based on a written diagnosis from their family physician or medical practitioner.
- 3.5. The disclosure of any allergies will be done through the health form which will be sent by the school’s medical team to the parent’s registered email address or through the health form located in the parent portal/school welcome pack.
- 3.6. Once the disclosure is made by the parent, the medical team will make contact with the parent to develop an Individual Health Plan (IHP). This plan needs to be updated every year, or in response to any changes in treatment of the allergen.

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- 3.7. The medical team will contact the child's class teacher and section head to provide them with the allergen information of the child and to advise the teacher not to allow the student to take part in any food-related tastings/activities. The medical team will also inform bus guardians (if the child is a bus user) to inform them of the child's allergies.
- 3.8. The medical team will train the bus guardian on the necessary first aid to be administered while waiting for emergency services in the event that the child experiences an allergic reaction while on the school bus.
- 3.9. The medical team will train the relevant class staff and bus guardians on how to use an Epi-Pen and will obtain the signature of staff indicating that they have understood the information relayed.

Planning of activities

- 3.10. All activities and school trips, such as food tastings/face painting/Henna, etc., need to be risk assessed before they take place, with a risk assessment carried out and logged that includes full details of the activity. The template for this assessment is held by the school's MSO; the teacher leading the activity is required to complete the assessment before it is signed off by the MSO.
- 3.11. Once an activity involving food is confirmed, the list of activities should be shared with the medical team two weeks in advance. The medical team will then review the health forms of each student in the participating class, and communicate to the class teacher any students with food allergies.
- 3.12. Teachers should take extra care to ascertain the full list of ingredients of any food item so they can check this against their

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students' allergies. Under no circumstances should a teacher assume an item of food is safe before confirmation.

- 3.13. An email should be sent to all parents seeking their written permission/waiver to allow their child/children to take part in a food-related activity. This email should detail the ingredients of all food items involved so that parents can review these and give their consent. It should also ask parents to disclose any food-related allergies that they may not have previously communicated via the health form during their child's enrolment.
- 3.14. Any student identified as allergic to the food or anything related to the activity has to be taken out of the class for the duration of the activity/event.

Medical response in case of allergic reactions

- 3.15. The medical team should assess the student for early recognition of the signs and symptoms of anaphylaxis.
- 3.16. The medical team should administer treatment according to the child's Individualised Health Plan/allergy action plan. If there is an allergic case with no known history of allergies, treatment should be provided as per the doctor's assessment.
- 3.17. The medical team should call the child's parents immediately in the case of all allergic reactions. All severe reactions, or reactions among those with a known medical history of food allergies and who are displaying signs and symptoms of an allergic reaction, should be taken to hospital by ambulance after appropriate initial management that may include the use of an EpiPen where applicable.
- 3.18. In case of non-availability of medical staff, especially during after-school hours, medical staff will share the locations of

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EpiPens throughout the school, to be administered only in case of an emergency and severe allergic reactions. Coaches/athletic team staff should be aware of any EpiPen users in their teams and of the location of the student's EpiPen or the nearest EpiPen to them.

4. References

- 4.1. Guidelines and Requirements for food and nutrition in schools - Dubai Municipality
- 4.2. Dubai Health Authority - School Health Section policies
- 4.3. Health Authority Abu Dhabi (HADD) school requirement
- 4.4. <https://www.cdc.gov/healthyschools>

5. Responsibilities

Parents

- 5.1. Review the policy for allergy management and understand the responsibilities and expectations outlined in this document.
- 5.2. Share information regarding the student's medical condition, by providing written medical documentation, instructions and medications as directed by their family physician, as well as emergency contact information.
- 5.3. Provide the school with their current/updated contact information (mobile phone, email, etc.).
- 5.4. Work with the school medical team to develop a plan that accommodates the child's needs at school, or provide from their physician a specified and tailored Individualised Health Plan

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(IHP). This plan should cover the child's entire school day, including time in the classroom, in the cafeteria, during after-school programmes, during school-sponsored activities, and while on the school bus.

5.5. Provide properly labelled medications and replace medications after use or before/upon expiration.

5.6. Educate the child in the self-management of their food allergy including:

- Recognising safe and unsafe foods
- Knowing strategies for avoiding exposure to unsafe foods and various allergens
- Identifying and recognising symptoms of allergic reactions early
- Knowing how and when to tell an adult they may be having an allergy-related problem
- Knowing how to read food labels (age appropriate)
- Knowing and remembering where their medication is kept, and who can administer it
- Knowing not to share snacks, lunches or drinks and to politely explain why he/she is not sharing
- Understanding the importance of handwashing and hygiene
- Providing appropriate food for their children if they have a history of food allergies whenever there is an event at school (such as birthday parties, International Day celebrations, etc.), and ensuring they don't eat the food on offer to prevent a potential allergic reaction.
- Review the IHP with the medical team annually and provide updates and information as requested.

5.7. Students

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Students with allergies are required and expected (within the limits of their age and understanding) to:

- 5.8. Have an age-appropriate understanding of his/her allergy and its triggers.
- 5.9. Take as much responsibility as possible for avoiding allergens, and not trade food with others.
- 5.10. Take responsibility for checking food labels and monitoring food intake, and not eat anything with unknown ingredients or known to contain any allergen, and be aware of the probability of cross contamination, based on their age and developmental level.
- 5.11. Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- 5.12. Observe strict hygiene routines. Children should wash hands before and after eating to prevent cross contamination of food.
- 5.13. Learn to recognise symptoms of an anaphylactic reaction.
- 5.14. Notify an adult immediately as soon as accidental exposure occurs or symptoms appear, or if they eat something they believe may contain the food to which they are allergic.

Medical Staff

- 5.15. Receive medical information (Ministry-related health and consent forms) from the enrolment department regarding any new student joining with medical conditions.
- 5.16. If receiving a student deemed high risk with significant medical allergies, arrange a meeting with the child's parents prior to school starting.
- 5.17. Request an allergy action plan from the treating doctor along with a prescription for medications.
- 5.18. Fill out an IHP (Individual Health Plan) for the student.
- 5.19. Ensure health information is updated in the child's medical file and school/clinic database.

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- 5.20. Send an email to all relevant teachers, section heads and bus conductors (if the child uses the school bus) to inform them of the student's allergies and the initial first aid to be given to the child while waiting for emergency services. Schedule a brief demonstration of how to use an EpiPen and secure the written signature of staff to indicate that they have understood the information relayed.
- 5.21. Share with all relevant teachers and staff the locations of EpiPens in school in the form of a map, so staff are aware of the nearest EpiPen in case of an emergency.
- 5.22. Section heads to share with the school clinic a list of any student participation in an event/field trip two weeks in advance of the event/activity, so a list of all students with existing health conditions and special considerations can be shared by the clinic with the trip coordinator.
- 5.23. Nurses to ensure parents are reminded to provide a new EpiPen at least two months prior to expiry. Reminders are to be documented.
- 5.24. Ensure emergency first aid bags include an EpiPen junior and adult.
- 5.25. Be confident in the use of an EpiPen and early recognition of the signs and symptoms of anaphylaxis.

Class Teacher, Teaching Assistants

- 5.26. Be aware of children with allergies in their classrooms/sections.
- 5.27. Educate themselves and be aware of the signs and symptoms of allergies and severe anaphylaxis.
- 5.28. Know who to call for help and immediately seek assistance if a student reports signs of a possible allergic reaction.
- 5.29. Be aware of:
 - The location of their clinic
 - The medical team members' emergency contacts
 - The closest first aid provider

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- How to use an EpiPen
- 5.30. Be informed about the school's general first aid and emergency response procedures.
- 5.31. Show no hesitation in the implementation of the emergency response steps in case a student with allergies complains of any symptoms that could signal the onset of a reaction.
- 5.32. Establish procedures to ensure that an anaphylactic student eats only what he/she brings from home or other foods determined to be safe.
- 5.33. Encourage safe eating procedures and precautionary measures for students with allergies, including:
- Washing hands before and after eating or interacting with food
 - Eating food prepared at home or approved for consumption
 - Not sharing lunches or trading snacks
 - Placing food on a placemat or napkin rather than in direct contact with a table or desk
- 5.34. Reinforce with all students the importance of hand washing before and after eating.
- 5.35. Allow the student with allergies to keep the same locker for the duration of the school year to help prevent accidental contamination.
- 5.36. Notify parents and the medical team well in advance of planned field trips and activities involving food.
- 5.37. Discuss field trips with the family of the allergic child to decide appropriate strategies for managing the food allergy in cooperation with the school clinic.
- 5.38. Discuss with the parents of all the students in the class the importance of maintaining an allergen-free environment, and

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encourage discussion and the spread of awareness between parents and students.

Principal/CEO

5.39. Ensure this policy is implemented

5.40. Ensure it is communicated to all parents.

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