

FOOD ALLERGY MANAGEMENT

Policy Title:	Food Allergy Management
Effective Date:	24 April 2024
Scheduled Review Date:	23 April 2026
Version number:	Version 2
Approved By:	Executive Director – Health, Safety and Environment

1. Purpose

- 1.1. The primary objective of this policy is to ensure a secure and conducive learning environment for all students, staff, and visitors afflicted with food allergies. Our goal is to minimise the risk of severe allergic reactions among individuals with known food allergies. Additionally, this policy serves to offer guidance to our school medical teams on effectively managing cases related to food allergies. Through the implementation and adherence to this policy, we endeavour to safeguard the well-being and promote the health of our school community.

2. Scope

- 2.1. The scope covers all GEMS Education schools and includes students, employees, and parents. The policy pertains to school provided catering, home brought food, and vendors used for events on site.

3. Procedure

- 3.1. Food allergies are abnormal responses of the human body's immune system to certain types of food or one of its components, which the body recognises as harmful and develops a reaction called Food Allergy.

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- 3.2. Food intolerance is the inability to digest or absorb certain foods. For example, a person with lactose intolerance does not have enough of the enzyme lactase to break down the sugar (lactose) in dairy products.
- 3.3. Each school under GEMS cannot guarantee a completely allergen-free environment. We aim to prevent exposure to allergens, encourage self-responsibility among students, staff, and parents, and develop a robust emergency response in the event of a medical emergency.
- 3.4. The below identified allergens must be declared in the food menu as per the regulatory requirement:
 - Crustaceans and their products (e.g. shrimp, oysters, crab, lobsters, prawns)
 - Peanut and its products
 - Soybean and its products
 - Tree nuts and their products (almonds, hazelnut, walnut, macadamia, pecan etc)
 - Coconut
 - Sesame seeds and their products.
 - Fish and fish products.
 - Egg and egg products.
 - Milk and milk products.
 - Gluten and cereals containing gluten (wheat, rye, oats, barley, and spelt).
 - Celery and its products.
 - Mustard and its products.
 - Sulphur dioxide, Sulphur salts and Sulphites.
 - Sodium Benzoate
 - Molluscs and its products.
 - Lupine and its products.

GEMS schools shall ensure to declare the above allergens for the menu items available in school canteens in line with the regulatory requirements.

GEMS schools uphold a nut-free environment as part of our commitment to safety. Given the variety of food students bring, absolute nut-free conditions can't be guaranteed.

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Staff must monitor and prevent nut consumption on site, while the school focuses on community awareness and policy adherence.

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.
- 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

- 3.5. The management and well-being of a child with food allergy is the responsibility of the child’s parents or guardian.
- 3.6. Parents will be responsible for providing accurate and updated health and medical information related to their child’s allergies/intolerance to the school medical team, based on a written diagnosis from their family physician or medical practitioner.
- 3.7. The disclosure of any allergies/intolerance 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.

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- 3.8. Once the disclosure is made by the parent, the medical team will contact the parent to develop an **Individual Health Plan (IHP)**. This plan needs to be updated every year or in response to any changes in the treatment of the allergen.
- 3.9. 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.
- 3.10. It is the responsibility of each school's SLT team to inform the medical team if a substitute teacher will be providing cover instead of the regular teacher. The medical team will also contact bus guardians (if the child is a bus user) to inform them of the child's allergies.
- 3.11. If an allergic reaction occurs on bus travel to or from the school, the Bus Guardian will immediately call emergency services and alert them to the child's allergy.
- 3.12. The medical team will train the relevant staff on the use of an Epi-Pen and will obtain the signature of staff indicating that they have understood the information relayed. The training record must be maintained for each academic year.
- 3.13. For the offsite trips, the medical team will train the first aider accompanying the trip on the use of EpiPen.

Planning of activities

- 3.14. 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 risk assessment template **GEMS HS Form 5 Risk Assessment** can be found in the HSE Guard library that all staff have access to. MSOs can guide staff to the location of the template as needed. The teacher/staff member leading the activity is required to complete the assessment before it is signed off by the Principal or the MSO.
- 3.15. For the parent driven events that involve food, both during and after school hours and on weekends, the food must be labelled with ingredients and allergens. Whenever possible parents are encouraged to work with school caterers but when external vendors are invited, they must submit the regulatory permits and other relevant compliance documents to the school and must sign off acknowledging to adhere to GEMS Allergen Management policy.

- 3.16. For the bake sale and similar events, it is highly advised not to permit homemade goods. In the event that the school would like to proceed with this type of event, a comprehensive risk assessment and due diligence check must be completed.
- 3.17. For any activity in the school that involves food i.e., international Day, cookery classes (outwith the regular Food Technology curriculum), etc. prior consent must be obtained from parents. 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 consent can form part of the overall consent for the activity.
- 3.18. 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.
- 3.19. Once an activity involving food is confirmed, the list of activities should be shared with the medical team, a minimum of two weeks in advance, along with the consent form. The medical team will additionally review the health forms of each student in the participating class and keep their allergy tracker up to date and communicate to the class teacher the final and confirmed list of students with food allergies.
- 3.20. Teachers should ascertain to obtain the full list of ingredients of any food item so they can check this against their students' allergies. Where a full list of ingredients is unavailable, the item should not be put out for consumption and instead returned.
- 3.21. Any student identified as allergic to the food, or anything related to the activity, and therefore unable to attend, must be provided with a suitable alternative or the activity must be adapted to accommodate the student.

Medical response in case of allergic reactions

- 3.22. The medical team should assess the student for early recognition of the signs and symptoms of anaphylaxis.
- 3.23. 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.

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- 3.24. The medical team should call the child's parents immediately in the case of any 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 the hospital by ambulance after appropriate initial management that may include the use of an EpiPen where applicable.
- 3.25. Should activities happen outside regular school hours, therefore no medical team onsite, the activity provider (school or third party), must have a risk assessment in place for individuals with food allergies, including actions to take for emergency response. School activities, such as squads, should have at least one trained first aider present.

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. Abu Dhabi Guidelines for food canteens in educational institutions
- 4.4. <https://www.cdc.gov/healthyschools/foodallergies/>
- 4.5. DM Food Code 2023

5. Responsibilities

Parents

- 5.1. Review the policy for food 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 with a specified and tailored Individualised Health Plan (IHP). This plan should cover the child's entire school day, including time in the

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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 along with the doctor's prescription.
- 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 recognizing 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.
 - For birthday treats, end-of-term parties, etc the food brought in by students must be individually packaged with the ingredients and allergen information labelled. Please ensure the pre-packed items do not contain nuts.
 - Review the IHP with the medical team annually and provide updates and information as requested.

Students

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

- Have an age-appropriate understanding of his/her allergy and its triggers.
- Take as much responsibility as possible for avoiding allergens, and not trade food with others.

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- 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.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Observe strict hygiene routines. Children should wash hands before and after eating to prevent cross-contamination of food.
- Learn to recognise symptoms of an anaphylactic reaction.
- 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

- 5.7. Receive medical information (Ministry-related health and consent forms) from the enrolment department regarding any new student joining with medical conditions.
- 5.8. If receiving a student deemed high risk with significant medical allergies, arrange a meeting with the child's parents prior to school starting.
- 5.9. Request an allergy action plan from the treating doctor along with a prescription for medications.
- 5.10. Fill out an IHP (Individual Health Plan) for the student.
- 5.11. Ensure health information is updated in the child's medical file and school/clinic database.
- 5.12. Clinic to ensure chronic illness and Allergies register is up to date and shared with relevant staff members including bus guardians if the child is a bus user.
- 5.13. Share with all relevant teachers and staff the locations of EpiPens in school so staff are aware of the nearest EpiPen in case of an emergency.
- 5.14. 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 Educational Visit Coordinator (EVC).
- 5.15. Nurses to ensure parents are reminded to provide a new EpiPen at least two months prior to expiry. Reminder communications are to be documented.

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- 5.16. Ensure emergency first aid bags include an EpiPen juniors and adult.
- 5.17. Be confident in the use of an EpiPen and early recognition of the signs and symptoms of anaphylaxis.
- 5.18. Provide Slices team with the contact details of school clinic, so that Slices can communicate immediately any incidents of allergies that occurs during their service time.
- 5.19. The school clinic team should make a list of the names of students who are allergic to certain foods and provide them to the school canteen so that they can avoid providing or selling these foods to students with allergies.

Class Teacher, Teaching Assistants

- 5.20. Be aware of children with allergies in their classrooms/sections.
- 5.21. Educate themselves and be aware of the signs and symptoms of allergies and severe anaphylaxis.
- 5.22. Know who to call for help and immediately seek assistance if a student reports signs of a possible allergic reaction.
- 5.23. Be aware of:
 - The location of their clinic
 - The medical team members' emergency contacts
 - The closest first aid provider
 - How to use an EpiPen
- 5.24. Be informed about the school's general first aid and emergency response procedures.
- 5.25. 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.
- 5.26. Establish procedures to ensure that an anaphylactic student eats only what he/she brings from home or other foods determined to be safe.
- 5.27. 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.

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- Be vigilant of the hidden allergens such as nuts in Nutella and chocolates. Remind parents about foods that are not permitted in school.
- 5.28. Reinforce with all students the importance of hand washing before and after eating.
 - 5.29. Allow the student with allergies to keep the same locker for the duration of the school year to help prevent accidental contamination.
 - 5.30. Notify parents and the medical team well in advance of planned field trips and activities involving food.
 - 5.31. 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.
 - 5.32. Discuss with the parents of all the students in the class the importance of maintaining an allergen-free environment and encourage discussion and the spread of awareness between parents and students.
 - 5.33. Teachers/Admin staff must ensure to declare the food allergies they have. In the event of sudden trigger of unknown allergies, they must get tested to confirm the type of allergy.

Principal/CEO

- 5.34. Ensure this policy is implemented and communicated to all school employees.
- 5.35. Ensure that the policy is communicated and made available to all parents.