

POLMED001 - ALLERGY MANAGEMENT POLICY

Policy Title:	GEMS Allergy Management Policy
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Policy Owner:	Medical Directorate
Reviewed By:	Chief Risk and Assurance Officer
Approved By:	Risk and Compliance Committee

1. Purpose

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

2. Scope

- 2.1. The scope covers all GEMS MENASA schools and includes students, employees, parents, guardians, vendors, activity providers, and visitors. It is applicable to all food and other allergens brought onto or provided within school premises, as well as any potential exposure to food and other allergens during school-related activities that are conducted in schools or off-site. This includes but is not limited to school trips, school celebrations, food technology classes and school transportation. This policy also extends to the management of non-food allergens such as animal dander (pets), henna, paint, pollen, etc.

3. Policy Statement

- 3.1. GEMS Schools cannot guarantee a completely allergen-free environment. However, 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. GEMS schools operate a nut-free environment, with nuts prohibited on all campuses. While complete elimination of allergen exposure cannot be guaranteed, proactive measures including shared responsibility, and clear communication between staff, students, and parents significantly reduce risk.
- 3.2. Mandatory allergen declaration is required for all food items supplied within schools, covering:
Crustaceans, peanuts, soy, tree nuts, sesame, fish, eggs, milk, gluten, sulphites, molluscs, lupine and their products.
- 3.3. For non-food allergens, risk assessments and control measures must be implemented where potential exposure exists (e.g., outdoor activities with risk of insect bites and, the use of latex gloves and other equipment in laboratories and clinics).

4. Definitions

- 4.1. **Allergies** are abnormal responses of the human body's immune system to certain types of food or one of its components or other stimuli, which the body recognizes as harmful and develops a reaction, that varies in severity from person to person.
- 4.2. **Anaphylaxis** is a severe, life-threatening allergic reaction requiring immediate intervention and activation of emergency response pathway.
- 4.3. **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.
- 4.4. **Allergy Action Plan** is a physician-approved plan detailing recognition, management, medication prescription, administration, and emergency escalation.
- 4.5. **Individualized Healthcare Plan (IHP)** is a comprehensive plan for caring for children with special health care needs, developed by the certified school physician in collaboration with the student, parents/guardians, school staff, community, and healthcare provider(s), as appropriate. It should be updated each academic year or whenever required.

5. Roles and Responsibilities

Parents/Guardians

- 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, including emergency contact).
- 5.4. Work with the school medical team to develop a plan that accommodates the child's needs at school and provide a detailed allergy action plan from their treating physician. 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 labelled medications in original packaging 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:
 - Recognizing 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 that 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.
- 5.7. Provide 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.
- 5.8. 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.

- 5.9. Review the IHP with the medical team annually and provide updates and information as requested.
- 5.10. Timely updating newly appointed household staff regarding allergies when packing school lunches.

Students

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

- 5.11. Have an age-appropriate understanding of his/her allergy and its triggers.
- 5.12. Take as much responsibility as possible for avoiding allergens, and not trade food with others.
- 5.13. 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.
- 5.14. Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- 5.15. Observe strict hygiene routines. Children should wash hands before and after eating to prevent cross-contamination of food.
- 5.16. Learn to recognize symptoms of an anaphylactic reaction.
- 5.17. 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.
- 5.18. Familiarize themselves with the location of the nearest EpiPen (age-appropriate).

School Medical Team

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

- 5.24. Clinic to ensure chronic illness and allergies register is up to date and shared with relevant staff members including school canteen, bus guardians, if the child is a bus user.
- 5.25. Share with all teachers and staff the locations of EpiPens in school so staff are aware of the nearest EpiPen in case of an emergency.
- 5.26. Receive participating student information from section heads 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)/event in-charge.
- 5.27. Nurses to ensure parents are reminded to provide a new EpiPen at least two months prior to expiry. Reminder communications are to be documented.
- 5.28. Ensure emergency first aid bags include both an EpiPen junior and EpiPen for adult are present on-site.
- 5.29. Be confident in the use of an EpiPen and early recognition of the signs and symptoms of anaphylaxis.
- 5.30. Provide EpiPen training to relevant staff including members of the Slices Team and Bus Guardians. This action is mandatory at the beginning of each academic year and when there is a new admission. A record of the training must be maintained at all times.
- 5.31. Map out locations of EpiPen requirements at the start of the academic year according to students' demographics and prevalence.
- 5.32. Provide Slices/Canteen team with the contact details of school clinic, so they communicate immediately any incidents of allergies that occurs during their service time.
- 5.33. The school clinic team should maintain a list 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.
- 5.34. Provide an all staff training during orientation week on EpiPen use and recognition of signs and symptoms of severe allergic reactions.
- 5.35. Ensure a risk assessment is done for students with severe allergies and history of past anaphylactic reaction. Gauge the need for a "Break Glass If Needed – Emergency EpiPen Box" near the student's classroom, keeping in mind campus size, the distance from the school clinic and the location of the nearest EpiPen.
- 5.36. School Medical Team to use nitrile gloves only and not to use latex where allergies are present.

Class Teachers, Teaching Assistants, Food Lab Technicians and Staff

- 5.37. Be aware of students with food and non-food allergies within their classrooms or sections, including those with allergies to environmental and contact triggers such as pets, henna, pollen, insect stings, dust, latex, and fragrances.
- 5.38. Develop awareness of the signs and symptoms of allergic reactions, including severe anaphylaxis, related to both food and non-food allergens and attend the training provided by the school medical team.
- 5.39. Know who to contact for assistance and seek immediate help if a student reports or displays signs of a possible allergic reaction.
- 5.40. Be familiar with:
 - The location of the school clinic
 - Emergency contact details of the School Medical Team
 - The nearest trained First Aiders
 - The proper use of an EpiPen
 - The location of the nearest EpiPen
- 5.41. Be informed about the school's general first aid and emergency response procedures
- 5.42. Act promptly and without hesitation in implementing emergency response procedures if a student with known or suspected allergies reports symptoms of a reaction.
- 5.43. Establish procedures to ensure that students with all allergies, avoid all known allergens and those with food allergies consume only food brought from home or food that has been verified as safe.
- 5.44. Promote safe practices and precautionary measures for students with allergies, including:
 - Washing hands before and after eating or handling food
 - Consuming only food prepared at home or approved by parents/school
 - Not sharing or exchanging food and drinks
 - Remaining vigilant about hidden allergens (e.g., nuts in chocolate spreads or processed foods)
 - Being mindful of non-food allergen exposure, such as avoiding contact with henna, classroom pets, strong fragrances, or latex materials where applicable
- 5.45. Remind parents frequently of restricted food items, such as nuts and allergen-safe practices
- 5.46. Reinforce with all students the importance of proper hand hygiene before and after eating.
- 5.47. Where possible, allow students with allergies to retain the same locker throughout the academic year to minimize the risk of cross-contamination.

- 5.48. Notify parents and the School Medical Team in advance of any planned activities involving food, environmental exposure (e.g., outdoor activities during high pollen periods), or off-site trips.
- 5.49. Collaborate with the parents/guardians of students with allergies to plan appropriate risk management strategies for off-site activities, including transport arrangements where relevant.
- 5.50. Promote awareness among all parents and students regarding the importance of maintaining an allergen-safe environment, including both food and non-food allergens.
- 5.51. Attend any required allergy and anaphylaxis training sessions provided by the school medical team.
- 5.52. Declare any food or other allergies that the staff may have.
- 5.53. All Staff must adhere to this policy when bringing or packing food for personal use and they must not bring in nuts/food containing nuts onto school campus. Ensure compliance with allergen restrictions, prevent cross-contamination, and be aware of the nearest EpiPen location.

Manager School Operations (MSO)

- 5.54. Ensure effective communication and dissemination of this policy to all school staff.
- 5.55. Oversee and ensure compliance with this policy across all relevant areas, including canteens, kitchens, food technology laboratories, vendors, activity providers and the broader school environment, addressing both food and non-food allergens (e.g., pets, henna, pollen, dust, latex, and fragrances).
- 5.56. Nominate themselves and relevant team members for required training and certification as designated School Persons in Charge (PICs), in accordance with regulatory requirements, including training on allergen management and anaphylaxis response.
- 5.57. Oversee vendor and service provider management, ensuring that all suppliers, catering providers, activity providers, and external vendors comply with the school's food safety and allergen management standards, including the control of non-food allergens where applicable (e.g., use of henna, animals, or scented products during activities or events).
- 5.58. Monitor deliveries, materials, and services entering the school to ensure adherence to approved safety, hygiene, and allergen control protocols.
- 5.59. Evaluate vendor and service provider performance regularly and take appropriate action to address any non-compliance or safety concerns related to both food and non-food allergens.

- 5.60. Ensure timely procurement of EpiPen boxes and EpiPens when required by the school medical team. All such orders should be marked as priority orders and the same should be communicated to the Procurement Team.
- 5.61. Ensure that bus staff responsible for transporting students with allergies are trained in recognizing the signs and symptoms of allergic reactions and in understanding emergency response protocols, including anaphylaxis management.
- 5.62. Ensure clear communication to all bus staff that the consumption and sharing of food on school buses is strictly prohibited, and that students with allergies must be seated within clear line of sight at all times during transport.

School Food Safety Person in Charge (PIC)

- 5.63. Conduct and document regular inspections of the school canteen and any live food preparation areas in accordance with Local Municipality Food Code requirements and inspection findings must be recorded as per HSE requirements.
- 5.64. Identify, report, and document any non-compliance to the catering company (e.g., Slices) and ensure timely implementation and closure of corrective actions in line with regulatory requirements.
- 5.65. Verify that effective allergen management controls are implemented, including clear identification and labelling of food allergens, prevention of cross-contact during food preparation and service, and staff awareness of allergen risks.
- 5.66. Ensure that any non-food allergen risks within food service areas (e.g., latex gloves, cleaning chemicals, fragrances, or environmental contaminants) are assessed and controlled to minimize potential exposure.
- 5.67. Maintain valid PIC certification and ensure continuous compliance with all local Municipality and GEMS HSE trainings and inspection requirements.

Trip Coordinators/Organizers

- 5.68. Inform the School Clinic / Medical Team of any upcoming trips/events and request updated medical information for students with allergies.
- 5.69. Complete a Risk Assessment Form identifying food and non-food allergen risks and emergency measures before all off-site activities/events.
- 5.70. Communicate known allergens and precautions to activity and off-site trip providers to maintain a safe, allergen-controlled environment.
- 5.71. Verify that vendors and providers follow allergen-free requirements and proper handling procedures.
- 5.72. Maintain records of risk assessments, student medical information, and provider communications.

Catering Vendors, Activity & Off-Site Trip Providers

- 5.73. Ensure full compliance with this policy, including adherence to food safety regulations and allergen management procedures for both food and non-food allergens (e.g., pets, henna, pollen, dust, latex, fragrances).
- 5.74. Provide evidence of proper food handling, hygiene practices, and staff training, including certification where required (e.g., Dubai Municipality PIC certification for catering vendors).
- 5.75. Clearly label all food products, including potential hidden allergens, and provide ingredient lists or allergen information upon request.
- 5.76. Ensure that no allergens are present in foods or materials used during school activities or off-site trips when the school has identified specific allergen-free requirements.
- 5.77. Avoid introducing non-food allergen risks into school environments or during off-site activities, including the use of henna, face paints, scented products, or animals, unless approved in advance by the school.
- 5.78. Cooperate with the school's HSE Team, MSO, and PIC staff by providing all necessary documentation, permits, and training certificates related to food safety, allergen management, and emergency response.
- 5.79. Report any incidents, near-misses, or concerns related to allergens immediately to the school's designated contact and participate in follow-up investigations or corrective actions.
- 5.80. Participate in school-led inductions or training sessions on allergen awareness, safe handling practices, and emergency response procedures, ensuring their staff are aware of school-specific protocols, including off-site trip procedures.
- 5.81. Ensure that all deliveries, on-site activities, or off-site trips do not compromise the allergen-safe environment, including maintaining segregation of allergenic foods and preventing cross-contamination.
- 5.82. Implement risk assessments for off-site trips, ensuring access to emergency medication, trained personnel, and communication protocols to manage allergic reactions effectively.
- 5.83. Accept that non-compliance may result in corrective actions, suspension of services, or termination of contracts, in accordance with GEMS contractual agreements and HSE policies.

GEMS HSE Team

- 5.84. Monitor and evaluate compliance with this policy across schools, including adherence to both food and non-food allergen management requirements, and report any non-conformances or opportunities for improvement.

- 5.85. Review and analyze lessons learned from allergy-related incidents (including those involving food and non-food allergens) to reduce future risk and strengthen prevention and response measures, in collaboration with the school and Medical Directorate.
- 5.86. Conduct periodic audits of school operations, including canteens, food preparation areas, laboratories, and other relevant environments, to verify implementation of allergen control measures and overall HSE compliance.
- 5.87. Collect and maintain records of inspections, incidents, training, and corrective actions for reporting, trend analysis, and regulatory compliance purposes.
- 5.88. Escalate any allergy related incidents to Group Medical Director/Group Head Nurse for quality assurance and compliance with emergency medical protocols.

GEMS Medical Directorate

- 5.89. Ensure that this policy is readily accessible via GEMSnet and effectively communicated to all relevant internal stakeholders.
- 5.90. Review and update this policy periodically, and following any serious incidents, emerging risks, or changes in local regulations or best practice guidance.
- 5.91. Coordinate and support schools and the HSE department in the development, implementation, and continuous improvement of emergency response plans, including anaphylaxis management and other allergen-related protocols.
- 5.92. Promote awareness and best practices across schools regarding allergen risk mitigation, to foster a consistent culture of safety and prevention.

Principal/CEO

- 5.93. Ensure this policy is implemented and communicated to all school staff.
- 5.94. Ensure that the policy is communicated and made available to all parents.
- 5.95. Ensure full adherence to the GEMS Allergy Management Policy in the planning and execution of all staff events.
- 5.96. Support training and resource allocation to maintain a safe environment for students with allergies.

6. Procedure

School Enrolment and Medical Disclosure

- 6.1. The management and well-being of a student with allergies is primarily the responsibility of the parent/guardian. Parents/guardians must therefore provide accurate, complete, and up-to-date medical information regarding

allergies or intolerances to the School Medical Team, supported by a written diagnosis from a qualified medical practitioner prior to starting school.

- 6.2. A valid Medical/Allergy Action Plan issued by the treating physician must be submitted, along with the health forms.
- 6.3. The student's Allergy Action Plan must be readily accessible and provide clear, step-by-step emergency procedures, including student identification details, specific allergens and triggers, type and severity of the allergy, signs and symptoms, prescribed medications with dosage and administration instructions, guidance on when to treat or monitor, emergency contact procedures, parent/guardian and physician details.
- 6.4. Upon disclosure, the School Medical Team will develop an Individual Health Plan (IHP) in collaboration with parents/guardians, incorporating the physician's Allergy Action Plan. The IHP must be reviewed annually or upon any medical updates.
- 6.5. The School Medical Team will communicate essential allergy information, precautions, and emergency response procedures to relevant staff while maintaining confidentiality.
- 6.6. All staff interacting with the student must be aware of the allergy, associated risks, signs and symptoms, and required response actions, including the use of prescribed emergency medication.
- 6.7. The School Leadership Team (SLT) must inform the School Medical Team when substitute teachers are assigned to ensure timely communication.
- 6.8. A clear communication protocol must be maintained to ensure updates on any changes to the student's condition, treatment, or emergency procedures are shared promptly with all relevant stakeholders.

Medication and Consent

- 6.9. Parents/guardians must provide prescribed emergency medication (e.g., epinephrine auto-injectors such as EpiPens) in original, clearly labeled packaging, supported by a valid medical prescription in English.
- 6.10. Written parental/guardian consent must be submitted authorizing trained school personnel to administer emergency medication in accordance with medical instructions and school protocols.
- 6.11. Parents/guardians are responsible for ensuring medications are within 'Best by use' date and replaced as required, and supported by updated medical and consent documentation.
- 6.12. The School Medical Team will notify parents/guardians at least two months prior to medication expiry to ensure timely replacement.

Bus Transportation

- 6.13. For students using school transport, the School Medical Team will provide Bus Guardians with relevant allergy information and training. Bus guardians to enforce a strict no food consumption policy on buses.
- 6.14. Bus staff responsible for transporting students with allergies must be trained to recognize the signs and symptoms of allergic reactions, understand emergency response protocols, and ensure that students with allergies are seated within clear line of sight at all times during transport.
- 6.15. Bus staff must sign an undertaking confirming their awareness of procedures and responsibilities.
- 6.16. The MSO must notify the School Medical Team of any substitute Bus Guardian to ensure appropriate communication.
- 6.17. In the event of an allergic reaction, the Bus Guardian must immediately contact emergency services and parents/guardians to inform them of the student's condition.
- 6.18. Food sharing is strictly prohibited under any circumstances on school buses and is otherwise only permitted for pre-packaged, clearly labelled items from reputable vendors approved by staff during school activities.

Planning of Activities Involving Food

All school activities involving food or allergens, including offsite trips, school celebrations, class parties, parent-led events, bake sales, unplanned food sharing, and Food Technology classes must follow strict planning and risk assessment procedures to ensure student safety.

Risk Assessment

- 6.19. All relevant activities must undergo a formal risk assessment prior to commencement.
- 6.20. Assessments must identify allergen risks (including non-food allergens), define control measures, and ensure emergency response arrangements are in place.
- 6.21. Risk assessments must be completed by the Activity/Event Coordinator with the support of the MSO, if required using the GEMS HS Form 5 template, and approved by the Principal/MSO/School Clinic.
- 6.22. The assessment must identify students with medical conditions, align with IHPs, confirm availability of medication and trained staff, and document emergency procedures.

Offsite Trips, School Activities, School Events and Food Technology Classes

- 6.23. All trips, activities, events, and Food Technology lessons must include allergy risk assessments and identification of all food-related components.
- 6.24. Parental consent is mandatory for participation, including disclosure of known or newly identified allergies and approval for practical cooking activities where applicable.
- 6.25. The Activity Coordinator must share relevant allergy information with supervising staff, external providers, and the School Medical Team.
- 6.26. The School Medical Team must be informed at least two weeks in advance to review records, update allergy trackers, and communicate risk information, and will provide updated allergy information to teachers at the start of each academic period.
- 6.27. Full ingredient and allergen disclosure is required for all food provided, and only food with complete ingredient information may be used.
- 6.28. Only approved caterers should be used where possible; external vendors must comply with regulatory and GEMS requirements.
- 6.29. Suitable alternatives or activity modifications must be arranged for students with allergies, and teachers must ensure prevention of cross-contamination in Food Technology lessons.
- 6.30. Non-compliant items must be removed and returned to parents.
- 6.31. Supervising staff must be trained to recognize allergic reactions and administer emergency medication.
- 6.32. Emergency medication must be included in first aid provisions and remain accessible at all times, in line with the GEMS First Aid Policy.
- 6.33. Written emergency procedures must be provided for students who require an EpiPen.

Food Sourcing and Vendor Controls

Approved Caterers

- 6.34. Schools must use designated approved caterers who are responsible for regulatory compliance.
- 6.35. These providers should be prioritized for all school events and activities.

Other Vendors

- 6.36. Any alternative vendor must be approved through the GEMS Procurement Team.
- 6.37. Depending on the purchase value, exceptional approval from the Chief Financial Officer or Chief Procurement Officer is required for non-approved vendors, supported by completion of the relevant vendor checklist and risk assessment in coordination with Risk and Assurance Teams.

- 6.38. Vendors must be licensed, approved, authorized, and must not be home-based.

7. Emergency Management

Recognition of Symptoms

- 7.1. All staff must be aware that allergic reactions may present with mucosal, skin, gastrointestinal, respiratory, cardiovascular, or neurological symptoms. These may occur within minutes to up to 1–2 hours after exposure. Rapid progression or involvement of multiple systems may indicate anaphylaxis, requiring immediate intervention.
- 7.2. Common Signs and Symptoms of Allergic Reactions:
- Mucosal: red/watery eyes, swelling of lips, tongue, or face
 - Skin: itching, flushing, rash, hives
 - Gastrointestinal: nausea, abdominal pain, vomiting, diarrhea
 - Respiratory: nasal congestion, coughing, wheezing, shortness of breath, difficulty swallowing, chest tightness
 - Cardiovascular: dizziness, fainting, weak pulse, low blood pressure, loss of consciousness
 - Neurological/Behavioral: confusion, irritability, change in alertness, sense of impending doom

Emergency Response Protocol

- 7.3. Immediately refer student to the school medical team.
- 7.4. The school medical team should assess the student for early recognition of the signs and symptoms of anaphylaxis.
- 7.5. The school medical team should administer treatment according to the child's Individualized Healthcare Plan/Allergy Action Plan. If there is an allergic case with no known history of allergies, treatment should be provided as per the assessment of the medical team.
- 7.6. The school 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.
- 7.7. 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.

- 7.8. All incidents must be escalated to the Group Medical Director on the same day, followed by documentation in the HSE Guard system.

8. Training and Documentation

- 8.1. The School Medical Team is responsible for training staff (Teachers, Educational Assistants (EA), Trip Coordinators, Bus Guardians, etc.) on allergy management, recognition of anaphylaxis, and administration of emergency medication (e.g., EpiPen).
- 8.2. Training must be conducted annually during the orientation week or whenever a student with a new allergy joins the school.
- 8.3. For off-site trips, the School Medical Team will ensure that the designated First Aider accompanying the trip is trained in the use of emergency medication and appropriate response procedures.
- 8.4. All training sessions must be documented, with staff signatures confirming their understanding and retained for internal review and audits.

9. Recordkeeping and Confidentiality

- 9.1. All allergy-related information, including Individualized Healthcare Plans (IHPs), Allergy Action Plans, parental consent forms, and emergency medication records, must be maintained securely by the School Medical Team and shared on a need-to-know basis only with all relevant personnel.
- 9.2. Records must comply with the data protection regulations and GEMS policies, ensuring confidentiality, accuracy, and secure storage.

10. Community Awareness

- 10.1. Schools should promote awareness among students, parents, and staff regarding the importance of nut-free or allergen-safe lunchboxes and the seriousness of allergic reactions.
- 10.2. Awareness may be raised through visual materials, educational infographics, parent newsletters, and reminders via parent apps. Schools may also liaise with the School Medical Team for support and resources.

11. Monitoring and Compliance

- 11.1. This policy shall be reviewed periodically in accordance with GEMS Education governance procedures and local regulatory authority requirements.

Obligation to report non-compliance with this policy

11.2. All Personnel who suspect or become aware of any non-compliance with this policy have an obligation to report this promptly. Reporting can be made via the following routes:

- a. for GEMS Personnel, to the respective line manager;
- b. to the Compliance Department (compliance@gemseducation.com); or
- c. through the Group's anonymous whistle-blower hotline (contact details provided below), in accordance with the Group's **Whistle-blowing Policy POL/HR0014**.

Channel	Details
Toll free number	80004440408 (UAE) / 00800101094 (Qatar)
Email address	speakup@gemseducation.com
Website	https://gems.speakup.report/speakup
Website QR Code	
GEMS Group Organization Code	128626 (Remember: Using the correct organization code helps us receive and address your concern promptly and confidentially)
QR Code for the Speak Up Application Available on iOS and Android.	

Investigation of reports of non-compliance

- 11.3. Reported allegations of non-compliance with this policy will be considered and, if appropriate, investigated by the Company.
- 11.4. Unless otherwise directed by the GEMS Board or Board Risk & Audit Committee, the Chief Risk and Assurance Officer (in conjunction with the Medical Directorate) is responsible for initiating and overseeing any investigation into reports of non-compliance with this policy.
- 11.5. GEMS Internal Audit Department shall, at periodic intervals, make arrangements for an audit of compliance with the internal control systems and procedures governed by this policy. The results of such audits shall be reported to the Risk & Audit Committee of the GEMS Board.

12. References

- Dubai Municipality - Guidelines and Requirements for Food and Nutrition in Schools in Dubai
- Dubai Municipality Food Code 2.0 (2023)
- Dubai Health Authority - School Health Policies
- Abu Dhabi Quality and Conformity Council - AD Guideline for Unified School Nutrition and Food Safety (2025)
- CDC - Food Allergies in Schools, <https://www.cdc.gov/healthyschools/foodallergies/>(2024)
- HSE-FORM-05 HSE Risk Assessment Form

13. Annexes

- Appendix A: [ALLERGY ACTION PLAN](#)
Appendix B: [INDIVIDUALIZED HEALTH CARE PLAN \(IHP\) - DUBAI ONLY](#)
Appendix C: [PARENT/GUARDIAN MEDICATION CONSENT FORM - DUBAI ONLY](#)