



ST. MARY'S *Catholic High School, Dubai*

ALLERGY MANAGEMENT POLICY

2026-2027

Allergy Management Policy

Allergy is the response of the body's immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response.

This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse.

Common Allergens

1. Nuts and other foods-

Common triggers 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

2. Venom (bee and wasp stings),

3. Drugs,

4. Latex

5. Hair dye/ paints.



Common Symptoms

- **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

The management and wellbeing of a child with allergies is the responsibility of the child's parents or guardian. 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.

The disclosure of any allergies will be done through the student health form which will be sent by the school's admission team to the parent's registered email address on admission.

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.

Mild/Moderate Reaction:

- Swollen lips face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour



Action to take:

Stay with the child, call for help if necessary

- Locate adrenaline auto injector(s)
 - Give antihistamine (If vomited, can repeat dose)
 - Phone parent/emergency contact
- (If vomited, can repeat dose)

Emergency Management of Anaphylaxis (Severe Allergic Reaction)

An emergency response plan describes exactly what to do and who to contact in the event that a child has an allergic reaction.

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

1. Give adrenaline – WITHOUT DELAY
2. Call an ambulance (998) and tell the operator it is anaphylaxis
3. Position is important -lie the person flat (or sit them up if having breathing problems)
4. Avoid standing or moving someone having anaphylaxis
5. Stay with the person until medical help arrives
6. If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose of adrenalin.
7. A person who has a severe allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
(Sometimes anaphylaxis symptoms can re-occur after the first episode has been treated and appeared to have settled. This is called biphasic anaphylaxis.)

Staff Allergy Training

An allergic reaction could occur at any time at school, so all staff should be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens.

Acting fast is the key in reducing the risk of a severe allergic reaction.

The medical team will contact the child's class teacher to provide them with the allergen information of the child and will train the relevant class staff on how to use an Epi-Pen and will obtain the signature of staff indicating that they have understood the information.

The medical team will also inform bus guardians (if the child is a bus user) about the child's allergies and 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.



Planning of Activities

All activities like school trips/ food tastings/face painting/Henna, etc., need to be risk assessed before they take place.

Once an activity involving food / face paint / henna is confirmed and any student is with known allergies in the class, 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 with allergies in the participating class, and communicate to the class teacher.

An email should be sent to all parents with food allergy 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.

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.

Storage of emergency Epi pen

Students with severe allergy should carry a Epi pen with them at all times. If the student is unable to carry pens/ medication /inhalers themselves (e.g. primary school aged pupils) this medication should be stored safely but should be easily accessible in the event of an emergency.

Ensure that these are labelled for identification of the pupil e.g. with their name and photograph and Allergy Action Plan. Ensure that students know where their medication and inhalers are at all times.

Staff should support students who demonstrate maturity and have had appropriate training to carry their own Epi-pens.

It is the parents' responsibility to ensure that the child's Epi-pens are within the expiry date.

School clinic should keep an extra Epi-pen for an emergency management.

Review Date:	August 2026
Next Review Date:	June 2027