

Food Allergies / Intolerances Policy

Objectives of this policy

- To promote awareness of the nature of food allergens and bring these to the attention of both catering and early years staff
- To provide clear guidance to all catering staff on their responsibilities for the provision of food to children and staff with a confirmed food allergy.
- To ensure that appropriate education/training is available and implemented for any catering and early years staff involved in providing food to children with food allergies.

Midlothian Council is committed to reducing the risk to children and staff with regard to the provision and preparation of food which could lead to an allergic reaction.

Midlothian Council is not in a position to guarantee a completely allergen free environment, but rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

We will obtain and record necessary information from parents/carers regarding any special dietary requirements, preferences or food allergies for their children during the induction process. This information will be kept in both the school kitchen and the ELC setting. Parents have the responsibly to inform the ELC setting of any changes at any time.

This information will be recorded in each child's personal care plan and a photo of the child with their allergies will be on the wall in the ELC setting

The allergen folder will be updated weekly by ELC staff and passed to the kitchen staff.

Both catering and ELC staff will have the opportunity access food hygiene and refresher training and allergen training.

Review of Arrangements

Arrangements will be reviewed termly or if there is a change of condition. If there are no changes, the Healthcare plan for the child should be updated and signed as indicated.

Summary of Arrangements

All ELC staff, catering staff and supply staff will be made aware of children who have allergies/intolerances and of the procedures in place for them.

The ELC register should be clearly marked to indicate children with allergies so that supply staff are aware of them.

All staff who have direct day to day responsibility for a child with allergies should be familiar with their healthcare plan.



The relevant parties must sign the healthcare plan, as indicated on the form. A letter detailing the medication and /or specific care signed by the hospital doctor /specialist nurse attached to the plan will suffice.

It is the responsibility of the parent/carer to ensure that all medication is 'in date' and is replaced as necessary.

As a matter of good practice, however, staff should check the expiry date of all medication and inform parents at least two weeks before the expiry date.

ELC staff members must be designated to be responsible for keeping forms up to date and checking Adrenalin Pens and Antihistamine medication every month to ensure they remain in date and the solution within Adrenalin Pens remains clear. If the solution is discoloured, cloudy or has particles in it, it should <u>not be used</u> and replacements should be requested as a matter of urgency.

Adrenalin Pens should be stored in their original packaging with the pharmacy label clearly visible. They should be stored away from direct sunlight and excessive heat.

Procedures for summoning emergency services should be clearly displayed beside all telephones.

Should a chid require emergency treatment, the instructions on the Symptom and Action Flowchart for Allergic Reaction must be followed.

Anonymous flowcharts should be clearly displayed in the child's playroom, the nursery kitchen area and within the school kitchen.

Medication should be accessible at all times and stored in the ELC setting, 2 adrenalin pens should be kept in a zipped 'poly pocket' with the Symptom and Action Flowchart for Allergic Reaction diagram attached.

Allergen chart

Catering staff and early years must complete a matrix for each of the snacks that they provide and keep it up to date. Note that information about allergens will be on the labels of packaged foods detailing the allergens contained.

Each setting must obtain and record necessary information from parents/carers regarding any special dietary requirements, preferences or food allergies for their children during the induction process.

For children who have allergies, intolerances, special diets, there should be dialogue between parents, staff and catering personal.

When nursery staff order food from the kitchen for children with allergies/ intolerances for lunches, please ensure that all catering staff know the child's name so they can be plated separately and labelled appropriately.



What is a food allergy?

Food allergies involve the body's immune system. The body reacts to certain allergens in food by producing antibodies, which can cause immediate and sometimes severe symptoms such as: itching or strange metallic taste in the mouth; swelling of the throat and tongue; difficulty in swallowing or speaking; abdominal cramps, nausea and vomiting; skin hives (nettle rash) anywhere on the body; and in most extreme cases difficulties in breathing and a severe fall in blood pressure (anaphylactic shock). In extreme cases this can prove fatal. Please note not all allergic reactions present in the same way, please refer to the individual child's care plan to identify the individual nature of the child's presentation.

What is food intolerance?

This does not involve the immune system in the same way and is not usually as severe as a food allergy. Symptoms usually take longer and may include headaches, fatigue and digestive problems.

Food intolerance is harder to diagnose than a food allergy. The person with a known allergen trigger may know what food ingredient will provoke a reaction. However, they may well have eaten this food or a specific dish previously and had no adverse reaction.

Who is at risk?

Anybody can develop a food allergen or intolerance at any time in their life irrespective of whether they have consumed the food previously. A person with an allergy is at risk even if they consume a small amount of the food allergen.

Common Food Allergens

There are 14 major allergens which need to be mentioned when they are used as ingredients in a food.

Here are the allergens, and some examples of where they can be found:

Nuts

Not to be mistaken with peanuts (which are actually a legume and grow underground), this ingredient refers to nuts which grow on trees, like cashew nuts, almonds and hazelnuts. You can find nuts in breads, biscuits, crackers, desserts, nut powders (often used in Asian curries), stir-fried dishes, ice cream, marzipan (almond paste), nut oils and sauces.

Peanuts

The peanut is a legume and grows underground, which is why it's sometimes called a groundnut. Peanuts are often used as an ingredient in biscuits, cakes, curries, desserts, sauces (such as satay sauce), as well as in groundnut oil and peanut flour.



Sesame seeds

These seeds can often be found in bread (sprinkled on hamburger buns for example), breadsticks, hummus, sesame oil and tahini. They are sometimes toasted and used in salads.

Milk

Milk is a common ingredient in butter, cheese, cream, milk powders and yoghurt. It can also be found in foods brushed or glazed with milk, and in powdered soups and sauces.

Soya

Often found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu, soya is a staple ingredient in oriental food. It can also be found in desserts, ice cream, meat products, sauces and vegetarian products.

Eggs

Eggs are often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg.

Cereals containing gluten

Wheat (such as spelt and Khorasan wheat/Kamut), rye, barley and oats is often found in foods containing flour, such as some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour.

Sulphur dioxide (sometimes known as sulphites)

This is an ingredient often used in dried fruit such as raisins, dried apricots and prunes. You might also find it in meat products, soft drinks, vegetables as well as in wine and beer. If you have asthma, you have a higher risk of developing a reaction to sulphur dioxide.

Celery

This includes celery stalks, leaves, seeds and the root called celeriac. You can find celery in celery salt, salads, some meat products, soups and stock cubes.

Lupin

Lupin is a flower, but it's also found in flour. Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.

Mustard

Liquid mustard, mustard powder and mustard seeds fall into this category. This ingredient can also be found in breads, curries, marinades, meat products, salad dressings, sauces and soups.



Crustaceans

Crabs, lobster, prawns and scampi are crustaceans. Shrimp paste, often used in Thai and south-east Asian curries or salads, is an ingredient to look out for.

Fish

You will find this in some fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.

Molluscs

These include mussels, land snails, squid and whelks, but can also be commonly found in oyster sauce or as an ingredient in fish stews.

Some people may also report allergies to other foods not on the above list. However most common in the UK are kiwi, peas, other legumes (beans etc.), other seeds and other fruits and vegetables. In some cases, people only need to avoid these when raw and can have them cooked.

Responsibilities

The cook in charge/supervisor, or in their absence the assistant cook, is responsible for ensuring that any food provided for ELC children with a food allergy is appropriate for their needs. This information will be provided by both the ELC staff and parents.

The cook in charge/supervisor will ensure that the kitchen has stock, or can access the necessary stock ingredients to offer suitable alternatives for people with allergies, intolerances and coeliac disease. In some exceptional circumstances this may be the parent/carers who provide food on prescription.

Staff Training

All kitchen staff including catering assistants and early year's staff must also attend the following courses:

- Food Hygiene Certificate (REHIS)
- A recognised training course on Food Allergy Awareness (delivered internally or externally)
- First Aid training (ELC Staff)

All training records will be maintained in the Catering Department for kitchen staff and for ELC staff each setting will keep a record. The records will also show refresher training.

All catering and ELC staff must be trained in the signs and symptoms of an allergic reaction and emergency response procedures.



Essential Practice:

Lunches

- All dishes which are produced will be from standard ingredients from 'approved' suppliers.
- Any ingredient changes/supplier changes affecting standard ingredients will be detailed. Where allergenic ingredients are packaged openly/loosely, these are stored separately to reduce the risk of contamination.
- Equipment/utensils used in the preparation of food for people with a food allergy are cleaned according to standard procedures (see HACCP manual).
- To prevent cross contamination a specific area of the kitchen will be sought for the
 preparation of any food for someone with a food allergy. The area will be sanitised
 before it is used to prepare any food.
- All food produced for children with a food allergy or intolerance will be plated on designated plates and covered in cling film. They will then be clearly labelled with the child's name. These plates will be returned to the kitchen.

Snacks

- As above.
- For snacks smaller designated plates will be used for those who have food allergies.
 These will stay in the ELC setting for use during snacks.

Lunch Service

Once in the ELC setting the catering assistant must check (using the allergen folder) that the special meal ordered for a child with food allergies or intolerances has been provided and is appropriate for the child. Any concern should be immediately discussed with appropriate kitchen staff. In the event that a choice is wrong a new plate with correct food should be provided.

Normal food handling procedures should apply (e.g. washing hands, wearing disposable gloves and aprons). CAs and ELC staff should keep serving utensils separate to avoid cross contamination. All tables will be cleaned with an approved solution.

Good communication

For children who have allergies, intolerances, special diets, there should be dialogue between parents, staff and catering personal. When ELC staff order food from the kitchen for children with allergies/ intolerances for lunches, please ensure that catering staff know the child's name so they can be plated separately and labelled with the child's name.

Reviews will be held at the start of each new term (August, October, January & April) with parents, catering staff and ELC staff.



Actions in the event of someone suffering a severe allergic reaction

Immediate action is vital if child becomes ill with an allergic reaction, it is likely that the staff member will state that they are suffering an allergic reaction. They may use the word

"ANAPHYLAXIS"

- Immediately send someone to dial 999 giving the following information: "This is an emergency we believe a child is suffering from anaphylaxis".
- Speak clearly and give correct address details so that the ambulance crew will know exactly where to come. (Staff members should familiarise themselves with the setting's address and postcode. This must be displayed beside the phone).
- Keep calm and make the child feel comfortable.
- A member of staff will stand at the ELC entrance to direct the ambulance crew to the child.
- Request the assistance of a First Aider until the ambulance crew arrive.
- Have a list of possible ingredients the child may have eaten or came into contact with.

Staff trained in First Aid will know what to do if someone suffers from anaphylaxis.

Note: Severe reactions can take place within a few minutes and in very extreme cases where prompt treatment is not sought – can be fatal.

If a protocol is in place for a child then this must be followed.



Symptom and Action Flowchart for Allergic Reaction NOT Including an Adrenalin Pen

Refer to child's plan and medication container for dosages

Photograph of child

Midlothian /

Name DOB Mild/ Moderate Reaction Severe Reaction Swollen lips Swollen tongue Flushed, itchy, blotchy skin Hoarse voice, difficulty swallowing Abdominal pain and nausea Swelling round eyes Fast breathing Change in colour, pale and clammy Feeling faint **Deteriorating consciousness** Collapse Give antihistamine dose as stated on pharmacy label If asthmatic, give inhaler via spacer Lie child down and raise child's feet (2 puffs). Another 8 puffs, 1 puff per minute can be given if required Contact parent/carer to inform them that their child has had an allergic Follow instructions from reaction ambulance control Stay with child Contact parents/carers Supervise closely If child vomits within 30 minutes of being given antihistamine give another full dose Give a full dose of antihistamine every 4 hours (for 24 hours) If condition worsens to severe reaction

Symptom and Action Flowchart for Allergic Reaction Including an Adrenalin Pen

Refer to medication container for dosages

Photograph of child

Name_____DOB____

Mild/ Moderate Reaction

- Swollen lips
- Flushed, itchy, blotchy skin
- Abdominal pain and nausea
- Swelling round eyes
- Fast breathing



Give a full dose of antihistamine every 4 hours (for 24 hours)



If asthmatic, give inhaler via spacer (2 puffs). Another 8 puffs, 1 puff per minute can be given if required



Contact parent/carer to inform them that their child has had an allergic reaction



Supervise closely



If child vomits within 30 minutes of being given antihistamine give another full dose



Give a full dose of antihistamine every 4 hours (for 24 hours)



If condition worsens to severe reaction

Severe Reaction

- Swollen tongue
- Hoarse voice, difficulty swallowing
- Cough, difficulty breathing, noisy laboured breathing
- Change in colour, pale and clammy
- Feeling faint
- Deteriorating consciousness
- Collapse



Lie child down and raise child's feet



Administer Adrenalin Pen

- Remove safety cap
- Grip Adrenalin pen firmly around the middle
- Hold the needle end of the Adrenalin Pen 2cm from the upper outer thigh
- Jab the Adrenalin Pen into the leg until you hear it click
- Hold the Adrenalin Pen firmly in place for 10 seconds
- Remove Adrenalin Pen from led
- Send someone ot collect the 2nd Adrenalin Penheld in the school



- Dial 999
- Follow instructions from Ambulance control
- Stay with child
- If no improvement in breathing and alertness after 5 minutes give second Adrenalin Pen
- Contact parents/carers
- Give used Adrenalin Pens to Ambulance staff

