



25. Allergies & Dietary Requirements Policy

Section 2: Health & Safety			
Initial Policy Approved By:	The WonderWorks RSP Ltd	Version Number:	1.2
Review Date:	June 2023	Date of Next Policy Review:	June 2024

Review Details:		
Date	Reviewed by:	Comments (list changes and refer to page)
05.08.2021	Jane Cowell	Added specific information about the transfer of information and communication from kitchen to rooms. Preparer to check ingredients and share any concerns with team who are serving the food. Place mats to be used for all meals including snack to identify children with allergies.
13.12.21	Michael O'Keeffe	'Procedure on Preparation, Storage and Transport of Baby milk' added into this policy.
18.8.22	Jane Cowell	Allergens- added food covering, safe serving of food and sharing of food
06.6.23	Jane Cowell	Added grey plates and red lids to be used for children who have allergies

Policy Statement

The WonderWorks (The Company) facilitate effective care, health management and management of emergencies in children who have food allergies.

The nursery uses The Professional Nursery Kitchen, who are accredited as a food supplier, and have stringent risk assessments, and their own policies in place for managing allergies.

Food allergies in children are common and can be due to peanuts, other tree nuts, fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruit. Food allergies are more common in children under 5 years of age than in older children although young children may grow out of food allergies. The most common allergies are due to milk, egg, and peanut. Other substances to which children can have a severe allergic reaction are medication, bees, other insects, and some plants.

This policy will set out the procedure in place, when supporting children within the nursery that have allergies, and the good practice set out within the nurseries to minimise any risk.

The company also recognises that some families will make requests about a preference for their child's diet. This policy will also outline the procedure for this.

To facilitate effective care of children with food allergies, The Setting will:

- Ask for details about any allergies on the child's Information Booklet.
- Follow up with the parents/care if there is an allergy recorded in their Child Information Booklet but meeting with the parent/carer prior to the child(ren) starting at the nursery - to identify and plan for children's allergies.
- Request documentation from the child's medical practitioner for all medically diagnosed allergies and intolerance.
- The documentation should outline the child's allergen, sign/symptoms of allergy, required food restrictions and treatment of exposure is required.
- Inform parents that information provided from their child's medical practitioner requires updating every twelve months
- Complete a Health Care Plan, prior to the child starting at the nursery, containing detailed information about the child's allergy.
- If the child has medication for when they have a reaction, the staff will complete a Medication Form, and ensure that the parents have provided medication to be kept on site in the case of an emergency.
- Create a risk assessment, to ensure all risks have been minimised.
- Information and appropriate paperwork about the child's allergy will be shared with an external catering company if they are providing the nursery food.
- Allergen food is cooked in a separate oven, and arrives sealed, and stays sealed during heating until serving.
- Staff will plan any further meetings planned as appropriate with room staff to further clarify the child's allergy and needs.
- If medically diagnosed food allergies are identified after a child has started, parents will be required to provide documentation on the day that they inform the nursery, to ensure all information is immediately gathered to minimise any risk or harm to the

child. Parent must ensure the nursery is provided with all documentation listed above, from their medical practitioner, a maximum of three weeks after informing the nursery of the allergen/food restriction.

- The nursery must always follow the guidance provided by the medical professional. If the parent has been advised that an allergen can now be reintroduced, or is acceptable to be consumed in certain conditions, this must only be reintroduced once the nursery has received this amendment in writing from a medical professional.
- Refer to the settings Anaphylaxis policy for procedures regarding managing a child who has been diagnosed at risk of anaphylaxis.
- Make menu alterations for children who have been medically diagnosed with food allergies or restrictions.
- Inform parents that if their child's food restriction is not medically diagnosed, the nursery will take every reasonable step to alter the menu to accommodate the parents request, however if such request has a substantial impact on the kitchen's operations and food preparation then the parents will be advised of an alternative.

Ongoing Management

- Actively involve the parents/guardians of each identified child in assessing risks, developing risk minimisation strategies and management plans and strategies for their child.
- In consultation with families develop appropriate care strategies to meet the child's food allergy or restriction.
- Conduct regular formal and informal meetings with families to review strategies adopted by the Nursery to meet their child allergy/food restriction.
- Add relevant information to the Allergy Notification Chart, which is displayed in the kitchen, and on each of the food trolleys. Staff will refer to this list prior to serving food to children.
- Induct all new staff with information regarding children's food allergies and restrictions, and the strategies adopted by the nursery to meet these children's needs.
- Provide relevant training and information to staff regarding children's specific food and care needs. Staff training will be provided through in-house training, professional reading, networking with other agencies and regular staff meetings.
- Ensure families provide information on the child's health, medications, allergies, their doctor's name, address, and phone number.
- Implement and maintain a nut free environment.
- Display a sign in the foyer informing parents, staff, and visitors that the nursery is a nut free zone when children are enrolled who are diagnosed at risk of anaphylaxis.
- Use place cards to identify children with allergies.
- Use grey plates and red lidded water bottles for children who have known allergies. This is to help staff by providing additional warnings/reminders and to ensure cross contamination is minimised.

Minimise the risk of accidental exposure to food allergens by:

- Making sure materials such as cow's milk cartons, are clean and free of contamination before using for art and craft activities.
- Not using egg cartons or eggshells in art and craft activities
- Being aware of the risk to an identified child of using allergenic foods in cooking activities (e.g., Baking cakes).
- Ensure all staff are aware of children that have allergies and what they are allergic to, signs/symptoms of allergy and treatment of allergy prior to the children starting at the nursery.
- Ensure staff are aware of the individual child's triggers and prevent exposure as much as possible in the environment. This information is on their place mats, and allergy charts.
- Provide a safe and healthy environment in which children with allergies can participate equally in all aspects of the activities. For example, through cleaning of equipment and resources.
- Place mats/Place labels with children's allergy information are used to support staff (including new staff) to identify children who have an allergy at all mealtimes including snack times.
- Kitchen to room communication: The kitchen labels up the 'free from' meal/food before it leaves the kitchen and information about the meals are provided in person with a direct handover between the kitchen the room teams.
- Food is covered between the kitchen and when it is served to children in the nursery rooms.
- Team members serving food ensure they wash their hands before and when necessary, during mealtimes.
- Team members supervise children at mealtimes to prevent children with known allergies from 'sharing' food with other children.

Procedures for children with allergies:

When parents start their children at the setting they are asked if their child suffers from any known allergies.

If a child has an allergy, an Allergy Risk Assessment is completed to detail the following:

- The allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g., EpiPen).
- Control measures such as how the child can be prevented from contact with each allergen.

- Parents must keep the nursery updated of any changes to their child's health or allergy so their Risk Assessment can be reviewed and updated every year. Details of allergy, trigger, medication is recorded in the child's personal file and displayed on an allergy list.
- Parents train staff in how to administer medication in the event of an allergic reaction.

Insurance requirements for children with allergies:

The insurance cover will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below.

Medication:

For severe reactions, the nursery should have their own Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) for use in an emergency.

The setting must ensure:

- The injector is labelled with a GP prescription sticker.
- They have a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Parent/carer has provided written consent allowing staff to administer medication.
- Medication forms have been completed.
- Proof of training in the administration of such medication for staff is available, as well as proof of training from the child's parent.

For mild allergies, where the child has been prescribed allergy medication such as Piriton, the setting must ensure:

- The injector is labelled with a GP prescription sticker.
- They have a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Parent/carer has provided written consent allowing staff to administer medication.
- Medication forms have been completed.

Children with Dietary Preferences:

When families/parents/carers have informed the setting of a particular dietary preference, the parents/carers must provide the setting with a written letter stating what the dietary preference is. It is important that the child has a well-balanced diet, and the nursery chef will provide a suitable alternative that is as similar as possible to the main meal that has been cooked for all children. This cannot simply be a particular food that the child doesn't like, but rather a food group that the parent would not like to be within the child's diet – such as a vegetarian or vegan diet.

When the written letter has been received, the setting should complete a Dietary Notification Chart which is displayed in the kitchen, and on each of the food trolleys. Staff will refer to this list prior to serving food to children.

Procedure on Preparation, Storage and Transport of Baby Milk

1. Our policy on preparation, storage and handling of powdered infant formula and breast milk follows the guidance of Department of Health and the Food Standards Agency.
2. Bottles for formula will be provided by the parents, these must be labelled with the child's name.
3. In order to minimize the risk of infection caused by micro-organisms present in the powdered formula, we advise use of ready to feed liquid formula. However, this may not be preferred by all the parents due to cost and established feeding patterns. If parents do not want to use ready to feed liquid formula, then formula must be provided by the parent. Staff will sterilize the bottles and make up the feeds using the recommended amount of formula for the age of the child.
4. We support parents who wish to breast feed their children. We are happy to store breast milk and give as required. Parents should label the bottles and ensure they are placed in the fridge in the children's milk kitchen.
5. The feeds will be re-warmed using a bottle warmer or bowl of hot water. Microwaves are not to be used for warming up the feeds.
6. When the nursery takes children on outings, advance feeds will be transported in cool bags.
7. The nursery cannot accept any premade bottles, and the nursery teachers will need to make the bottles up on site for children.
8. Staff need to check with parents regarding any changes to the feeding regime. Any update to information should be completed in the ***Child Information Booklet, Specific: Your Child's Routine*** page. Any updates of this page will need be signed and filed in the child's personal record. Key persons should ensure that all staff are aware of any changes.

Allergy Notification Chart

APPENDIX FOUR

Photo inserted in the column	Child's First Name Days/Sessions	Details of Allergy	Emergency Treatment Location of Medication (if required/See care plan) Preference by parents Signs of reaction		
Example	CHILD's NAME	Dairy allergy	Skin Rash will appear. Call parent when there is sign of a reaction. No medication needed.		
	FULL DAYS				
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Dietary Notification Chart

APPENDIX FIVE

Photo inserted in the column	Child's First Name Days/Sessions	Details of Dietary	Details of alternatives/parent's preference		
E.G	CHILD'S NAME	Vegetarian	Meat substitutes such as Quorn, or anything vegetarian		
	FULL DAYS				
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