

04 Health procedures

04.4 Allergies and food intolerance

Food allergies can be life threatening conditions for some children and should be taken very seriously. Food allergies develop when the body's immune system reacts against food proteins which it sees as invaders. It then releases chemicals to attack.

Food intolerance is different to food allergy and usually occurs when the body has difficulty digesting certain foods or ingredients in food. Intolerances do not involve the immune system and are not life threatening. Food intolerances cause unpleasant symptoms such as abdominal pain or discomfort, diarrhoea, bloating, constipation, red rash, itching or eczema flares.

Coeliac disease is a common and serious autoimmune condition that can develop at any age. Children with coeliac disease have to strictly avoid foods containing gluten, e.g. ordinary wheat flour, bread, breakfast cereals, crackers, biscuits, pastry and pasta. Many packaged and processed foods contain gluten, e.g. some processed meats and fish, sausages and soups, and these need to also be avoided. Traces of gluten may also be found in foods where gluten is not an ingredient but where there has been cross contact of gluten containing foods. An example of this is oats. Oats do not contain gluten but can be contaminated by other cereals during production.

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

- If a child has an allergy or food intolerance, 01.1a Generic risk assessment form is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
 - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
 - control measures, such as prevention from contact with the allergen
 - review measures
- 04.2a Health care plan form must be completed with:
 - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g. EpiPen)
- The child's name is added to the sheet in the kitchen.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the kitchen.

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- Parents show staff how to administer medication in the event of an allergic reaction
- Any foods containing food allergens are identified on children's menus.

Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.

Date of policy	
Review date	
Read and signed 11.6.25. Name CATHY ROWLANDS signature 	Read and signed 11.6.25 Name Rachael Thomas signature 
Read and signed. Name signature	Read and signed. Name signature
Read and signed. Name signature	Read and signed. Name signature