04 Health procedures

**04.4 Allergies and food intolerance**

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, allergy care plans are completed:
* 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

***Procedures for children with allergies***

* When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form and settle pack.
* If a child has an allergy, we notify the staff across all rooms and the nursery cook. This is also printed/ laminated and displayed in the kitchen and the rooms, so all practitioners are aware. The children with allergies are served in a RED food bowl, to avoid cross contamination.
* Parents complete an allergy care plan, available across all rooms in the nursery so staff are aware.
* Generally, no nuts or nut products are used within the setting. Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

*Insurance requirements for children with allergies and disabilities (health care plan for child in rooms, laminated in folders and displayed)*

0**4.2a 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 Dietary Requirements list**.**
* 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 cook’s Food Allergy and Dietary Needs file.
* Parents show staff how to administer medication in the event of an allergic reaction.
* Generally, no nuts or nut products are used within the setting.
* Parents are made aware, so that no nut or nut products are accidentally brought in.
* 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.

# Meeting dietary requirements

Snack and mealtimes are an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We aim to provide nutritious food, which meets the children’s individual dietary needs and preferences.

* Staff discuss and record children’s dietary needs, allergies and any ethnic or cultural food preferences with their parents.
* Staff record information about each child’s dietary needs in the individual child’s registration form; parents sign the form to signify that it is correct.
* Up-to-date information about individual children’s dietary needs is displayed so that all staff and volunteers are fully informed.
* Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent’s wishes.
* The menus of meal and snacks are available upon request. These are also sent out frequently within the newsletters to parents. Menu’s can also be found on the nursery website. Foods that contain any food allergens are identified.
* Staff aim to include food diets from children’s cultural backgrounds, providing children with familiar foods and introducing them to new ones.
* Through on-going discussion with parents and research reading by staff, staff obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. Staff take account of this information when providing food and drink.
* Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
* Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child’s registration.
* All staff show sensitivity in providing for children’s diets, allergies and cultural or ethnic food preferences. A child’s diet or allergy is never used as a label for the child, they are not made to feel ‘singled out’ because of their diet, allergy or cultural/ethnic food preferences.
* Fresh drinking water is available throughout the day.

**Fussy/faddy eating**

* Children who are showing signs of ‘fussy or faddy eating’ are not forced to eat anything they do not want to.
* Staff recognise the signs that a child has had enough and remove uneaten food without comment.
* Children are not made to stay at the table after others have left if they refuse to eat certain items of food.
* Staff work with parents to support them with children who are showing signs of ‘faddy or fussy eating’ and sign post them to further advice [https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/](about:blank)