



PREPARE, PREVENT AND PROTECT FOOD ALLERGEN TRAINING WORKSHOPS



Ruth Charles,
Registered Dietitian: Paediatrics
April 2016

A child with food allergy is starting with your service tomorrow: how do you feel?



What I hope you learn

Knowledge of best practice for managing food allergy in the early childcare setting

- Food Allergy and food intolerance
- Policy and procedures
- Emergency plans
- Medication

Potential scenarios

How to prepare for and cope with...

- Parents sending in Nutella when you have a nut ban in place
- Poppy seeds from another child's roll on the table where another child has seed allergy
- Mild reaction or severe reaction-how do I tell?
- Adrenaline pen
- Parties, trips and special occasions
- Sharing food

Risk

Categorising

Parental preference
Food allergy
Mild
Severe
Food intolerance

Recognising

Food
Non food
Meal times
Parties

Managing

Education
Training
Policies
Procedures



Food hypersensitivity

HIGHER RISK

LOWER RISK

Food allergy

immediate

delayed

Food Allergy

- Can be life threatening

Food intolerance

Food Intolerance

- Not life threatening
- symptoms may cause discomfort

The two most important questions you can ask:

What could happen?

What could cause it to happen?

What could happen?

What could cause it to happen?

1. What type of food hypersensitivity?
2. Who/where diagnosed?
3. What allergens are involved?
4. Does the child have any other allergy or risks? (e.g. Asthma or eczema)



Managing Risk

What you could capture on your admission form.

Guideline basic information required for each child with a food sensitivity

Diagnosing health care professional details:

Diagnosis food allergy or food intolerance:

Food(s) implicated: _____

Total exclusion required or can have small amount/cooked amount of _____

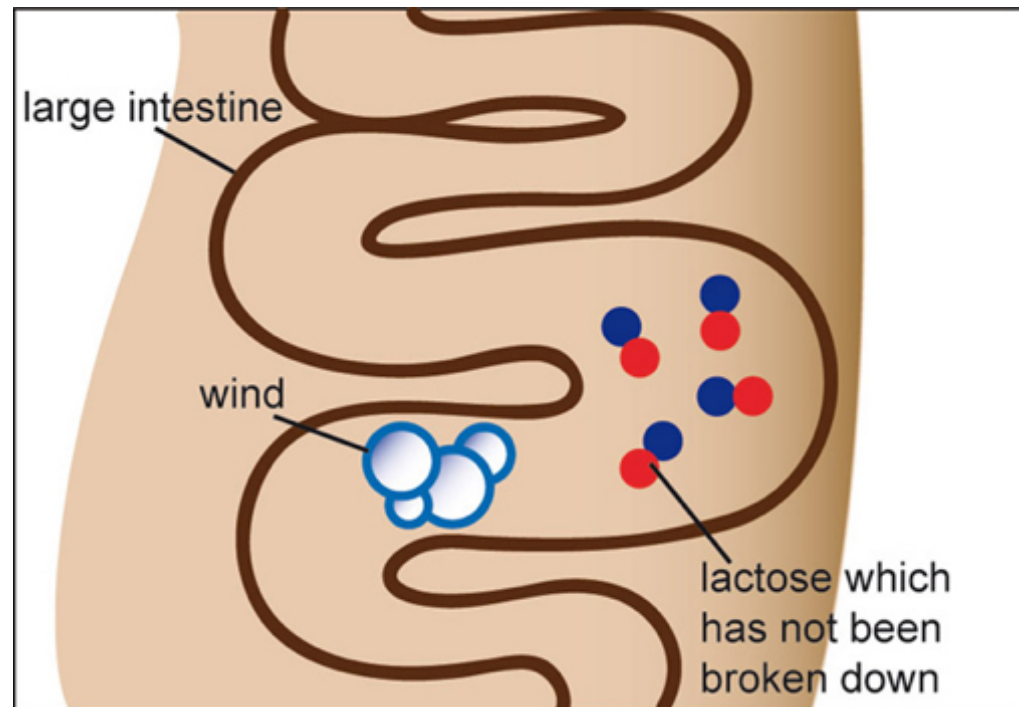
Any non food allergy triggers e.g. asthma/heat/dust/scratchy fabric

At risk of severe allergic reaction (anaphylaxis): yes/no/other?

Emergency allergic reaction management plan required/provided by parent?

Medication prescribed?

Lactose intolerance is not a food allergy.
Lactose intolerance will usually resolve in 2-4 weeks.
Special diet/formula might be needed but only temporarily.



Recognising risk

What does the start of an allergic reaction look like?



Recognising risk

What do these children have in common?



Recognising risk

How it can develop



How do you know it's developing

How do you know it's severe?

Airway

Hoarse Cry

Cough

Wheeze

Circulation

Butterflies

Pale

Dizzy

"Impending doom"



Substances or products causing allergies or intolerances

(Annex II of regulation (eU) no 1169/2011)

- Milk
- Egg
- Gluten
- Soy
- Peanut
- Lupin
- Tree nut
- Sesame seed
- Crustaceans
- Fish
- Molluscs
- Celery
- Mustard
- Sulphur dioxide

CRÈCHE MENU



Monday

Sausage and Mash*

*Contains wheat and milk

Tuesday

Chicken Stew*

* Contains celery

Wednesday

Vegetable Lasagne*

*Contains wheat and milk

Thursday

Fish Fingers and Waffles*

* Contains fish and wheat

Friday

Vegetarian Pizza*

*Contains wheat and milk



Allergen information for loose foods

Advice on the new Food Information Regulations
for small and medium food businesses

Northern Ireland: 028 90 417700

Nutrition

m

th

Food allergy

Many parents believe that their child is sensitive to certain foods. However the true incidence of food allergy is likely to be much lower than reported. Parents requesting special diets for their children because of food allergy should be encouraged to seek medical advice. It is unwise to restrict food choice among young children without professional help and advice.

Peanut allergy

Peanut allergy is usually severe – sensitive individuals may even react to peanut dust. All nuts and nut products must be avoided, including peanut butter. Care should also be taken to prevent accidental consumption of food containing nuts or nut products or food that has come into contact with them.

As a precautionary measure, it is recommended that childcare providers should not provide peanuts or foods containing them, eg peanut butter, to any child in their care.



- Whole nuts are unsuitable for children under 5 years of age.
- The risk of peanuts and nut butter, in a care setting, may be at risk.

7

peanuts and not provided is to protect peanut allergy. Children to children of the risk of

How will you be supported in this?

Children with peanut allergy are advised to carry identification and may require a pre-filled syringe of adrenaline (eg epipen) which can be administered if they have a reaction.

Recent advice from the Department of Health states that if there is a family history among parents, brothers or sisters of conditions such as asthma, eczema or hay fever, parents should speak to their GP, health visitor or medical allergy specialist before introducing peanuts to the child for the first time.¹ It has also been advised that those children who are breastfed should be breastfed throughout weaning and that high-allergen foods* should be introduced one at a time so that if a reaction occurs the specific food causing the response can easily be identified.

Guidance
child

Weaning made easy

moving from milk to family meals



- **Nuts.** Whole nuts of any kind are unsuitable for children under the age of 5 years because of the risk of choking.

Products containing peanuts are safe for most children. If there is a history of conditions such as asthma, eczema or hay fever in the family (ie parents, brothers or sisters), speak to your GP, health visitor or medical allergy specialist before giving peanuts to your baby for the first time.

Managing risk

Practical reality

- You already have policies and procedures in place to help minimise risk
- Food Ban – Pro versus Con



Managing risk: prompt

PRE- MEAL HAZARD CHECK LIST **YOU MUST COMPLETE THIS EACH TIME YOU SERVE ANY FOOD*

Meal	Time	Have you read Special Diet/Allergies/ Medical Conditions in "Day Folder" for this room before completing this form?	Name of child/children with Special dietary /Allergic or Medical Condition present in the room for this meal? (write full name of child)	Have you checked each child's food is correct with their Special diet/Allergies or Medical Condition? <u>(please tick yes when done)</u>	Have you taken steps to ensure the child does not eat other food during the meal? <u>(please tick yes when done)</u>	*Please Print your name after each section!
Breakfast		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. Yes <input type="checkbox"/> 5. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. Yes <input type="checkbox"/> 5. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. Yes <input type="checkbox"/> 5. Yes <input type="checkbox"/>	
AM Snack		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/>	
Dinner		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	
PM Snack		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	



Banning food



Managing Risk

Role of EC:

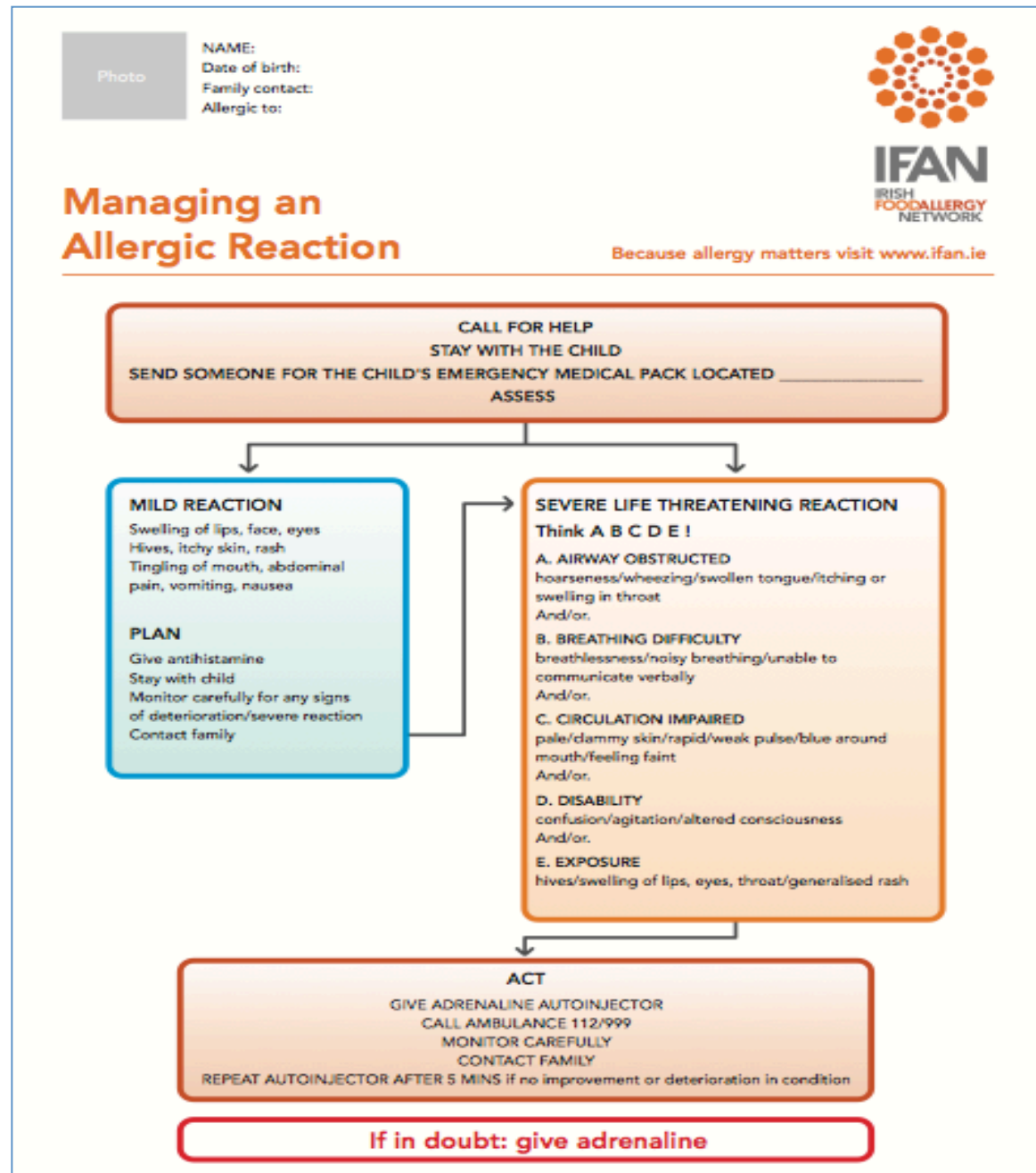
1. Manager is responsible for policy and planning for children with allergy.
2. Seek allergy training for staff.
3. There should be a mechanism by which temporary or new staff can identify the allergic child.
5. Identify food and non food allergens and high risk scenarios
6. Have a child specific written allergy management plan.
7. Ensure that emergency and relieving medication is stored appropriately and always available.
8. Ensure prevention and treatment continues on school trips/holidays.
9. Aim to maintain healthy indoor and outdoor air quality.

Role of the parent:

1. Inform school of diagnosis and any update.
2. Provide and update an allergy management plan
3. Provide and ensure in date relevant medication.
4. Instruct on the indications for and use of medication.

REVIEW

Managing risk



Managing risk

High risk scenarios



Allergy training resources

Parent



safe food

SafeFood Allergens

- ✓ Home
- ✓ Food Types
- ✓ Reactions
- ✓ Symptoms
- ✓ Dealing With
- ✓ Case Studies
- ✓ Advice For Caterers
- ✓ Definitions
- ✓ Further Resources
- ✓ Quiz

All About Allergies

A food sensitivity information resource

A collection of food items including a carton of safe food semi-skimmed milk, a bag of safe food original salted peanuts, a carton of safe food soy milk, a loaf of bread, a shrimp, and a carton of eggs. A large orange warning sign with a white exclamation mark is placed in the foreground.



Guidance about Anaphylaxis for Carers of Pre-School Children attending Early-Years Settings

<http://www.anaphylaxis.org.uk/schools/pre-schools/>



Managing risk



Go to <http://ifan.ie/medication-for-food-allergy/> for video clips

How are you feeling now?

