Section Five

Catering for Special Dietary Requirements

Good for kids
good for life
### Understanding Food Allergy and Intolerance:

<table>
<thead>
<tr>
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<th>Allergy</th>
<th>Intolerance</th>
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<tr>
<td><strong>How</strong></td>
<td>Overactive immune system reacts to proteins in food.</td>
<td>Food chemicals cause reactions irritating nerve endings in different parts of the body. Does not involve the immune system.</td>
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<td><strong>Reactions</strong></td>
<td>Commonly include hives, swelling around the mouth, and vomiting.</td>
<td>Commonly: recurrent hives and swellings, headaches, sinus trouble, mouth ulcers, nausea, stomach pains and bowel irritation. May feel unwell, tired or moody.</td>
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<td>May include runny or blocked nose, stomach pains or diarrhoea.</td>
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<td>More serious symptoms (known as “anaphylaxis”) involve the breathing and circulatory systems and may include any of the following: noisy breathing, difficulty breathing, hoarse voice, dizziness, or in children becoming limp and floppy.</td>
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<td><strong>Diagnosis</strong></td>
<td>Skin prick tests or blood tests.</td>
<td>Dietary and elimination challenge process supervised by a Dietitian or Doctor.</td>
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<td><strong>Severity</strong></td>
<td>Vary in severity depending on how sensitive and how much food is eaten.</td>
<td>Depends on degree of sensitivity and dose ingested/accumulated. Distressing but don’t cause permanent damage to the body.</td>
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<td>Most severe type of reaction – anaphylaxis breathing difficulty and can be life-threatening if not treated immediately by an adrenaline injection.</td>
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<td><strong>Timing of reaction</strong></td>
<td>Can be immediate and progress rapidly. Usually within 30 minutes of eating a food</td>
<td>Small amounts in a particular food may not be enough to cause a reaction straight away. May accumulate in the body causing a reaction when the threshold is finally exceeded.</td>
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<td><strong>Management</strong></td>
<td>Protein allergens are unique to each food. Management involves avoiding all traces of that particular food.</td>
<td>Reducing intake of groups of foods, all of which contain the same offending substances.</td>
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<td><strong>Common Examples</strong></td>
<td>Common allergies for children include peanut, hens egg, cows milk, other tree nuts, seafood and/or sesame.</td>
<td>Salicylates, amines and glutamate. Some food additives.</td>
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</table>
**Lactose intolerance:** genetic difficulty in digesting lactose, which is the sugar found in cow’s milk and milk products, and breast milk. It can cause bowel symptoms and may occur temporarily after gastroenteritis. Most people with lactose intolerance can tolerate small quantities of milk and yoghurt. There is a minimal amount of lactose in cheese.

**Coeliac disease:** Coeliac disease is not an allergy, but does involve an immune reaction to gluten, a protein found in wheat, barley and rye. When gluten-containing foods are eaten, inflammation of the gut occurs, resulting in poor absorption of nutrients. Major symptoms are gut upset, fatigue, anaemia or weight loss. It should not be confused with wheat allergy.

**Please note:** Dietary restrictions in children should only be undertaken with specialist advice. Long term, unsupervised food restricted diets can lead to malnutrition. Advice from a Dietitian should be sought to ensure that nutrition requirements are being met.

### Steps to take for children with food allergy:

When a child needs to be on a special diet in your centre, use the following steps:

1. **Ask parents to provide documentation which has been provided by a registered medical practitioner and includes:**
   - Clear identification of the child
   - Documentation of the allergic triggers
   - Documentation of the first aid response including any prescribed medication

2. **Ensure staff are educated on:**
   - The particular allergy
   - What is anaphylaxis?
   - What are the triggers?
   - How is anaphylaxis recognised and prevented?
   - What should be done in the event of a child having a severe allergic reaction?

3. **Reduce the risks for a child with allergy:**
   - For severely allergic children the best option may be to bring meals prepared from home.
   - Take steps to avoid trading and sharing of food, food utensils and food containers.
   - Bottles, other drinks and food containers provided by parents should be clearly labelled with the name of the child for whom they are intended.
The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the particular allergy.

- Food preparation personnel should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food.

- Meals prepared for children with a nut allergy should not contain ingredients with “may contain traces of nuts” listed on the food label. Nor should any food with this warning on the label be given to children with a nut allergy as a snack.

4. *Inform parents:*

If your service is one where food is occasionally brought in by parents, inform other parents about the sorts of foods that should not be brought to the service. This is necessary if food is shared or there may be a severe or life threatening reaction to a food.

5. *Review:*

As food allergies may change with time it is important to review medical information every year.

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**Reference and for further information:**
