



# MEDICAL DIET POLICY

## **Introduction**

There are an increasing number of children requiring medical diets. We are committed to providing a variety of medical diets and we believe working in partnership with the client, student, parent/carer and school/catering staff is the optimum way to promote health and accommodate individual special dietary requirements.

Taylor Shaw is also committed to reducing the risk to their staff, students, residents, client staff and visitors with regards to the provision of food and the consumption of allergens in that food which could lead to an allergic reaction.

The management of children with food allergies and intolerances within schools is a shared responsibility in which the school, GP, registered dietician, parents/carers, child and Taylor Shaw's employees all play a part. For safety reasons only when the parent/carer has agreed in writing to a specific menu and the unit manager has been authorised to do so should any food be given to the child.

Medical diets are a very important part of our catering provision in schools. The following procedures have been produced to help with this provision. A medical diet is a requirement different to the choices offered within your menu cycle, which could be due to religious beliefs or intolerance to a specific food.

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### **What is food intolerance?**

Food intolerance is a reaction to food that causes unpleasant symptoms. When someone is sensitive to a food in this way, they will react every time they come into contact with it.

### **What is food allergy?**

Food allergy is a particular type of food intolerance that involves the immune system. When someone has a food allergy, their immune system reacts to a particular food as if it isn't safe. Chemicals are released in the body, especially histamine, and this is what causes the symptoms of the food allergy.

### **What is food aversion?**

Food aversion is when someone reacts to a food because of personal dislike. The symptoms can be quite similar to those of food intolerance, but this only happens when the person knows they have eaten the food.

### **What is Anaphylaxis?**

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance but, on rare occasions, may happen after a few hours. Common triggers include peanuts, tree nuts, eggs, cow's milk, shellfish, certain drugs such as penicillin, latex and the venom of stinging insects.

### **Symptoms of an Allergic Reaction**

Anaphylaxis is the most severe reaction with a dramatic fall in blood pressure and the patient loses consciousness. Other symptoms of an allergic reaction can also be life threatening. There may be swelling in the throat or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps and nausea.

Mild symptoms should be watched carefully as they may develop into a more serious reaction. A severe reaction is treated with an injection of adrenalin.

## Information on Foods that Commonly Cause an Intolerance or Allergic Reaction

In theory, any food could cause an allergic reaction in someone, but labelling legislation requires certain foods always to be labelled on pre-packed foods. These are:

- celery (including celeriac)  
cereals containing gluten, these are wheat, rye, barley, oats, spelt and kamut or their hybridised strains
- crustaceans, such as crabs, lobsters and prawns
- eggs
- fish
- lupin (common garden plant; sometimes added to flour)
- milk
- molluscs
- mustard
- nuts, such as, almonds, hazelnuts, walnuts, brazil nuts, cashew nuts, pecans, pistachio nuts, macadamia nuts and Queensland nuts
- peanuts (also called groundnuts)
- sesame seeds
- soyabeans (sometimes called soya)
- sulphur dioxide and sulphites at levels above 10mg/kg or 10mg/litre expressed as SO<sub>2</sub>

The above '14' allergens are the foods we refer to when we talk about 'foods that can cause severe allergic reactions'.

In children, most allergic reactions to food are to milk, peanuts (ground nuts), nuts from trees, eggs, soya and wheat. Most children grow out of most allergic reactions to food in early childhood.

### Coeliac Disease

Wheat allergy is common, particularly among babies. One of the main allergens in wheat is a protein called gliadin, which is found in gluten. Because of this, people with a wheat allergy are sometimes recommended to eat a gluten-free diet.

Gluten is the mixture of proteins found in some cereals, including wheat, rye and barley. Gluten intolerance, or coeliac disease, is a lifelong disease, which is caused by sensitivity to gluten. It can damage the lining of the small intestine, which stops the body from absorbing nutrients, causing diarrhoea and eventually malnutrition. Coeliac disease can sometimes run in families, but it is not known exactly what causes it.

Until recently, coeliac disease was only thought to affect about one in 1500 people in the UK. Now it's thought to be more common, and better tests for the condition have shown that it might affect as many as one in 300 people in the UK. In some areas of the world it seems to be more common, for example in parts of Ireland as many as one in 100 people may be affected.

If it isn't treated, coeliac disease can lead to anaemia, bone disease and, on rare occasions, certain forms of cancer. It can also cause growth problems in children. People with some medical conditions might be more likely to develop coeliac disease, for example Type 1 diabetes, thyroid problems, ulcerative colitis and certain neurological disorders, such as epilepsy.

Processed food can often contain hidden gluten, but a large number of gluten-free products, such as bread, cakes and pasta are now available.

### **Nut Allergies**

We do not use whole nuts or peanuts within our primary school menus. We aim to limit the amount of products which display the disclaimer "may contain nut traces". Where a child has a nut allergy and on instruction from the parent, dishes which may contain nut traces will be removed from the child's tailored menu.

Allergy to nuts from trees is usually lifelong. The nuts that are most likely to cause allergic reactions are walnuts, hazelnuts, almonds, pecans, brazil nuts, pine nuts, macadamia nuts and cashew nuts. On rare occasions, all these nuts can cause anaphylaxis in people who are sensitive. Sometimes people with an allergy to one type of nut will also react to other nuts.

Allergy to peanuts (also known as groundnuts and monkey nuts) is often lifelong, but research suggests that, in a very few cases, young children diagnosed with peanut allergy may grow out of it.

Peanuts are one of the most common causes of food allergy and can cause severe reactions, including anaphylaxis (refer to page 12). They contain a number of allergens that are not destroyed by cooking or roasting.

Peanut allergy can be so severe that very tiny amounts can cause a reaction. Because of this, coming into contact with traces of peanut can be enough to cause a reaction in people who are sensitive. For example, someone might come into contact with traces of peanuts from unrefined oils, or when food is served using utensils that have been used with food containing peanuts, or even being close to someone eating peanuts.

Refined peanut oil is thought to be safe for people with peanut allergy, because the proteins that cause allergic reactions are removed during the manufacturing process. However, cold-pressed, or unrefined/unprocessed (crude) peanut oil can contain small amounts of peanut allergens, which can cause a reaction in people who are sensitive.

Some people with peanut allergy might also react to other legumes such as soya, green beans, kidney beans, green peas and lupins, because these foods contain similar allergens to peanuts. Even though, strictly speaking, peanuts aren't nuts, people with peanut allergy are sometimes allergic to nuts from trees such as almonds, walnuts, hazelnuts, brazil nuts and cashew nuts.

Pine nuts can cause severe allergic reactions, including anaphylaxis, in people who are sensitive. People who are allergic to pine nuts might also react to peanuts and nuts such as almonds.

### **Seeds**

Sesame seeds, sesame oil and other sesame products such as tahini, are used in cooking, for example in Turkish or oriental dishes, and in manufactured products such as bread, biscuits, salads, sauces and humus. Sesame allergy can be severe, and can cause anaphylaxis. People with sesame allergy might also react to poppy seeds, kiwi fruit, hazelnuts and rye grain.

### **Coconut**

Coconut is not technically a nut. Allergy to coconut is rare in the UK, but coconut can cause allergic reactions (including anaphylaxis) in people who are sensitive. A small number of people who are allergic to nuts have reacted to coconut. Coconut might also cause reactions in people who are allergic to latex.

### **Egg Allergy**

Like most food allergies, egg allergy is more common in childhood and about half the children who have it will grow out of it by the age of three. In a few cases, egg allergy can cause anaphylaxis.

Egg allergy is mainly caused by three proteins in the egg white called ovomucoid, ovalbumin and conalbumin. Cooking can destroy some of these allergens, but not others. Therefore some people may react to cooked eggs, as well as raw eggs.

Occasionally someone might react to egg because they have an allergy to chicken, quail or turkey meat, or to bird feathers. This is called bird-egg syndrome.

## **Lactose Intolerance**

Lactose is a sugar found naturally in milk. It's important to distinguish between lactose intolerance and milk allergy, because milk allergy can cause severe reactions.

Lactose intolerance is caused by a shortage of the enzyme lactase, which is needed to break down lactose so it can be absorbed into the bloodstream. When someone doesn't have enough of this enzyme, lactose isn't absorbed properly from the gut, which can cause symptoms such as bloating and diarrhoea.

Lactose intolerance can be caused by a number of things. In humans, the body produces less lactase after the age of two. However, in white Western Europeans, lactase can be produced into adult life, which allows lactose to be broken down properly.

Because of this, lactose intolerance is more common in certain ethnic and racial populations than in others. In the UK, it is thought that about 5% of the general population have lactose intolerance. In communities where milk is not traditionally part of the typical adult diet, a much bigger proportion of people are affected. For example, up to 75% of the black African community and more than 90% of the Asian community are intolerant to lactose.

Milk from mammals including cows, goats, sheep and humans contain lactose. This means that goats' milk and sheep milk aren't suitable alternatives to cows' milk for people who are intolerant to lactose. There is no medical treatment for lactose intolerance, but symptoms can be avoided by controlling the amount of lactose in the diet.

Allergy to cows' milk is the most common food allergy in childhood, and affects 2-7% of babies under one year old. It's more common in babies with atopic dermatitis. A reaction can be triggered by small amounts of milk, either passed to the baby through the mother's breast milk from dairy products she has eaten, or from feeding cows' milk to the baby.

Children usually grow out of milk allergy by the age of three, but about a fifth of children who have an allergy to cows' milk will still be allergic to it as adults. The symptoms of milk allergy are often mild and can affect any part of the body. They can include rashes, diarrhoea, vomiting, stomach cramps and difficulty in breathing. In a very few cases, milk allergy can cause anaphylaxis.

Cows' milk allergy is caused by a reaction to a number of allergens in cows' milk, such as casein and whey. Casein is the curd that forms when milk sours, and whey is the watery part that is left when the curd is removed.

People can be allergic to either whey or casein, or both, and an allergic reaction can be triggered by very small amounts of these allergens in people who are sensitive. Heat treatment, such as pasteurisation, changes whey, so people who are sensitive to whey might not react to pasteurised milk. But heat treatment doesn't affect casein, so someone who is allergic to casein will probably react to all types of milk and milk products.

Intolerance to cows' milk protein is a type of intolerance that is common in babies and children, and symptoms start from the time when cows' milk is first introduced into the diet. There is no cure for it and the only way to stop the symptoms is to avoid cows' milk products. Cows' milk protein intolerance is different to lactose intolerance and milk allergy.

### **Diabetes**

Type 1 diabetes - develops when the body's immune system attacks and destroys the cells that produce insulin. As a result the body is unable to produce insulin and this leads to increased blood glucose levels, which in turn can cause serious damage to all organ systems in the body. All schools should have access to a specialist diabetes nurse who can setup an appropriate management care plan. Specialist nurses can help parents and school staff prepare for the child's diabetes care, by providing information on testing blood glucose levels, the different types of insulin and how to manage insulin injections.

Many parents may feel worried about their child with diabetes going to school. To help maintain good blood glucose levels at lunchtime Taylor Shaw can provide a carb count menu to support pupils when matching insulin injections to the carbohydrate content of an average school meal. This information is available upon request. Alternatively a special diet meeting can be scheduled with our nutritionist at school.

Type 2 diabetes – Type 1 is the most common form of diabetes in children; however Type 2 is now on the rise. Type 2 diabetes develops when the body does not produce enough insulin to maintain a normal blood glucose level, or when the body is unable to effectively use the insulin that is being produced. Leading a healthy lifestyle by eating well, keeping active, maintaining a healthy weight and monitoring health all counts towards managing type 2 diabetes and avoiding the disease altogether. However, sometimes diet and exercise is not enough to control Type 2 diabetes and individuals may need diabetes medication.

## Sheffield City Council Medical Diet Procedure

The Parents or Carers should initially discuss all children's dietary needs as part of the child's care plan with school, then:

### Parent or a member of school staff

1. The initial enquiry is to be made to the School Food Service at Sheffield City Council **TELEPHONE 01142 734767**, a parent or a member of school staff representing a parent may contact the School Food Service. Information requested will include: parents contact details, child's DOB, nature of the medical diet required.
2. Parent or a school representative will provide written medical evidence from a GP, Dietician or other relevant health professional. A copy of this to be sent to the School Food Service via **Fax 273 5855** or by post to School Food Service, Level 7, Moorfoot Building, West Wing, Sheffield S1 4PL.
3. The parent will be requested to provide a recent photo of their child to enable their child to be easily identified by the catering team.

**Note** - Written medical evidence from a GP, Dietician or other relevant health professional **must** be provided to the School Food Service at this stage. Medical Diets will **not** be organised without this information which demonstrates a clear medical need.

### School Food Service

Will contact Taylor Shaw's Nutritionist (School Meals Catering Contractor) to request a Medical Diet is put in place. All the information received from the parent or school will be used to create the appropriate diet for the child.

### Taylor Shaw

1. The Nutritionist may arrange a meeting at school with a parent, school cook, plus school representation as necessary. (Please note although every parent has the opportunity to meet with the Nutritionist the majority of diets can be implemented without a meeting).

**Note** - The proposed menu will be based on the school's menu. A menu highlighting common allergens will be used to tailor dishes to the child's individual dietary needs.

2. The school cook will be briefed regarding the medical diet, recipes and preparation techniques i.e. avoiding cross contamination.
3. The child's details will be included in Taylor Shaw's medical diet records.
4. A commencement date will be agreed with all parties, and confirmed with the School Food Service by fax.

5. The agreed menu will then be created, printed and a hard copy issued to the school cook and parent with a covering letter.
  - a. The cook's menu will be displayed in the kitchen.
  - b. A covering letter will be issued to the school clerk by the nutritionist.
6. Follow-up meeting can be arranged if necessary, i.e. menu changes.

**Note - A medical diet will not be put in place without adhering to this procedure.**

**Training** – All Cooks and Unit managers have had health & safety training incorporating food allergens.

## **Emergency Procedures (anaphylactic shock)**

Please note the school is responsible for establishing emergency procedures regarding anaphylactic shock etc. It is recommended that schools designate a member of staff to be trained to use an epi-pen and alert emergency services etc. We also recommend adherence to the Anaphylaxis Campaign's protocol on the management of children who suffer from allergic or anaphylactic reactions, in line with DfES ( guidance given in "*Managing Medicines in Schools & Early Years Settings*". For more information please go to The Anaphylaxis Campaign website: <http://www.anaphylaxis.org.uk/information/Schools/information-for-schools.aspx>

### **What is Anaphylaxis**

Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours.

### **What can cause Anaphylaxis?**

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, brazils), sesame, fish, shellfish, dairy products and eggs. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection. In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

## **Contact Details**

**Parent/Carer medical diet contact number 0114 2559103**

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