

NHSScotland

Policy for Food Allergen Management

Contents

	<i>page</i>
Aim.....	3
Objectives.....	4
Background.....	5
Definition	6
Scope	7
Legislation.....	8
Common Food Allergens	9
Responsibilities	10
Catering	11
Dietetics.....	12
Example of Procedure for management of patients with suspected food allergy	13
Care for patients with confirmed food allergy.....	14
Staff Training and Education	16
References.....	17
Appendix 1: Allergen Identification Table	18
Appendix 2: Catering Staff Allergy Update Form.....	20

Disclaimer

The contents of this document are provided by way of general guidance only at the time of its publication. Any party making any use thereof or placing any reliance thereon shall do so only upon exercise of that party's own judgement as to the adequacy of the contents in the particular circumstances of its use and application. No warranty is given as to the accuracy, relevance or completeness of the contents of this document and Health Facilities Scotland shall have no responsibility for any errors in or omissions there from, or any use made of, or reliance placed upon, any of the contents of this document.

Aim

The purpose of this policy is to ensure that the food provided by catering services within NHSScotland is stored, handled, prepared and served to ensure it is safe for all patients including those who may have food allergies. Catering staff will have access to relevant training and/or education as required.

Objectives

This policy will acknowledge the importance of the appropriate action being taken for patients being admitted to an NHSScotland facility with a suspected or known food allergy and ensure that suitable control measures and practices are in place both at kitchen and ward level to reduce the likelihood of accidental contamination. All Boards are required to follow this policy.

The policy will ensure that:

- clear guidance is provided for catering staff on their responsibility for provision of food for patients with suspected or confirmed food allergy;
- that procedures are in place within NHSScotland facilities which are sufficient and proportional to the risk associated with food allergies;
- that appropriate training/education is available and implemented for any catering staff involved in providing food for patients with food allergies;
- that appropriate information and support is available for staff.

Background

What is a food allergy?

Food allergies involve the body's immune system. The body reacts to certain allergens in food by producing antibodies, which can cause immediate and sometimes severe symptoms such as swollen lips or eyes, vomiting, skin hives and in most extreme cases difficulties breathing and a severe fall in blood pressure (anaphylactic shock). In extreme case this can prove fatal. Food allergies are an increasing concern for consumer and food producers as the incidence rises (Gupta et al 2004).

What is food intolerance?

This does not involve the immune system in the same way and is not usually as severe as a food allergy. Symptoms usually take longer and may include headaches, fatigue and digestive problems.

Food intolerance is harder to diagnose than a food allergy. The only reliable way to diagnose it is to omit the suspected food from the diet (under the supervision of a dietitian or doctor) to see if symptoms disappear.

The person with a known allergen trigger, may know what product (food ingredient) will provoke a reaction. However they may well have eaten this food or a specific dish previously and had no adverse reaction. It is essential in a hospital setting that **standard recipes** are **rigorously adhered to**. This will help to enable allergen avoidance and to identify a trigger allergen ingredient should a reaction occur. Any variation to an approved standard recipe could cause an adverse reaction which may become fatal.

So who is at risk?

Anybody can develop a food allergen or intolerance at any time in their life irrespective of whether they have consumed the food previously. A person with an allergy is at risk even if they consume a small amount of the food allergen. The response to this can be relatively mild such as small red marks on the skin or swelling of the face to a full anaphylactic shock incident which needs immediate medical treatment.

People most likely to develop food allergies include those with related conditions e.g. asthma, eczema and hay fever or with close family members with these conditions.

Definition

The proportion of the population (UK) with a true food allergy is approximately 1-2% of adults and 5-8% of children. (FSA, 2006) which equates to around 1.5 million in the UK. In addition, about 1:100 of the UK population has coeliac disease and needs to avoid gluten.

Scope

This policy will cover the action to be taken by catering services involved in managing the provision of food for patient with suspected or confirmed food allergy.

Legislation

This policy aims to assist in compliance with:

EU Regulation 1169/2011 on the provision of food information to consumers, particularly in relation to food labelling highlighting any allergens e.g. peanuts or milk.

EU Regulation 2000/13/EC - Labelling, presentation and advertising of foodstuffs and Regulation 90/496/EEC on the nutritional labelling of foods are also covered. Note EU Regulation 1169/2011 subsumes both of these regulations from 23 December 2014 and there is an obligation to provide nutritional labelling for foodstuffs from 13 December 2016.

NB: As advised the labelling regulation will apply to food produced in a hospital kitchen (It has been advised that any food, even that which is given away as a sample, will be included in the regulation).

Common Food Allergens

Common allergens include:

- nuts/peanuts;
- milk;
- gluten: cereals containing gluten (wheat flour protein);
- fish including crustaceans and molluscs (shellfish);
- eggs;
- soya: beans and derivatives;
- celery;
- mustard;
- sesame seeds;
- sulphur dioxide and sulphites;
- lupin.

People may report allergies to other foods not on this list. Most common in the UK are kiwi, peas, other legumes (beans etc), other seeds and other fruits and vegetables. In some cases, people only need to avoid these when raw and can have them cooked.

Responsibilities

Managing suspected and confirmed food allergies requires a multi-disciplinary approach to ensure minimisation of risk. Outlined below is the role of the catering service involved in the provision of patient meals.

Catering

All dishes which are produced in house must use standard recipes with ingredients from 'approved' suppliers. Any ingredient/supplier changes affecting standard recipes require to be detailed to identify the changes to the recipe. Documentation is required to be completed site-by-site and retained for three months.

The hospital's Hazard Analysis Critical Control Point (HACCP) system must be followed to ensure the production of safe food to safeguard any patients with a suspected or confirmed food allergy. The catering manager, or equivalent, is responsible for notifying all catering staff producing food for patients with specific requirements of suspected or confirmed allergies.

It is also the responsibility of the person preparing that meal to ensure that any food prepared and sent to the wards for a patient with a suspected or confirmed food allergy is appropriate for their needs **and labelled with the patients name and ward along with the type of allergy for the individual patient concerned.**

It is the responsibility of catering managers and management team to ensure that they have in stock or be able to access the necessary stock of ingredients to offer suitable alternatives for people with allergies, intolerances and coeliac disease. At the very least, this should include wheat/gluten free bread, pasta, biscuits and crackers, and alternatives to cow's milk and butter/margarine spreads e.g. milk free spread (most of these are ambient or can be frozen).

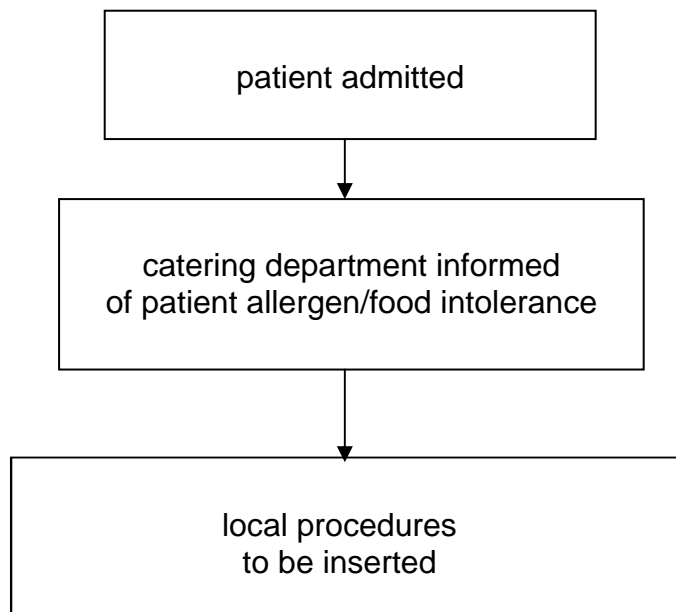
Dietetics

Dietitians can provide dietary advice to alter the diet to avoid suspected or confirmed food allergen whilst ensuring that no nutrients are excluded from the diet which would cause nutrient deficiencies e.g. if cow's milk is removed then other calcium sources need to be included in the diet.

The dietitian can liaise with ward and catering staff to ensure suitable meals are requested and available for the patient.

Example of Procedure for management of patients with suspected food allergy

Note: Good practice advice is described in the next section.



Care for patients with confirmed food allergy

Catering

Staff Training

All catering staff are required to undertake an annual update on food allergens commensurate with their post.

Cooking staff must also attend a recognised training course on food allergens. All training documentation must be registered on individual site systems for recording of staff training. Staff training records are to clearly show the annual update training.

Good Practice

- a specific area in the production kitchen will be allocated solely for the preparation of any food for a patient who has been identified with a suspected or confirmed food allergy;
- the area allocated for food preparation for food allergy patients will be clearly marked and only used for this purpose for the duration that specialist food is required for a patient with a food allergy or food intolerance;
- the area will be deep cleaned and sanitised before it is used to prepare food for a patient identified with a food allergy or intolerance and also between food preparations for patients with different allergies;
- separate identifiable chopping boards, knives and cooking equipment/utensils will be used in this area for each identified allergen;
- the cook preparing food for such patients will wear a disposable apron and gloves when preparing food for patient with a food allergy or intolerance and wash their hands before and in-between preparation tasks;
- catering staff will ensure that equipment/utensil used in the preparation of food for food allergy patients is cleaned according to standard procedure (see HACCP manual) which under normal circumstances should be sufficient. In very extreme cases, caterers may take expert advice from dietetics;
- any menu/recipe changes must be documented by the catering department and retained according to local procedure;
- all food produced for patients with suspected or confirmed food allergy or intolerance will be placed in an individual food safe container and covered with cling film. It will then be clearly marked with the patient's name;
- it is the responsibility of the person receiving this call to inform all staff members on duty of any changes affecting food service.

For catering staff that handle food at ward level

- on receipt of food/meal trolley catering staff should check that the special meal ordered for patients with suspected or confirmed food allergy has been supplied and is appropriate for the patients. Any concern should be immediately discussed with kitchen staff;
- food for patients with suspected or confirmed food allergy should be served first with clean serving utensil to ensure that no other food stuff contaminated the special meal;
- normal food handling procedure should apply (e.g. washing hands, wearing disposable gloves and aprons);
- care should be taken to ensure that other patients do not share meals with the patient with suspected or confirmed food allergy.

Staff Training and Education

NHSScotland is committed to ensuring that staff involved in the provision of food for patients with suspected or diagnosed food allergy have appropriate training and that it is updated on a regular basis.

Therefore food allergen management training is incorporated into the catering department mandatory training/refresher training programmes.

References

Gupta et al (2004), Clinical and Experimental Allergy 34, 'Burden of allergic disease in the UK: secondary analyses of national databases', p520-526.

Food Standards Agency (2006); 'Guidance on Allergen Management and Consumer Information'.

<http://www.food.gov.uk/multimedia/pdfs/maycontaininguide.pdf> 02.11.12

EU Regulation 1169/2011 <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

EU Regulation 2000/13/EC <http://eur-lex.europa.eu/LexUriServ/site/en/consleg/2000/L/02000L0013-20070112-en.pdf>

Food in Hospital Standards 2008

<http://www.scotland.gov.uk/Resource/Doc/229423/0062185.pdf>

Coeliac UK <https://www.coeliac.org.uk/home/>

Appendix 1: Allergen Identification Table

Note: Examples given are not exhaustive and further information can be assessed within Food in Hospital documentation Table 20 & 21.

<p>Cereals Containing Gluten e.g. Wheat, Rye, Barley Oats, Spelt and Kamut</p>	<p>Bread, wheat flour, biscuits, crackers, pasta, breakfast cereals (including items like breadcrumbs and batter), cakes, pastry, semolina, soya sauce.</p> <p>It is also found in many processed foods such as soups, gravies, sauces, sausages, haggis, fish cakes and all processed foods must be checked to ensure they are gluten free.</p> <p>Please see the Caterer's Toolkit from Coeliac UK for more information.</p>
<p>Celery and Celeriac e.g. Stalks, Seeds and Leaves</p>	<p>Salads, soups and celery salt, stock cubes, stewpack, some meat products.</p>
<p>Eggs e.g. Hens, Duck, Turkey Quail, Goose, Gull and Guinea Fowl</p>	<p>Cakes, sauces, pasta, mayonnaise, glazed products, some meat products (e.g. meatloaf, used as binder), quiche, mousse, foods brushed with egg, Quorn.</p>
<p>Fish, Crustaceans and Molluscs e.g. all Fish, Prawns, Lobster, Crab, Clams, Oysters, Mussels and Langoustine</p>	<p>Soy and Worcestershire sauce, Thai fish sauce, relish, some salad dressings, fish extracts, oils and paste.</p>
<p>Milk e.g. Cows, Sheep and Goats</p>	<p>Milk powder, yogurt, butter, margarine, cheese, cream, ghee, milk glazed products, ice cream, custard and other milk puddings.</p> <p>Milk powder and milk products are used in many manufactured products.</p> <p>Some processed meats, chocolate, some canned fish, Quorn.</p>
<p>Mustard</p>	<p>Mustard paste, seeds, leaves, flour, salad dressings, marinades, soups, sauces (e.g. cheese sauce), curries, some meat products, occasionally cheese scones.</p>
<p>Peanuts</p>	<p>Arachis or groundnut oil, peanuts, peanut flour, satay sauce, refined peanut oil.</p> <p>Cakes, biscuits, ice cream desserts, breakfast cereal, salad dressing, confectionery and vegetarian products.</p>
<p>Other Nuts e.g. Walnuts, Cashew Pecan, Brazil, Pistachio, Macadamia, Queensland, Almonds, Hazelnut, Pinenut, Chestnut</p>	<p>Cakes, biscuits, sauces, desserts, bread, crackers, ice cream desserts, praline (hazelnut), some choc spreads, nut butters, essences & oils, marzipan & frangipane (almond), pesto, nut salad dressings, breakfasts, confectionery, vegetarian products.</p>
<p>Sesame Seeds</p>	<p>Oil or paste, tahini, houmous, halva, furikake, gomashio, bread.</p>

<p>Soya e.g. Flour, Tofu, Beancurd, Textured Soya Protein, Soy Sauce and Edameme Beans</p>	<p>Tofu, textured vegetable protein, soy sauce, soybean flour used in cakes, biscuits, pasta, burgers, sausages, confectionery. Dairy products made from soya beans including soya milk some ice creams.</p>
<p>Sulphur Dioxide and Sulphites</p>	<p>Some meat products, stock cubes, bouillon mix, fruit juice drinks, dried fruit/vegetables, wine, beer, cider.</p>
<p>Lupin Seeds and Flour</p>	<p>Some types of bread and pastries e.g. waffles (particularly those manufactured in France and Belgium).</p>
<p>NB- NDR Diet Sheets</p>	<p>For more information consult dietician.</p>

Appendix 2: Catering Staff Allergy Update Form

<p>Food Allergen Management Training Document & Information</p>
--

I..... have received, read and understood the attached policy on Food Allergen Management.

I have a copy for my own information and referral.

Signed:	
Supervisor/Manager's Initial:	
Date:	