

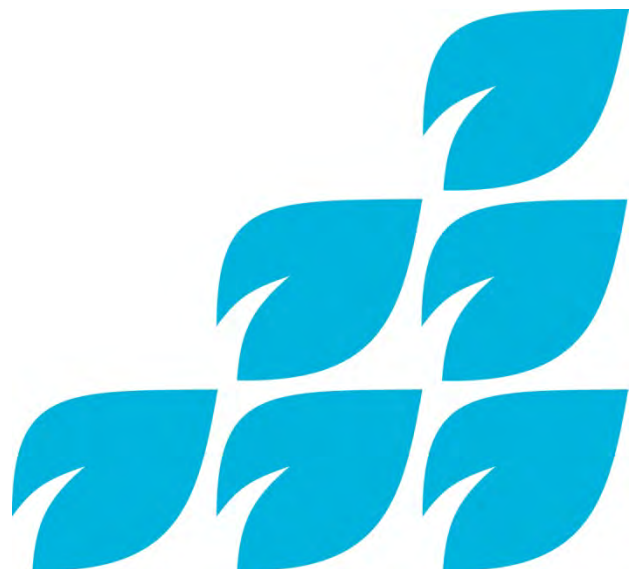
---

# Allergen Toolkit for Healthcare Catering

---



**FOOD COUNTS!**



Food Counts! a specialist group of the British Dietetic Association, working with the Hospital Caterers Association (HCA) has compiled the following toolkit on the steps that must be taken in order to comply with new allergy legislation due to come in to force in December 2014.

The key concepts of how to implement an effective allergen management program, train staff in food allergen risks, and how to communicate accurate and consistent information on the allergens in your food are outlined here together with hyperlinks to more detailed guidance.

*Authors: Helen Ream (Chair), Lauren Bowen, Patricia Herbert, Roslyn Norrie, Sadaf Saied, Eileen Steinbock; Nicola Strawther, Chief Dietetic Technician, Dietetics & Nutrition, Nottingham University Hospital in collaboration with Andy Jones representing the HCA. Critical readers: Anna Maria Holt, Helen Davidson, Julie Lardie, Lesley Russell, Neil Rush, STS; Tracey Warren; Chun-Han Chan, Food Standards Agency.*

## Allergen Toolkit for Healthcare Catering

Not everyone is able to eat all types of foods safely. Some people experience an adverse reaction when exposed to certain foods. This reproducible reaction can either be called a 'food allergy', when the immune system is involved, or a 'food intolerance', when the immune system is not involved. Food allergy can result in an anaphylactic reaction which can be fatal in some cases.

The allergen rules within the EU Food Information to Consumers (FIC) food legislation<sup>2</sup> will be applied from 13 December 2014. This will affect how allergen information is provided on prepacked food labels and will also introduce a new requirement to provide allergen information for foods sold or provided loose (non-prepacked). See appendix 1 for further details.

It will require food caterers such as hospital catering services to be able to provide information to patients, staff and visitors about the presence or use of any of the 14 specified allergens as ingredients in any of the food that they serve, including any food item served to patients at ward level and any food item sold in retail outlets.

To meet these obligations hospital caterers must know what is in food, and the requirements needed to meet the legal obligations. Caterers must be able to evidence the exact ingredients used, such as by brand names, and pack sizes, or other information that details what is normally used or that of any replacement.

The EU Food Information to Consumers regulation requires packaged food to have allergenic ingredients information emphasised in the ingredients list and food sold loose to have allergen ingredients information available. 'Allergens' refers to the 14 listed in the legislation namely:

- Cereals containing gluten
- Wheat
- Oats
- Rye
- Barley
- Spelt
- Khorasan wheat / Kamut
- Crustaceans (eg. prawns, crabs, lobster)

- Eggs
- Fish
- Peanuts
- Soya
- Milk (including lactose)
- Nuts
- Almonds
- Hazelnuts
- Walnuts
- Cashews
- Pecan
- Brazil nuts
- Pistachio
- Macadamia
- Celery
- Mustard
- Sesame seeds
- Sulphur dioxide (where added at >10mg/kg or 10ml/L in the finished product)
- Lupin
- Molluscs (eg. clams, squid, oysters, scallops)

When using prepacked foods in the preparation of meals, any ingredient containing one of these allergens will be included in the ingredient list. The name of the allergen will be emphasized within the ingredient list. If the name of the allergen is not within the name of the ingredient, the name of the allergen will appear in brackets. Emphasis can be **bold**, UPPER CASE, **colour**, underlined, italics or a different font or any combination of these methods

### Example

- skimmed **milk**
- goats cheese (**milk**)
- **wheat** flour
- prawns (**crustacean**)
- lactose (**milk**)
- **wheat** gluten

*\*Note gluten should be mentioned only when it is in the name of the ingredient*

This legislation does not require full ingredient lists for loose foods, the requirement is to declare any of the 14 allergens when used as an ingredient or processing aid regardless of the level of use.

Websites and other forms of communication may not have the emphasis within the ingredient list but will identify the names of all the allergens contained in the product in some other way such as an allergy advice-line.

**This will enable caterers to fulfil their legal requirement to declare allergens contained in a food, recipe or dish.**

## Procurement and purchasing of food

You should ideally purchase from suppliers who provide product specifications including the full ingredient lists that include the allergens. Failing that, use the information on the food labels and make a note of them when they are used.

All foodstuffs, from complete meals to individual recipe ingredients e.g. Worcester sauce, that are brought into a hospital should have their ingredients checked and any of the 14 allergens identified, using either their specifications or food labels.

This also applies to meals that are brought in readymade (delivered meals systems), which may not always have full details on the label. If this is the case the information needs to be sought by other means eg. specification sheets.

## Safe storage and preventing cross contamination

Once the allergen contents of all ingredients are known and logged, safe storage practices must be used to avoid the cross contamination of foodstuffs: for example sugar could be contaminated by other allergens in the environment if stored near wheat flour and milk powder. Food items need to be kept in sealed containers and accessed using clean utensils to minimise the risk of cross contamination. Where possible store allergenic ingredients e.g. nuts, peanuts, sesame on bottom shelves to prevent them falling into other foods. Larger kitchens may have quarantine rooms to separate these foodstuffs to prevent cross contamination or may keep nuts or peanuts in a special place.

The safe storage of ingredients should be included as part of the food safety management system, or Hazard Analysis Critical Control Points (HACCP) and staff trained accordingly.

## Preparation and recipes

To be able to readily inform consumers about the presence or absence of the 14 allergens (and other ingredients they may enquire about) the use of standard recipes is best practice.

Example of standard recipe:

### Corned Beef Hash

Item code	Description
XY056	brand A corned beef (some brands contain <b>milk</b> products)
ZX012	brand B cooking and baking margarine 250g (some yellow cooking fats contain <b>milk</b> )
XY005	5kg prepared quartered potatoes (some brands contain <b>SO2</b> )
XY054	5kg diced onions
ZX080	brand C English mustard (some brands contain <b>wheat</b> flour)
AB018	brand D Worcester sauce (some brands contain <b>fish</b> )
PO672	brand E garlic puree (some brands contain <b>SO2</b> )
LK893	brand F cracked black pepper

Pack size identification is essential as some brands may put different a formula into each different pack size, e.g. 18g spread portion-packs versus 5kg tubs of spread.

If you do not use standard recipes with specified ingredients, then you will need to note what ingredients and pack sizes are used each time you make a dish. When dishes are produced, especially dishes that are not served immediately, a system of batch coding, dating, and logging should be used, so that individual portions for a specific batch can be identified if necessary. In situations where a single or bespoke meal is required, e.g. For a patient with a

specific diet request, the chef will need to be able to provide the allergen information on request for that particular dish. In these cases, the person placing the order e.g. Dietitian or nurse will need to be aware of any allergies that the patients may have and communicate with the staff producing the food if allergen information is going to be required.

## Protocols

All food service organisations must supply recipe information regarding the allergens in their dishes. Depending on the size and needs of the individual organisation the allergens in each recipe should then be listed on a file note, spreadsheet, a log, or a menu software program. This is used as a ready reference to easily show the allergens present in each of the ingredients sourced. Software is available to support the tracking of ingredients into recipes and is used in many organisations. When this information has been put together a rigorous system needs to be in place to update the information when it changes. This will include adding new food products into the data when they are sourced, and updating product details when their ingredients change, or when manufacturers change formulations.

Audit procedures need to be included at every step. These should be part of your HACCP and safe storage procedure.

## Sharing the allergen information with consumers

Consumers, (including patients) must be advised that the information is readily available.

## Advising the customer, patients and others

For patients – a statement on the standard menu “Further information regarding food allergens is available upon request; please ask your ward host/ess or nurse” can be used. For retail including vending– a similar statement can be placed on the staff and visitors’ menu or a conspicuous notice placed in the restaurant.

## Supplying the information

The information must be in a form accessible to the staff member to enable them to provide the information to the consumer accurately and consistently. It must be clear and conspicuous, not hidden away, easily visible, and legible. Below are some methods that can be used:

- By verbal communication from an appropriate member of staff e.g. from details off an electronic ordering system at ward level (host/ess staff) or from the chef or from the food server via the chef (retail)
- Ward folders, e.g. suppliers’ nutrition and diet coding booklets, spreadsheets, files, or printed recipes from a central database showing allergen information
- Standard menus should state that the information is available. Information on menus should be kept to a minimum so as not to clutter or confuse (Digest page 95)<sup>3</sup>. Therefore allergen information should not be printed on standard menus
- Special menus can be used to highlight allergen information, e.g. an ‘Allergy Aware’ menu that doesn’t feature any of the 14 allergens
- Back of House Manuals, Recipe Folders, or Front of House Manuals (at the retail counter)

- On an information board or chalk board
- On labels of food prepacked for direct sale e.g. deli counters, bakeries, and sandwich bars (but note that food packed on the premises for immediate consumption does not need to comply with the other requirements of 'prepacked food' labelling regulation)
- On internal or external websites
- Any format that is made available to the consumer, e.g. audio files for deaf people or documents in Braille
- For vending machines or other unstaffed food services where there are no staff available to answer questions about the allergens in food e.g. home-made sandwiches, then the food items must be either individually labelled, or a manual or notice with all of the information must be placed nearby.

**You cannot say you do not know whether or not a food contains any of the 14 major allergens, nor can you say that all food may contain allergens. Inaccurate or incomplete information would be in breach of the FIC regulation.**

### **Identifying training needs and delivering training**

All food businesses must have a safe food system in place. Most healthcare settings will have their own established safe food policy (Digest p84)<sup>3</sup>. Food businesses must ensure they have the correct training in place for all ward and retail staff so that they can handle customer requests on food allergies and intolerances and know how to deal with any questions they may be asked. In order to check the integrity of the system and its effectiveness it is fundamental that all staff (including temporary staff and contractors) involved in handling ingredients, equipment, utensils, packaging, and products have been made aware of food allergens and the consequences of them being eaten by anyone with a food allergy.

They must also have a good understanding of food allergy management within the various stages of food production (delivery, storage, preparation, and service). This includes reading labels correctly, avoiding cross contamination, and implementing procedures for serving people with allergies safely. You should have a protocol for keeping the information up to date. All training must be appropriate to the role of the person undertaking the task and providing the service, including detailed training for staff producing dishes eg. chefs and staff responsible for producing and providing information to consumers.

### **Roles and Responsibilities**

There must be someone on site throughout the times food is being served who can deal with all questions relating to allergenic ingredients and who knows where to get information. Catering staff unsure about questions being asked need to pass them on to the colleague who can provide accurate and consistent information. Catering and Dietetic Departments must work together to ensure that the necessary database of information is put together accurately alongside systems for monitoring, alerting, and updating the details in it on a regular basis.

Specialist menus may need to be developed if there are many people in a service who have particular food allergies. Wards with many children who have milk allergy may wish to provide a special 'No milk-containing ingredients' menu. Likewise there may be a need for 'No Gluten-containing ingredients', or 'Gluten Free' (legally defined as under 20 parts per million) menus for patients who are gluten intolerant. Other common special menus for people with food allergy are 'No egg-containing ingredients', 'No nuts-containing ingredients', and 'No peanuts-containing ingredients' menus.

### **Catering or food production manager**

The processes for putting in place good practice and information updates should be included as part of the local food safety management system (HACCP). Allergen awareness training appropriate to each staff designation should be initiated to ensure compliance.

Caterers should be able to identify which product is normally used, and the details of any substitution made should be recorded in a log using information from invoices or sales dockets to be certain any change to ingredients and allergens is noted. You cannot assume the same brand in a different pack size has the same allergens because different sizes may be manufactured differently, e.g. portion packs of spreading fats versus bulk packs. The responsibility for leading and developing the database of information, producing rigorous monitoring and alert systems, and keeping the information updated lies with the catering manager and catering team. They must make sure the information is accessible to others such as dietitians, and that the information is passed on to them.

### **Chefs and other back of house food handlers**

Work schedules for chefs must be followed to ensure that whoever is producing a dish uses only the specified ingredients in the standard recipe, including the correct brand of ingredient. For example if Brand A 500g custard mix is normally used, a chef cannot substitute this for an alternative custard mix, unless a process has been followed to identify and change any allergen information for that batch.

This group of staff are responsible for the safe storage of ingredients and following the HACCP or other standard operating system in place. The local food safety management system must be followed whereby if back of house staff detect a new ingredient or ingredient list or detect any change in allergens then they must make sure that information is conveyed.

### **Patients and families**

People who have a serious food allergy need to inform their care team at the point of admission. If they cannot do so, or lack capacity their family or friends should be consulted as part of care planning. Food brought into the hospital by patients or visitors can pose risks, however, every hospital will have their own policy to manage this.

### **Restaurant and other consumers**

The onus is on the consumer to ask about allergens in food, and the restaurant should have an upfront notice to say they can ask, (see 'Advising the consumer' earlier on in this Toolkit).

A public awareness programme commencing in spring 2014 will empower the public to ask and to have their expectations met. This is being led by the FSA. There are several resources available on the FSA website.<sup>4</sup>

In situations where vending machines or other unstaffed facilities are used it is the consumer's responsibility to check the labels or other information, e.g. if a peanut-allergic consumer chooses a chocolate bar, then it is their responsibility to read the label to check the ingredient list for peanuts. The BRC, in partnership with the FDF, has produced Guidance on Allergen Labelling<sup>5</sup>. If a product is produced locally for use in a vending

machine, the allergens will need to be highlighted on the product to allow the consumer to check it's suitability for their individual needs.

### **Dietitian**

A dietitian or appropriate member of the dietetic team (e.g. dietetic technicians, assistants, or nutritionists) should be employed to work with catering departments. They will have detailed knowledge of allergens in foods, and the requirements of the legislation. This person should provide initial and ongoing support for the catering team where this is required; to ensure that the correct information is available for consumers and that this information is kept up to date. This role extends to making sure that systems are in place to ensure that the correct information is provided to the consumer when requested, however overall responsibility lies with the catering manager.

Dietitians should advocate for food allergy patients to ensure food restrictions related to allergy do not harm the patients nutritionally, and that substitute foods are nutritionally adequate and sufficiently varied so as not to compromise intake.

### **Food service staff**

Allergen awareness training appropriate for the role must be built into induction processes and be routinely delivered, along with a system to regularly undertake quality checks of knowledge and understanding. This is especially important when English is not a first language. Ward host/esses need to know where any printed, electronic, or prepared scripts for oral information are held to enable them to provide the correct food to patients and/or customers. They must be trained to take people's concerns seriously, give correct and accurate information, and they must not guess or make assumptions. This can be achieved by training with the use of standard scripts and phrases.

### **Purchasing and procurement**

Approved buying lists of suppliers and products linking them to recipes should be standard. Buyers must be able to identify which product is normally bought, thus pinning down by product code or other unique identifiers. Any replacement or substitute stock made must also be identified. Dietitians may need to brief the food purchasing team about the business case for particular foods required. In bigger companies an expert with tertiary training in allergen management may provide such advice.

### **Nursing**

Processes must be put in place so that the catering team is alerted as soon as possible when a patient with a food allergy is being admitted. Nurses need to identify on admission through the nursing assessment any allergies that a patient has, and ensure that this is documented within a plan of care. There must be systems in place for alerting all staff on the ward of the need for vigilance when a patient with a food allergy is admitted; this includes beverage service staff as well as meal service staff. No staff member must ever guess about the allergen content of food or drink given to the patient, if they cannot answer with certainty they must seek the support of someone with the correct knowledge and/or know where to access this information.

Nurses need to communicate with the patient, carer, ward staff, caterers and dietitians to ensure that safe food for patients with food allergy is provided, while taking care that individuals' nutritional needs continue to be met. This is especially important in cases where dietary restrictions may impact overall nutrient intake.

Nurses also need to know about how to manage risks, including cross contamination, especially if they are involved in serving meals or snacks.



## Boards

The systems in place to manage risk need to be adequate to ensure the Board meets their FIC legal obligations. Nutrition Policy (Digest page 51)<sup>3</sup> should be part of Boards' governance and risk systems.

## Environmental Health Officers and Trading Standards Officers

EHO's and TSO's are the enforcement officers for this legislation. Hospitals will be visited and any member of the catering team can be asked about their role and responsibility for the food.

## Volunteers

Orientation for volunteers who help patients to eat must include knowing that when patients or carers say the patient has an allergy then they must pass that information on to clinical staff immediately.

## Food facts

Misconceptions and misunderstanding about food allergens abound, here is some correct information

- Coconut is not a nut, it is a fruit
- Pine nuts are a seed, and not a nut
- Maltodextrin does not contain wheat
- Dextrose does not contain wheat

## Further Information

The UK's Food Standards Agency offers an excellent online training package to help catering establishments and enforcement officers to understand what good practice is. The training can be accessed here: <http://allergytraining.food.gov.uk/>

## References

1. Letter to Andy Jones - see Appendix 1
2. The Regulation on the provision of food information to consumers  
<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>
3. The Nutrition and Hydration Digest: Improving outcomes through Food and Beverage Services. BDA 2012  
[www.bda.uk.com/publications/NutritionHydrationDigest.pdf](http://www.bda.uk.com/publications/NutritionHydrationDigest.pdf).
4. FSA website resources about Allergens <http://www.food.gov.uk/science/allergy-intolerance/label/#.U7PZQpRdX4M>
5. BRC Guidance on Allergen Labelling March 2013  
<http://www.brc.org.uk/downloads/Guidance%20on%20Allergen%20Labelling.pdf>
6. Food Standards Agency allergen information for consumers and businesses  
<http://www.food.gov.uk/science/allergy-intolerance/>

## Appendix One<sup>1</sup>

14 February 2014

From: The Food Standards Agency

Dear Mr Jones,

Thank you for your email of 4 February 2014 to Sue Hattersley regarding the provision of food information to consumers.

As you are aware, the new regulation brings EU rules on general and nutrition labelling together into a single regulation to simplify and consolidate existing labelling legislation. This requires the 14 specified allergenic ingredients to be listed and highlighted for pre-packed foods and also introduces a new requirement to provide allergen information for foods sold non pre-packed including in catering sector.

Allergen information has been extended to non pre-packed foods and foods from catering outlets with flexibility in how businesses provide this information to consumers. However, it is not the intention that businesses providing non pre-packed foods would need to include a full ingredients list as the Article 44(1) requirement refers only to allergenic ingredients.

There will be flexibility in how the allergen information can be provided including orally. However, if businesses choose to provide information orally, then they must provide a notice to say that such information can be obtained from staff. This statement can be on a notice or on the menu ticket or label and must be easily recognised and noticed by consumers at the place where they choose the food.

Food that is made fresh on site and packaged is non pre-packed and likewise those made on site and served directly. Therefore these foods do not need full ingredients list as is needed for pre-packed foods. But there is a requirement for the allergenic ingredients information to be provided to the consumer.

Draft guidance to compliance which will help businesses comply with the requirements of the Regulations has recently been consulted on together with the draft national legislation and the documents can be found at [www.defra.gov.uk/consult/2012/11/07/fir-2013/](http://www.defra.gov.uk/consult/2012/11/07/fir-2013/). Final documents are expected to be published by May 2014.

However, you may be able to draw some useful information from the Questions and Answers on the application of the Regulation (EU) N° 1169/2011 on the provision of food information to consumers and other useful resources which can be found at [http://ec.europa.eu/food/food/labellingnutrition/foodlabelling/docs/qanda\\_application\\_reg1169-2011\\_en.pdf](http://ec.europa.eu/food/food/labellingnutrition/foodlabelling/docs/qanda_application_reg1169-2011_en.pdf)  
<http://multimedia.food.gov.uk/multimedia/pdfs/publication/allergy-leaflet.pdf>

The Agency has developed an interactive food allergy training tool. It highlights steps that should be followed to make sure good practice is used in the manufacture and production of food and was designed for enforcement officers but may also be of interest to anyone wanting to learn more about food allergy issues. This can be found at <http://allergytraining.food.gov.uk/>

The Regulation on the provision of food information to consumers can be found at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

I hope this information is helpful.

Yours sincerely

Olu Adetokunbo Food Allergy Branch

