



national  
allergy  
strategy



# Food Allergen Management in Foodservice

**A BEST PRACTICE GUIDELINE**

**VERSION 2**

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## Background Standards

**In managing food allergies in health care foodservices there are overarching practices that are required as per the Food Standards Code (FSANZ) that will inform and support the process of identifying, assessing, managing and auditing the risk of food allergies in the food service.**

**These include** – Food Standards Australia & New Zealand (Chapter 1 – Food Allergen Labelling - *A food allergy occurs when a person's immune system reacts to allergens that are harmless to other people. Most food allergies are caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat. These must be declared on the food label, whenever they are present in food as ingredients (or as components of food additives or processing aids), however small the amounts present. Mandatory declaration of certain substances (allergens) in food (1) The presence in a food of any of the substances listed in the Table...., must be declared .....when present as – (a) an ingredient; (b) an ingredient of a compound ingredient; (c) a food additive or component of a food additive; (d) a processing aid or component of a processing aid. (2) The presence of the substances listed in the Table ....must be (a) declared on the label on a package of the food; (b) where the food is not required to bear a label.....– (i) declared on or in connection with the display of the food; or (ii) declared to the purchaser (consumer) upon request; or (c) displayed on or in connection with food dispensed from a vending machine.*

Added Sulphites in concentrations of 10 mg/kg or more

Cereals containing gluten and their products, namely, wheat, rye, barley, oats and spelt and their hybridised strains

Crustacea and their products

Egg and egg products

Fish and fish products, except for isinglass derived from swim bladders and used as a clarifying agent in beer and wine

Milk and milk products

Peanuts and peanut products

Sesame seeds and sesame seed products

Soybeans and soybean products

Tree nuts and tree nut products other than coconut from the fruit of the palm *Cocos nucifera*

Lupin

Food Standards Australia & New Zealand (3.2.1 – *a food business must have a food safety program if serving food to vulnerable populations (3.3.1 hospitals, aged care facilities) and must systematically examine all ....food handling operations in order to identify the potential hazards, must comply with the food safety program and must ensure the FSP is audited by a food safety auditor at the frequency recommended for the food business.*)

Food Standards Australia & New Zealand ( 3.2.2 – *Food Safety Practices & General Requirements – sets out specific food handling controls related to the receipt, storage, processing, display, packaging, transportation, disposal and recall of food. Other requirements relate to the skills and knowledge of food handlers and their supervisors, the health and hygiene of food handlers, and the cleaning, sanitising and maintenance of the food premises and equipment within the premises. If complied with, these requirements will ensure that food does not become unsafe or unsuitable.*

## NOTIFICATION

Meal process	Risk Management	Evidence	Audit verification
Admission	<ul style="list-style-type: none"> <li>• Patient/resident/relative asked if any food or potential allergies/ intolerances.</li> <li>• Allergen status noted in patient chart/ admission documentation.</li> <li>• Communication to nurse completing admission screening.</li> </ul>	<p>NSQHS <i>Std Comprehensive Care Action 5.10</i> (Screening of Risk)</p> <p>NSQHS <i>Std Communication for Safety Action 6.7</i> (Clinical Handover)</p>	Documentation in patient chart noting food allergen/intolerance or follow local process for inclusion of an allergen statement.
Meal ordering	<ul style="list-style-type: none"> <li>• Admitting nurse adds food allergy to patient diet list (kitchen rung if diet list change deadline expired).</li> <li>• Food allergy noted on patient's bed board/bed notes.</li> <li>• Referral made to dietitian.</li> </ul>	<p>NSQHS <i>Std Comprehensive Care Action 5.10</i> (Screening of Risk)</p> <p>NSQHS <i>Std Communication for Safety Action 6.7</i> (Clinical Handover)</p>	<p>Allergy noted on patient diet list before first meal order.</p> <p>Phone call noted in communication log of diet office.</p>
Diet/Menu Office	<ul style="list-style-type: none"> <li>• Allergy noted in menu management system.</li> <li>• Allergy diet request communicated to cooks.</li> <li>• Dietitian notified.</li> <li>• Appropriate menu card submitted for next meal.</li> </ul>	<p>NSQHS <i>Std Communication for Safety Action 6.7</i> (Clinical Handover)</p>	<p>Allergy is noted in the menu management system on date of admission/allergy noted on menu board in kitchen.</p> <p>Noted in cooks communication book/ diet list.</p>

## SOURCING

Meal process	Risk Management	Evidence	Audit verification
Food contracts management	<ul style="list-style-type: none"> <li>• Use a trusted supplier who can provide validation of “allergen free” or “low allergen/intolerance”.</li> <li>• All food contracts include minimum criteria for allergen declaration and standard PIF (product information form). Include requirement for all PIFS to be current with supplied product.</li> <li>• All food contracts include the requirement for no substitutions without prior notification and approval.</li> </ul>	<p>Food Standards Australia &amp; New Zealand 3.3.1</p> <p>Food Standards Australia &amp; New Zealand (Mandatory Advisory Statements 1.2.3 – <i>foods for catering purposes that are exempt from carrying a label, the advisory statement must be provided in documentation accompanying the food</i>)</p>	<p>All items are purchased from a registered supplier under contract arrangements.</p> <p>A PIF exists for all manufactured products with analytical verification for <u>allergen free</u> claim from suppliers.</p> <p>All substitutions have been notified and communicated and documented.</p>
Receival & product checking	<ul style="list-style-type: none"> <li>• Items are checked for correct product, brand and use by date as per FSP.</li> <li>• Products are checked for ingredient currency against PIF.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Mandatory Advisory Statements 1.2.3 – <i>foods for catering purposes that are exempt from carrying a label, the advisory statement must be provided in documentation accompanying the food</i>)</p>	<p>All items have a receival log entry noting temperature if appropriate and use by date/batch number and are signed by the receiving officer.</p> <p>Ingredients checked against PIF and any variations are noted and communicated.</p>

## SEGREGATION

Meal process	Risk Management	Evidence	Audit verification
Storage	<ul style="list-style-type: none"> <li>Identify foods required (check stored appropriately as per allergen storage in FSP) and check ingredient labels.</li> <li>Pre-plated allergy meal covered and stored appropriately as per FSP until delivery.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>when storing food, store the food in such a way that it is protected from the likelihood of contamination</i>)</p>	<p>No non-conformances re storage of allergen free food noted or if noted, appropriate corrective action taken, recorded and signed.</p>
Meal Preparation	<ul style="list-style-type: none"> <li>Preparation bench cleaned as per allergy cleaning SOP.</li> <li>PPE applied as per FSP.</li> <li>Clean utensils sourced.</li> <li>Identify foods required (check stored appropriately as per allergen storage in FSP) and check ingredient labels.</li> <li>Preparation of meal in isolation to other food preparation as per FSP.</li> <li>Meal checked as accurately prepared and/or plated by NA or supervisor (note this may happen on the plating line).</li> <li>The FSP must have a process for managing products decanted from original containers; including labelling with ingredients, allergen statements, use by dates &amp; date decanted.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>when processing food – take all necessary steps to prevent the likelihood of food being contaminated</i>)</p> <p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>must ensure “eating and drinking utensils and food contact surfaces of equipment “is in a clean and sanitary condition”.</i>)</p> <p>Statewide Foodservice Best Practice Guideline (3.5.4) <i>All meals, before leaving the kitchen, shall be checked for accuracy by a staff member trained in nutrition units. (TAFE Nutrition Units HLTAHA018, HLTAHA019)</i></p>	<p>Cleaning schedule completed and signed.</p> <p>Verification of the cleaning process to ensure no residual food product on benches or utensils with potential for cross contaminations.</p> <p>No cross contamination incidents noted or if noted, appropriate corrective action taken, recorded and signed.</p> <p>No inaccuracy incident noted, or if noted, appropriate corrective action taken, recorded and signed.</p> <p>All decanted products are in sealed containers and have a label indicating at a minimum – product name, ingredients, allergen statements, use by dates and date decanted.</p>

## SERVICE

Meal process	Risk Management	Evidence	Audit verification
Meal Delivery	<ul style="list-style-type: none"> <li>Meal is checked as correctly plated, correct menu card (ie. Patient name, ward, bed and diet), is covered and not at risk of cross contamination.</li> <li>Meal is transported to the patient in a manner that minimises contact with other food eg. on top of meal trolley/on separate trolley.</li> <li>Before meal is left with patient/resident ensure correct patient and meal using 3 approved patient identifiers (as per local policies &amp; procedures) eg. patient name, DOB, URN (arm band) are checked with either the patient/resident or if unable to ascertain accurately, with the nurse allocated to that patient/resident.</li> <li>If a patient with an allergen is not in the bed, check with nursing staff and <u>do not</u> leave the meal at the bed – return to the kitchen and notify the supervisor.</li> <li>No additions/substitutions to items on meal trays for patients with food allergens are to occur after meal tray has left the kitchen.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>when transporting food – protect all food from the likelihood of contamination</i>)</p> <p>NSQHS Std Communication for Safety Action 6.5 (Correct Identification and procedure matching)</p> <p>NSQHS Std Communication for Safety Action 6.7 (Clinical Handover)</p>	<p>No inaccuracy incident noted in clinical incident reporting system, or if noted, appropriate corrective action taken, recorded and signed.</p> <p>No cross contamination incidents noted or if noted, appropriate corrective action taken, recorded and signed.</p> <p>No incidents recorded on patient/resident safety system of incorrect meal to patient/resident.</p> <p>Staff are checking correct patient before leaving the meal and there are no meals delivered to patients who have allergens, who are not in their bed.</p>

## SERVICE

Meal process	Risk Management	Evidence	Audit verification
Mid-meal delivery	<ul style="list-style-type: none"> <li>• Mid-meal is prepared according to the FSP and meal preparation section (cleaning, PPE, clean utensils, separate storage of food items).</li> <li>• If in sealed packaging check packaging is intact, has been stored separately to foods containing allergens and complies with the labelling requirements for decanted products under Meal Preparation section.</li> <li>• Check mid-meal item is labelled correctly with item, diet, patient name, ward &amp; bed.</li> <li>• Item is transported to the patient in a manner that minimised contact with other food.</li> <li>• Before meal is left with patient/resident ensure correct patient and meal using 3 approved patient identifiers (as per local policies &amp; procedures) eg. patient name, DOB, URN (arm band) are checked with either the patient/resident or if unable to ascertain accurately with the nurse allocated to that patient/resident.</li> <li>• In a common self service area (eg. dining room) ensure allergen free meals are delivered directly to the patient by a staff member (can be a nurse) who can verify the patient identity.</li> <li>• No additions/substitutions to items on meal trays for patients with food allergens are to occur after meal tray has left the kitchen.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>when processing food – take all necessary steps to prevent the likelihood of food being contaminated</i>)</p> <p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>must ensure “eating and drinking utensils and food contact surfaces of equipment “is in a clean and sanitary condition”.</i>)</p> <p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>when transporting food – protect all food from the likelihood of contamination</i>)</p> <p>NSQHS Std Communication for Safety Action 6.5 (Correct Identification and procedure matching)</p> <p>NSQHS Std Communication for Safety Action 6.7 (Clinical Handover)</p>	<p>Cleaning schedule completed and signed.</p> <p>Verification of the cleaning process to ensure no residual food product on benches or utensils with potential for cross contaminations.</p> <p>No non-conformances re storage of allergen free food noted or if noted, appropriate corrective action taken, recorded and signed.</p> <p>No cross contamination incidents noted or if noted, appropriate corrective action taken, recorded and signed.</p> <p>No incidents recorded on patient/resident safety system of incorrect meal to patient/resident.</p>

## SERVICE

Meal process	Risk Management	Evidence	Audit verification
Meal assistance	<ul style="list-style-type: none"> <li>• Staff assisting patients/residents with meals comply with personal hygiene requirements and PPE.</li> <li>• Staff ordering test meals identifies the patient as having a food allergy via the diet meal order system and/or via phone to the menu office.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Std 3.2.2 – <i>when engaging in any food handling operation take all practicable measures to ensure his or her body, anything from his or her body, and anything he or she is wearing does not contaminate food or surfaces likely to come into contact with food</i>)</p> <p>NSQHS Std Communication for Safety Action 6.5 (Correct Identification and procedure matching)</p> <p>NSQHS Std Communication for Safety Action 6.7 (Clinical Handover)</p>	



Support Program	Risk Management	Evidence	Audit verification
Policy	<ul style="list-style-type: none"> <li>• A policy is in place to manage identification, documentation and communication of food allergies to appropriate areas; food procurement, production, storage, distribution, service; training of relevant staff, auditing, incident reporting and management; and supporting activities.</li> </ul>	NSQHS Clinical Governance Standard Action 1.7 (Policies and Procedures)	Policy/procedure on facility policy/procedure register.
Standard recipes	<ul style="list-style-type: none"> <li>• All meal items have a standard recipe that identifies allergens and ingredients of concern (eg. salicylates, meta bi-sulphite etc).</li> <li>• Recipes are followed with all mixed ingredients checked for changes to specifications.</li> <li>• Menu or recipe substitutions are checked with a dietitian before supplying item to a patient with a food allergy/intolerance.</li> </ul>	<p>Food Standards Australia &amp; New Zealand (Mandatory Advisory Statements 1.2.3 – <i>foods for catering purposes that are exempt from carrying a label, the advisory statement must be provided in documentation accompanying the food</i>)</p> <p>Statewide Foodservices Best Practice Guideline (3.2.1) <i>All facility menus shall be reviewed and assessed biennially by a dietitian (APD)...with a focus minimising allergic food reactions</i></p>	<p>Standard recipe noted for all on-site prepared meal items. Standard recipe includes allergen information and diet suitability.</p> <p>Cook has signed off on all recipes as prepared noting any variations to ingredients and communication log entry number.</p> <p>Recipe sign off sheet and communication log matches.</p>
Training	<ul style="list-style-type: none"> <li>• Allergy awareness and process training is included in orientation for all clinical, ward administration and foodservice staff.</li> <li>• All clinical staff are trained in food allergy awareness and processes annually.</li> <li>• All foodservice staff are trained in food allergy awareness, food safety and allergy processes annually.</li> <li>• All administration staff involved in patient admissions are training in food allergy awareness and processes annually.</li> </ul>	<p>NSQHS Std Clinical Performance and Effectiveness Action 1.20 (Safety and quality training)</p> <p>Food Standards Australia &amp; New Zealand (Std 3.2.2 - <i>A food business must inform all food handlers working for the food business of their health and hygiene obligations</i>)</p> <p>Statewide Foodservices Best Practice Guideline (3.5.5) <i>all staff shall be appropriately trained for....food allergy awareness</i></p>	Training records indicate that all appropriate staff are trained annually.

Support Program	Risk Management	Evidence	Audit verification
Communication & Awareness	<ul style="list-style-type: none"> <li>• Food Allergy management flow chart is displayed in foodservice areas, clinical food areas (eg. ward pantries) and on admission procedures.</li> <li>• Food ingredients including nutrition content and declarable allergens are available for all food items on the menu including mid-meal items.</li> </ul>	Food Standards Australia & New Zealand (Mandatory Advisory Statements 1.2.3 – <i>foods for catering purposes that are exempt from carrying a label, the advisory statement must be provided in documentation accompanying the food</i> )	<p>Food Allergy Management flow charts displayed in all appropriate areas.</p> <p>Staff are aware of and can verbalise Food Allergy Management process.</p> <p>Ingredients and allergen lists are available for all menu items.</p>
Food bought from home	<ul style="list-style-type: none"> <li>• A policy/procedure is in place to deal with food bought from home to ensure it is appropriately labelled, stored and handled while in the facility so as to ensure no cross contamination occurs with allergy free food/meals.</li> </ul>	NSQHS Clinical Governance Standard Action 1.7 (Policies and Procedures)	<p>Policy/procedure on facility policy/procedure register.</p> <p>All external food is stored appropriately and labelled as per the FSP.</p>
Cleaning and sanitising	<ul style="list-style-type: none"> <li>• Cleaning procedure written and displayed for pre-cleaning prior to preparation of allergy free meal.</li> <li>• All surfaces and utensils cleaned and sanitised as per procedure prior to preparing allergy free meal</li> <li>• PPE available and clearly identified for use for Allergy free meal preparation</li> </ul>	Food Standards Australia & New Zealand (Std 3.2.2 – <i>must ensure “eating and drinking utensils and food contact surfaces of equipment “ is in a clean and sanitary condition”.</i> )	<p>Cleaning schedules completed and signed as per FSP.</p> <p>Audit of workplace shows all PPE available and clearly identified.</p>

Support Program	Risk Management	Evidence	Audit verification
Verification (auditing)	<ul style="list-style-type: none"> <li>Internal audits of the Food allergen management processes are conducted regularly as per the food safety program auditing schedule or after a food allergy incident.</li> <li>External audit completed at least annually as per FSP.</li> </ul>	<p>Statewide Foodservices Best Practice Guideline (3.5.4) <i>Regular audits should be undertaken to ensure continual quality improvement of food service delivery</i></p> <p>Food Act (2006) Qld 98 (e) <i>a food safety program for a business must – provide for regular review of the program to ensure it is appropriate for the food business</i></p> <p>Food Act (2006) Qld 158(2) <i>The licensee must have compliance audit of the (food safety) program conducted, by an appropriate auditor for the food business</i></p>	<p>Internal audits completed and any non-conformances show corrective actions taken.</p> <p>External 3rd party audits completed as per schedule and any non-conformances are actioned and reported appropriately.</p>
Incident management	<ul style="list-style-type: none"> <li>A process is in place and documented in the FSP in the event a patient has an allergic reaction to a food delivered to that patient from the kitchen. The process includes instructions related to keeping the meal, diet card/order and notification to prevent other patients with that known food allergen from receiving the same food/meal item.</li> </ul>	<p>NSQHS Std Clinical Governance Action 1.11 (Incident Management systems and open disclosure)</p>	<p>Incidents are logged including all corrective actions and are recorded in the patient/resident safety system.</p>
Reporting	<ul style="list-style-type: none"> <li>Results of audits are reported at Facility Quality and Safety Meetings.</li> <li>Non-conformances and incidents are fully investigated and reports are completed and lodged as per the organisations incident management reporting systems.</li> </ul>	<p>Statewide Foodservice Best Practice Guideline (3.1) <i>A governance system shall be in place for Food and Nutrition Services through a multidisciplinary committee</i></p> <p>NSQHS Std 1 Clinical Governance Action 1.8 (Measurement and quality improvement)</p>	<p>Audit reports are minuted in the Facility Quality and Safety Meeting minutes.</p> <p>Non-conformances are matched to incident log in facilities incident reporting system.</p>