**National Allergy Strategy**

**Food allergy and intolerance policy and procedure template (Healthcare)**

**Before using this template, please note the following:**

* This template has been designed based on evidence based best practice.
* This template is designed to be used to develop a food allergy and intolerance policy and procedure document if you do not have one or can be used to review your current food allergy and intolerance policy and procedures for comprehensiveness.
* This template aims to allow for different hospital systems (paper and electronic) where possible.
* This template can be customised to suit your hospital’s approach to protocols, policies and procedures. You can do this by inserting your own procedures into the red section and adding or deleting relevant sections.
* Where a dietitian is not employed by the hospital, appropriate processes must still be in place to ensure an appropriate food service is provided to patients with food allergies.

**[Insert hospital logo]**

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| **POLICY** |
| **Food Allergies and Food Intolerances** |
| **Scope (Staff):** | All Staff |
| **Scope (Area):** | [Insert hospital name]  |

**Aim**

To assist staff to identify patients entering the hospital with known food allergies and/or food intolerances, and safely provide meals to these patients during their stay.

**Risk**

Incorrect provision of meals to patients with food allergies can result in adverse and potentially life-threatening reactions (anaphylaxis) that may impact the length of inpatient stay and increase costs.

**Definitions**

* **Allergic reaction:** occurs when someone develops symptoms following exposure to an allergen. Allergic reactions can range from mild to severe1.
* **Allergy:** when a person’s immune system reacts to substances in the environment that are harmless for most people. These substances are known as **allergens**2.
* **Anaphylaxis:** the most severe form of allergic reaction requiring urgent medical treatment3. For the purposes of recognition and emergency treatment, anaphylaxis signs and symptoms as stated on the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan include4:

**Mild or moderate reactions**

* Swelling of lips, face, eyes
* Hives or welts
* Tingling mouth
* Abdominal pain, vomiting

**Anaphylaxis**

Watch for **any one** of the following signs of anaphylaxis:

* Difficult/noisy breathing
* Swelling of tongue
* Swelling/tightness in throat
* Difficulty talking and/or hoarse voice
* Wheeze or persistent cough
* Persistent dizziness or collapse
* Pale and floppy (young children)
* **Fluids:** for the purpose of this policy, ‘fluids’ refers to any oral or enteral fluids given to the patient.
* **Food allergy:** an abnormal immune mediated reaction to ingested food (or fluid), resulting in clinical symptoms1. Reactions can occur after eating a small amount, even trace amounts, of food or fluid.

**Food intolerance:** the inability to digest a food which can cause discomfort and distress but is not life-threatening. Food intolerance does not involve the immune system.5

**Background**

* Ninety percent of food allergic reactions are caused by the common allergy causing foods. These are peanut, tree nuts (e.g. walnut, almond, cashew), egg, milk (dairy), fish, crustacea, molluscs, soy, sesame, wheat and lupin.
* While these foods cause around 90% of food allergic reactions in Australia, *any food* can cause an allergic reaction and hospitals need to accommodate *all* food allergies communicated by patients.
* Food labels are required by law to declare if the food or fluid contains any of these common food allergens, noting that gluten (and the source of the gluten) needs to be declared not wheat, under the Food Standards Code.
* Most items coming into a hospital are food service items that do not have labels and if unlabeled, must have a Product Information Form (PIF) or specification sheet listing ingredients.

**Principles**

* [Insert hospital name] will provide appropriate and nutritionally adequate menu options for patients with known food allergies and food intolerances. Refer to [insert hospital meal ordering and provision procedure and hyperlink to this procedure].
* It is the responsibility of the admitting clinical staff members to document all food allergies and food intolerances accurately on the appropriate forms/electronic patient record (e.g. patient record) and/or within [insert name of hospital meal ordering or recording system]. *Details of the electronic ordering system (if applicable) process may be included here.*

**Patient admission**

* All patients are to be asked about food allergies and food intolerances on admission.
* Food allergy and food intolerance history will be collected at the time of patient admission, or beforehand through a pre-admission clinic [insert relevant hospital procedure and admission form or medical notes].
* Key information to collect:
	+ What food(s) are they allergic/intolerant to?
	+ Is it allergy or intolerance, or a cultural or religious dietary preference or dislike? Dislikes or cultural or religious dietary preferences should be documented in a separate section other than food allergies and intolerances [insert hospital policy for how different diet types are managed]
	+ Previous allergic reactions? Previous anaphylaxis?
	+ Do they have an ASCIA Action Plan for Allergic Reactions? (No adrenaline [epinephrine] injector prescribed)
	+ Do they have an ASCIA Action Plan for Anaphylaxis and adrenaline injector prescribed? Do they have the Plan and injector with them? Where?

**Patient discharge**

* Prior to discharge, the medical team will liaise with the patient’s healthcare provider/s providing follow-up care by including details of any food allergy information on the discharge summary.

**Documentation and communication**

* Food allergy and food intolerance status will be documented on admission for all inpatients and updated if/when a reaction occurs, or new information is provided to staff (Refer to Appendix 1 for specific requirements and responsibilities of staff).
* In Victoria it is mandatory that any anaphylaxis presentation to hospital emergency departments are reported to the Victorian Department of Health & Human Services. [*Delete statement if not applicable].*
* [Insert hospital process for alerting staff that a patient has a food allergy, *e.g. patients with a food allergy must wear a coloured identification band; stickers or ward notes or medication charts, signage above the patient’s bed which states the allergy*].
* Patients **not admitted** as inpatients (e.g. outpatient department, emergency department) [insert relevant hospital procedure, *e.g. will have their food allergy and food intolerance status verified prior to provision of any food or fluid*].
	+ This verification and the identified food allergy/intolerance is to be documented appropriately.

**Food allergy management**

* [Insert relevant hospital procedure regarding food allergies, *e.g. food allergies will be recorded as a clinical alert*].
* Admitted patients, with an identified food allergy, will have their food allergy and meal options checked by [insert relevant staff members, *e.g. dietetics department or appropriately trained nutrition assistant or diet aid*] to ensure that appropriate menu options (food and fluids) are provided.
* [Insert hospital name] does not support a ‘nut free’ policy, as this can create a false sense of security for patients with nut allergy. Refer to Appendix 2 for further information.
* All clinical handovers will include the patient’s food allergy status where a food allergy exists.
* If required, patients with a newly diagnosed allergy will be referred to an appropriate Immunology or Allergy service for follow-up.

**Incident reporting**

* All incidents, including near misses (where no allergic reaction occurs but the patient was served a food or fluid containing the allergen they are allergic to), related to food allergy must be clearly documented in the patient medical record and reported in [insert relevant hospital clinical incident procedure]. Refer to [insert hospital’s clinical incident policy].
* In the event a patient has an allergic reaction to a food, including those delivered from the catering department [insert relevant information including the hospital procedure/Food Safety Program]. Refer to [insert relevant hospital Food Safety Program] for instructions related to keeping the entire meal (including fluids), diet card/order for the subsequent incident investigation; and notification process to prevent other patients with that known food allergen from receiving the same food/meal item.
* Near misses and incidents are to be fully investigated and reports are completed and lodged as per the [insert hospital’s Incident Management Reporting System].

**Food intolerance management**

* Patients with food intolerances will be provided with an appropriate meal option by:
	+ [Insert relevant hospital procedure]
	+ *For example, selection of a specified diet from the menu*
	+ *For example, patient and/or parents/carers self-management via the selection of appropriate food and fluid options from the standard ward menu*
	+ *For example, referral to a dietitian/nutrition assistant/diet or menu aid to arrange provision of an appropriate meal*
* Provision of inappropriate meals and adverse reactions are to be fully investigated and reports are completed and lodged as per the [insert hospital’s Incident Management Reporting System].

**Meal and food preparation**

**Food service department**

* Patients who have not yet been allocated a diet type by admitting staff will not be provided with food or fluids from the food service department until diet type and food allergies are recorded in [insert hospital’s meal ordering system].
* Meal provision processes will be undertaken wearing latex free gloves or no gloves and clean hands.
* Patient allergy information will be printed on the patient’s meal ticket and provided with the meal [or insert relevant hospital procedure]. Information about the ingredients of the food or fluid can be provided to patients on request.
* [Insert specific details applicable to the hospital, *e.g. colour-coded meal trays, or stickers or highlighted areas on meal tickets*] will be used to differentiate between standard meals and meals for patients with food allergy.
* Food service staff [or insert relevant staff member] are responsible for checking that plated meals and items on the tray match the items specified on the meal ticket.
* The food safety program will outline the procedures for food allergen management in all areas of the kitchen and including food brought in from outside the hospital.

**Ward pantry**

* The ward pantry should include foods appropriate for patients with food allergy.
* Food options in the pantry for patients with food allergies include [insert options here, e.g. *mini meals, specific allergy items, snacks etc*.]
* If patients require additional food from the pantry, ward staff must first check whether they have a food allergy.
* Staff will have access to the allergen and ingredient information of ward pantry items [insert the system used, for example electronic menu system or [food allergen menu matrix](https://foodallergytraining.org.au/resources/allergen-menu-matrix)].
* All allergen information must be kept up to date by trained staff (e.g. dietitian).
* Staff accessing food for patients from the pantry must check the ingredients, and check with the patient or parent/carer that the food is suitable for the patient.
* All staff preparing food at the ward level must undergo food safety training including All About Allergens for Hospitals online training (<https://foodallergytraining.org.au>).
* Staff will prepare food in ward pantries in such a way that prevents cross contamination between foods; this should be included in the hospital’s food safety program [insert ward pantry process].

**Meal and food provision**

**On the ward**

* There must be a process in place to identify which meals are for patients with food allergy.
* Meals for patients with food allergy must be delivered in a way that prevents cross contamination of food and fluids on meal trays.
* A meal tray for a patient must not be left at a patient’s bedside if the patient (and/or parent/carer in paediatric setting) is not present [Insert hospital protocol for meals not delivered].
* No items are to be added to a meal tray after a meal has left the kitchen.
* Staff will ask patients to confirm if they have a food allergy and which food(s) they are allergic to.
* Before handing out the meal, the staff member is responsible for checking that the meal and items provided matches the items specified on the meal ticket
* All staff members delivering meals to patients will follow the 3-point ID check [stipulate] procedure [as per hospital procedure] to check that the meal ticket identification matches the patient identification band (if applicable) before providing food and fluids to patients. Refer to [insert hospital’s patient identification policy name]

**General**

* If at any time a staff member has a concern about whether a meal is going to the right patient, they will escalate the concern to the nurse caring for that patient or their supervisor.
* A Food allergy management flow chart [insert link to hospital flow chart] should be displayed in food service areas, clinical food areas (e.g. ward pantries), and on admission procedures.

**Food brought into the hospital from outside**

* Food brought in from outside the hospital (including food from home and from vendors located within the hospital premises) will comply with the [insert hospital policy on food brought from home/outside and include any exceptions for patients with food allergy].
* Patients who choose to bring food from home or an outside vendor, need to be alerted to the hospital’s policy in relation to this.
* Food brought in from home for patients with food allergy will be stored and labelled appropriately as per food safety standards, and in a sealed container to prevent cross contamination with food belonging to other patients.

**After hours meals**

* All patients must be able to access an appropriate meal or substantial snack outside of normal meal service times [Insert hospital process for providing out of hours meals to patients with food allergy].
* Patients identified with a food allergy have their allergens documented in [insert hospital meal ordering system name].
* [Insert other relevant after-hours information, *e.g. kitchen is to be called to request allergy meals*]

**Vending machines and vendors**

* [Include correct hospital procedure – *include vending machines, vending machine vendors and/or on-site food services, staff training and allergen declarations*]

**Volunteers**

* Volunteers need to be aware of and follow the relevant policies including this food allergen management policy.
* [Include correct hospital procedure – *include staff training requirements and procedure for identifying and managing patients with food allergies if handling food*]

**Other food preparation situations**

* Any activity (for example, cooking activities with patients, areas where patients prepare food for themselves) must have a food allergy management procedure in place.

**Food ordering and supplies**

* An ingredient list or PIF (including ingredients) must be provided or be available electronically from a supplier in order to be used for assessing safety with regards to allergen management. A copy of this and/or a copy of the product’s label should be kept in [insert location] to:

1) identify changes in brands between audits, and

2) to help make informed decisions regarding product substitution from vendors should this occur.

*While it may not be practical to check products every time, a system must be in place to regularly check changes to product formulation or processing (e.g. cross contamination risk)* [insert frequency of checking labels and PIFs]

* All products and ingredients used in the hospital menu will be approved by [insert relevant staff member or appropriate approval pathway e.g. dietitians]
* Vendors will be instructed as to which particular BRAND is to be supplied and the brand name should be clearly documented on any orders to vendors.
* Vendors will be instructed not to substitute brands without explicit permission or without highlighting the need for brand substitution as soon as possible.
* Support/food services staff will only order the approved ingredients and food products from approved suppliers. Brand name and product information will be included in any manual or automated food ordering system to assist staff to order the correct ingredients.
	+ If any of the authorised supplies are unavailable, support services staff must contact [insert hospital procedure] for a suitable alternative or advice
* [Insert staff members] are responsible for reviewing ingredient lists and product information and advising support/food services staff of any changes
	+ Changes to the ingredients and products will be recorded or updated in the [insert log, e.g. *inventory management program, Kitchen Ingredients Log, or electronic menu system*]
* The hospital’s process for receiving goods must include checks for cross contamination of goods delivered and process for suspected cross contamination.

**Storing foods**

* All foods are stored as per the allergen storage instructions in [insert hospital Food Service Policy] and ingredient labels or PIFs are to be checked
* The [insert hospital Food Safety Program] specifies the process for managing products decanted from original containers, including labelling with ingredients, allergen statements and best before/use by dates
* Pre-plated/packaged meals that are free of one of the 10 common allergens, are covered, labelled and stored appropriately as per [insert hospital Food Service Policy] until delivery
* Consideration must be given to risk of cross contamination during storage (e.g. gluten and wheat containing ingredients are stored **separately** from gluten/wheat free foods due to risk of cross contamination)

**Cleaning and sanitising**

* All meal storage and preparation areas are required to be cleaned as per allergy cleaning schedule [insert relevant hospital Standard Operating Procedure and Food Safety Program].
* Personal protective equipment (PPE) is applied as per [insert hospital Food Safety Program]
* All utensils are cleaned as per [insert relevant hospital policy].
* Prior to preparing the meal, the staff member will check the food items have been stored appropriately as per allergen storage in [insert hospital Food Safety Program] and check ingredient labels.
* Meals for patients with food allergy should be prepared at a separate time to meals containing allergens, with appropriate cleaning before preparation – this should be reflected in the production schedule. Alternatively, they can be prepared in another area of the kitchen where cross contamination will not occur.
* Appropriate cleaning of equipment and preparation areas must occur between preparation of different menu items and ingredients.

**Education and training**

* [Insert hospital name] will ensure that appropriate information, education, and training are available and implemented for all staff involved in meal production and distribution and in the care of patients with food allergies and food intolerances. See Appendix 3: Training and Education about Food Allergy and Food Intolerance for further details.
	+ All staff will be expected to have completed initial training relevant to their position as mandatory training.
	+ All staff will be required to undertake [insert frequency, however annual *is recommend*]refresher training relevant to their role.

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| **Related internal policies, procedures, and guidelines**  |
| [Insert relevant internal policies] |
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| **References**  |
| 1ASCIA. (2020). [Information for patients, consumers and carers: Glossary of terms](https://www.allergy.org.au/patients/information)  |
| 2ASCIA. (2019). [Information for patients, consumers and carers: What is allergy?](https://www.allergy.org.au/patients/about-allergy/what-is-allergy) |
| 3ASCIA. (2020). [Information for health professionals: Anaphylaxis resources](https://www.allergy.org.au/hp/anaphylaxis) |
| 4ASCIA. (2020). [Information for health professionals: First Aid Plan for Anaphylaxis](https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis)  |
| 5ASCIA. (2019). [Information for patients, consumers and carers: Food intolerance](https://www.allergy.org.au/patients/food-other-adverse-reactions/food-intolerance) |

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| Useful resources |
| [Australasian Society of Clinical Immunology and Allergy](http://www.allergy.org.au/) (ASCIA) |
| [All about Allergens for Hospitals online training and supporting resources (National Allergy Strategy)](https://foodallergytraining.org.au/)  |
| [Food Allergen Kit for Food Service](https://allergyfacts.org.au/shop/food-preparation-tools/food-allergen-kit-for-food-service) (Allergy & Anaphylaxis Australia) – includes posters, booklet, food allergen cards, and an example Chef Card. |
| [Checklist for Food Allergy Management in hospitals/health care settings](https://www.allergyfacts.org.au/images/pdf/checklist-Hospital716-.pdf) (Allergy & Anaphylaxis Australia) |
| [Hospital Stays and Food Allergy Management](https://www.allergyfacts.org.au/images/pdf/Hospitalstays716.pdf) (Allergy & Anaphylaxis Australia) |
| [Insert other relevant resources] |

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**Appendix 1: Admission and discharge management of patients with food allergy and food intolerance**

**Nursing admission**

* **Nursing staff** are responsible for ensuring that a patient’s food allergy status and food intolerance status is checked and documented on admission and if any change identified during admission.
* Nurses must communicate any food allergies to food services.
* The process outlined in [insert hospital meal ordering and provision procedure *and hyperlink*] is to be followed.

**Medical admission and discharge**

* On admission, **medical staff** are responsible for ensuring that a patient’s food allergy status and food intolerance status is checked and documented on admission.
* On admission, **medical** **staff** are responsible for ensuring that any patient with identified food allergies have the following completed:
	+ The details of the food allergy, including previous allergic reactions, documented in the patient’s admission notes.
	+ Chart any medications required should an allergic reaction occur in the hospital (e.g. adrenaline prn).
	+ [Insert relevant hospital procedure, *e.g. a Clinical Alert is completed*]
	+ A referral to an appropriate immunology or allergy service arranged for follow-up where appropriate.
	+ Food allergy status as part of their discharge summary.
* On discharge, **medical staff** are responsible for:
	+ Communicating details of any food allergy on discharge to any healthcare provider providing follow-up care by including this information on the discharge summary [insert hospital discharge summary system].
	+ Ensuring appropriate follow-up with immunology/allergy (private or public) service is arranged.
	+ Checking the patient has two adrenaline injectors available if they have been prescribed them on discharge.

**[Insert relevant staff members, for example Dietetics staff or food service staff]**

* [Insert relevant staff members] are responsible for checking food allergies and intolerances recorded on the food management system (including [insert hospital meal ordering system name]) for admitted patients, as soon as possible to ensure appropriate meals are provided.

**During admission**

* At any stage during an admission, if new information is provided related to a patient’s food allergy or food intolerance status, the admission documentation must be updated.
* At any stage during an admission, when there is a change in a patient’s food allergy status (e.g. allergic reaction occurs to new food item or patient is on leave over a meal time), the [insert relevant hospital procedure name and hyperlink, *e.g. Allergy and Adverse Drug Reactions procedure*] is to be completed
	+ Refer to the [insert relevant hospital Allergy and Adverse Drug Reactions policy and hyperlink to this policy] and the [insert hospital Allergy and Adverse Drug Reactions procedure]
	+ This includes completing [insert relevant hospital documentation, e.g. *Allergy History Reporting (MR 120) form and the Allergic Reaction in Hospital (MR XXX) form]*

*[Insert relevant information regarding the hospital’s automated or manual menu system]*

* [Insert relevant information]
* Patients will have access to their prescribed adrenaline injector during their hospital stay as per the hospital’s policy [Insert relevant information]

**Appendix 2: Peanut and tree nut allergy**

*[Insert hospital name] does not support a ‘nut free’ policy, as this can create a false sense of security for nut allergic patients, and there are many other potential food allergens that can cause adverse reactions. [Insert hospital name] prefers to foster an attitude of ‘allergy awareness’ to help manage food allergies across the facility. A ‘nut free policy’ only addresses one type of food allergy while ignoring all the other potentially life-threatening adverse food allergies (e.g. milk (dairy) allergy).*

This is in line with recommendations from peak medical and consumer allergy groups such as the [Australasian Society of Clinical Immunology and Allergy (ASCIA)](file:///C%3A%5CUsers%5CSandra%20Vale%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CG0GB9ZGB%5Callergy.org.au) and [Allergy & Anaphylaxis Australia (A&AA).](file:///C%3A%5CUsers%5CSandra%20Vale%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CG0GB9ZGB%5Callergyfacts.org.au)

* However, the standard menu [insert relevant information, for example, does not include obvious or hidden sources of nuts as direct ingredients (such as, satay sauce*)*]. *Avoiding the use of nut-based ingredients in the kitchen reduces the risk of cross contamination.*
* Patients with a nut allergy [insert relevant hospital process, *e.g. frozen nut-free menu or nut-free mea*l, which is produced under controlled conditions].
* ‘May contain’ on a label means that during harvest, storage or manufacture, the food product may have been unintentionally cross contaminated with an allergen and the product may be a risk to the allergic consumer. Other voluntary warning statements that may be seen include ‘May be present’, ‘Made on the same equipment as’ and ‘Made in the same premises as’.
* There is no overarching legislation in Australia guiding voluntary warning statements, although the statement ‘May be present’ is recommended under the Allergen Bureau’s Voluntary Incidental Trace Allergen Labelling (VITAL) program.
* [Insert hospital policy on the provision of foods with Precautionary allergen statements (e.g. foods with ‘may contain’ will not be provided to patients with food allergy]

**Appendix 3: Training and education about food allergy and food intolerance**

**Medical staff**

**Orientation and induction**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness, recognising allergic reactions and anaphylaxis and responding to an allergic reaction including anaphylaxis*].
* Admission processes regarding assessment, documentation, medication charting, and communication of patient’s allergy status.
* Responsibility for raising clinical alerts and updating discharge information in [insert electronic or paper alert and discharge systems] regarding patient’s food allergies.
* [ASCIA Food Allergy e-training for GPs, Paediatricians and Nurses](https://etrainingdiet.ascia.org.au)

**Annual refresher**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*]

**Nursing staff**

**Orientation and induction**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*].
* National Allergy Strategy All about Allergens for Hospitals – Ward Managers and Nurses online training course, available free of charge: [www.foodallergytraining.org.au](http://www.foodallergytraining.org.au)
* [ASCIA Anaphylaxis e-training for health professionals](https://etraininghp.ascia.org.au/mod/page/view.php?id=23)
* 3-point ID check procedure before providing meals or food/fluids to patients.
* Training in using [insert hospital meal ordering system] and processes regarding meal ordering for patients with food allergy including options after hours.

**Annual refresher** *(recommended)*

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*].

**Dietitians and Diet/Nutrition Assistants**

**Orientation and induction**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*].
* National Allergy Strategy All about Allergens for Hospitals Kitchen Staff online training course, available free of charge: [www.foodallergytraining.org.au](http://www.foodallergytraining.org.au)
* [ASCIA Food Allergy e-training for Dietitians](https://etrainingdiet.ascia.org.au)
* Training in using [insert hospital ordering system] and familiarity with hospital menu, food allergen management process in the kitchen, and appropriate meal choices for patients with food allergy.
* 3-point ID check procedure before providing meals or food/fluids to patients.

**Annual refresher**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*]
* Verifying food allergy status.
* Workflows and processes for meal ordering for patients with food allergy and intolerance.

**Food service staff**

**Orientation and induction**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process*]
* National Allergy Strategy All about Allergens for Hospitals online training course for Kitchen Managers and Supervisors or Kitchen staff, available free of charge: [www.foodallergytraining.org.au](http://www.foodallergytraining.org.au)
* Education regarding food allergy meal delivery processes, meal preparation including checking ingredients, cross contamination, plating accurately and verifying meal tickets with actual items on tray
* [If relevant, 3-point ID check procedure before providing meals or food/fluids to patients]

**Annual refresher**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*]

**Other staff (involved with feeding, food preparation, or food delivery)**

These staff include patient care assistants/support services staff other than food service staff, speech pathology, occupational therapy etc.

**Orientation, induction and annual refresher**

* Complete [insert mandatory hospital training] which includes [*alter this sentence accordingly: allergy awareness and process/recognition and the response to an allergic reaction including anaphylaxis*]
* Checking for food allergy
* Ingredient and cross contamination management if involved in food preparation and provision
* National Allergy Strategy All about Allergens for Hospitals – Ward Support Staff online training course, available free of charge: [www.foodallergytraining.org.au](http://www.foodallergytraining.org.au)
* [If relevant, 3-point ID check procedure before providing meals or food/fluids to patients]