**National Allergy Strategy**

**Food allergy policy template (Residential care)**

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

* This template has been designed based as an evidence-based best-practice tool for food allergy management in food service.
* This template is designed to be used as a starting point to develop a Food Allergy Policy if you do not have one, or it can be used to review your existing Food Allergy Policy for comprehensiveness.
* This template is editable, allowing you to make changes as required. Throughout the document you will find [red text] where information can be inserted, edited and/or removed.
* At an operational level, a customised policy will specifically address the needs at your food premises.

**[Insert care provider logo]**

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| **POLICY** | |
| **Food allergy** | |
| **Scope (staff):** | All staff |
| **Scope (area):** | [Insert care provider name] |

**Aim**

To help staff to identify residents entering the residential care service with known food allergies, and safely provide meals to these residents during their stay.

**Risk**

Providing the wrong food or fluid to residents with food allergy can result in adverse and potentially life-threatening reactions (anaphylaxis).

**Definitions**

* **Allergic reaction:** Occurs when someone develops symptoms following exposure to the substance (such as a food) they are allergic to. Allergic reactions can range from mild to severe.
* **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**.
* **Anaphylaxis:** The most severe form of allergic reaction requiring urgent medical treatment. It is helpful for staff to know the signs and symptoms of anaphylaxis as they can call for help (either from medical staff within the facility or calling an ambulance).
* **Signs and symptoms of an allergic reaction including anaphylaxis** as stated on the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan include:

**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 resident.
* **Food allergy:** When a person’s immune system reacts to food or fluid, resulting in symptoms. Reactions can occur after eating a small amount, even trace amounts, of food or fluid.
* **Food intolerance:** When the body is not able to digest a food. While this can cause symptoms that are uncomfortable but not life-threatening. Food intolerances do not involve the immune system.
* **Point of service:** Where and how the food is served to the resident.
* **Provider:** Means the provider of meals and includes services, facilities, organisations, institutions, agencies, caterers and groups. More than one provider may be involved in providing service to residents.
* **Resident:** Means the person being cared for by the service or staying in the facility and includes clients, patients, consumers, customers, lodgers, occupants. Resident includes those who are cared for occasionally, daily or longer term.
* **Vendor:** The company food or ingredients are purchased from.

**Background**

* Most allergic reactions to food are caused by the common allergy causing foods. These are peanut, tree nuts (such as walnut, almond, cashew), egg, milk (dairy), fish, crustacea, molluscs, soy, sesame, wheat and lupin.
* While these foods cause most allergic reactions to food in Australia, *any food* can cause an allergic reaction and care and food providers need to accommodate *all* food allergies communicated by residents and/or their family members/carers.
* Food labels and Product Information Forms (PIFs) are required by law to declare if the food or fluid contains any of the common allergy causing foods.
* When a food does not have a label (such as food made and packaged on the premises from which it is sold), then the Food Standards Code requires the seller to provide information allergen information to residents or their family/carers on request.

**Principles**

* [Insert provider name] will provide appropriate and nutritionally adequate menu options for residents with known food allergies. Refer to [insert provider’s meal ordering and provision procedure and hyperlink to this procedure].
* It is the responsibility of [insert staff members responsible] to document all food allergies accurately on the appropriate forms/electronic resident record (such as a resident record) and/or within [insert name of the provider’s meal ordering or recording system]. *Details of the electronic ordering system (if applicable) process may be included here.*
* Information about the ingredients of the food or fluid must be up to date and available to staff and provided to residents or their family/carer on request.

**Resident admission**

* All residents are to be asked about food allergies on admission or when entering the care provider service. Where the resident is not able to provide this information themselves, family/carers should provide the information.
* Food allergy history will be collected at the time of resident admission/entry or beforehand through pre-admission or screening practices [insert relevant provider procedure and admission form or medical notes].
* Key information to collect:
  + What food(s) are they allergic to?
  + Is it an 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 to allergies [insert care provider policy for how different diet types are managed]
  + Have they had any previous allergic reactions including 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 adrenaline injector with them? If so, where are these kept?

**Resident discharge** *[Delete section if not applicable]*

* Prior to discharge or the resident leaving the care provider, the [insert staff members responsible] will communicate any follow-up care by including details of any food allergy information on the discharge paperwork.

**Documentation and communication**

* Food allergy will be documented on admission for all residents and updated if/when an allergic 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 provider processes for alerting staff that a resident has a food allergy, *such as residents with a food allergy must wear a coloured identification band; stickers on resident notes or medication charts, signage above the resident’s bed which states the allergy*].
* Residents **not admitted** [insert provider procedure, *such as will have their food allergy status verified prior to provision of any food or fluid*].
  + This verification and the identified food allergy is to be documented appropriately.

**Food allergy management**

* [Insert provider name] will provide appropriate menu options to residents with food allergy.
* [Insert relevant provider procedure regarding food allergies, *such as food allergies will be recorded as an alert*].
* Residents with an identified food allergy, will have their food allergy and meal options checked by [insert relevant staff members, *such as dietitian or appropriately trained nutrition assistant or diet aid*] to ensure that appropriate menu options (food and fluids) are provided.
* [Insert provider name] does not support a ‘nut free’ policy, as this can create a false sense of security for residents with nut allergy. Refer to Appendix 1 for further information.
* All staff and volunteer handovers will include information about the resident’s food allergy where a food allergy exists.
* If required, residents with a newly diagnosed food allergy will be referred to an appropriate clinical immunology/allergy service for follow-up.

**Incident reporting**

* All incidents, including near misses (where no allergic reaction occurs but the resident was served a food or fluid containing the food they are allergic to), related to food allergy must be clearly documented and corrective actions taken. Refer to [insert provider’s incident policy].
* In the event a resident has an allergic reaction to a food, including those delivered from the catering department [insert relevant information including the provider procedure/Food Safety Program]. Refer to [insert relevant provider 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 residents 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 provider’s Incident Management Reporting System].

**Meal and food preparation**

* Residents who have not yet been allocated a diet type by admitting staff will not be provided with food or fluids from the food service provider until diet type and food allergies are recorded in [insert provider’s meal ordering system]. To make sure that a resident is not left without food or fluids unnecessarily, allocation of a diet type is a priority.
* Meal provision processes will be undertaken wearing latex free gloves or no gloves and clean hands.
* All ‘allergy meals’ should be prepared and plated by a food handler who has completed the required food allergen management training [insert required training such as National Allergy Strategy All about Allergens training for Residential Care, or equivalent in-house training].
* Menu items are prepared following standardised recipes approved by [insert relevant staff member]. Any changes to standardised menu items or recipes must be authorised by [insert relevant staff member].
* A food allergen menu matrix should include all menu items and be updated regularly and particularly if suppliers have changed. This matrix should be displayed in the kitchen and easily accessible for all staff members. A [food allergen menu matrix template](https://foodallergytraining.org.au/resources/allergen-menu-matrix) is available from the National Allergy Strategy.
* [Insert food service name] is registered to receive [FSANZ product recalls](https://www.foodstandards.gov.au/media/pages/subscriptionservice.aspx) with regards to products recalled for undeclared allergens.
* Where meal tickets are used, the resident’s food allergy information will be printed on the meal ticket and provided with the meal [delete if not applicable or insert relevant provider procedure].
* [Insert specific details applicable to the provider, *such as colour-coded meal trays, or stickers or highlighted areas on meal tickets*] will be used to differentiate between standard meals and meals for residents with food allergy.
* Food service staff [or insert relevant staff member] are responsible for checking that plated meals and items on the tray are appropriate for the resident with food allergy.
* No items are to be added to a meal tray after a meal has left the kitchen.
* 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.

**Meal and food provision (point of service)**

* There must be a process in place to identify which foods and fluids are for residents with food allergy.
* Meals for residents with food allergy must be transported and delivered in a way that prevents cross-contamination of food and fluids.
* Food and beverages for a resident with food allergy must not be left at their table or room if the resident is not present.
* Residents should have access to suitable food and fluids outside of meal times [insert options here, such as *mini meals, specific allergy items, snacks etc*.]
* Care staff accessing foods or fluids for residents outside of meal times must check the ingredients, and check with the resident of family member/carer that the food is suitable for the resident.
* Before handing out the meal, the staff member is responsible for checking that the meal and items provided are the correct items for the resident with food allergy. *[Delete if not applicable]*
* All staff members delivering meals to residents will follow [insert identification process] to check that the meal is the correct meal for the resident before providing food and fluids. Refer to [insert provider process]
* Staff will ask residents to confirm if they have a food allergy and which food(s) they are allergic to.
* Where meal trays are used, the meal tray for a resident must not be left at a resident’s bedside or room if the resident (and/or parent/carer in paediatric setting) is not present [Insert provider protocol for meals not delivered].
* If at any time a staff member has a concern about whether a meal is going to the right resident, they will escalate the concern to [insert staff member in charge].
* Self-serve meals are supervised by staff and any cross contaminated food or utensils during service are promptly removed. [Insert procedure for self-serve meals such as residents with food allergy are served first, or residents with food allergy have the option of an individual pre-plated meal].

**Food brought into the provider from outside**

* Food brought in from outside (including food from home and from vendors located within the provider premises) will comply with the [insert provider policy on food brought from home/outside and include any exceptions for residents with food allergy].
* Residents who choose to bring food from home or an outside vendor, need to be alerted to the provider’s policy in relation to this.
* Food brought in from home for residents 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 residents.

**Between hours and after hours meals**

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

**Vending machines and vendors**

* [Include 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 provider procedure – *include staff training requirements and procedure for identifying and managing residents with food allergies if handling food*].

**Other food preparation situations**

* Any activity (such as, cooking activities with residents, areas where residents prepare food for themselves) must have a food allergy management procedure in place.
* All staff preparing food as part of resident activities must undergo food allergen management training [insert training requirement such as All About Allergens for Residential Care online training (<https://foodallergytraining.org.au>)].
* Staff will take measures to prevents cross contamination between foods [insert provider food safety program].

**Food ordering and supplies**

* Ingredient lists or PIFs (including ingredients) must be provided with every order from suppliers (or be available electronically) in order to identify appropriate foods for residents with food allergy. A copy of this and/or a copy of the product’s label should be kept in [insert location] to:
* identify changes in brands between audits, and
* 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 (such as cross contamination risk)* [insert frequency of checking labels and PIFs].

* All products and ingredients used in the menu will be approved by [insert relevant staff member or appropriate approval pathway such as 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 provider 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, such as *inventory management program, Kitchen Ingredients Log, or electronic menu system*].
* The provider’s process for receiving goods must include checks for cross contamination of goods delivered and process for suspected cross contamination.

**Storing foods**

* All products are stored in sealed, labelled packages/containers to minimise the risk of cross contamination and ingredient labels are to be checked.
* Designated allergen free ingredients should be stored **separately** from allergen free foods due to risk of cross contamination (such as wheat free flour stored separately to wheat-based flour)**.**
* The [insert provider name] has a process for managing products decanted from original containers, including labelling with ingredients, allergen statements and best before/use by dates, and date decanted.
* Pre-plated/packaged meals for residents with food allergies, are covered, labelled and stored appropriately until delivery.

**Cleaning and sanitising**

* All meal storage and preparation areas are required to be cleaned with hot soapy water and a clean cloth/disposable paper [insert relevant Standard Operating Procedure and Food Safety Program].
* Personal protective equipment (PPE) such as clean aprons, are applied as per [insert Food Safety Program].
* All utensils, equipment and preparation areas must be cleaned thoroughly between preparation of different menu items and ingredients.
* Prior to preparing the meal, the staff member will check the food items have been stored appropriately as per allergen storage in [insert provider’s Food Safety Program] and check ingredient labels.
* Meals for residents 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 provider 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 residents with food allergies. 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. [insert required training such as National Allergy Strategy: All about Allergens training for Residential Care or equivalent in-house training].
  + All staff will be required to undertake [insert frequency]refresher training relevant to their role, at least every 2 years.

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| **Related internal policies, procedures, and guidelines** |
| [Insert relevant internal policies] |
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| Useful resources |
| [All about Allergens for Residential Care online training (National Allergy Strategy)](https://foodallergytraining.org.au/) |
| All about Allergens Resource Hub - <https://foodallergytraining.org.au/resources/> |
| [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) |
| Food Allergy Aware – [www.foodallergyaware.org.au](http://www.foodallergyaware.org.au) |
| Food Allergy Education – [www.foodallergyeducation.org.au](http://www.foodallergyeducation.org.au) |
| [Australasian Society of Clinical Immunology and Allergy](http://www.allergy.org.au/) (ASCIA) |
| [Insert other relevant resources] |

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| Date First Issued: | [Insert date issued] | Last Reviewed: |  | Review Date: |  |
| Approved by: | [Insert relevant staff member] | | | Date: |  |

**Appendix 1: Peanut and tree nut allergy**

*[Insert provider name] does not support a ‘nut free’ policy, as this can create a false sense of security for nut allergic residents, and there are many other potential food allergens that can cause allergic reactions. [Insert provider l 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 food allergies.*

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:\Users\Sandra%20Vale\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\G0GB9ZGB\allergy.org.au) and [Allergy & Anaphylaxis Australia (A&AA).](file:///C:\Users\Sandra%20Vale\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\G0GB9ZGB\allergyfacts.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.*
* Residents with a nut allergy [insert relevant provider process, *such as 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 provider policy on the provision of foods with Precautionary allergen statements (such as foods with ‘may contain’ will not be provided to residents with food allergy)].