

NHS WALES

Estates and Facilities Alert



Llywodraeth Cymru
Welsh Government

Date: 29 January 2020

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Allergens Issues - Food Safety in the NHS

To: Chief Executives, LHBs
Chief Executives, NHS Trusts
NHS Wales Shared Services Partnership - Contractor Services

A list of people who need to have early sight of this information is given in the Alert

The content of Estates and Facilities Alerts is agreed between staff representatives from the four NHS administrations and issued throughout the United Kingdom. The Alert is endorsed by the Welsh Government as being relevant to NHS Wales and is issued by:

Neil Davies, Director, Specialist Estates Services, NHS Wales Shared Services Partnership

For advice see details on the alert

Note this alert originated in England by NHS Improvements. Therefore points 8 & 9 in the accompanying letter "Allergens Issues - Food Safety in the NHS" are not applicable in Wales - local policy should be followed.

Contact point in Wales:

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Estates and Facilities Alert

EFA-2020/001

Issued: 29 January 2020

Valid until: 29 January 2022

Allergens Issues - Food Safety in the NHS

Summary

Recently there have been several incidents relating to allergens in hospital food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.

Action

1. Review menus to ensure allergen information is clear, consistent and in line with current legislation
2. Review systems to ensure that correct labels/allergen information are applied to the actual food item as well as on the menus
3. Ensure all staff involved in the preparing and serving of food have training to the appropriate levels in allergen management
4. Work towards default labelling (e.g. everything labelled as either 'does not contain nuts' or 'may contain nuts' or 'contains nuts')¹
5. Ensure there is clear information available throughout the organisation advising those suffering from food allergies about who to inform and how
6. Use any accepted standardised abbreviations for allergens on menus (e.g. GF). If there isn't one, be clear and spell it out in full with **bold**
7. The organisation must report any food allergy related patient safety incidents via their incident reporting systems. Ensure any incidents involving food allergens, are investigated and any learning identified is communicated to others and relevant actions taken, regardless of whether actual harm has been caused
8. Review current policy on allergens and ensure it has guidance on controlling risks that may present at charity fundraising food events e.g. bake sales.

Action by

- Director of Estates and facilities
- Directors of Nursing
- Dietetic Teams
- Catering Managers
- Facilities Managers
- Head Chefs.

Deadlines for action

Actions underway (e.g. added as agenda item to a relevant meeting): 12/02/2020

Actions complete: 12/08/2020

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- ¹ In safety terms this is better than exception labelling (e.g. no label unless the food contains nuts) as exception labelling creates a risk that working on a hospital with one system will make unsafe assumptions when moving to another hospital.

Problem / background

The incidents relating to allergens in hospital food that have been reported² These described consistent themes relating to lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.

Over half of these incidents were due to an incorrect meal being delivered to the patient. Several incidents were due to an inappropriate menu choice, either chosen by the patient or staff member. In three of the incidents the cause was not described. Other incidents were due to out-dated allergen information, patient allergies not communicated to kitchen staff, incorrect advice from kitchen staff and conflicting information regarding a patient's allergy.

Most incidents were due to an incorrect meal being delivered from the kitchen to the ward. Reasons for this were not commonly described, however there was some evidence of inappropriate food substitutions by kitchen staff, in addition to lack of knowledge and understanding of both kitchen and ward-based staff.

Whilst most incidents did not cause serious harm to patients, there were 3 incidents that described patients developing an 'anaphylactic reaction'.

Whilst there is legislation regarding the information that should be provided to patients, staff and visitors about the presence of specified allergens in food, there is evidence from these incident reports that the necessary safeguards that should be implemented, from the point that the patient orders their meal to the point that the food is delivered to the patient, are not consistently in place to prevent risk of harm to patients.

Distribution

Directors of Estates & Facilities, Directors of Nursing, Dietetics, Ward based staff, Catering staff, Catering Managers, Facilities Managers, Allied Health Professional Leads who are working in NHS Trusts and Community Health and Social Care Facilities.

References

- Allergens Issues - Food Safety in the NHS – Letter to the service issued along with this alert 29 January 2020.
- For further information 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>
- The Nutrition and Hydration Digest: Improving outcomes through Food and Beverage Services. BDA 2012
<https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf>
- BDA (2014) Allergen Toolkit for Healthcare Catering.
www.bda.uk.com/publications/professional/food_allergen_toolkit_food_counts

² National Reporting and Learning System (NRLS) data extracted 10 May 2019 where incident date was 10 May 2017 or later and free text included the terms %_menu% AND %_allergen%

- Food Standards Agency (2017) Resources for Allergen Information.
www.food.gov.uk/business-industry/allergy-guide/allergen-resources
www.food.gov.uk/business-guidance/allergen-guidance-for-institutional-caterers
www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers

Enquiries

This alert has been compiled under a partnership arrangement by the organisations below and it has been distributed across the UK. Enquiries should be directed to the appropriate Regional Office quoting the alert reference number **EFA-2020/001**.

England

Enquires should be addressed to: nhsi.mb-defectsandfailures@nhs.net

Reporting adverse incidents in England

Defects or failures should be reported on this system: <http://efm.hscic.gov.uk/>

The web-based D&F reporting system is managed by the NHS Digital on behalf of NHS Improvement. For further information on this system, including obtaining login details, please contact the efm-information Helpdesk. Tel 0300 123 2106.

Northern Ireland

Enquiries and adverse incident reports in Northern Ireland should be addressed to:

Northern Ireland Adverse Incident Centre, CMO Group,
Department of Health
Tel: 028 9052 3868 Email: niaic@health-ni.gov.uk
<http://www.health-ni.gov.uk/niaic>

Reporting adverse incidents in Northern Ireland

Please report directly to NIAIC using the [forms on our website](#).

Scotland

Enquiries and adverse incident reports in Scotland should be addressed to:

Incident Reporting and Investigation Centre (IRIC)
Health Facilities Scotland, NHS National Services Scotland
Tel: 0131 275 7575 or E-mail: nss.irc@nhs.net

Reporting adverse incidents in Scotland

Please report directly to IRIC here: [how to report an adverse incident](#)

Wales

Enquiries and adverse incident reports in Wales should be addressed to:

NHS Wales Shared Services Partnership – Specialist Estates Services
4th Floor, Companies House, Crown Way, Cardiff CF14 3UB
Tel: 029 2090 4118 or E-mail: efa.ses@wales.nhs.uk

**Directors of Estates and Facilities
Directors of Nursing/Chief Nurses**

Emma Brookes
Head of Soft FM Strategy &
Operations
NHS Estates Team
Commercial Directorate

Via e-mail and the E&F Collaboration Hub

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29/01/2020

Dear Directors,

Allergens Issues - Food Safety in the NHS

1. This guidance is being sent to accompany NHS Estates and Facilities Alert **EFA/2020/001** which requires specific actions to be taken by date 12/02/2020.
2. Recently there have been several incidents relating to allergens in hospital food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patient's known food allergy.
3. Over half of these incidents were due to an incorrect meal being delivered to the patient. This included incidents involving patients where an inappropriate menu choice was chosen by the patient or the member of staff concerned and three where the cause was not confirmed or described. The remaining ten incidents were due to: out-dated allergen information; patient allergies not being communicated to kitchen staff; incorrect advice from kitchen staff; and conflicting information regarding an individual patient's allergy.
4. Most incidents were due to an incorrect meal being delivered from the kitchen to the ward. The reasons for this were not commonly described. However, there was some evidence of inappropriate food substitutions by kitchen staff, in addition to issues around the training and competency of both kitchen and ward-based staff. Most incidents did not cause any serious harm to patients, but there were three incidents which described the patients concerned as developing an 'anaphylactic reaction'.

Source: National Reporting and Learning System (NRLS) data extracted 10 May 2019 where incident date was 10 May 2017 or later and free text included the terms %_menu% AND %_allerg%



5. There is legislation already in place regarding the information which should be provided to patients, staff and visitors about the presence of specified allergens in food. Based on the evidence from these incident reports, the necessary safeguards which should already be implemented from the initial food order to delivery of the meal to individual patients, are not consistently in place to prevent risk of harm.
6. As you will be aware a recently announced 'Root and Branch' review of hospital food is now underway. An area of focus for the review is the safety of food within healthcare settings. This guidance is intended as an interim measure to ensure organisations are following the legislative requirements in relation to food allergens and their labelling.

General food safety

7. Guidance was sent out on 3 October 2019 reminding all organisations that when preparing and serving food, they must by law manage food safely. This includes having in place a food safety management system based on the principles of Hazard Analysis and Critical Control Points (HACCP). It should be remembered that this **must** include information and systems for the management of allergens.
8. It is an expectation that **all** outlets within NHS premises would maintain a minimum "4" Food Hygiene Rating. Regular in-house inspection should take place to ensure standards of food safety and hygiene are maintained, with any identified issues being actioned between the official visits from the local Environmental Health Officer (EHO). The HACCP procedures are expected to be updated to reflect any resultant changes along with assurance that the changes put in place to address any deficiencies are effective in managing the hazards concerned.

Reporting and Responsibility

9. In addition to any statutory reporting requirements, any issues arising from allergens should be reported through the organisation's local risk management system, which shares incident reports with NHS England and NHS Improvement's National Reporting and Learning System (NRLS).
10. This guidance and background information applies to all sources of food provision on NHS premises, including those provided by commercial and charitable organisations.
11. Annex A provides comprehensive information about allergens and their management.
12. Further information about food management and safety can be obtained from;
 - Regulations on the provision of food information to consumers

<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

- The Nutrition and Hydration Digest: Improving outcomes through Food and Beverage Services. BDA 2017
- <https://www.peng.org.uk/pdfs/news/bda-nutrition-and-hydration-digest-second-edition.pdf>
- BDA (2014) Allergen Toolkit for Healthcare Catering (unavailable on BDA website at time of publication)

<http://www.hospitalcaterers.org/media/1162/allergen-toolkit.pdf>

- Food Standards Agency (2017) Resources for Allergen Information.
www.food.gov.uk/business-industry/allergy-guide/allergen-resources
- Allergen guidance for institutional caterers in schools, hospitals and care homes.

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-institutional-caterers>

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

<https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers>

13. I would be grateful if you could review the contents of this letter and the accompanying Estates and Facilities Alert and ensure that the actions it requires are implemented. The safe care of patients with food allergies is dependent on many key members of your staff such as; facilities managers, catering managers, dietetic teams and clinical staff including, HCAs, PSAs and nurses. Your leadership will be key in ensuring coordinated action.
14. If you have any queries regarding this letter and the associated guidance then please direct these to the dedicated mailbox, nhsi.estatesandfacilities@nhs.net. This should be marked for the attention of Emma Brookes.

Yours faithfully

EMMA BROOKES
Head of Soft FM Strategy & Operations

ANNEX A

Allergen Information

Background

The EU Food Information to Consumers (FIC) food legislation was introduced in December 2014 and the Association of UK Dieticians (BDA) developed an 'Allergen Toolkit for Healthcare Catering' (see link below). The legislation requires all food caterers (including 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 which is served. To meet these obligations, hospital caterers must know what is in food, the requirements needed to meet the legal obligations and they must be able to evidence the exact ingredients used.

www.bda.uk.com/publications/professional/food_allergen_toolkit_food_counts

Controls for reducing the risk of allergen incidents

All organisations **must**:

- provide allergen information to patients and/or customers and staff for both pre-packed and non-prepacked food or drink;
- handle and manage food allergens adequately;
- in addition make sure that all staff are trained regarding allergens; and
- inform patients, staff and visitors if any food products which are sold or provided contain any of the main 14 allergens (listed below) as an ingredient.

The 14 allergens are:

- celery;
- cereals containing gluten – including wheat (such as spelt and Khorasan), rye, barley and oats;
- crustaceans – such as prawns, crabs and lobsters;
- eggs;
- fish;
- lupin;
- milk;
- molluscs – such as mussels and oysters;
- mustard;
- tree nuts – including almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts;
- peanuts;
- sesame seeds;
- soybeans; and
- Sulphur dioxide and sulphites (if they are at a concentration of more than ten parts per million).

This also applies to the additives, processing aids and any other substances which are present in the final product. For example, sulphites, which are often used to preserve dried fruit might still be present after the fruit is used to make chutney. If this is the case, then it must be declared.

Prepacked Food

This **must** have an ingredients list. **Allergenic ingredients must be emphasised** in some way every time they appear in the ingredients list.

Non-prepacked (loose) Food

This includes:

- Any foods sold loose in retail outlets, for example fruit or bread and mixed confectionery;
- Any foods which are not sold pre-packed, such as food served in a restaurant or from outlets on hospital premises; and
- Any foods served which are not pre packed such as meats and fillings from a sandwich bar.

Any organisation providing non-prepacked foods **must** supply allergen information for every item that contains any of the 14 allergens listed above.

Clear Labelling

It is important that:

- where food is not pre-packed or packed by kitchen staff then clear labels should be present at the point of service as well as on menu;
- all organisations in healthcare settings use default labelling (eg everything labelled as either 'does not contain nuts' or 'may contain nuts' or 'contains nuts') – this is recommended;
- all organisations should provide a clear key for any symbols used on labels or signs. Abbreviations in relation to allergens should **not** be used to avoid the potential for misinterpretation. Where acronyms are used on menus, for example, "GF (gluten free)" or "D (Diabetic)" then these acronyms must be clearly described in a key on the menu. Staff should be trained to direct patients, staff and visitors to check the key against their choice of meal; and
- patient menu choices where there is a known allergy should be checked by a member of the clinical team prior to submitting to the kitchens – this is viewed as standard good practice.

Managing allergen ingredients

NHS trusts **must** ensure that they know what is in the food provided by recording allergen ingredient information in a written format. Allergen ingredients information should be:

- recorded on product specification sheets;
- included on ingredient labels and ingredients should be kept in original or labelled containers;
- included in recipes or explanations of the dishes; and
- up to date – **NB: It is extremely important to consider the impact when recipes change.**

Controlling cross-contamination

There are a number of things which can be done to help prevent cross-contamination with allergens. These include:

- having separate work surfaces, chopping boards and utensils for foods prepared which are free from one or several allergens;
- cleaning utensils before each usage, especially if they were used to prepare meals containing allergens;
- storing ingredients and prepared foods separately in closed and labelled containers;
- keeping ingredients that contain allergens separate from other ingredients; and
- washing hands thoroughly between preparing dishes with and without certain allergens.

Allergen cross-contamination can happen through using the same cooking oil. For example, it would not be appropriate to use the same oil when cooking gluten-free chips which would have been used previously for cooking battered fish.

Where it is not possible to avoid cross-contamination in the case of an on-site restaurant, then patients, visitors and staff should be informed that it is not possible to provide an allergen-free dish.

Allergen training

Staff should:

- know the procedures and policies when asked to provide allergen information;
- be trained on handling allergy information requests;
- be able to guarantee that allergen-free meals are served to the right customers;

- know the risks of allergen cross-contamination when handling and preparing foods and how to prevent this; and
- maintain a full list of ingredients that contain allergens which **must** be kept to hand and easily available on request.

Allergen labelling

Pre-packed food **must** have an ingredients list. Allergenic ingredients **must** be emphasised in some way every time they appear in the ingredients list. For example, these can be listed in bold, contrasting colours or by underlining them.

An example of how to list allergens on your product:

Ingredients: Water, Carrots, Onions, Red Lentils (4.5%) Potatoes, Cauliflower, Leeks, Peas, Cornflour, **Wheat** flour, Salt, **Cream**, Yeast Extract, Concentrated Tomato Paste, Garlic, Whey (**Milk**), Sugar, Celery Seed, Sunflower Oil, Herbs and Spice, White Pepper, Parsley

Allergenic ingredients **must** be declared with a clear reference to the allergen to ensure clear and uniform understanding.

Examples of ingredients that **must** be clearly referenced to the allergen are:

- tofu (**soya**);
- tahini paste (**sesame**); and
- whey (**milk**).

Allergen advice statements can also be used on the product label to explain how allergen information is presented on a label. For example;

- 'Allergen Advice: for allergens, see ingredients in bold', or
- 'Allergen Advice: for allergens including cereals that contain gluten see ingredients in red'.

Precautionary allergen labelling

If there is a risk of a food product being affected by allergen cross-contamination, the label should include one of the following statements;

- may contain X, or
- not suitable for someone with X allergy.

Precautionary allergen labelling should only be used after a thorough risk assessment. It should only be used if the risk of allergen cross-contamination is real and cannot be removed.

Free-from labelled foods

“Free from food” are special ranges of foods made without allergens. If a label states that your product is 'free-from milk' or, 'peanut free', it **must** be based on specific and rigorous controls. These controls need to ensure that the final product is completely free of the allergen stated. This includes checking that all ingredients and packing materials do not contain this allergen and that cross-contamination from other foods made on site is prevented.

There is one exception to this rule which is gluten. Gluten-free labelled products can contain a maximum 20mg/kg of gluten.

Language on the label

The language on the labelling should be easily understood by the people of the country where the food is marketed. For food products sold in the UK, the information must be in English.

Multi-packs

Where products are sold in multi-packs, allergens **must** be displayed on the outer packaging.

If you provide allergen information on the packaging of individual products, then it **must** be consistent with the outer packaging.

Avoiding allergen cross-contamination

Cross-contamination happens when traces of allergens get into products accidentally during the manufacturing, handling, transport or storage of foods. The risk of cross-contamination can be avoided or reduced with careful management.

Staff awareness

All staff involved in handling ingredients, equipment, utensils, packaging and final food products should be aware of the possibilities of cross-contamination with allergens. They should aim to minimise the possibilities of allergen cross-contamination.

Design

Ideally there should be separate production facilities for specific products. If not, then it is recommended that the scheduling of the foods produced is introduced. This will entail preparing foods in order of least allergenic to most allergenic to manage cross-contamination.

Storage

Raw ingredients containing food allergens should be stored away from other ingredients. Keep them in sealed plastic bins that are clearly marked or colour-coded.

Cleaning

Very small amounts of some allergens can cause severe allergic reactions in sensitive people. It is so important to **clean thoroughly** in a way that reduces the risk of cross-contamination.

Some methods of cleaning may not be adequate for removing some allergens. Dismantling equipment and cleaning each individual part with water (if appropriate) by hand is a good way to make sure that 'hard-to-clean' areas are free from allergen contamination. Develop and follow suitable cleaning regimes.

Packaging

Allergy related product withdrawals or recalls are often caused by incorrect packaging or labelling. Check products carry the correct labels including any outer packaging. Delivered products should be carefully checked before storage. Packaging should be removed and destroyed at the end of a production run. This includes any that may be within the wrapping machine.

Developing new products or changing existing products

If the newly developed or changed product contains one or more of the 14 allergens, it could lead to cross-contamination of other products produced in the same premises. In this case, staff **must** assess the risk and decide whether precautionary allergen labelling is appropriate for both the new and existing products.

When recipes are updated and allergenic ingredients change, the changed product should be labelled with a new recipe sticker to highlight to customers the change.

Reporting and Responsibility

In addition to any statutory reporting requirements, any issues arising from allergens should be reported through the organisation's local risk management system, which shares incident reports with NHS England and NHS Improvement's National Reporting and Learning System (NRLS).

The chief executives and boards of NHS trusts must ensure that their food chain and labelling always meet the legal requirements and those of procurement specifications that are set out as part of the contract which is in place locally.

NB:

From October 2021, the way food businesses must provide allergen labelling information for Prepacked for Direct Sale (PPDS) will change.

Foods will need to have a **label with a full ingredients list with allergenic ingredients emphasised within it**. These changes will provide essential information to help people with a food allergy or intolerance to make safe choices when buying PPDS food.