



Food Allergy Policy

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Executive director	Executive Director for Quality and Safety (Chief Nurse)	
Policy led	General Manager, SSL Ltd	
Policy author <i>(if different from above)</i>	Food Safety Lead, SSL Ltd	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

Food allergies cause significant physical and psychological harm. We are committed as an organisation to ensure all Service Users, staff and visitors who have a food allergy are treated with compassion. Birmingham and Solihull Mental Health Trust (BSMHFT) has a duty of care to implement the requirements of all relevant food related legislation to mitigate the risk of harm and provide a safe and positive food experience.

Policy requirement

This policy is to ensure all food and drink provided within BSMHFT is stored, managed, prepared and served appropriately ensuring safety for all patients, staff and visitors who have food allergies. Adequate catering practices, communication and staff training are the essential components of managing food allergy.

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1. INTRODUCTION

1.1 RATIONALE

1.1.1 Birmingham and Solihull Mental Health NHS Foundation Trust recognises Service Users, visitors or staff may suffer from potentially life-threatening allergies or intolerances to certain foods.

1.1.2 Food allergies is an umbrella term which includes

a) Immune system mediated reactions which can cause symptoms such as swollen lips, airways or eyes, vomiting, skin hives and, in the most severe cases difficulties with breathing and fatal anaphylactic shock.

b) Food Intolerance including auto immune related enteropathies (e.g. Coeliac Disease) which differ from immune system mediated allergy reactions but can cause significant physical harm and distress.

1.1.3 This Policy has been created with guidance from the Trust Food Group, Dietitians and SSL Facilities Management and Catering Departments to ensure compliance under the Food Information for Consumers (FIC) Regulation (1169/2011) 2014 and Natasha's Law (2021).

This policy will ensure the Trust will comply with:

Requirements of Food Safety legislation and good practice.

Guidance sent from NHS England and NHS Improvement – EFA/2020/001.

Recommendations in the Independent Hospital Food Review (2020)

Recommendations in the National standards for healthcare food and drink (2022)

1.1.5 The EU Food Information to Consumers (FIC) food legislation was introduced in December 2014. The requirement includes all food caterers must be able to provide information to patients, staff and visitors about the presence or use of any of the 14 specified allergens as ingredients in any of the food that they serve, including **any** food item (prepared, pre-packed or loose) served to patients at ward level and any food item sold in retail outlets. The British Dietetic Association Nutrition and Hydration Digest (3rd Edition) recommends that all healthcare facilities have a food allergy policy or a wider food and nutrition policy that includes allergen management.

1.1.6 UK government legislation introduced in 2021, commonly referred to as 'Natasha's Law', requires all foods which are prepared and packaged on the same premises from which they are sold, to be labelled with a full ingredient list and with the 14 major allergens emphasised for easy identification (See Appendix 2). Food that fits this description is known as Prepacked for Direct Sale (PPDS).

1.2 SCOPE

1.2.1 This Policy applies to all staff involved in the planning, preparation, service and delivery of food and drink services within Birmingham and Solihull Mental Health NHS Foundation Trust.

1.2.2 All BSMHFT sites which regenerate, prepare, serve or sell food and drink are covered by this policy.

1.3 PRINCIPLES

1.3.1 The Trust commits to minimise the risk of exposure to food allergens as reasonably practical as possible within the environments as described in the scope of the policy.

- 1.3.2 Due to the threat of fatalities, all BSMHFT sites should be as nut free as reasonably practical. This includes nuts in recipes, grocery provisions and food items from being brought onto Trust premises.
- 1.3.3 Where third party meal providers are unable to provide nut free assurance certification the risk will need to be assessed on an individual basis and managed accordingly.
- 1.3.4 The Trust supports and encourages individual responsibility by people who know they have a food allergy, to make safe and well informed decisions on their food choices.
- 1.3.5 The Trust ensures any medical emergencies arising from food allergen exposure can be promptly and adequately managed through the provision of Emergency Life Support training and equipment.
- 1.3.6 This Policy will define the action required by clinical teams when a Service User is admitted with a suspected or known food allergy. All suitable control measures and practices must be in place across all sites, with guidance for production kitchens and wards (including ADL kitchens) to reduce the likelihood of accidental contamination.
- 1.3.7 This Policy will provide details of training provision for staff involved in caring for Service Users with a suspected or confirmed food allergy.
- 1.3.8 The Trust positively supports individuals with learning disabilities and ensures that no one is prevented from accessing the full range of mental health services available. Staff will collaborate with colleagues from learning disabilities services and other organisations, to ensure that Service Users and carers have a positive episode of care whilst in our services. Information is shared appropriately to support this.

2. POLICY

- 2.1 This policy is to ensure that the food provided within Birmingham and Solihull Mental Health Trust is stored, handled, prepared and served to make sure it is safe as reasonably practical for all patients, staff and visitors who have food allergies, and ensure catering staff will have access to relevant training and education as required regarding managing food allergy.
- 2.2 Staff must receive appropriate instruction and training and be familiar with the operational requirements of this Policy, including the requirements of all relevant procedures in their area of responsibility.

3. PROCEDURE

3.1 WARD PROCEDURE FOR IDENTIFYING, DOCUMENTING AND COMMUNICATING

- 3.1.1 During the admission process and before any food/ drink is offered to the Service User, the admitting clinician must ask Service Users if they have a known or suspected food allergy. Details must be recorded including diagnosis history, reaction severity and current management plan. This must be documented in the Risk Assessment Summary and MDT Recovery & Discharge Plan.
- 3.1.2 The food allergy is added to the RIO Alert section of the patient record. This information should also be noted in the Progress notes and on the Inpatient Portal Food and Drink Prescription.

- 3.1.3 Details of the food allergy must be shared with the ward team, all clinical staff and Estates and Facilities. Good practice would be to include this on daily shift allocation and handover meetings to ensure temporary staff are aware.
- 3.1.4 Written information regarding the allergy must also be displayed in the ward servery/kitchen, with consideration for confidentiality. Ward staff must agree a clear communication line for information and clarity of allergy management.
- 3.1.5 Local Procedures for allergy meal ordering are provided in Appendix 3 and 4.

3.1.6 **Blanket Restrictions**

In situations of a service user allergy the introduction of a ward/unit blanket restriction for all foods that may contain the allergen may not be the most appropriate course of action.

This must be approached as to any other potential harm /risk issue that may arise in a ward environment. If a blanket restriction is put in place, this must be done on discussion with the relevant clinical leads and registered as a Blanket Restriction in line with policy and communicated across the ward and wider MDT accordingly.

Advice and support will be available from the Catering team and Food Services Dietitian to consider possible alternatives to a blanket restriction and to consider any unintended consequences.

3.2 **Trust Catering Provider Responsibilities**

3.2.1 **Dish, recipe, and ingredient changes**

Where dishes are produced and prepared on Trust premises, they should be made using standard recipes and using ingredients from approved suppliers only. Any ingredient changes/supplier changes affecting standard ingredients must be communicated, in writing and verbally, at least 4 hours before the meal service. Any ingredient changes/supplier changes affecting standard ingredients will be listed.

Where allergenic ingredients are packaged openly/loosely; they are labelled and stored separately to reduce the risk of contamination.

3.2.2 **Kitchen Practice control measures**

- Where possible a specific area in the production kitchen will be allocated solely for the preparation of any food for a Service User with a suspected or confirmed food allergy.
- The area allocated will be clearly marked and only used for this purpose for the duration required.
- The area must be deep cleaned and sanitised before it is used to prepare food for a Service User who has an identified food allergy or intolerance and also between food preparations for Service Users with different allergies.
- The staff preparing food will wear a disposable apron and gloves when preparing food items linked with a food allergy or intolerance, and wash their hands before and in between preparation tasks.

- Any information required on the particular allergy will be sought, if required, from the Trust Catering Dietitian prior to food being prepared for a Service User with a food allergy.
- Catering staff will ensure that equipment/utensils used in the preparation of food is cleaned according to standard procedure (HACCP manual) which, under normal circumstances, should be sufficient. In very extreme cases, individual expert advice will be sought and implemented.
- Any menu/recipe changes will be highlighted by the Duty Chef Supervisor/Senior Catering Supervisor by telephone and confirmed by email at least 4 hours before the meal service and the ward advised on changes.
- The recipe with the identified change will be changed accordingly and signed and dated by the Duty Chef Supervisor or Senior Catering Supervisor; these documents will be kept on file for 12 months in the catering office.
- The person signing for the changes must consider any Service User with allergies and alert the appropriate people if the Service User's choice may need to be amended.
- All food produced for Service Users with a suspected or confirmed food allergy or intolerance will be placed in an individual food-safe container and covered. It will then be clearly marked with the Service User's name, ward and particular food allergy.

3.2.3 All production kitchens must have Standard Operating Procedures to reduce allergen cross contamination. These must be communicated to all kitchen staff and kept on site.

3.2.4 Information must be available in the form of an allergen matrix at all points of service where food is served. A food allergen matrix is a quick information guide that shows which foods available at meal service contain which allergens. The allergen matrix must be kept in the Allergen Folder for each specific site and updated following any recipe or menu changes.

Each Allergen Folder must contain:

- Food Allergen Matrix
- Product specification sheets to matching menu

3.2.5 All pre-packed food must have an ingredients list. Items which are prepacked must contain a label with the 14 major allergens emphasised.

3.2.6 All non- prepacked foods must have an individual ingredient information sheet at the point of sale/service. This must include the 14 major allergens highlighted.

This includes:

- Any foods sold loose in retail outlets, for example. bread rolls, cakes etc.
- 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 prepacked, such as meats and fillings for salads and jacket potatoes.

3.4 Displaying Allergy Awareness Notifications

All food service points including canteens and ward dining rooms must display both the posters found in Appendix 5 and 6. The signs must be placed in a clearly visible place for consumers to see such as near the till point or menu board.

3.5 Food handling at Ward level:

- On receipt of the food trolley/hot box, staff should check that the special meal ordered for a Service User with a suspected or confirmed food allergy or intolerance has been supplied and is appropriate for the Service User.
- Any concern should be immediately discussed with the Duty Chef Supervisor, Catering Supervisor or Catering Manager or North PFI Monitoring team.
- Food for Service Users with suspected or confirmed food allergy should be served first with a clean serving utensil to ensure that no other food stuff contaminates the meal.
- Strict Hand Hygiene rules should be followed when food handling, especially known allergens.
- Care should be taken to ensure that other Service Users do not share meals with the Service User with suspected or confirmed food allergy.
- Where allergenic ingredients are packaged openly/loosely; they are to be labelled and stored separately to reduce the risk of contamination.

3.6 Food Service Crockery, Cutlery & Equipment

- The Service User with the suspected or confirmed food allergies - crockery and cutlery should be washed in the normal way via the ward unless advised otherwise.
- All foods which are prepared for special diets must be prepared in a separate area which is sanitised and free from cross contamination. Where possible these items are to be prepared first.

3.7 On site BSMHFT Restaurants

- A daily menu with clear allergen information should be displayed in an obvious place, clearly expressed and detailed. If information is to be provided by a member of staff verbally it should be checked, confirmed as accurate and consistent. Posters should be displayed next to menus to identifying any allergens and food intolerances, on the menu.
- Catering Departments must provide as much information as possible on the menus. If staff or consumers need further information, they are encouraged to meet with the Catering Managers to identify any specific meal requirements.
- The front-of-house staff must be aware of any dishes which contain allergens and, if in doubt, must check with the Duty Chef, Catering Supervisor/Manager if a customer has requested further information on the presence of allergens. Separate utensils must be used during service to avoid cross-contamination of allergens.
- Front of house staff are expected to ask all customers when ordering food if they may have any food allergies or intolerances prior to selecting a dish of their choice.
- All staff that handle food are expected to demonstrate what action to take in the event of an emergency due to an allergic reaction within a Trust premises.

3.8 Take away meals for Service Users

It is the responsibility of the clinical team and the individual with the food allergy to ensure they have carried out due diligence regarding the presence of possible allergens. Information regarding allergens can be made at either at point of sale or on delivery. If there is any doubt, the Service Users / staff member should be discouraged from placing an order.

When ordering for several people, the provider must be requested to clearly label each meal and container, so that you know which order is safe for each individual. Serve anyone with known allergens first to prevent any risks from cross contamination when handling the food.

3.9 Food Brought in by Service Users/Visitors

If Service Users bring food and drink back to the unit is the responsibility of the staff member receiving the SU back on to the ward to enquire about possible allergens to themselves or others on the unit at the time. The food must also be stored correctly in accordance with food safety guidance

3.10 Charity Events

It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present. However, as a precaution all foods containing nuts must not be brought into the Trust.

Where products are not made on site, but sold on Trust premises, appropriate signage should be in place informing the customers of the ingredients and allergen risk. In addition, a HACCP for Charity Events should be completed – available through the SSL facilities team.

All products should be plated separately and stored as such (wrapped where possible) to prevent cross contamination to other items for sale.

4 Training

- 4.1 All staff involved in any stage of food handling and preparation must complete the Level 2 Food Hygiene training. Within this package is a further link to the Food Standards Agency Allergy Awareness Training.
- 4.2 Compliance of this is a local service responsibility depending on the food service model and range of activities offered.
- 4.3 In addition, if a Service User is admitted to a ward – this triggers the requirement to carry out local Allergen Briefings for staff. This can be supported by the Food Safety Specialist and Dietetic team where necessary. (see Appendices).
- 4.4 Additional support and development of local HACCP procedures, including onsite training will be provided by the Food Safety Specialist.
- 4.5 The documentation and training records of all training must be kept in the local HACCP folder.

Responsibilities

Post(s)	Responsibilities
The Trust Board	<p>The Trust Board holds ultimate oversight of the implementation of this Policy.</p> <p>The Trust Board is responsible for ensuring a multi-disciplinary approach is taken by staff to ensure the minimisation of risk to suspected or confirmed food allergy.</p> <p>Provide a safe working environment which, as far as is reasonably practicable, is free from hazards that contribute to food allergies.</p> <p>Ensure any food allergies and related hazards in the workplace are identified, reported, and rectified.</p>
Service Managers	<p>Ensure all cases of food allergy incidents are reported and investigated as necessary.</p>
Ward staff/nursing	<p>Ward staff must follow local process and procedures as outlined in the policy to identify and support Service Users who have food allergies.</p>
Dietetics	<p>Dietitians will provide dietary advice to alter the diet to avoid suspected or confirmed food allergen whilst ensuring that no macro or micronutrients are excluded from the diet, which would cause nutrient deficiencies.</p> <p>Where appropriate, the Dietitian will liaise with Ward and Catering staff to ensure suitable meals are requested and available for the Service User, with an individualised meal plan provided, should this be necessary.</p> <p>Food Service Dietitian to advise on low allergen and nut free recipes and menu options.</p>
Pharmacy	<p>Pharmacy staff must check Rio alerts for any possible drug ingredient allergens.</p>
Catering Staff / Amey Team (*this includes clinical staff in units who cook food for Service Users)	<p>It is the responsibility of staff to ensure food and beverages sent from the kitchens do not contain the identified food allergen in confirmed and suspected cases.</p> <p>The Trust Hazard Analysis Critical Control Point (HACCP) system must be followed to ensure the production of safe food and any Service Users with a suspected or confirmed food allergy. The Catering Manager or Duty Supervisor Cook is responsible for notifying all catering staff producing food for that Service User of specific requirements.</p>

	It is also the responsibility of the Duty Supervisor to ensure that any food prepared and sent to the wards for a Service User with a suspected or confirmed food allergy is appropriate for their needs and labelled with the Service User's name and ward, the type of allergy for the individual Service User concerned.
Occupational Therapy/ Activity Workers	All staff delivering therapeutic activities containing food items must check if a Service User has any known or suspected allergies and adapt the session accordingly following good practice for avoiding cross contamination.
All staff	Managing suspected and confirmed food allergies requires a multi-disciplinary approach to ensure minimisation of risk. Any person involved in the Service User's care has a responsibility to be aware of the Service User's suspected or confirmed allergies.

6. Development and Consultation process

Consultation summary		
Date policy issued for consultation	July 2024 – August 2024	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Trust Food Group	25.9.24	
Physical Health Committee	1.10.24	
Where received	Summary of feedback	Actions / Response
Consultation	Acknowledgement needed ward/management responsibility of service-users who have leave and may bring items back into the clinic and 'how' the food item is stored and consumed must be appropriate to the risks presented in the environment/ward etc.	Included

Consultation	I am wondering if it is worth making allergen training a statutory and mandatory training module alongside the other statutory and mandatory training especially at ward level	Difficult as the staff groups affected are variable and the traffic light system requires a consistent approach. This can be managed locally.
PDMG October 2024	Make nut free statement clearer Include auto immune allergies Address succinctness and typos	Included

6. REFERENCE DOCUMENTS

- i. BSMHFT Food Safety Policy
- ii. EU Regulation 1169/2011 on the provision of food information to consumers, particularly in relation to food labelling and highlighting the 14 main allergens e.g., peanuts or milk.
- iii. EU Regulation 2000/13/EC - Labelling, presentation and advertising of foodstuffs and Regulation
- iv. 90/496/EEC on the nutritional labelling of foods
- v. Natasha's Law, October 2021
- vi. Food Standards Agency
- vii. National Standards for Food and Drink, Version 1, 1 November 2022
- viii. EFA/2020/001 NHS Estates and Facilities alert, Jan 2020
- ix. Food safety and Hygiene (England) Regulations 2013
- x. Food Law
- xi. Code of Practice Food Law Guidance
- xii. (EC) 852/2004 Hygiene of Food stuffs
- xiii. The Nutrition and Hydration Digest 3rd Edition – BDA The Association of UK Dietitians
- xiv. Report of the Independent Review of NHS Hospital Food © Department of Health and Social Care 2020
- xv. [Blanket Restriction Policy](#)
- xvi. [Deteriorating Patient Policy](#)

7. BIBLIOGRAPHY

- I. Food Standards Agency (2006); Guidance on Allergen Management and Consumer Information [Accessed online <http://www.food.gov.uk/multimedia/pdfs/maycontainguide.pdf>
- II. EU Regulation 1169/2011 [accessed online <http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>
- III. M. L. Levy, D. P. (2004). Inadequacies in UK primary care allergy services: national survey of current provisions and perceptions of need. Journal of Clinical and Experimental Allergy, 34, 518-520.
- IV. [All Food Fact pages - British Dietetic Association \(BDA\)](#) – Allergies 2024

8. GLOSSARY

- “Allergy”** A condition in which the body has an exaggerated response to a substance (e.g., food or drug), also known as hypersensitivity.
- “Allergen”** A normally harmless substance, which triggers an allergic reaction in the immune system of a susceptible person.
- “Anaphylaxis”** Anaphylaxis, or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
- “ HACCP”** Hazard Analysis Critical Control Point

9. AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Production Kitchen Monitoring	Senior Facilities Manager	within HACCP document	Monthly	Quarterly to IPPC Estates and Facilities Report
Cook Chill Regeneration Kitchens	Senior Contracts & Commercial Manager	Contract KPIs & HACCP Document	Monthly	Quarterly to IPPC Estates and Facilities Report
ADL/Therapy Kitchens	Matrons	ADL kitchen HACCP tool Kitchens Inspections	Monthly	IPPC
All kitchens/food preparation areas.	IPC Lead (undertaken by external food safety expert)		Minimum annually and by exception.	Quarterly to IPPC in IPC and E&F report.
Training	Matrons	Insight Reports	Quarterly	Quarterly IPPC
Allergen Training	Senior Facilities Managers	SSL Training Matrix and report	Quarterly	Quarterly IPPC Reported to SSL Board
Food Allergy Related Incidents	Matrons	Eclipse		Local Clinical Governance and PSIRF lead

10. APPENDICES

- 1. Equality Analysis Screening Form**
- 2. The 14 Major Allergens**
- 3. Reporting Process North**
- 4. Reporting Process South**
- 5. Allergen Matrix Example**
- 6. Declaration of known allergy**
- 7. Local Allergy Briefing**
- 8. Local Allergy Briefing Record Sheet**
- 9. Allergy identification**
- 10. Food Allergy or Intolerance poster FSA**
- 11. Food Allergy poster with images**

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Food Allergen Policy		
Person Completing this proposal	Alison Jowett	Role or title	Head of Facilities Management
Division	SSL/ Corporate Nursing	Service Area	Estates and Facilities / AHPs
Date Started	15/7/2024	Date completed	15/7/2024
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
This policy is to ensure all food and drink provided within BSMHFT is stored, managed, prepared and served appropriately ensuring safety for all patients, staff and visitors who have food allergies			
Who will benefit from the proposal?			
All Service Users, staff, and visitors.			
Does the policy affect Service Users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
This policy applies to all staff, visitors and Service Users, particularly those who eat the food provided by the organisation on wards or in canteen areas.			
Does the policy significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i>			
Providing a safe environment free from harm is crucial in delivering services that meet individual needs.			
Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>			
For clinical areas staff time is required to make sure they discuss and document allergies, and making sure there is good communication to ensure needs are met.			
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)			

n/a				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity? Y</i> <i>Eliminate discrimination? Y</i> <i>Eliminate harassment? Y</i> <i>Eliminate victimisation? Y</i>			<i>Promote good community relations? Y</i> <i>Promote positive attitudes towards disabled people? Y</i> <i>Consider more favourable treatment of disabled people? Y</i> <i>Promote involvement and consultation? Y</i> <i>Protect and promote human rights? Y</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	✓			Age should not impact this policy as food allergies can be present in all ages and age does not determine when this will happen.
Including children and people over 65. Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups?				
Disability			✓	This policy will have a positive impact to those with a disability as reasonable adjustment where required will be supported and put in place to ensure a safe environment for those with existing health conditions.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, Service Users, carers, and families?				
Gender	✓			It is anticipated that gender will not have a negative impact in terms of discrimination as there no gender bias with food allergies
This can include male and female or someone who has completed the gender reassignment process from one sex to another. Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	✓			It is anticipated that marriage or civil partnership will not have a negative impact in terms of discrimination as there no marriage or civil partnership bias with food allergies

<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters. Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
Pregnancy or Maternity	✓			It is anticipated that pregnancy or maternity will not have a negative impact in terms of discrimination. This is dependent on the Service User/staff feeling comfortable about being open about pregnancy and then further support may be required.
<p>This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and post-natal mothers both as staff and Service Users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?</p>				
Race or Ethnicity	✓			It is anticipated that race or ethnicity will not have a negative impact in terms of discrimination as there is no race or ethnicity bias with food
<p>Including Traveller or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?</p>				
Religion or Belief	✓			It is anticipated that religion or belief will not have a negative impact in terms of discrimination as there is no religion or belief bias with food allergies. This is dependent on the Service User/staff feeling comfortable about being open about their religion or belief and then further support may be required.
<p>Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</p>				
Sexual Orientation	✓			It is anticipated that sexual orientation will not have a negative impact in terms of discrimination as there is no sexual orientation bias with food allergies
<p>Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</p>				
Transgender or Gender Reassignment	✓			It is anticipated that Transgender or Gender Reassignment will not have a negative impact in terms of discrimination as there is no Transgender or Gender Reassignment bias with food allergies

This will include people who are in the process of or in a care pathway changing from one gender to another.
 Have you considered the possible needs of transgender staff and Service Users in the development of your proposal or service?

Human Rights	✓			<p>This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed. The Policy will be monitored to make sure and that we are in line with EU Standards and Food Safety Guidelines</p> <p>This policy applies to all staff, visitors and Service Users, particularly those who eat the food provided by the organisation on wards or in canteen areas.</p>
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Affecting someone's right to Life, Dignity and Respect?
 Caring for other people or protecting them from danger?
 The detention of an individual inadvertently or placing someone in a humiliating situation or position?

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)

	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				✓

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.















If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

Leads will work with the organisation to reduce impact of any detriment experienced by reports of concerns
How will any impact or planned actions be monitored and reviewed?
Feedback from reporters of concerns, escalating concerns through governance routes. Regular audits and policy updates, communication to managers through Operational Meetings
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people because of their personal protected characteristic.
EDI Communications plan and trust wide promotion in ways accessible to ALL staff without the reliance upon electronic communications
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Appendix 2 The 14 Major Allergens

Allergen		Examples of typical foods which contain these
Celery including celeriac		Salads, soups, celery salt, some meat products
Cereals containing gluten, namely wheat such as spelt and Khorasan wheat, rye, barley, and oats.		Bread, pasta, cakes, pastry, sauces, soups, batter, stock cubes, breadcrumbs, semolina, cous cous, some meat products
Crustaceans namely prawns, crabs, lobster, crayfish		Some salad dressings, oils, and paste
Eggs		Cakes, sauces, pasta, mayonnaise, some meat products, glazed products
Fish		This is often found in some fish sauces, pizzas, relishes, salad dressings, stock cubes and in Worcestershire sauce
Lupin which includes lupin seeds and flour		Some types of bread and pastries
Milk including lactose		Milk powder, yoghurt, butter, cheese, cream. Ghee, foods glazed with milk, ice cream
Molluscs namely mussels, whelks, oysters, snails, and squid		Is often found in oyster sauce or as an ingredient in fish stews
Mustard		Mustard paste, seeds, leaves, flour, powder and liquid mustard salad dressings, marinades, soups, sauces, curries, and some meat products
Nuts namely almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts, pistachio nuts, macadamia (or Queensland) nuts		In sauces, desserts, bread, crackers, ice cream, praline (hazelnut), nut butters, essences and oils, marzipan, and frangipane (almond), pesto, nut salad dressings
Peanuts		Arachis oil, peanut butter, flour, satay sauce, refined peanut oil
Sesame		Oil or paste, tahini, houmous, halva, furikake, Gomashio, bread
Soya namely flour, tofu, or soya sauce, edamame beans		Some ice cream, sauces, desserts, meat products, vegetarian products
Sulphur dioxide and sulphites		Some meat products, stock cubes, bouillon mix, fruit juice drinks, dried fruit/vegetables, wine, beer cider

Appendix 3 Allergy Reporting and Responsibility Procedure for North Wards

Notification of known allergy on SU admission to ward

Ward Teams to ensure that all SU's notes are updated to mention the suspected or confirmed food allergy and document which food(s) must be avoided, ensuring the alert button on the Rio system highlights the appropriate risk and that it is noted on Rio. Ensure that the management of the food allergy is included on the Service User's Care Plan.

All notifications of food allergies - appendix 6 must be filled in and sent through to the following emails facilities.helpdesk@amey.co.uk Kimberley.bricknell@amey.co.uk bsmhft.facilities@nhs.net on admission.

Details must include Location including, Site, Ward and Bedroom number, Service Users Name, declaration form including full list of allergies

Ward Teams to liaise with Dietetic Team and advise severity of allergy and whether food items with allergens present should be restricted to ward or just the individual with allergy.

SSL team will arrange a meeting with ward staff, Amey and the Food Services Dietitian within 24 hours (or if out of hours the next working day). This will be to ensure all information has been received and to confirm meals appropriate for the Service User.

For SU's with one of 14 known allergens, Ward teams to advise SU's to choose from allergen free menu when completing meal orders.
For SU's with Allergens outside of 14 common allergens Amey will provide list of meals not to offer to SU's. Nursing Teams to ensure these items are not selected when completing meal order with SU.

Ward teams to check information provided against menu before each mealtime and must check all ingredient labels and ingredient specification sheets for all food to be consumed by Service User.

Food for Service Users with suspected or confirmed food allergy should be served first with a clean serving utensil to ensure that no other food stuff contaminates the meal.

Strict Hand Hygiene rules should be followed when food handling, especially known allergens. Care should be taken to ensure that other Service Users do not share meals with the Service User with suspected or confirmed food allergy.

Ward Teams to notify Amey Helpdesk whenever Service User with Allergy is discharged and amend orders accordingly.

Appendix 4 Allergy Reporting and Responsibility Procedure for South & Central, Secure

Notification of known allergy on SU admission to ward

Ward Teams to ensure that all SU's notes are updated to mention the suspected or confirmed food allergy and document which food(s) must be avoided, ensuring the alert button on the 'Rio' system highlights the appropriate risk and that it is noted on Rio. Ensure that the management of the food allergy is included on the Service User's Care Plan.

All notifications of food allergies must be sent through to the SSL Catering department on admission. Details must include Location including, Site, Ward and Bedroom number, Service Users Name.

Ward Teams to liaise with Dietetics and advise severity of allergy and whether food items with allergens present should be restricted to ward or just the individual with allergy.

SSL team will arrange a meeting with ward staff within 24 hours (or if out of hours the next working day). This will be to ensure all information has been received and to confirm meals appropriate for the Service User.

For SU's with one of 14 known allergens, Ward teams to advise SU's to choose from allergen free menu when completing meal orders. For SU's with Allergens outside of 14 common allergens Catering department will provide list of meals not to offer to SU's. Ward Teams to ensure these items are not selected when completing meal order with SU.



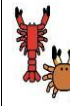

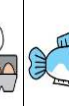
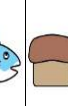






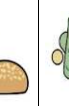

On receipt of food, staff should check that the meal ordered for a Service User has been supplied and is appropriate for the Service User and must check all ingredient labels and ingredient specification sheets for all food to be consumed by Service User.

Food for Service Users with suspected or confirmed food allergy should be served first with a clean serving utensil to ensure that no other food stuff contaminates the meal.

Strict Hand Hygiene rules should be followed when food handling, especially known allergens. Care should be taken to ensure that other Service Users do not share meals with the Service User with suspected or confirmed food allergy.

Appendix 5 Example of an Allergen matrix

This diagram is in conjunction with the Trust Allergen Policy. For further details please see: Food Allergy Policy

Code/ Product														
	Celery	Cereals containing gluten*	Crustaceans	Eggs	Fish	Lupin	Milk	Mollusc	Mustard	Nuts†	Peanuts	Sesame seeds	Soya	Sulphur Dioxide
Midland Cake and Bake Supplier														
Bakewell Tart Code 8435C	X	✓	X	✓	X	X	✓	X	X	✓	*	X	✓	X
Apple Pies Code 5487C	X	✓	X	✓	X	X	✓	X	X	*	*	X	X	X

The allergen present in the Dish or Food Product is identified by a tick ✓ showing the product contains the allergen, a star * identifies it may contain or a cross X identifies or does not contain the allergen.

Appendix 6

DECLARATION OF A KNOWN ALLERGY

This declaration is to be completed for persons who have a known allergy or conditions for which assistance may be required. This includes staff, students, volunteers, and visitors who visit and perform tasks or activities at BSMHFT.

This form must be securely retained by the Catering Department and a copy kept by the individual.

WARD/AREA/BUILDING	
NAME OF PERSON (print)	STAFF/STUDENT /VOLUNTEER/VISITOR

Does the person have a known allergy or medical condition which may impact tasks or is potentially life-threatening? Yes No

Does the person suffer from asthma? (higher risk for severe allergic reaction) Yes No

CONFIRMED ALLERGENS (e.g. Peanuts)	SYMPTOMS (describe and specify SEVERE or MILD)	REQUIRED MEDICAL RESPONSE (e.g. EpiPen, Anapen, Antihistamine)

CATERING DEPARTMENT COMMENTS: (i.e. advise on action taken in areas (i.e. ward kitchens/dining areas), foods/beverages with known allergens and how/where to obtain allergen information)

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SIGNATURE	PLANNED REVIEW DATE
<p>I give permission for this information to be confided to the Catering Department where consistent with the nature of my tasks and activities.</p> <p>Sign: _____ Date: _____</p>	<p><i>To be revised if previously unknown allergies are subsequently declared</i></p>
<p>RECEIVED BY CATERING DEPARTMENT</p> <p>Print: _____ Date: _____</p>	

Appendix 7

Allergen Awareness Staff Briefing















A food allergy is a reaction produced by the body's immune system when a substance causes certain people to become seriously ill when they eat/drink it.

Life threatening symptoms including swelling of the lips, rashes, itching of the skin, swelling of the throat and difficulties breathing are the most common symptoms of an allergic reaction.

Look out for signs of an allergic reaction. If someone has an allergic reaction, this is what you should do:

- Raise the alarm for a Medical Emergency
- Follow ILS/ELS procedure.

Ensure you know the 14 main allergens. These are:

 Celery	 Cereals containing gluten	 Crustaceans	 Eggs	 Fish	 Lupin	 Milk
 Molluscs	 Mustard	 Nuts	 Peanuts	 Sesame Seeds	 Soya	 Sulphur

Read the labels on foods, allergens will be emphasised on the label. The allergens can be identified either of them listed in bold or the emphasised allergen will be in a different colour.

Give correct information to the consumer. Know **ALL** the ingredients in the food you handle to ensure you provide accurate allergen advice to consumers. When asked if an unwrapped food, or with no visible label attached contains a particular allergen, refer to the allergen folder.

STEP 1: Obtain the Allergen Folder.

STEP 2: Locate the correct Allergen Matrix.

STEP 3: Locate the dish/food product under your menu items.

STEP 4: Move across the columns of the Allergen Matrix

STEP 5: If there is a tick under an Allergen Column; that means an allergen is present.

STEP 6: Communicate to the consumer the allergens present.

STEP 7: Allow the person to see the relevant allergen matrix.

You must always put in place steps to prevent cross contamination between foods that contain allergens and foods that do not. Always store foods that contain allergens separate from other foods, use separate utensils when preparing or serving food.

Remember - if YOU had an allergy, you wouldn't risk it!

Appendix 8 Allergen Briefing Form

Locality		
Service		
Line Manager Name		

(All staff, including students and volunteers engaging in food related activity must be briefed and confirm understanding before preparing and serving food).

Allergen Brief –

1. Confirm to the staff, including students and volunteers, where the Allergen Folder is located (ensure it is ALWAYS accessible).
2. Confirm the **Food Intolerance Posters** are displayed.
3. Confirm the staff member, including students and volunteers, has read the Food Allergen Procedure and Allergen Awareness Staff Briefing within the procedure (Appendix 4) and understands the process of using the Allergen Matrix (this should be held within the Allergen folder).
4. Clarify with **all** food handling staff, including students and volunteers, that if an individual asks about allergens, the Allergen Matrix must be shared with them to confirm the presence of an allergen.
5. Clarify that **all** food handling staff, including students and volunteers, should ask their line manager if they are unsure and if any uncertainty remains the individual should be recommended not to consume the product in question.
6. Clarify that all staff including, students and volunteers, understand the requirements to risk assess any cooking activities where known allergens are present within the dish, and that these are listed in the Allergen Folder.

Staff members full name	Staff members confirming understanding	Line Managers full name	Line Managers Signature to confirm above brief to staff	Date

Please retain in the Allergen Folder

Appendix 9 Allergen Identification Table

Allergen	Examples of Food commonly containing those allergens
Cereals Containing Gluten e.g. Wheat, Rye, Barley Oats, Spelt and Kamut	Bread, wheat flour, biscuits, crackers, pasta, breakfast cereals (Including items like breadcrumbs and batter), cakes, pastry, semolina, soya sauce. It is also found in many processed foods such as soups, gravies, sauces, sausages, haggis, fish cakes, and all processed foods must be checked to ensure they are gluten free.
Celery and Celeriac e.g. Stalks, Seeds, and Leaves	Salads, soups and celery salt, stock cubes, stew pack, some meat products.
Eggs e.g. Hens, Duck, Turkey Quail, Goose, Gull, and Guinea Fowl	Cakes, sauces, pasta, mayonnaise, glazed products, some meat products (e.g. meatloaf, used as binder), quiche, mousse, foods brushed with egg, Quorn.
Fish, Crustaceans and Molluscs e.g. all Fish, Prawns, Lobster, Crab, Clams, Oysters, Mussels, and Langoustine	Soy and Worcestershire sauce, Thai fish sauce, relish, some salad Dressings, fish extracts, oils, and paste.
Milk e.g. Cows, Sheep and Goats	Milk powder, yogurt, butter, margarine, cheese, cream, ghee, milk. glazed products, ice cream, custard, and other milk puddings. Milk powder and milk products are used in many manufactured products. Some processed meats, chocolate, some canned fish, Quorn.
Mustard	Mustard paste, seeds, leaves, flour, salad dressings, marinades, soups, sauces (e.g. cheese sauce), curries, some meat products.
Peanuts	Arachis or groundnut oil, peanuts, peanut flour, satay sauce, refined peanut oil. Cakes, biscuits, ice cream desserts, breakfast cereal, salad dressing, confectionery, and vegetarian products.
Other Nuts e.g. Walnuts, Cashew, Pecan, Brazil, Pistachio, Macadamia, Queensland, Almonds, Hazelnut, Pinenut, Chestnut	Cakes, biscuits, sauces, desserts, bread, crackers, ice cream desserts, praline (hazelnut), some choc spreads, nut butters, essences & oils, marzipan & frangipane (almond), pesto, nut salad dressings, breakfasts, confectionery, vegetarian products.
Sesame Seeds	Oil or paste, tahini, houmous, halva, furikake, gomashio, bread.
Soya e.g. Flour, Tofu, Bean curd, Textured Soya Protein, Soy Sauce, and Edamame Beans	Tofu, textured vegetable protein, soy sauce, soybean flour used in cakes, biscuits, pasta, burgers, sausages, confectionery. Dairy products made from soya beans including soya milk some ice creams.
Sulphur Dioxide and Sulphites	Some meat products, stock cubes, bouillon mix, fruit juice drinks, dried fruit/vegetables, wine, beer, cider.
Lupin Seeds and Flour	Some types of bread and pastries e.g. waffles (particularly those manufactured in France and Belgium).

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Food Allergy or Intolerance?

.....

If you have a food allergy, intolerance, or coeliac disease – please speak to the staff about the ingredients in your food and drink before you order.















Thank you.



FOOD ALLERGIES & INTOLERANCES

Please ask a member of staff about ingredients in your meal

Thank you.

 Celery	 Cereals containing gluten	 Crustaceans	 Eggs	 Fish	 Lupin	 Milk
 Molluscs	 Mustard	 Nuts	 Peanuts	 Sesame Seeds	 Soya	 Sulphur