

Food Safety and Hygiene Policy

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Contents

1. Introduction	5
2. Policy Scope	5
3. Aim of this Policy.....	5
4. Roles and Responsibilities	6
Trust Board	6
Chief Executive	6
Director of Estates & Facilities	6
Facilities/Catering Management – Contracted Services or In House	6
Environmental Health Officers (EHO's).....	6
Service Managers/Ward Sisters	6
Other Staff.....	7
5 Definitions	7
Food Handlers.....	7
Secondary Food Handlers.....	7
Hazard Analysis Critical Control Point (HACCP).....	7
6. Delivery of the Policy.....	7
Management of Food Hygiene	7
Food Handlers Pre-Employment Screening and the Management of Illness	8
Pre-employment.....	8
Management of Illness	8
Handlers on Duty.....	8
Food Patients cannot bring into Hospital	8
Foods Patients can bring into Hospital.....	9
Food Handling Practice	9
Ward Kitchens.....	9
Food Storage.....	10
Product Date Codes	10
Refrigeration.....	10
Dry Goods Storage.....	10
Patient Meal Service.....	11
Use of Microwave Ovens.....	11
Food for Hospitality, Functions, Meetings etc.	11
7. Training.....	12

Food Handlers outside the Catering Department.....	12
8. Equality and Diversity.....	12
9. Monitoring compliance with this policy - Microbiological Monitoring.....	12
10 Consultation and review of this policy.....	13
11 Implementation of policy (including raising awareness).....	13
12. References.....	13
Appendix 1 Allergen Information	14

1. Introduction

The NHS has had a legal obligation to comply with the provisions and requirements of Food Legislation pre 1987.

The Trust commits itself to compliance with the requirements of the Food Safety Act 1990, Food safety & Hygiene (England)

Regulations 2013, DoH Chilled & Frozen Guidelines on Cook Chill and Cook Freeze and subsequent regulations/amendments as a basis for its minimum standard.

It is the responsibility of the Board, Chief Executive, Directors and Service Managers responsible for food acquisition, processing and service, to ensure that standards are met and that training, along with appropriate records retention, is provided to all food handlers commensurate with their responsibilities.

The Trust will ensure that all their food premises are duly registered (EU requirement) with Local Borough Council representatives.

In particular the Trust will ensure adherence to the Trusts Hazard

Analysis and Critical Control Point (HACCP) procedure documents used within its kitchens. Local Council Enforcement officers (Environmental Health Officers) see these documents as central to food safety. HSG(96/20 – *Management of food hygiene and food services in the NHS in its Executive Summary states: Quote. 'Good Hygiene and food safety practices and informed staff are vital in the preparation, storage, distribution and serving of food. These are of particular importance in hospital catering because patients may have less resistance to infection from contaminated food.'*

2. Policy Scope

All catering management, 'food handlers' and NHS premises in which food is stored, prepared or served must comply with the current food safety legislation.

Due to the vulnerability of patients, good practice advice found in the approved Catering Industry Guides should be considered in appropriate circumstances.

NHS management must ensure that food production and service complies with the requirements of current legislation. Purchasing authorities must ensure that contracts with provider units lay down the requirements of food provision including food hygiene.

Providers must ensure they adopt standards of good hygiene practice to conform to current food safety legislation and that such standards are monitored.

This Policy must be followed by all Trust employees and Service Contractors, including those on temporary contracts bank staff and students, who are involved in ordering, storing, preparing, serving or delivering any food or beverages.

3. Aim of this Policy

The aim of this policy is to raise the profile of food safety and hygiene within the Trust, to highlight that several disciplines of NHS staff are identified as being 'food handlers' and to emphasise and promote awareness of the existing arrangements for the strict management of food hygiene.

The Catering department or Contracted Service providers has further more in depth food safety procedures that it complies with, in the form of the Trusts Hazard Analysis Critical Control Procedures (HACCP) document. Further help and guidance for Food Safety can be sought from the Contract Manager.

4. Roles and Responsibilities

Trust Board

The Trust Board has a responsibility to ensure that patients, staff and visitors are provided with a safe food service meeting current regulations and guidance.

Chief Executive

The Chief Executive is responsible to the Board for ensuring that all patients, staff and visitors are provided with a safe food service meeting current regulations and guidance.

Director of Estates & Facilities

The Director of Estates & Facilities ensures that the Catering Department or Contracted Service Provider provide appropriate services throughout the Trust to ensure a safe food service is provided in accordance with current regulations and guidance.

Facilities/Catering Management – Contracted Services or In House

Responsible for the Trusts day to day food delivery, hygiene and safety and the Trusts adherence to current UK food hygiene legislation They will ensure the policy is implemented on a day to day basis and that catering staff adhere to the policy and receive appropriate training. Responsible for offering advice and assistance to Trust departments/wards on issues relating to food hygiene.

Environmental Health Officers (EHO's)

EHO's acting on behalf of Local Councils has the responsibility for the enforcement of legislation In relation to food safety. The prime objective of the EHO's is to ensure that food legislation is enforced and to offer guidance and support as necessary.

These objectives are achieved by a combination of the following methods:

- Inspecting food and food premises
- Providing advice to assist in complying with legislation and achieving high standards of food safety.
- Giving advice to the public on food matters including health promotion to make them aware of food safety issues and allow them to make informed choices when buying, storing and preparing food.

Service Managers/Ward Sisters

Service Managers/Ward Sisters are responsible for ensuring that within their ward/area:

- Food and beverages are served quickly and efficiently without delay and that any delays in
- Food service are reported to the catering department
- The rules on food allowed/not allowed to be brought into hospital are adhered
- Hygienic standards and food storage are maintained within ward

- Kitchens/beverage bays
- The contents of this policy are adhered to (in particular patient food service) at all times
- Ward refrigerators are checked daily for correct storage and labelling and that temperatures are monitored and recorded (am and pm)

Other Staff

All staff have a responsibility to carry out their duties in accordance with the policies and Instructions laid down by the Trust, in a safe and hygienic manner.

All staff must formally advise their Supervisor of any circumstances that Prevent them from maintaining the hygiene standards determined by the Trust.

All staff who are involved in the handling of food, whether during distribution or at ward level have a responsibility to attend mandatory training sessions and follow identified practices and procedures.

5 Definitions

The following definitions are used within this policy.

Food Handlers

Is anyone who may deliver, handle, store or serve food or beverages within the Trust as part of their main job role? This includes all Catering staff and may also include supplies, nursing, Domestic staff, housekeeper & portering staff.

Secondary Food Handlers

Is anyone who may deliver, handle, store or serve food or beverages within the Trust as an Associated part of their job role. This will include supplies, nursing, domestic/hotel services, housekeepers & portering staff.

Hazard Analysis Critical Control Point (HACCP)

Hazard Analysis Critical Control Point (HACCP) is the detailed procedures that the Trust follows to ensure compliance to food safety regulations, guidelines and good practice.

6. Delivery of the Policy

Management of Food Hygiene

Catering Food Hygiene is managed by the Patient Environment Action Group (PEAG):

- Director of Estates & Facilities (Chair)
- Head of Facilities
- Facilities Manager (Catering)
- Deputy Catering Manager
- Consultant Microbiologist
- Senior Nurse, Infection Prevention and Control
- Works Operations Manager, Estates

- Patient Representatives

Food Handlers Pre-Employment Screening and the Management of Illness

Pre-employment

All staff recruiting for food handling positions completes a pre-employment questionnaire before employment.

Management of Illness

Every food handler is required to report immediately to their manager/supervisor if they are suffering from an illness involving:

- A discharge from eyes, ears or nose
- A chronic cough
- Skin rash
- Lesions on exposed skin (face, neck, hands, lower arm or scalp) that are scaling, weeping or discharging pus
- Nausea/vomiting and/or diarrhoea
- If they have had close or household contact with a person suffering from diarrhoea
- And/or vomiting, or a person suspected of being a carrier of infection. After
- Returning from holiday during which an attack of vomiting or diarrhoea or any
- Conditions listed above lasted more than two days
- After returning from holiday in a place where there has been an outbreak of
- Enteric fever (typhoid or paratyphoid)
- When returning to work after suffering from illness involving any of the conditions
- Mentioned above
- Any staff member with other employment which might bring them into contact with others who have symptoms.

Procedure for Dealing with Incidents of Vomiting and/or Diarrhoea amongst Food

Handlers on Duty

- The food handler must report symptoms immediately to their supervisory manager and must be sent home immediately
- The supervisor should give consideration to the work undertaken by the staff member before they reported their symptoms and take appropriate action to minimise the risk of contamination;
- The manager must notify the Occupational Health Department to ascertain if it is necessary to obtain specimens for microbiology the staff member must stay away from work until 72 hours after their symptoms subside.

Procedure for Dealing with Other Infections

The supervisor or staff member must contact the Occupational Health Department for further advice.

Food Patients cannot bring into Hospital

If not handled correctly the following items may pose a risk to our patients and are therefore restricted onto the Units:

- Cooked meats and meat products.
- Fish paste and fish products.

- Fresh or synthetic cream or cream products.
- Eggs.

Take-away meals.

Due to the varying quality and ingredients contained within fast food and take away meals patients should be discouraged from ordering these for delivery into inpatient sites. This should be discussed on admission and recorded in the patient record. Consideration must also take into account the patients' physical health and wellbeing.

Foods Patients can bring into Hospital

If not handled correctly foods brought into the Unit can pose a serious health risk and must be strictly controlled. Provided the patient's diet allows, the following items may be brought into hospital by the patient or patient's relative/visitor:

- Individual cartons of fresh fruit juice
- Fresh & dried fruit
- Canned or bottled soft drinks
- Crisps, nuts and crackers
- Cereal Bars

There may be occasions when it is beneficial to the individual to have specific items of food brought in from an outside source for their consumption. This may include family bringing home-cooked food. This cannot be reheated in the microwave.

We in the Trust encourage a Healthy well Being Diet so encourage foods that are Healthy and nutritional.

These foods must be date coded when opened, have a use by date and bear the patients name and be stored according to this policy.

Food Handling Practice

- Hands must be washed thoroughly before starting work, before handling food or equipment, after visiting the WC, after sneezing, coughing or using a handkerchief, after touching ears, nose, mouth or hair.
 - Keep cuts and burns covered with a bright coloured waterproof dressing
 - Do not lick your fingers
 - Do not pick your nose, teeth or ears, or scratch your backside
 - Do not cough or sneeze over food
 - Do not smoke, eat, drink or chew gum in food areas
 - Do not scratch your head
 - Do not use an overall, apron or cloth to dry your hands
 - Handle foods as little as possible

Ward Kitchens

Only authorised staff (domestic, auxiliary and nursing staff from that ward) are allowed Access into ward kitchens.

On no account should patients have access to ward kitchens unless it is part of a recognised Occupational/rehabilitation session and they are being supervised appropriately.

Ward refrigerators should be of robust design and be capable of operating below 5 °C.

Temperatures should be checked am and pm and recorded. Under no account should raw products be stored in Unit Kitchens. Patient food (section 6.04, 6.05) should be labelled Correctly and checked daily. Staff food should be stored separately from patient foods.

Food Storage

The correct storage of foods is important to ensure adequate provision. Failure to ensure satisfactory conditions of temperature, humidity, stock rotation and the integrity of packaging can result in problems of unfit or spoiled food but will at the very least, result in considerable reduction in shelf life.

Product Date Codes

To ensure good stock rotation and compliance with the Food Labelling Regulations, all foods with the exception of unprepared and uncut fruit and vegetables, sugar, wine and salt must be date coded.

Produce delivered by nominated suppliers will be date coded as part of the purchase specification.

Date Codes are classified under 2 headings:

- "USE BY" – applied to perishable, "high risk" products such as cooked meats and dairy products
- "BEST BEFORE" – applied to perishable and non-perishable foods, e.g. cereals and packed products, cans , bottles – usually with a shelf life of over 3 months

All products must be used before the expiry of these dates but care must be taken when using products to check labelling instructions.

The rule FIRST IN – FIRST OUT should always be applied.

Opened packs of food should be decanted into suitable lidded containers

Refrigeration

Refrigeration is a method of storage by which spoilage is delayed but not

Prevented the following rules should be applied when storing food in a refrigerator/freezer:

- Chilled foods should be stored between 1°C & 5°C
- Frozen Foods to be stored below –18°C
- Foods subjected to Cook Chill to be stored between 0°C & 3°C High risk foods are usually those which contain protein and are intended for consumption without treatment which would destroy such organisms.
- All cooked meat and poultry
- Cooked meat products including gravy and stock
- Milk, cream artificial cream, custards and dairy produce
- Cooked eggs and products made with eggs, for example mayonnaise, but excluding pastry, bread and similar baked goods
- Shellfish and other seafood, for example, oysters; cooked rice.

Dry Goods Storage

Dry goods require protection from:

- Low Temperatures
- Damp
- Excessive heat
- Direct Sunlight
- Pests

This requires:

- Steady Temperatures of 10 –15 °C
- Ventilation (relative humidity 50 – 60%)
- Shelving which can easily be cleaned
- Products stored off the ground
- Routine Cleaning
- Stock Rotation

Patient Meal Service

The following key points must be adhered to regarding patient meals

- Patients must only be served food prepared on Trust Premises (see 6.03 and 6.04 for food brought into hospital).
- Patient's meals **must never** be reheated or retained for use later.
- All patients meals, used or unused must be returned to the catering department (advised otherwise) for correct disposal.
- Under no circumstances should patient ordered and allocated food (including ward provisions and beverages) be consumed by members of Trust staff (including left over or waste food intended for disposal).
- Wards without industrial dishwashers must return all crockery and cutlery to the respective kitchen for correct cleaning.
- Under no circumstances should left over patient ordered and allocated food be consumed by members of Trust staff. Separate from patient ordered and allocated food the Trust allows 2 meals for staff each serving to be consumed with the Service Users .

Use of Microwave Ovens

Please refer to Forensic Services Microwaves Policy for further guidance on microwave use.



Microwave process
policy for forensics F

Food for Hospitality, Functions, Meetings etc.

The provision of catering for hospitality, functions and meetings must be supplied by the Trusts approved Contractors only.

The provision of catering that is supplied by outside companies and not funded by the ELFT is permitted as long as the outside catering company complies to regulations.

Allergens

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, Trust 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

The safe care of patients with food allergies is dependent on many key members of staff including ; facilities managers, catering managers, dietetic teams and clinical staff including, HCAs, PSAs and nurses. It is imperative that food allergies are recorded in the patient record / care plan and information must be shared with catering providers.

This also applies to controlling risks at charity fundraising food events e.g. bake sales.

Refer to appendix 1 for full requirements.

7. Training

Food law requires that food handlers must be trained in food hygiene commensurate to their duties, to enable them to handle food safely. Also, those responsible for developing and maintaining the business's food safety procedures, based on HACCP principles, must have received adequate training.

The Trust has a legal and moral responsibility to provide all food handlers with appropriate training commensurate with their responsibility for food preparation and handling. This is a key aspect of the Trust Risk Management Strategy.

Food Handlers outside the Catering Department

Nursing, Domestic, Housekeepers and Portering Staff

All new staff prior to commencing employment shall receive and have fully explained to them the following:

- The Agreement to Report Infection Declaration.
- The Rules of Personal Hygiene and Health.
- The Rules on Protective Clothing, First Aid and Reporting Procedures within each unit.

In addition all 'secondary' food handlers i.e. Nurses, Domestic and Portering involved in the delivery and service of food shall attend 'Basic Food Hygiene' as part of annual Mandatory training.

This can be arranged with the current Contractors that maintain the statutory Food handling Requirements on behalf of the Trust.

8. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9. Monitoring compliance with this policy - Microbiological Monitoring

To support and validate the Trusts Hazard Analysis Critical Control Point (HACCP) procedures microbiological sampling of foods is undertaken to examine for the presence of:

- ACC
- E. Coli
- S. Aureus
- B. Aureus
- Salmonella
- C. Pref
- Listeria

Will include chilled ready to eat products (primarily) and cook chill products (subject to further reheating).

Corrective action, for samples resulting in high microbiological counts and failing testing, will be through inspection of the procedures from that food group with changes adopted as necessary to the HACCP procedures.

Effectiveness Monitoring

Standard process/ issue

Monitoring and Audit

Method By Committee Frequency The effectiveness of this policy will be monitored through the Patient Experience Group or during PLACE Audit periods. Updates on Food Hygiene, including and identifiable actions outstanding, will be presented when appropriate to do so as part of Dash Board Information and DMT meetings.

10 Consultation and review of this policy

This policy will be reviewed and updated as Legislation and Compliance is advised in accordance with Food management.

11 Implementation of policy (including raising awareness)

This policy will be circulated by the Trust

12. References

- Food Safety Act 1990
- Food safety & Hygiene (England) Regulations 2013
- Food service Standards at Ward Level – Hospital Caterers Association good practice
- EFA/2020/001 Allergens Issues - Food Safety in the NHS, safety alert issued 29/01/2020

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.