**POLICY ON FOOD ALLERGIES**

**Allergens that are commonly associated with allergy, including peanuts and tree nuts, cow's milk, sesame, shellfish and fish and egg. Below are the main food allergies that may arise within the workplace with an overview of the reaction. 14 allergens have been identified by the EU these are:**

**Celery, Cereals containing gluten, Shellfish, Eggs, Fish, Lupin, Milk Molluscs Mustard, Nuts, Peanuts, Sesame Seeds, Soya, Sulphur dioxide.**

**STAFF AWARENESS:**

**1. Be familiar with the common terms for allergens**, such as ‘whey’ or ‘casein’ for milk, ‘albumin’ for egg, or Arachis for peanut.

**2. Staff should be able to identify hidden sources** of at least the most common allergens (such as gluten/wheat, eggs, fish, milk, peanuts, shellfish and nuts (including almonds, Brazil nuts, cashews, chestnuts, hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pistachios and walnuts). Ingredients that can cause severe allergic reactions can be present in products where you did not expect them to be. A file is in the catering office – Catering Food Allergen File which can be referred to.

**3. Always consider all ingredients**, not only those used directly in the dish, but also those used as garnish, as a topping or as a salad dressing. It is ideal to have a list with all ingredients that go into a dish.

**4. Always check the ingredients of ready-made and processed food** supplied to you. Check if the supplier is the same and if there were no ingredient changes, as manufacturers sometimes change ingredients. \'May contain\' warnings mean that it is possible that the product has come into contact with the potential allergen, so you should not use it as even small traces of an allergen can cause a severe reaction. If ingredients information is missing, inaccurate or hard to read call the supplier. If you do not have reliable information about the presence of a potential allergen, inform the customer.

**5. Do not make product substitutions** without warning other catering staff and reflecting the change in the menu. Specifically, avoid all changes that include adding a potential allergen to the food.

**6. Keep a copy of the ingredient information on labels of any ready-made foods** you use, so they can be checked if a customer requests or refer to the Catering Food Allergen File for the ingredients.

**7. Always store foods separately in closed containers**, especially milk powder and flours. The kitchen has a policy of ‘no nuts’ within any dishes.

**FOOD PREPARATION AND COOKING**

It is important that the chef and all kitchen staff know that even a minuscule amount of food can trigger a severe allergic reaction, so it is not enough to simply remove the food off a dish if it has already been prepared. Here are some procedures that should be followed to prevent that any dish is contaminated with ingredients from other dishes:

1. **Do not share any utensils**. All preparation tables, utensils, chopping boards, knives and other cutlery, containers, trays, pans, bowls and grills should be carefully cleaned with hot, soapy water before being used to prepare a dish for a food-allergic.

2. **Hands should be washed before preparation of the meal, and clean aprons and kitchen towels used**.

3. **Do not use oils that have been used to cook or fry other foods**. Even if you have separate fryers and separate oils for different ingredients, they may be contaminated if oils are filtered through a single filtration system.

4. **Do not place the dish in the same oven**, tray or grill or next to other dishes containing the allergen.

5**. If you offer any allergen-free alternatives**, prepare them first and wrap them to prevent contamination from other dishes.

6. **If possible, keep separate areas** for the preparation of allergen-free dishes.

7. **Keep the safe meal separate from other dishes** before serving it to the customer and have a procedure to make sure that orders are not mixed up.

8. **Make sure that kitchen staff always tell serving staff** about any recipe changes, particularly if foods that can cause severe allergic reactions are now being used in a dish.

**MENUS**

1. If a dish contains one of the main foods that can cause an allergic reaction, make sure to reflect it in the name of the dish or its description (for example: “chocolate mousse with almonds” instead of “chocolate mousse”).

2. Always update the menu when recipes change and place in the Catering Food Allergen File.

3. If the names of the dishes or their description contain words in a language other than the countries’ official language, provide a full translation.

4. Do not state on your menu that a dish does not contain a particular food if you have not taken all measures to ensure this is true.

5. Have a note on the menu encouraging food-allergic customers to inform the staff about their dietary restrictions.

**SERVING CUSTOMERS**

1. Make sure your staff pays close attention when guests say they have a food allergy and that they understand that these conditions must be taken seriously. Ideally, they should write down all recommendations made by the customer instead of relying in their memory

2. The chef and the kitchen staff should be always informed of any food allergies or restrictions communicated by the customer.

3. Servers should be able to describe a menu item and its ingredients upon request and where to find the information. Ideally, there should always be at least one person who can answer questions about ingredients. On some occasions it may be helpful to show customers the labels of the product so that they can judge whether it is safe or not.

4. The most important message to all serving staff is to always *tell the truth and never guess*. If they are not sure whether a food contains the allergenic food, if ingredient information is not available, or if the server is not sure that procedures to prevent cross-contamination were followed they should say so.

5. Servers should always double check with the kitchen staff every time someone asks for a meal free from a certain food that the food is really safe, as ingredients may change.

6. Servers should wash their hands before serving the safe food.

7. Make sure that your serving staff knows they should never simply remove the food that someone is allergic to from a dish that has already been prepared, as trace amounts - enough to cause a severe reaction – may be present.

8. Staff should be aware that foods in buffets, self-service areas and sweet trolleys may not be safe (even if they do not contain the offending food) due to the possibility of cross-contamination.

9. Although other conditions can have similar symptoms, if staff realize that a customer is having difficulty to breathe, the lips or mouth are swollen, or if they become unconscious they should call an ambulance immediately, describe the symptoms and stay with the customer until help arrives.

10. All staff must be trained before they start to work, whether they are going to work in the kitchen or serve customers.

**INFORMATION ON ALLERGENS**

**CELIAC/GLUTEN DISEASE**

People with celiac disease need to avoid gluten, a protein found in wheat, barley and rye. It is also good to avoid oats. Wheat is not only present in obvious food items, such as bread, pasta, pizza, pastry, cookies and cakes, but also in most processed foods, as soups and sauces, as well as hidden in products you would not expect, such as stock cubes, spices, gravy, soy sauce, burgers and sausages. Even tiny amounts of gluten can make a celiac ill. So all procedures described in the previous sections should also be applied in the preparation of a gluten-free meal. We can provide gluten-free versions of some products, such as gluten-free bread, cereals and gluten-free pasta,

**NUT ALLERGY**

**Peanuts and Tree Nuts**

The peanut is a legume and in a different botanical category to tree nuts. The term “tree nuts” refers to a variety of nuts including almonds, walnuts, Brazil nuts and cashew nuts. Despite the botanical difference, many people with peanut allergy react to tree nuts and vice versa.

Allergy to these foods can be severe. Some people experience only mild symptoms, but severity is difficult to predict and all cases should be assessed by an allergy specialist. Even mild symptoms such as a tingling of the lips should never be ignored because it is possible that future reactions may be more severe.

People at risk of severe reactions may be prescribed [adrenaline auto-injectors](http://www.anaphylaxis.org.uk/living-with-anaphylaxis/medication) (such as Emerade, EpiPen or Jext).

Under EU law, peanuts and tree nuts must be declared on the label whenever they appear in pre-packaged food even when present in minute quantities.

Sesame seeds

Allergy to sesame seeds can be severe and all cases should be assessed by an allergy specialist.

Dishes containing sesame include tahini, gomashio, hummus and halvah. Chinese stir fry oils sometimes contain sesame oil. People with sesame allergy have also reported allergic reactions to vegeburgers, breadsticks, burger baps, cocktail biscuits, Middle Eastern foods, Chinese and Japanese foods, stir fry vegetables and health food snacks containing sesame.

Under EU law, sesame must be declared on the label whenever it appears in pre-packaged food even when it is present in minute quantities.

Sesame oil should be regarded as extremely risky because it is almost certain that it will be unrefined, and therefore contain the allergenic proteins that trigger allergic reactions.

People at risk of severe reactions may be prescribed [adrenaline auto-injectors](http://www.anaphylaxis.org.uk/living-with-anaphylaxis/medication) (such as Emerade, EpiPen or Jext).

**Egg**

Hens’ egg allergy is relatively common in children under five. The child may also have eczema as well as other food allergies besides egg allergy. About 50 per cent of children outgrow their egg allergy, but in the rest, it is likely to persist.

Some children experience relatively mild symptoms to egg, but others are at risk of more severe reactions. The symptoms of severe egg allergy normally begin within seconds or minutes of ingestion, but occasionally within hours. Tiny amounts of egg may cause a reaction and extreme symptoms may include swelling of the airways, severe asthma or even – in rare cases – anaphylactic shock.

Any parent who is worried about the severity of their child’s egg allergy should seek their GP’s advice. Severe cases should be referred to an NHS allergy clinic.

People at risk of severe reactions may be prescribed [adrenaline auto-injectors](http://www.anaphylaxis.org.uk/living-with-anaphylaxis/medication) (such as Emerade, EpiPen or Jext).

Under EU law, egg must be declared on the label whenever it appears in pre-packaged food even when it is present in minute quantities.

**Cow's Milk**

The term cow’s milk allergy is generally used to describe reactions triggered by the body’s immune system. These can be divided into IgE mediated reactions, which are usually rapid in onset, and non IgE mediated reactions, which are likely to have a delayed onset. (IgE is the abbreviation for Immunoglobulin E, the antibody involved in an allergic reaction).

Non immune reactions are normally classified as cow’s milk intolerance.

Cow’s milk allergy is common among infants and young children.  It is usually outgrown during childhood but occasionally it can be lifelong and severe.

People with milk allergy must take care to read ingredients lists, scrupulously. Fortunately EU law states that milk must be declared whenever it appears in pre-packaged food even when it is present in minute quantities.

Lactose does not normally contain the proteins responsible for causing reactions, but there is a risk of contamination with milk protein.  People with very severe milk allergy may be wise to avoid anything containing lactose.

Goat’s milk and sheep’s milk are usually not suitable alternatives to cow’s milk as they share similar proteins with cow’s milk that could result in cross-reactivity.

People at risk of severe reactions may be prescribed [adrenaline auto-injectors](http://www.anaphylaxis.org.uk/living-with-anaphylaxis/medication) (such as Emerade, EpiPen or Jext).

**Fish and Shellfish**

Allergic reactions to shellfish are rare in young children, and are usually not seen until the teenage years or adulthood. This may be a reflection of the fact that shellfish is not normally a part of the diet of young children.

Allergy to fish, such as cod and other white fish, may begin in childhood and is likely to be lifelong. Allergies to fish or shellfish are potentially serious and there may be a rapid onset of symptoms.

Under EU law, fish and shellfish must be declared on the label whenever they appear in pre-packaged food even when present in minute quantities.

Someone who reacts to one type of fish - even if the symptoms are mild - might be advised to play safe and eliminate all fish from their diet. This is partly because they may react to another type of fish, but also because of the high risk of cross-contamination among different types of fish (e.g. at fish markets or on fish counters). This also applies to shellfish – people allergic to one type of shellfish are often advised to avoid all shellfish.

Dishes to look out for include paella, bouillabaisse, gumbo, frito misto, and fruits de mer. Oriental food tends to contain lots of different kinds of fish at once, and chopped pieces can be difficult to spot.

Signed on behalf of Bath YMCA -------------------------------------------

Role of Signatory -------------------------------------------

Date of Review of Policy -------May 14th 2021 -----------------------