

THE STATE HOSPITAL BOARD FOR SCOTLAND

PATIENT FOOD ALLERGEN MANAGEMENT POLICY

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Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

- Section on shop added
- Skye centre and Family centre information updated
- Section on Suspension of Detention added.
- Information on DATIX updated
- Name changed re medical records to health records department
- Section on allergy training condensed
- Clarity re use of Nurse in Charge responsibility versus nurse where relevant
- Approval group changed to policy approval group

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1. Aim

The purpose of this policy is to:

- Ensure that the food provided within The State Hospital (TSH) is stored, handled, prepared and served to ensure it is safe for all patients and staff who have food allergies
- Ensure TSH staff will have access to relevant training and/or education as required regarding managing food allergy

2. Objectives

This policy will acknowledge the importance of the appropriate action being taken for patients being admitted to TSH with a suspected or known food allergy and ensure that suitable control measures and practices are in place across the hospital with particular guidance at kitchen and ward level to reduce the likelihood of accidental contamination.

The policy will ensure that:

- Clear guidance is provided for staff (all clinical ward staff and catering) on their responsibility to manage a food related allergy when a patient is admitted to the hospital with suspected or confirmed food allergy
- That procedures are in place at The State Hospital are sufficient and proportional to the risk associated with food allergies
- That appropriate training/education is available and implemented for any staff involved in dealing with patients with food allergies

3. Background

3.1 Food Allergy

Food allergies involve the body's immune system. The body reacts to certain allergens in food by producing antibodies, which can cause immediate and severe symptoms such as swollen lips or eyes, vomiting, skin hives and in most extreme cases difficulties breathing and a severe fall in blood pressure (anaphylactic shock). In extreme case this can prove fatal. Food allergies are an increasing concern for consumer and food producers as the incidence rises. The World Allergy Organisation (WAO) estimate of allergy prevalence of the whole population by country ranges between 10 - 40% (Pawankar R, et al, 2013). It is general accepted that food allergy affects approximately 2.5% of the general population, but the spread of the prevalence is wide, ranging from 1 to 10% (Grimshaw KE, Bryant T, Oliver EM et al 2016). The UK has some of the highest prevalence rates of allergic conditions in the world, with over 20% of the population affected by one or more allergic disorder. (M. L. Levy, 2004) It is estimated that between 1-10% of adults and children have a food hypersensitivity. However as many as 20% of the population experience some reactions to foods which make them believe they do have food hypersensitivity (The Association of UK Dietitians (BDA), 2015)

3.2 Food Intolerance

This does not involve the immune system in the same way and is not usually as severe as a food allergy. Symptoms usually take longer and may include headaches, fatigue and digestive problems.

Food intolerance is harder to diagnose than a food allergy. The only reliable way to diagnose it is to omit out the suspected food from the diet (under the supervision of a Dietitian or Doctor) to see if symptoms disappear. Guidance to support patients experiencing food intolerances is available in the Therapeutic Diet Policy.

The person with a known allergen trigger, may know what product (food ingredient) will provoke a reaction. However they may well have eaten this food or a specific dish previously and had no

adverse reaction. It is essential in a hospital setting that **standard recipes** and approved suppliers are used. This will help to enable allergen avoidance and to identify a trigger allergen ingredient should a reaction occur. Any variation to an approved standard recipe could cause an adverse reaction which may become fatal.

3.3 Who is at risk?

Anybody can develop a food allergen at any time in their life irrespective of whether they have consumed the food previously. A person with an allergy is at risk even if they consume a small amount of the food allergen. The response to this can be relatively mild such as small red marks on the skin or swelling of the face to a full anaphylactic shock incident which needs immediate response.

People most likely to develop food allergies include those with related conditions e.g. asthma, eczema and hay fever or with close family members with these conditions.

3.4 Incidence

The proportion of the population (UK) with a true food allergy is approximately 1-2% of adults and 5-8% of Children. (FSA, 2006/2013) which equates to around 1.5 million in the UK. In addition, about 1:100 of the UK population has coeliac disease and needs to avoid gluten.

4. Scope

This policy will cover the action to be taken by all relevant parties involved in managing a patient with suspected or confirmed food allergy. In addition this policy will provide detailed considerations which may need to be given to changes in practice in relation to items of foods made available through the hospital shop or visitors. This policy will also provide details of training provision for staff involved in caring for patients with a suspected or confirmed food allergy.

5. Legislation

This policy aims to assist in compliance with:

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.

EU Regulation 2000/13/EC - Labelling, presentation and advertising of foodstuffs and Regulation 90/496/EEC on the nutritional labelling of foods are also covered.

Note: EU Regulation 1169/2011 subsumes both of these regulations from 23 December 2014 and there is an obligation to provide nutritional labelling for foodstuffs from 13 December 2016.

6. Common Food Allergens

Common allergens include: (see Appendix 1)

- Nuts (inc. almonds, hazelnuts, brazils, cashews, macadamia)
- Peanuts (groundnuts)
- Milk
- Cereals containing gluten (Wheat flour protein)
- Fish
- Shellfish
- Crustaceans and molluscs
- Eggs
- Soy beans and derivatives
- Celery (inc Celeriac)
- Mustard
- Sesame seeds

- Sulphur Dioxide and sulphites
- Lupin

People may report allergies to other foods not on this list. Most common in the UK are kiwi, peas, other legumes (beans etc), other seeds, other fruits and vegetables. In some cases, people only need to avoid these when raw and can have them cooked

7. Responsibilities

Managing suspected and confirmed food allergies requires a multi-disciplinary approach to ensure minimisation of risk. Outlined below are key personnel involved in the management of suspected or confirmed food allergy. **Any person involved in the patient's care has a responsibility to be aware of the patient's suspected or confirmed allergies.**

7.1 Recording Alert

An 'Alert' should be added to Rio (via Health Records Department) and Vision (via health centre staff) regarding any known or suspected allergy. **When an 'Alert' is shown on now Rio it is recorded under the 'Allergies' (rather than alerts).** It is staff responsibility to check what this alert is for – at present we have no mechanism to update the progress notes than a new 'Alert' has been added.

7.2 Communication/pre admission specific needs assessment

When a patient is admitted with a known or suspected allergy or a new allergy is confirmed or suspected it is the Nurse in charge and key worker responsibility, as soon as this information is obtained to ensure relevant staff groups and alerts are put onto patient records. Pre admission specific needs assessment (section 4) allows this information, if known, to be obtained prior to admission. The following staff groups should be contacted in all occasions:

- Health Records Department (Medical Records) (Rio alert under Allergens)
- Health Centre (Vision alert)
- All ward staff (trained/support workers)
 - Nurse in Charge/key worker to advise carers/visitors if new allergen and visitors food gifts being brought in
- Pharmacy
- Catering
- Dietetics
- Senior charge nurses/
- Charge nurses in the Skye centre (Skye centre senior nursing email)
- Patient Centred improvement team (PCIT)
- Occupational Therapy
- Suspension of Detention team/Rehab co-ordinator.
 - Security/Control room

General email lists can be used for this purpose; in addition anyone receiving this information who thinks others should be notified should follow on that email.

7.3 Dietetics

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 e.g. if cow's milk is removed then other calcium sources need to be included in the diet.

The Dietitian will liaise with Ward and Catering staff to ensure suitable meals are requested and available for the patient, with an individualised meal plan provided, should this be necessary. Written information as required will be provided to the ward and laminated information for the ward

kitchen to ensure all staff involved in the facilitation of meals, snacks and beverages are aware on that ward.

They will check alerts have been placed on patient records (Rio/Vision).

They will liaise with shop and carers (where relevant, alongside nursing staff) to ensure items purchased and or brought in for patients do not contain known allergen.

Dietitians can provide training and education to other healthcare professionals, patients and carers about food allergy management.

7.4 Catering

It is catering responsibility to ensure food and fluid items sent from the catering department do not contain the identified food allergen in confirmed and suspected cases. In order to achieve this all items on the menu are created using standard recipes with ingredients from 'approved' suppliers, with the main 14 food allergens noted, so they can be avoided where necessary. Any ingredient / supplier changes affecting standard recipes will be detailed on the daily printed standard recipe sheet and signed for by the cook on duty. These documents will be kept by the Catering Manager for 3 months. It is the catering manager responsibility to inform the cook of any known recipe modification changes of procured food and drink items.

All standardised recipes have been allergen analysed and this information is kept within catering for reference and information. In addition this information is available on the staff intranet.

Any changes in the ingredients of a standard recipe which may affect patients with a suspected or confirmed allergy will be notified by phone to the relevant ward and confirmed by email to the hub's email address prior to service.

The hospital's Hazard Analysis Critical Control Point (HACCP) system must be followed to ensure the production of safe food and any patients with a suspected or confirmed food allergy. The Catering Manger or Duty Supervisor Cook is responsible for notifying all catering staff producing food for that patient of specific requirements.

It is also the responsibility of the Duty Cook to ensure that any food prepared and sent to the wards for a patient with a suspected or confirmed food allergy is appropriate for their needs **and labelled with the patient's name and ward, the type allergy for the individual patient concerned.**

7.5 Skye Centre/Family centre

The senior Skye centre/Family centre staff will be informed (via agreed communication described above) of any new admission with an allergy or any existing patient who develops an allergy and are required to inform staff working with that patient. The clinician in charge should inform any visiting staff, students, volunteers and or ad hoc/new staff supporting that area if a patient has any known or suspected food or drink allergies. Shop staff will be advised by Skye Centre and dietetic staff in addition to this information being specifically included in the patients' Health and Wellbeing/physical health care plan (which is shared with the shop).

7.6 Ward Staff /Nursing

Ward staff (ideally key worker/nurse in charge that day) must ensure they inform Health Records Department (medical records), the dietitian, Health Centre, catering, clinical team and pharmacy of any suspected food allergy when a patient is admitted or following a possible food allergy incident. This information must be inserted immediately onto the RIO system (patient's medical record) via the 'Allergens' option. It should also be included Vision and the health centre contacted to complete this. They should inform all ward staff of the suspected allergy. All suspected or recorded food allergies must be treated as an allergy until it is confirmed or discounted.

As part of a patient's Risk Assessment it is essential that any suspected or confirmed food allergy is documented in the patient's Risk Assessment including the alerts/Allergens section on their RiO case record and on their drug kardex.

Ward staff should support the patient with known allergy to avoid any food/drink items which may contain the known item and DATIX any potential or actual ingestion of such items. Key worker/Nurse in charge is required to liaise with any carers/visitors regarding any food/drink items that may bring in to advise what should be avoided.

Ward staff should be familiar with the administration of adrenaline and ensure a named patient supply is available on that specific ward. If a patient attends the Skye Centre/Family Centre staff should ensure that Epipen/Adrenaline is available (resus bag in Atrium/resus on call staff).

Ward staff to advise a takeaway establishment of any patients' allergies and ensure safe food and staff to ensure correct food choice is provided to patient (sharing of takeaways not permitted, see also takeaway guidelines).

7.7 Pharmacy

Upon being informed of a patient being admitted with a suspected or confirmed allergy or an inpatient developing a suspected or confirmed allergy, pharmacy is responsible for ensuring that all necessary emergency medications are prescribed and available wherever patients may need them.

Additionally, pharmacy will ensure that other prescribed medications do not contain any of the confirmed allergens e.g. Arachis Oil (peanut) or lactose

7.8 Occupational Therapy (OT)

The Lead OT should make the patients OT aware of any allergens highlighted via the pre Admission Specific Needs Assessment Form. OT otherwise would pick up any 'newly' diagnosed food allergens as part of their clinical team remit.

If other patients are engaging in therapeutic cooking sessions, and food items are for events or are taken back to the ward, the OT in charge of the session must make the nurse in charge aware this food and the Nurse in charge must ensure it is safe to be provided to the respective patients on the ward if an allergen is present.

When facilitating any cooking sessions- group or individual cooking session, recipe/food items used should be listed (or marked off agreed recipe) (with any additions added as patient/staff group requests) and tick box on chart completed to indicate which allergens are present (see Appendix 2). Allergens on commercial food products (not bakery items) are usually highlighted in **bold**.

7.9 Emergency Response Staff.

In the event of an emergency related to an allergic reaction the normal Medical Emergency Policy should be followed (Tel: 2222 or use PAA call for assistance)

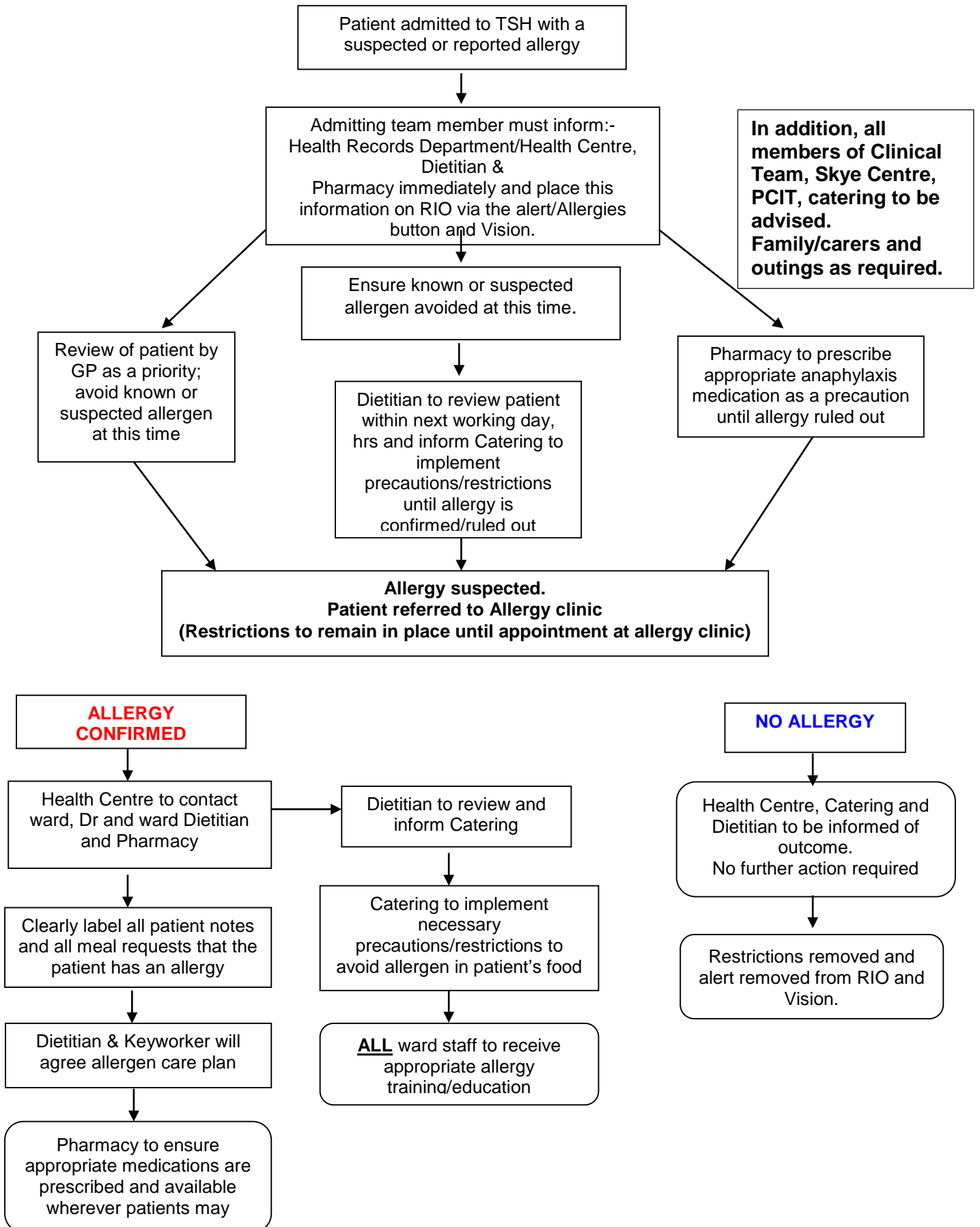
Hospital "Resus" nurses have access to appropriate emergency medical equipment/supplies (including adrenaline).

7.10 Suspension of Detention (SOD outings).

The staff group are required to check if a patient has any known or suspected allergies if supporting a Suspension of Detention (SOD) outing.

Staff supporting outings (SOD) should be familiar with the patient's allergy and discussions regarding the need for adrenaline being available discussed as part of the planning for any SOD. Any food/fluid items opting to be consumed when on SOD should be checked to ensure they do not contain the known allergen.

8. Procedure for management of patients with suspected food allergy



9. Care for patients with confirmed food allergy

9.1 Catering

9.1.1 Kitchen Practice

- A specific area in the production kitchen will be allocated solely for the preparation of any food for patient who has been identified with a suspected or confirmed food allergy.
- The area allocated for food preparation for food allergy patients will be clearly marked and only used for this purpose for the duration that specialist food is required for a patient with a food allergy or food intolerance.
- The area will be deep cleaned and sanitised before it is used to prepare food for a patient identified with a food allergy or intolerance and also between food preparations for patients with different allergies.
- Separate 'blue' chopping boards, knives and cooking equipment/utensils will be used in this area for each identified allergen.
- The cook preparing food for such patients will wear a disposable apron and gloves when preparing food for patient 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 Dietetics prior to food being prepared for a patient with a food allergy
- Catering staff will ensure that equipment/utensil used in the preparation of food for food allergy patients is cleaned according to standard procedure (see HACCP manual) which under normal circumstances should be sufficient. In very extreme cases, individual expert advice will be sought and implemented.

9.1.2 Documentation

- Any menu/recipe changes will be highlighted by the Duty Cook or Food Production Supervisor by telephone and confirmed by email at least 4 hours before the meal service where ever possible and the ward advised on changes.
- The recipe with the identified change will be changed accordingly and signed and dated by the Duty Cook or Food Production Supervisor, these documents and kept on file for 3 months in the catering office.
- The person signing for the changes, must consider any patients with allergies and alert the appropriate people if the patients choice may need to be amended
- All food produced for patients with suspected or confirmed food allergy or intolerance will be placed in an individual food safe container and covered with cling film. It will then be clearly marked with the patient's name, ward number and particular food allergy.

9.2 Ward

9.2.1 Admission Process

The person who first receives notification or is advised during the admission process of a suspected or confirmed food allergy must do the following:

- Ensure that all patient notes are updated to mention the suspected or confirmed food allergy and document which food(s) must be avoided
- Ensure that the alert/Allergen button on the 'Rio' system highlights the appropriate risk and that it is noted on Rio
- Ensure the Health centre is contacted and an alert also placed on Vision.
- Arrange a short session of update allergy training (with support from catering/dietetics as required) to ensure that all clinical colleagues who may have any contact with the patient know what to do.
- Consider need for training non-clinical colleagues, carers, visitors, Skye centre staff who may be involved in the patient care.
- Ensure that the management of the food allergy is included on the patient's Physical Health and Wellbeing Care Plan (previous NCP).

- Should the catering staff be required to substitute ingredients they will notify the ward by telephone and confirm this by email as well as amending on labels. It is however the responsibility of the person receiving this call to inform all staff members on duty of any changes affecting food service

9.2.2 Food handling at Ward level:

- On receipt of food trolley staff should check that the special meal ordered for a patient with suspected or confirmed food allergy has been supplied and is appropriate for the patients. Any concern should be immediately discussed with duty Cook/Catering Supervisor/Manager.
- Food for patients with suspected or confirmed food allergy should be served first with clean serving utensil to ensure that no other food stuff contaminated the special meal.
- Normal food handling procedure should apply (e.g. washing hands, wearing disposable gloves and aprons)
- Care should be taken to ensure that other patients do not share meals with the patient with suspected or confirmed food allergy.

9.2.3 Food Service:

- The patients with the suspected or confirmed food allergies crockery and cutlery should be washed in the normal way via the ward dishwasher unless advised otherwise

9.2.4 Important Note

Following a new diagnosis of food allergy, and in the absence of the patient's key worker (and / or the ward Dietitian), the nurse in charge should discuss these practical arrangements with the patient. Supporting written information should be provided if appropriate. If a patient is unable to make informed choices/consent regarding managing a known severe food allergy, urgent advice should be obtained from Senior Clinical Cover regarding capacity and consent in order to manage the patient safely.

9.2.5 Shop

- If a patient has a suspected or confirmed food allergy food items from the shop must be checked for such. If a patient is deemed able to do this, then they can be responsible for this task otherwise staff need to assist. An individual patient risk assessment for this may need to be discussed and agreed with the Clinical Team on how an individual's case is managed. A patient with a known allergen cannot be permitted to purchase a food item with that known allergen and it must be removed and reported to the clinical team and a DATIX completed. New 'improved recipe', change in flavour or re branding could mean a change in allergen risk and therefore highlights the need for caution.

10. Staff Training and Education

TSH is committed to ensuring that staff involved in care of a patient with a suspected or diagnosed food allergy has appropriate training and that it is updated on a regular basis. Within PMVA training, all level 2 trained staff are provided with anaphylaxis training.

Food Allergen Management training is incorporated within the Corporate Catering and Dietetic Department Training Plans on an annual basis. In an interim period, staff would be directed to national resources for updates and training as required (e.g. AllergyUk website).

11. Datix

Any occurrence of a food related allergy is required to be immediately datixed by Nurse in charge, or any 'near miss' of such. This is coded under 'patient physically unwell' and 'known' or 'suspected' allergen.

12. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

13. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Physical Health Steering group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or earlier if required.

14. Stakeholders Engagement

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	Y
Carers	N
Volunteers	N

15. References

- EU Regulation 1169/2011 [accessed online <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF> 02.11.12]
- Food Standards Agency (2006); Guidance on Allergen Management and Consumer Information [Accessed online <http://www.food.gov.uk/multimedia/pdfs/maycontaininguide.pdf> 02.11.12]
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- The Association of UK Dietitians (BDA). (2015). *Food Fact Sheet. Food allergies and intolerances*.

Allergen Identification Table

ALLERGEN IDENTIFICATION TABLE	
<p>Cereals Containing Gluten e.g. Wheat, Rye, Barley Oats, Spelt and Kamut</p>	<p>Bread, wheat flour, biscuits, crackers, pasta, breakfast cereals (including items like breadcrumbs and batter), cakes, pastry, semolina, soya sauce.</p> <p>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.</p> <p>Please see the Caterer's Toolkit from Coeliac UK for more information.</p>
<p>Celery and Celeriac e.g. Stalks, Seeds and Leaves</p>	<p>Salads, soups and celery salt, stock cubes, stewpack, some meat products.</p>
<p>Eggs e.g. Hens, Duck, Turkey Quail, Goose, Gull and Guinea Fowl</p>	<p>Cakes, sauces, pasta, mayonnaise, glazed products, some meat products (e.g. Meatloaf, used as binder), quiche, mousse, foods brushed with egg. Quorn.</p>
<p>Fish, Crustaceans and Molluscs e.g. all Fish, Prawns, Lobster, Crab, Clams, Oysters, Mussels and Langoustine</p>	<p>Soy and Worcestershire sauce, Thai Fish sauce, Relish, some salad dressings. Fish extracts, oils and paste.</p>
<p>Milk e.g. Cows, Sheep and Goats</p>	<p>Milk powder, yogurt, butter, margarine, cheese, cream, ghee, milk glazed products, ice cream, custard and other milk puddings.</p> <p>Milk powder and milk products are used in many manufactured products.</p> <p>Some processed meats, chocolate and some canned fish. Quorn.</p>
<p>Mustard</p>	<p>Mustard paste, seeds, leaves, flour, salad dressings, marinades, soups, sauces</p> <p>(e.g. cheese sauce), curries, some meat products, occasionally cheese scones.</p>
<p>Peanuts</p>	<p>Arachis or groundnut oil, peanuts, peanut flour, satay sauce, refined peanut oil.</p> <p>Cakes, biscuits, ice cream desserts, breakfast cereal, salad dressing, confectionery and vegetarian products.</p>

ALLERGEN IDENTIFICATION TABLE	
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, Beancurd, Textured Soya Protein, Soy Sauce and Edameme 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.

Cooking sessions - Allergen Recording

	Date made	Recipe Name:											
Food allergen	01/01/00	Tick if allergen present (usually in BOLD on ingredients list).											
Cereals inc gluten (wheat, rye, oats, barley, spelt)													
Eggs													
Fish													
Crustaceans and molluscs													
Celery and celeriac													
Milk													
Mustard													
Peanuts													
Other nuts													
Sesame seeds													
Soya													
Sulphur and sulphites													
Lupin seed and flour													