



Food Allergy Guideline

1. Guiding Principles

This document is designed to assist staff to identify patients entering the health service with known food allergies and/or intolerances and provide guidance on the management of these patients during their hospital stay.

Food allergens and intolerances can pose a significant risk to patients. There are ten common allergens specified by [Food Standards Australia and New Zealand \(FSANZ\)](#) and these are listed below:

- Wheat
- Egg
- Soy
- Cow's milk
- Peanuts
- Tree nuts
- Fish
- Shellfish
- Sesame
- Lupin

These foods cause approximately 90% of food allergic reactions. Other foods also may cause an allergic reaction or intolerance but are less common. Food labels are required by law to declare if the food or beverage contains any of these common allergens. Items coming into a healthcare facility that do not have labels must have a Product Information Form (PIF).

Treatment for a food allergy or intolerance is to eliminate the offending food(s) from the diet. All WA Country Health Service (WACHS) hospitals will provide appropriate and nutritionally adequate food and fluids for patients with identified food allergies. The purpose of this document is to reduce the risk of a patient experiencing an adverse reaction from food supplied by the hospital's food service systems due to a known and existing food allergy or intolerance.

2. Guideline

2.1 Identification & communication of food allergies and intolerances

2.1.1 On admission to the ward, the admitting nurse will ask patients or carers about known food allergies and food intolerances.

2.1.2 This information is to be documented on MR111 WACHS Nursing Admission, Screening and Assessment Tool in the patient's medical file, on the nursing handover document and communicated via **two or more** the following channels:

- a) Food allergy alert placed above the patient's bed which states the allergy (this can include alert written on patient's bedside boards).
- b) Food allergy documented on the MR120 WACHS Adult Nursing Care Plan.
- c) Specific food allergy/intolerance identified on the hospital's food service system.

- d) Sites that use Allergy Diet Application (ADA) are to update in the active admission for that patient
- e) Phone call to the kitchen informing of a new patient with food allergy.

Please refer to the [WACHS Patient Identification Policy](#) regarding specifics for patient identification. This policy states that a patient with a known allergy or other risk SHOULD be issued with a red patient identification band.

- 2.1.3** It is recommended nursing staff document the following in the patient’s medical record and care plan:
 - a) which foods / substances the patient reacts to
 - b) severity, type of reaction and onset time for symptoms
 - c) current management for any reactions and if the patient has an adrenaline autoinjector prescribed.
- 2.1.4** It is important that nursing staff and patient support services (PSA/PCAs) are aware of patients’ food allergies, and monitor food and drinks provided to the patient. Sites can use the [Checklist for Managing a Patient Admitted with Food Allergies \(Appendix 3\)](#) to ensure all requirements are completed for a patient admitted with food allergies.
- 2.1.5** A referral can be made to the dietitian for a special meal plan at the patient’s request, if the patient has multiple food allergies or if staff are unsure of the appropriate diet to provide.
- 2.1.6** If a new food allergy is identified during the admission, all new information must be updated in the catering systems, communicated to the kitchen and patient medical records accordingly.

Where possible, patient’s allergy status must be confirmed prior to allocating a diet type and providing a meal to newly admitted patients. Refer to [ADA WACHS User Guide](#) for details on recording allergies in ADA.

- 2.1.7** All serious food allergies must be added as a clinical alert (D-Serious Diet Reaction) in Patient Administration Systems (PAS) as per current WA Health Clinical Alert Policy. Please refer to MP 0053/17 [WA Clinical Alert \(MedAlert\) Policy](#) for details on adding clinical alerts into webPAS. See below the definition of a serious drug reaction as per the Policy:

Serious Drug Allergy	A serious adverse reaction is defined reaction that may lead a to life threatening event and has an absolute or reactive contraindication to repat administration of the drug
Food allergies to be recorded as a clinical alert	<ul style="list-style-type: none"> • Anaphylaxis or anaphylactoid reaction • Swelling of face, lips, eyes, tongue or throat • Flushing or hives/welts on the skin • Tingling mouth • Severe abdominal pain, severe vomiting, severe diarrhoea • Difficult /noisy breathing

	<ul style="list-style-type: none">• Difficulty talking and / or hoarse voice• Wheeze or persistent cough• Persistent dizziness and/or collapse• Pale and floppy (in young children)• Acute onset of hypotension, severe breathing difficulty, bronchospasm or upper airway obstruction where anaphylaxis is considered possible
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2.2 Management of food allergies and intolerances

2.2.1 Food Service/Catering

- a) It is a requirement of WACHS facilities to provide allergen free meals and fluids to patients during their admission.
- b) Dietitians must work closely with catering to ensure allergen free meals are available that meet the WACHS [Nutrition Standards for Adult Inpatients and Residential Aged Care Policy](#)
- c) Catering staff are to be confident in reading food labels to identify packaged foods that contain common allergens.
- d) Catering staff are to be confident in providing suitable allergen free meals.
- e) Must have access to ingredient lists or PIF for all menu items where possible. While it is not practical to check products every time, a system must be in place to regularly check labels and products for the allergen information.

For a patient requiring allergen free meals:

- Catering staff are to note any patient with allergies on the hospital food service system
- Food alert sticker (this can be a red sticker or if available, allergen free sticker i.e. gluten free, lactose free, nut free) or stamp placed on the menu card to identify specific food allergen /s
- Sites can implement a RED TRAY identification process for patients with known food allergies based on local site processes
- Where possible, menu aide/diet assistant/ catering coordinator discusses with the patient or carer appropriate menu items to be offered.
- Appropriate meal provided based on avoidance of identified food allergen/ intolerance and replaced with other suitable menu items
 - a) If items on the menu are not available, provide the patient with Low Allergen Diet or refer to dietitian for a special meal plan. For details of the Low Allergen Diet, refer to [Appendix 1](#) and [Appendix 2](#).
 - b) Special meal plan as per dietitian's request. Refer to MR60.1.13 Dietetics Special Diet Form

Kitchen supervisors are responsible for checking that plated meals and items on the tray match the items specified on the patient's menu card or diet list. Sites should have available the following resources to support providing appropriate allergen free meals. These can be provided by the site Dietitian:

- [Food allergy ingredient substitution tool](#) (National Allergy Strategy)

- [NSW Health: Adult inpatients therapeutic diet specifications](#) (note: this hyperlink does not work with internet explorer, open via google chrome).
- The Dietitians Australia Nutrition Manual

2.2.2 Patient Support Services (PSA/PCA)

There must be processes in place to identify meals for patients with food allergies to ensure the correct meal tray is delivered to the correct patient. Following actions are suggested:

- a) PSA to look out for FOOD ALLERGY signs above patients bed
- b) PSA to identify on diet list or meal trolley which meal trays are for patients with food allergies (ie red trays, stickers)
- c) PSA must follow the 3 ID check with menu slip before giving the meal to the patient.
- d) No items are to be added to a meal tray after it has left the kitchen

If a PSA/PCA is unsure on the meal to provide to the patient, they must escalate their concerns with the nurse caring for that patient or their supervisor.

2.2.3 Dietitians

- a) The dietitian can provide nutrition assessment and specialised dietary management for a patient with multiple food allergies or intolerances. Please refer to [ASCIA Health Professionals Information Paper: Nutritional Management of Food Allergy](#) for more details.
- b) Special meal plans can be provided to catering to ensure nutritional needs are met and appropriate substitutes are available. These are documented on MR60.1.13 Dietetics Special Diet Form
- c) If a patient requires a specialised nutrition support product (oral or powder), the dietitian is to ensure the product selected is allergen free.

Where there is no dietitian on site, and a patient has complex food allergies/intolerances that nursing and catering staff feel they cannot provide suitable alternatives for, the patient is to be placed on the Low Allergen diet. Refer to [Appendix 2](#) for an example of menu card for a Low Allergen diet.

Dietitian to provide catering services with appropriate resources to prepare allergen free meals.

Refer to [Appendix 4: Reference Chart for Patients Admitted with Food Allergies or Intolerances](#) for a summary of the required actions to take for a patient admitted to a WACHS site with food allergies.

2.3 Requirements for Residential Aged Care Facilities and Meals on Wheels

- 2.3.1 On admission to Residential Aged Care Facilities (RACF), staff must complete RC5 WACHS Resident Admission Assessment form and the RC7 WACHS Resident Care Plan which documents any food allergies.

- 2.3.2** If the resident has any identified food allergies or intolerances, this will be documented on the RC15 WACHS Dietary Preference Form.
- 2.3.3** This information (and the form) will be communicated to catering services and updated on appropriate food service systems in RACF.
- 2.3.4** Management of residents with identified food allergies and intolerances will follow this guideline regarding the provisions of appropriate allergen free meals.
- 2.3.5** For residents who present with adverse reactions to food and /or unidentified food allergies or intolerances, the resident is to be placed on the Low Allergen Diet and referred to the Dietitian for urgent assessment. Refer to [Appendix 2](#) for an example of menu card for a Low Allergen diet.

2.4 Requirements for Meals on Wheels (MOW)

Community clients accessing MOW from WACHS sites can have their food allergies recorded on their community support plan. Sites will follow the above requirements for providing appropriate allergen free meals for community clients on MOW.

2.5 Incident reporting

All incidents, including near misses, related to food allergies must be clearly documented in the patient medical record and reported in the Datix Clinical Incident Management System ([Datix CIMS](#)). Appropriate actions must be undertaken to investigate any incidents.

2.6 Training

It is recommended all staff involved in managing food allergies undertake regular training appropriate to their scope of practice. There are several recommended online eLearning packages for staff available via LMS including:

- [Food Allergy e-Training for Dietitians](#)
- [Allergy and anaphylaxis e-training for health professionals](#)
- For nursing staff, this is an optional training located in LMS under ANAHP EL2.

Other useful resources and e-training from the National Allergy Strategy for food allergy management in hospitals and healthcare resources include:

- [Food allergy and intolerance audit tool template](#)
- [Food allergy ingredient substitution tool](#)
- [All About Allergens e-training \(National Allergy Strategy\)](#)
- [All about Allergens for Hospitals \(National Allergy Strategy\)](#) [released October 2020]

3. Definitions

Food allergy	An abnormal immune-mediated reaction to ingested food, resulting in clinical symptoms. Symptoms include hives, rashes, vomiting or anaphylaxis
Food Intolerance	An adverse reaction (non- immune related) in response to ingestion of a food or chemicals. Symptoms may include itchy rashes, stomach upset, wheezing and headaches
Food preferences	Are patient’s likes and dislikes which do not pose a clinical risk to a patient, and where possible the catering services are to accommodate these.
Low Allergen Diet	This diet is free from the 10 common food allergens and other foods commonly linked to food allergy and intolerances.
Serious Drug Allergy	A serious adverse reaction is defined reaction that may lead a to life threatening event and has an absolute or reactive contraindication to repeat administration of the drug

4. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

It is recommended that sites establish a local action plan for alerts for patients with food allergies and intolerances in line with this guideline. Ideas include use of food allergy alerts at the bedside, red arm bands, red trays and food alert stickers or stamps on the patient’s menu card etc.

Administrative staff	If admitting patients to the hospital, identify if the patient has any known food allergies or intolerances on the admission forms, and advise instances to nursing staff.
Nursing Staff	Screen for patient food allergies or intolerances on admission and follow established pathways to ensure the patient's food allergies or intolerances are communicated to catering, medical, PSS and Dietetic staff (as required).
Catering Staff	Provide appropriate allergen free meals based on patients identified food allergies or intolerances.
Patient Support Services	Ensure the correct meal is provided to patients identified as requiring an allergen free menu.
Dietitians	Conduct full nutrition assessment and provision of specialised menu plan for patients identified with complex allergy and food intolerances.

5. Compliance

This guideline is mandatory requirement under the [Clinical Governance, Safety and Quality Framework](#). Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Monitoring of compliance with this document is to be carried out by Operations Managers annually.

8. Standards

[National Safety and Quality Health Service Standards](#)

Comprehensive Care Standard: 5.27 and 5.28

9. References

[ASCIA Health Professionals Information Paper: Nutritional Management of Food Allergy](#)

[Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

[Food Standards Australia and New Zealand \(FSANZ\)](#)

[Food Intolerance Fact sheet](#)

[Food Allergy and Intolerance Policy Template \(NAS\)](#)

[Food Allergy Aware](#)

[Management of Food Allergies and Intolerances \(Fiona Stanley Hospital\)](#)

10. Related Forms

[MR111 WACHS Nursing Admission, Screening and Assessment Tool - Adults](#)

[MR111P WACHS Paediatric Nursing Admission / Discharge Assessment Form](#)

[MR120 WACHS Adult Nursing Care Plan](#)

[MR60.1.13 Dietetics Special Diet Form](#)

[RC5 WACHS Resident Admission Assessment form](#)

[RC7 WACHS Resident Care Plan](#)

[RC15 WACHS Dietary Preference Form](#)

11. Related Policy Documents

WACHS [Nutrition Clinical Practice Standard](#)
WACHS [Nutrition Standards for Adult Inpatients and Residential Aged Care Policy](#)
WACHS [Patient Identification Policy](#)

12. Related WA Health System Policies

MP 0053/17 [WA Clinical Alert \(MedAlert\) Policy](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

14. Appendices

Appendix 1: [Low Allergen Diet](#)

Appendix 2: [Example of a Low Allergen Menu Card](#)

Appendix 3: [Checklist for Managing a Patient Admitted with Food Allergies](#)

Appendix 4: [Reference Chart for Patients Admitted with Food Allergies or Intolerances](#)

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Appendix 1: Low Allergen Diet^{1,2}

Aim: To provide a suitable menu plan eliminating food that can cause severe food allergic reactions.

Characteristics: This diet eliminates the 10 common allergens as specified by FSANZ: wheat, egg, soy, cow’s milk, peanuts, tree nuts, fish, shellfish, lupin and sesame.

Indications:

- Where allergen information cannot be collected from the patient on admission
- Patients admitted with severe allergic or food intolerance reactions where the allergen is unknown
- Default menu for complex food allergens / food intolerances until patient is seen by Dietitian or menu aide/diet assistant/ Catering Coordinator for individualised menu plan.

Note: This diet is very restrictive and not nutritionally adequate. A referral to the Dietitian is recommended to assess for existing allergies and nutrition assessment.

Paediatrics: This is suitable for paediatric inpatients when combined with an age appropriate diet

Menu item	Allowed	Not allowed
Hot main dishes	Plain cooked beef, lamb, pork and poultry	Any dish containing fish, lupins, shellfish, eggs, wheat, tree nuts, peanuts, milk, soy and sesame
Sauces, gravies	None, unless free of all 10 allergens	
Pasta/ rice / starchy vegetables	Plain fresh cooked potato Steamed rice, rice noodles Pasta –wheat, egg, nut, soy and milk free – check labels	All others
Vegetables	All plain	Any prepared with sauces containing any of the 10 allergens
Soups	None, unless free of all 10 allergens	
Sandwiches	None, unless made with bread that is wheat, milk, soy, nuts, eggs and lupin, sesame free. Filings: plain chicken or meat and milk free margarine (Nuttelex)	Processed meats, fish, tuna, egg,

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Salads, dressings	Salad – all plain free of all 10 allergens Dressings – vinegar, oil, lemon juice	Mayonnaise
Breads, cereals	Bread that is wheat, milk, lupin, soy, nuts, eggs and sesame free (e.g. gluten free bread - check labels) Rice cakes – check labels Rice Bubbles®, rolled oats	
Spreads	Milk free margarine (Nuttelex), jam, honey	Peanut butter, vegemite
Hot breakfast choices	None	
Fruit	All. For tin fruit, check labels	
Dairy	Rice or oat milk substitutes	All dairy and soy yoghurts, milks and cheese (include goat) Nut based milk alternatives
Desserts	Special desserts using plain fruit, jelly and rice milk - check labels Some sorbets – check labels Tapioca and sago desserts – check labels	
Beverages	Water, tea, coffee, fruit juice, cordial	Drinks made with milk or soy Nut based milk alternatives
Biscuits	Rice cakes – check labels	
Miscellaneous		Cream

References:

1. Diet Specifications for FSH Inpatients – Allergy free diet: Egg, Milk, Nuts, Seafood, Sesame, Soy and Wheat; Fiona Stanley Hospital
2. NSW Agency for Clinical Innovation. *Therapeutic Diet Specifications for Adult Inpatients*. 2011. Agency for Clinical Innovation; NSW

Appendix 2: Example of a Low Allergen Menu Card

Meal	Options
Breakfast	<ul style="list-style-type: none"> • Gluten free rice porridge or gluten free rice puffs <p>Served with rice or oat milk.</p> <ul style="list-style-type: none"> • Fruit: serve of diced fruit (drained) • Gluten free bread / toast with Nuttelex, jam or honey
Morning Tea / Afternoon Tea	<ul style="list-style-type: none"> • Serve of fruit • Plain jelly and fruit cups • Rice cakes and Nuttelex (jam or honey) • Muffin / plain biscuit that is free from any of the 10 allergens
Main Meals (offer two choices to patient based on the following)	<ul style="list-style-type: none"> • Grilled chicken / pork (no gravy / sauce) • Roast beef / lamb (no gravy / sauce) <p>Served with:</p> <ul style="list-style-type: none"> • steamed rice • baked potato or sweet potato • plain mixed vegetable • gluten free bread + Nuttelex <p>Dessert</p> <ul style="list-style-type: none"> • Fresh fruit • Rice pudding made with rice or oat milk

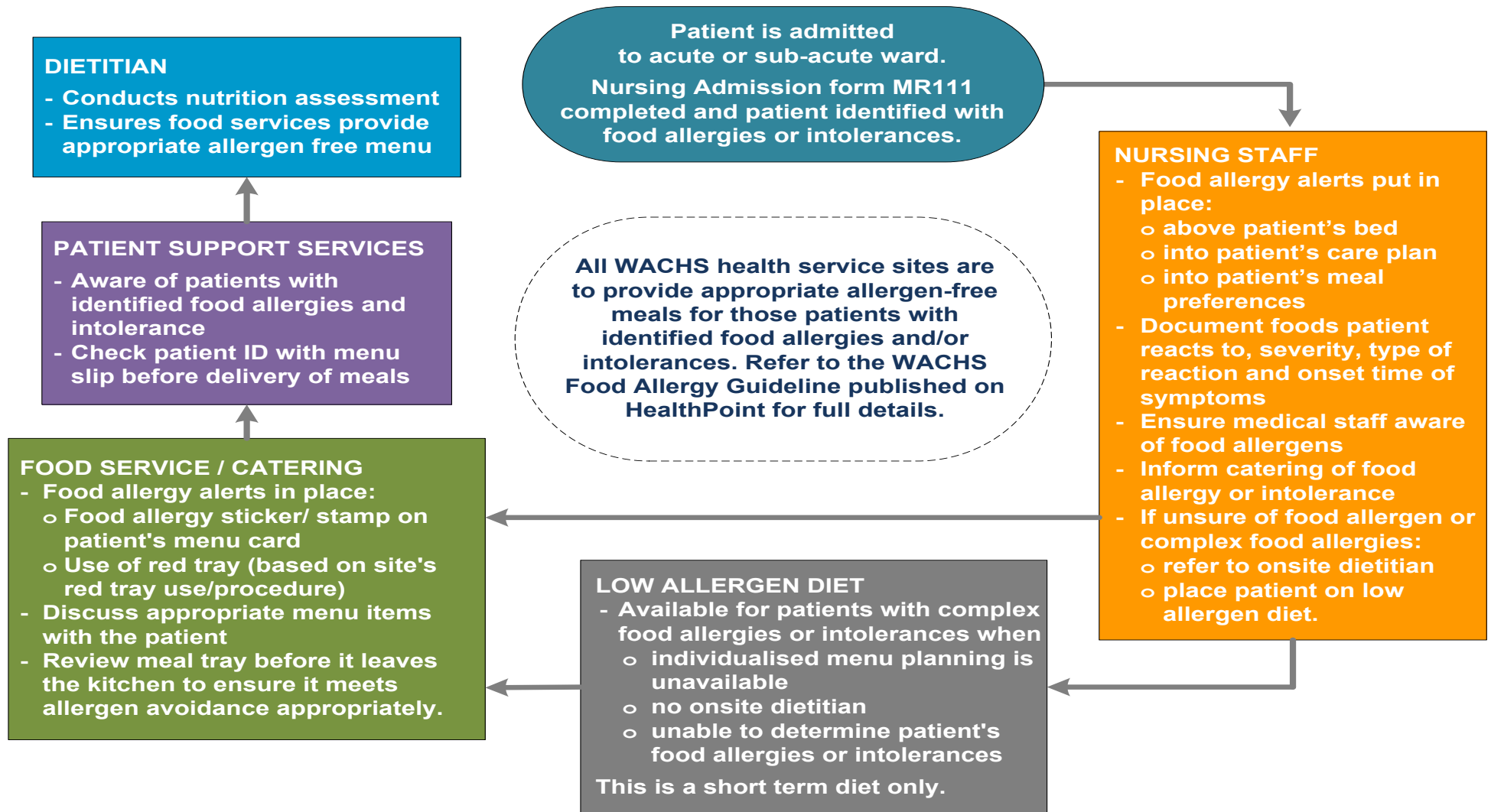
*Acknowledgement: Geraldton Regional Hospital Low Allergen Diet, Jan 2016

Appendix 3: Checklist for Managing a Patient Admitted with Food Allergies

The following summary checklist can be used by sites when patients are admitted with food allergies or diagnosed during the admission:

Staff	Checklist for managing a patient admitted with food allergies
Medical Staff	<input type="checkbox"/> Check alert in webPAS is up to date and if not complete Clinical Alert Notification as per local process for any Serious Food Allergy <input type="checkbox"/> Document food allergy in medical record
Nursing staff	<input type="checkbox"/> Clear documentation of food allergy on MR111Nursing Admission, Screening & Assessment Tool – Adults, MR120 WACHS Adult Nursing Care Plan “My Care Plan” <input type="checkbox"/> Utilise Clinical Alert Sticker (if available) Ensure the following visual alerts are in place <input type="checkbox"/> Red patient wrist band <input type="checkbox"/> Patient sign indicating “FOOD ALLERGY” above bed <input type="checkbox"/> Commence checklist (<i>site specific</i>) <input type="checkbox"/> Update handover sheet to flag food allergy <input type="checkbox"/> Food allergy communicated with kitchen and/or recorded in current meal ordering system <input type="checkbox"/> Refer to Dietitian if unsure about management of food allergy
Patient Support Services	<input type="checkbox"/> Look out for “FOOD ALLERGY” <input type="checkbox"/> Check name above bed before delivering meal (confirm patient name verbally or using ID band if name is not above the bed)
Catering / Kitchen	<input type="checkbox"/> Record food allergy in meal ordering system <input type="checkbox"/> Use red trays for serving meals (<i>if your site uses</i>) <input type="checkbox"/> Offer appropriate allergen free meals using resources provided by Dietitian
Dietitian	<input type="checkbox"/> Provide special meal plan for complex allergies or other requirements

Appendix 4: Reference Chart for Patients Admitted with Food Allergies or Intolerances



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