



Allergy & Anaphylaxis
Australia

A close-up photograph of an adult's hand gently holding a child's hand. The child's hand is wrapped in white gauze and has a clear IV drip attached. The background is a soft-focus white fabric.

POTENTIALLY **LIFE**
THREAT
ENING



Food
Authority

BE PREPARED. BE ALLERGY AWARE.



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FOOD ALLERGY IS A GROWING PROBLEM

1 IN 10

INFANTS WHO ARE LESS THAN ONE YEAR OF AGE WILL DEVELOP A FOOD ALLERGY

APPROXIMATELY **1 IN 10** AUSTRALIAN INFANTS WHO ARE LESS THAN ONE YEAR OF AGE WILL DEVELOP A FOOD ALLERGY.*

FOOD ALLERGY IS ESTIMATED TO AFFECT AROUND **1 IN 20 CHILDREN** (UNDER 5 YEARS OF AGE) AND ABOUT **2 IN 100 ADULTS** IN AUSTRALIA*

THE MOST SEVERE ALLERGIC REACTION IS KNOWN AS **ANAPHYLAXIS**. ANAPHYLAXIS IS POTENTIALLY LIFE THREATENING

ANAPHYLAXIS CAUSED BY FOOD HAS **DOUBLED** IN THE LAST 10 YEARS*

HOSPITAL ADMISSIONS FOR ANAPHYLAXIS HAVE INCREASED **5-FOLD** IN THE LAST 20 YEARS**

FOR THE CONSUMER WITH FOOD ALLERGY THERE IS **NO SAFE LIMIT** FOR THE ALLERGENS THAT THEY ARE SENSITISED TO.

THE ONLY WAY TO MANAGE A FOOD ALLERGY IS **AVOIDANCE** OF ALL FOODS CONTAINING THE ALLERGEN

WITH KNOWLEDGE AND ORGANISATION INCIDENTS INCLUDING **DEATHS CAN BE AVOIDED**

THE LAW REQUIRES YOU TO PROVIDE ACCURATE INFORMATION WHEN A CUSTOMER ASKS ABOUT **ALLERGENS** IN FOODS YOU ARE SERVING.

MOST FATALITIES RELATING TO A FOOD ALLERGY OCCURRED WHEN EATING **OUTSIDE THE HOME*****

BOTH THE CUSTOMER AND THE FOOD SERVICE BUSINESS HAVE A RESPONSIBILITY IN **PREVENTING** AN ALLERGIC REACTION.

DEATHS FROM ANAPHYLAXIS IN AUSTRALIA HAVE **INCREASED** BY 7% PER YEAR (1997-2013)****

THERE IS CURRENTLY **NO CURE** FOR FOOD ALLERGY

KNOW
WHAT'S IN YOUR FOOD

BE 100% TRUTHFUL

PREPARE
FOOD SAFELY

UNDERSTAND
THE CONSEQUENCES

*Source: © ASCIA 2014. Allergy in Australia 2014: A submission for allergic diseases to be recognised as a National Health Priority Area

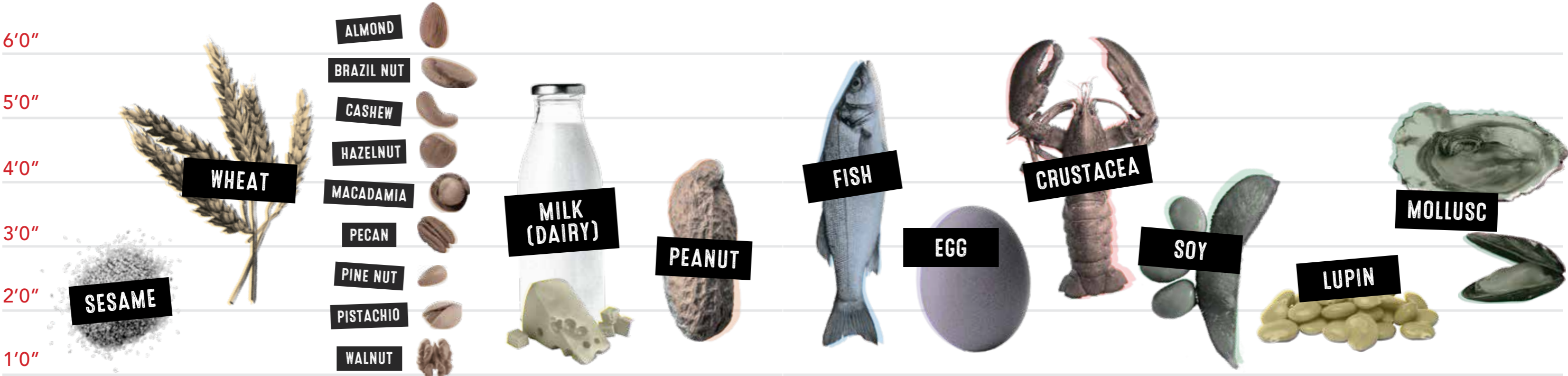
**Source: Mullins JACI 2015 (in press): actual data is 3.6/100,000 in 1993/4 to 17.7 in 2011/12. Mullins RJ, Dear KBG, Tang ML. Time trends in Australian hospital anaphylaxis admissions 1998/9 to 2011/12. J Allergy Clin Immunol; 2015

***Source: Clinical & Experimental Allergy, 46, 1099-1110 © 2016 John Wiley & Sons Ltd Increases in anaphylaxis fatalities in Australia from 1997 to 2013 R. J. Mullins1,2,

****Mullins et al. Anaphylaxis Fatalities in Australia 1997 to 2013. JACI. 2016. 137 (2): Suppl AB57. DOI: 10.1016/j.jaci.2015.12.189

THE USUAL SUSPECTS

“THE FOODS BELOW CAUSE AROUND 90% OF FOOD ALLERGIC REACTIONS.”



FOOD ALLERGY IS A SERIOUS ISSUE

WHAT CAN YOU DO?

TAKE CUSTOMER REQUESTS ABOUT ALLERGIES SERIOUSLY.

EVERYONE – FROM THE MANAGER THROUGH TO THE FOOD PREPARATION AND FOOD SERVICE STAFF – NEED TO BE AWARE OF THE RISKS FOOD ALLERGIES POSE, AND THE NEED TO BE CLEAR ON HOW TO IDENTIFY AND MANAGE THEM.

WHAT IS A FOOD ALLERGY?

A food allergy is an immune system response to a food protein that the body mistakenly believes is harmful.

A food allergy is not the same as food intolerance. A food intolerance is the inability to properly digest or fully process certain foods. The most common intolerances include lactose, gluten, yeast and sulphite

Food allergy: immune system reaction to a food which can be potentially life threatening.

Allergen: a substance that a person’s immune system thinks is harmful to the body. Allergens include foods, insects, pets, dust mites, pollens and some medicines for example.

Food intolerance: does not involve the immune system. It is the inability to digest a food which can cause discomfort and distress but is not life threatening.

WHAT ARE THE SYMPTOMS?

The signs and symptoms of a food allergy can vary from person to person. An allergic reaction can happen very quickly after eating and suddenly become severe.

Signs and symptoms can include: hives, swelling of the lips, face and eyes, abdominal pain, vomiting, swelling of the tongue, tightness of the throat, breathing difficulty, dizziness and/or collapse. Some signs and symptoms can lead to death.

WHAT FOODS ARE COMMON ALLERGENS?

The foods listed below cause around 90% of food allergic reactions. They are:

Peanuts, almonds, brazil nuts, cashews, hazelnuts, macadamias, pecans, pine nuts, pistachios, walnuts, eggs, milk (dairy) - it’s common to also be allergic to milk from other animals, fish, crustacea (e.g. prawns, lobster), mollusc (e.g. oyster, calamari), sesame, soy (soya, soybeans), wheat, lupin, and gluten containing cereals including barley, oats, rye, wheat.

By law, manufacturers must declare all of the allergens listed above, and their products, on food labels. Sulphites in concentrations of 10mg/kg or more must also be declared on food labels of packaged foods.

Remember, the law requires you to provide accurate information when a customer asks about allergens in foods you are serving.

Note: Any food (e.g. kiwi fruit, mushroom, beef) can cause a life-threatening allergic reaction in someone allergic to that food.

Most fatal allergic reactions are triggered by peanut, tree nuts or seafood* however people have died as a result of milk (dairy), egg, sesame and other foods.

*Source: Clinical & Experimental Allergy, 46, 1099-1110 © 2016 John Wiley & Sons Ltd Increases in anaphylaxis fatalities in Australia from 1997 to 2013 R. J. Mullins1,2,

ALLERGY AWARENESS IS GOOD FOR YOUR BUSINESS

ATTENDING TO A CUSTOMER'S ALLERGY REQUESTS IS NOT DIFFICULT.
IT'S YOUR LEGAL OBLIGATION AND IT'S THE RIGHT THING TO DO.
A GOOD CUSTOMER EXPERIENCE WILL HELP BUILD LOYALTY AND
IS GOOD FOR YOUR BUSINESS

GOOD CUSTOMER EXPERIENCE

A customer calls ahead to an Italian restaurant to advise them of his milk (dairy) allergy. The wait staff notes his request, his food allergy and his booking time. She says she will speak with the chef and call him back if there is a problem.

When the family arrives at the restaurant, the customer tells the wait staff he is the person with the milk allergy. He orders plain steamed vegetables, boiled pasta (without butter) and fish of the day.

The wait staff discusses the order with the chef and returns with a packet of pasta for the customer to check. He approves the ingredients and asks for the fish to be grilled on a piece of foil to help prevent cross contamination.

The wait staff tells the man the chef is cooking his food separately with clean utensils including a clean knife and cutting board. She writes **MILK (DAIRY) ALLERGY** on his final order, hands it to the chef whilst explaining the customer's allergy.

The chef reviews the order, and thinking the meal seems a bit bland, heads to the table to ask the customer if he would like chilli sauce on the side. He accepts the offer.

When delivering the meal, the wait staff explains what the chef has done to reduce risk. When dessert is offered, the customer is told fruit is the only choice available to him.

BAD CUSTOMER EXPERIENCE

BASED ON AN ACTUAL EVENT

A man with an allergy to milk (dairy) attended a work function and upon arrival, disclosed his allergy to wait staff. Despite this, he was served a bowl of pasta with cheese on it.

After once again advising that he was allergic to milk and therefore could not eat the meal given to him, the bowl was taken away and he was brought, what he thought was a new meal.

However, after eating only a spoonful he went into anaphylaxis which required three doses of adrenaline (epinephrine) and emergency transport to hospital.

Upon further investigation, it was revealed that the original bowl of pasta with cheese was simply taken back to the kitchen and upturned into another bowl which was then brought out to him.



"Reproduced with permission from Allergy & Anaphylaxis Australia"

DON'T LET A LACK OF EDUCATION THREATEN A CUSTOMER'S LIFE.... OR RUIN YOUR BUSINESS!

WORST CASE SCENARIO

BASED ON AN ACTUAL EVENT

Nathan was a young 34-year old father of a pre-schooler and toddler who had multiple food allergies including egg, peanut, tree nuts, shellfish and sesame. Although Nathan suffered from food allergies all his life, he had never been referred to an allergy specialist, regardless of the severity. His wife Nicola said doctors were focussed primarily on his asthma. No doctor or specialist had ever sat with him to explain how to better live with and manage his food allergies, nor explain the possible consequences if he didn't.

Just months before his fatal allergic reaction, Nathan had anaphylaxis to another food, resulting in the administration of adrenaline in hospital. Further to this, Nathan was provided with a prescription for an EpiPen®, however, there was no recollection of a follow up consultation to reiterate the importance of such a prescription. Nicola, Nathan's wife, stated that they rarely ate out as a result and when they did, Nathan was very cautious about the types of food he consumed.

In October 2017, Nathan attended a golf day with extended family. At the end of the day, the family met at a restaurant to share a meal. The restaurant had been advised of Nathan's food allergies at the time the booking was made.

On arrival, Nathan again disclosed his food allergies to the wait staff. The wait staff explained that a special plate of food would be made for Nathan while the other family members would enjoy a share plate. Nathan's cousin also spoke to the wait staff to stress Nathan's food allergies were severe. The wait staff confirmed that they often cater for people with food allergy and therefore were able to manage Nathan's food allergies.

A plate of food was brought out and placed in front on Nathan. As the share plate for others had not yet come out, Nathan waited before he ate anything. Once everybody's food had arrived at the table, Nathan began to consume his food and immediately complained of an allergic reaction to the food he was given.

Nathan alerted those sitting around him that he was having an allergic reaction. In a panic, he got up and started running to his hotel room some 600m away from the restaurant as he had antihistamines in his room. Sadly, Nathan collapsed before he reached the hotel. CPR was being performed when an ambulance arrived shortly after.

Nathan was placed on life support but died three days later.

Despite Nathan disclosing his sesame allergy, he was served food containing sesame.

Nathan put his trust in the wait staff that had listened and acknowledged the severity of his allergies. He was therefore led to believe the hummus was made free of sesame.

The hummus was made at the restaurant from chickpeas and imported tahini (sesame paste), and the list of ingredients contained in the tahini had not been read by the wait staff.

The wait staff said their focus was on the food Nathan was allergic to and it included whole sesame seeds. The restaurant staff failed to consider the addition of sesame paste in the hummus nor did they check with the chef before the hummus was included on Nathan's plate of food.

The restaurant was prosecuted by the NSW Food Authority and they pleaded guilty for failing to ensure the food it served was safe. The NSW Supreme Court found the restaurant's food safety management lacking in regard to skills, knowledge and procedure and noted specific allergy management training for key staff as well as the implementation of an allergen management plan was undertaken following directions of the NSW Food Authority. The restaurant was fined more than \$100,000.

See sentencing statement from NSW Supreme Court here - <https://www.caselaw.nsw.gov.au/decision/178383f2bc56aea8c19b20dd#>



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BE PREPARED

CHEF CARD

Some people with food allergies will use an Allergy & Anaphylaxis Australia Chef Card to help them communicate their allergies to food service staff. This card lists their food allergies and outlines the kinds of measures that food service staff need to take to keep that person safe.

If someone tells you about their food allergy and presents a Chef Card to you, please take their allergies seriously and return the card to the customer with their specially prepared meal.

More information about the Chef Card can be found at:

<https://allergyfacts.org.au/resources/chef-card-template>



Image for illustration purposes only.

ALL ABOUT ALLERGENS - FREE ONLINE COURSES

Free online courses are available to assist proprietors and workers in any food business to gain knowledge about food allergens, and to develop best practice procedures for making their food business safe for customers with allergies.

Current training courses are available for:

- Food service workers
- Cooks and Chefs
- Camp staff Cooks and Chefs
- Hospital Kitchen Managers and Supervisors
- Hospital Kitchen Staff
- Hospital Ward Managers and Nurses
- Hospital Ward Support Staff
- Schools
- Children's education and care

Find out more at:

<https://foodallergytraining.org.au/>



All about Allergens
training for food service

ALLERGY AWARE CHECKLIST!

1. KNOW what is in your food

- Only accept correctly labelled foods.
- Check all ingredients even in sauces, spices, garnishes, oils, dressings etc for allergens.
- Avoid ingredient substitution.
- Be familiar with all ingredients as some may be made from one or more of the food allergens which may not be obvious from their name.

2. LISTEN to your customers and be 100% truthful

- Ask customers if they have any allergies. Take their requests seriously. Listen carefully.
- Give customers the right information about the content of meals when they ask.
- Have a specific process to follow if a customer says they have a food allergy.
- Place the name of known allergens next to menu items, if possible.
- Ensure you ALWAYS include a note asking customers to disclose their food allergy EVERY time they order food as often not all allergen content is written on the menu.

3. PREPARE food safely

- Always double check the ingredients with the chef.
- Handle food safely. Start fresh for meals that must be free of an allergen.
- Clean work surfaces, utensils and other food-contact items between foods. Even very small amounts can be harmful. (e.g. 1000th of a peanut)

- Have a dedicated area for preparing allergen free meals (be aware that food that is safe for one person with a food allergy may be unsafe for another person with a different food allergy).
- Whenever possible, prepare foods for customers with food allergy first.
- Have some way of identifying the meal for the customer with food allergy. (coloured plates, flag etc).
- Always take the meal to the customer with a food allergy separately, not whilst carrying other meals.
- Check the allergen free meal is given to the right customer with the food allergy.

4. EDUCATE your staff

- Ensure your Food Safety Supervisor's training is up-to-date. Recertification includes 'Allergen Management' as a required unit of competency.
- Train and test all staff regularly in food safety, hygiene and allergen awareness. The National Allergy Strategy (foodallergytraining.org.au) offers free 'All About Allergens' food allergy e-training for food service.
- Some customers will provide waitstaff with a 'Chef Card' that lists what they are allergic to. The card should be given to the chef who is preparing their meal and then returned to the customer with their specially prepared meal.
- Teach staff of their obligation to declare certain allergens.
- Ensure your staff are updated on new laws and legislation relating to allergen management.
- Display **The Usual Suspects** poster in your kitchen.

FOR MORE DETAILED INFORMATION

Purchase Allergy & Anaphylaxis Australia's 'Food Service Kit' containing a detailed booklet, posters, food allergen cards and more from www.allergyfacts.org.au or phone 1300 728 000.

NSW Food Authority
www.foodauthority.nsw.gov.au 1300 552 406

Allergy & Anaphylaxis Australia
www.allergyfacts.org.au 1300 728 000

National Allergy Strategy
FREE training for food service at www.foodallergytraining.org.au

Download your **FREE** copy of the Allergy Aware Checklist and The Usual Suspects poster from NSW Food Authority at www.foodauthority.nsw.gov.au or phone 1300 552 406.

COMMUNICATING ALLERGIES IN THE KITCHEN

**KNOW
WHAT'S IN YOUR FOOD**

**BE 100%
TRUTHFUL**

**PREPARE
FOOD SAFELY**

**UNDERSTAND
THE CONSEQUENCES**

Food allergens can be present in many food ingredients and are not always obvious from their name. Did you know that coconut milk often contains casein which is a milk protein? Or that depending on its source, vegetable oil may contain soy, peanut or sesame?

Downloadable allergen cards containing alternate words for allergens can be accessed under Resources at www.allergyfacts.org.au

EVERY STAFF MEMBER CONTRIBUTES TO FOOD SAFETY

REQUIREMENTS OF THE FOOD STANDARDS CODE

New requirements for declaring the most common allergens in food commenced on 25 February 2021 with a transition period. The changes to the Code will help people find allergen information on food labels more quickly and easily, so they can make informed, safer food choices.

THE MOST COMMON ALLERGENS MUST BE DECLARED ON FOOD LABELS OF PACKAGED FOODS:

- Peanut
- Almond
- Brazil nut
- Cashew
- Hazelnut
- Macadamia
- Pecan
- Pine nut
- Pistachio
- Walnut
- Eggs
- Milk (dairy)
- Fish
- Crustacea (e.g. prawns, lobster)
- Mollusc (e.g. oyster, calamari)
- Sesame
- Soy, soya or soybean
- Wheat
- Lupin
- Gluten containing cereals including barley, oats, rye, wheat

Added sulphites in concentrations of 10mg/kg or more must also be declared on food labels of packaged foods.

Consumers have a legal right to receive, on request, correct written or verbal information on allergen content when buying takeaway foods or eating out.

FOOD BUSINESSES BREACH THE CODE IF:

- Information is not on a label or is not given by staff selling unpackaged food made at the premises when a customer asks for it.
- An allergen is found in a food that was specifically requested not to contain that allergen. This is not limited to the common allergens listed above.

MANAGEMENT - GOOD TRAINING AND GOOD SYSTEMS ARE CRITICAL:

- Develop a process for preparing foods for customers with food allergies and ensure it is followed.
- Train your staff so they understand their obligation to declare certain allergens and other substances in food if the customer asks.
- Only use ingredients that are clearly and correctly labelled.
- Ask your suppliers about their allergen management policy and for a Product Information Form (PIF).
- Keep ingredient lists of foods/ingredients you put into different containers in a specified location where all staff can access information.
- If reusing containers to store ingredients be sure to wash them with hot soapy water and relabel them before use.
- Establish clear procedures for rework (eg. when a product containing a specific allergen is mixed with a product that does not contain the ingredient, ensure the final product is clearly labelled with the allergen it now contains).
- Consider providing allergen information on your menu to help customers easily determine what foods they should avoid.
- Also include a note on menus encouraging people to **ALWAYS** disclose their allergy when ordering their food as allergen content is often not on the menu.

FOOD PREPARATION - WHEN PREPARING A MEAL FOR SOMEONE WITH AN ALLERGY

- Advise all kitchen and service staff that a meal free of an allergen/s is being prepared.
- Avoid cross contamination at all times - from the time the food arrives at the business to when it is served to a customer.
- Store food safely in clearly labelled containers.

- Keep surfaces, utensils and hands clean.
- Do not substitute or add ingredients if you are not sure what the replacement product contains.
- Check that no high-risk garnishes have been added to the plate.
- Know your ingredients. Always read the labels
- Remember that heating and cooling food does not destroy allergens.

FOOD SERVICE - WHEN A CUSTOMER ADVISES THEY HAVE A FOOD ALLERGY:

- Provide the customer with the information they need to make an informed choice.
- Ensure you are very clear on what food allergies they have and answer honestly. You cannot guarantee allergy free food, but you can do your best to make sure the allergen is not an ingredient of any component of the menu item chosen.
- If you are unsure of the customer's question, say so. Never guess...a wrong response could lead to a life threatening emergency.
- Write the customer's request clearly on the order docket **and also talk to the kitchen staff about it.**
- Take care that no food or liquid spills onto the allergen free meal from another plate.
- Always take the meal to the customer with a food allergy separately, not while carrying other meals. If they have given you a Chef Card, return their Chef Card with their meal.
- Tell the customer what you have done to reduce the risk of an allergen being present in the food item.

In the first instance, it is the customer's responsibility to advise food service staff that they have a food allergy.

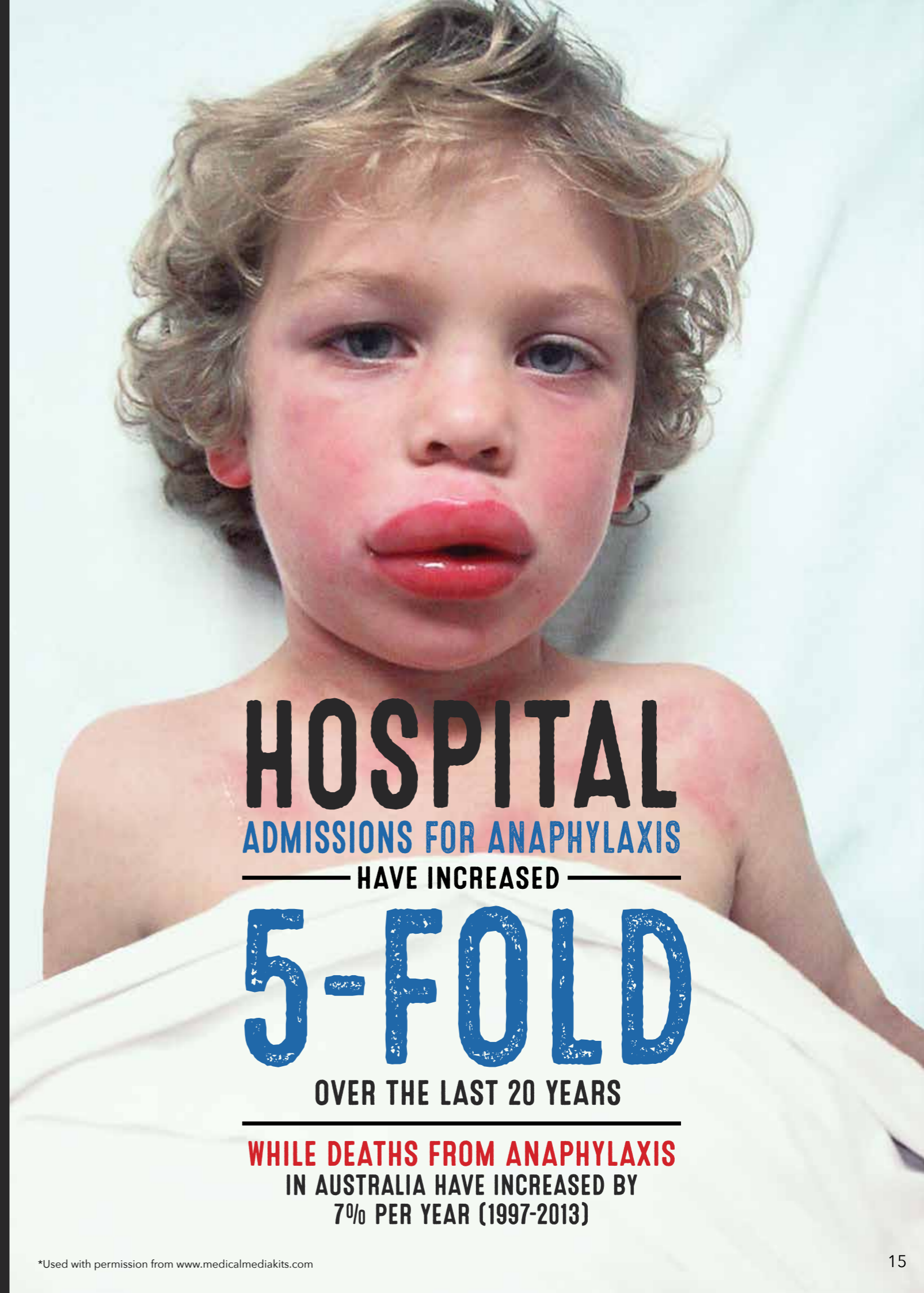
It is then the responsibility of food service staff to make sure the food they serve the customer does not contain that food allergen.

AVOID CROSS CONTAMINATION

CROSS CONTAMINATION OCCURS WHEN FOOD CONTAINING ALLERGENS COMES INTO CONTACT WITH FOOD THAT DOES NOT.

EXAMPLES MIGHT INCLUDE:

- 1 A food handler using the same cutting board to cut a peanut butter sandwich, and then a ham sandwich.
- 2 A baker making muffins that contain eggs, then using the same unwashed mixer to mix a dough without eggs.
- 3 A chef preparing cooked prawns on a plate and then cutting lettuce without first washing hands thoroughly.



**HOSPITAL
ADMISSIONS FOR ANAPHYLAXIS**

HAVE INCREASED

5-FOLD

OVER THE LAST 20 YEARS

**WHILE DEATHS FROM ANAPHYLAXIS
IN AUSTRALIA HAVE INCREASED BY
7% PER YEAR (1997-2013)**

WHAT TO DO IF A CUSTOMER HAS AN ALLERGIC REACTION

CALL TRIPLE ZERO 000

WHILE WAITING FOR THE AMBULANCE TO ARRIVE

- 1** Lay person flat, do not allow them to stand or walk. If breathing is difficult allow to sit on the ground with legs outstretched.
- 2** Follow customer's ASCIA Action Plan for Anaphylaxis (if they have one) and administer adrenaline (epinephrine) injector following instructions on the Plan, if available.

FOOD SERVICE ESTABLISHMENTS CAN CONSIDER STORAGE OF AN ADRENALINE (EPINEPHRINE) INJECTOR SUCH AS THE EPIPEN® IN THEIR FIRST AID KIT ALONG WITH AN ASCIA FIRST AID PLAN FOR ANAPHYLAXIS.

This device can then be used in an emergency when an individual is showing signs of an allergic reaction as detailed on the ASCIA First Aid Plan stored with the device. For more information on obtaining an adrenaline injector and training that is required, or to access an ASCIA First Aid Plan please call 1300 728 000 or go to www.allergy.org.au