

Food Hypersensitivity and Hospitals

Hospital food is always a challenge, and particularly for anybody with food hypersensitivity. Sometimes the food is supplied 'by the hospital' ie the hospital itself is the legal 'Food business operator' and in other cases, there is / are third party suppliers preparing food on site or bringing it in ready to eat on behalf of the hospital.



A food business operator has certain obligations: to supply safe food, to protect the food from risks, not to mislead the consumer (eg by providing incorrect information on labelling, menus, online, orally), to provide information about the #14allergens when they have been included as ingredients. They are not legally obliged to indicate 'may contain' Precautionary Allergen Labelling (PAL) but it is best practice when a risk assessment indicates that that allergen has not been controlled in production. The means for communicating a) the patient needs b) ingredients c) may contain and d) a meal specially prepared for a specific individual vary enormously.

Then there are challenges peculiar to hospital meals and snacks: the food may be sent out from the controlled food business operator (kitchen) but served by ward staff. Some kitchen and ward staff may not be trained in allergy awareness, be able to read or otherwise access the information required. The patient may be a child, a vulnerable adult or just temporarily disoriented, not able to advocate their needs for themselves. Is there is a food allergy version of a red drug allergy wristband. Perhaps there should be?

Then there are hospital logistics: collecting menu choices with dietary requirements one day for the next, and then sending the patient for tests or moving them in the middle of the night so they and their specially ordered meal never meet, staff shifts and lack of continuous overnight or communication of dietary requirements. In some cases, the food for different meals comes from different providers – eg made on site at lunch time but shipped in from a different company and reheated in the evening. Patients and carers try to make decisions assuming consistency which may be false.

There is general guidance eg <https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals> but they tend to focus on hydration and giving vulnerable patients time and care to ensure they can actually consume their food. Anecdotal reports from food allergic families report hospital food being a nightmare. Budgets may be tight and (unlike eg school catering) as patients are usually transitory, caterers may not stock the more expensive ingredients which may be required eg gluten free, alternatives to milk?

Whilst large-scale suppliers of packed sandwiches and meals may be able to eliminate nut / peanuts pretty effectively from their production sites, if the packaging is unwrapped eg for reheating / plating by hospital kitchen or ward staff, this may no longer be the case. The same applies for gluten free items. Another issue is that there are so many FA children avoiding eg pea, bean, lentil etc which are used increasingly in unexpected places eg in bake off bread rolls etc. As they are not listed as #14allergens, caterers may not even keep essential ingredients information.

How likely a FH patient is to have their dietary needs assessed and policed by a dietitian?

Legally a food business operator can break the law if they supply 'Food not of the nature, substance or quality demanded' or by providing false information about the food. There have been quite a few reactions caused by poor hospital food allergy management but no known prosecutions or even formal investigations eg by the local authority.