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|  | **Allergy Incident Investigation Pack** |  |

**This Pack must be completed within 48 hours of the incident by the Unit Manager, Team Leader, and/or Supervisor for all food allergy incidents that occur at a Unit – Please check that you have actioned all points as soon as the injured person has been treated. It is critical that all relevant paperwork in respect of the incident is obtained, copied and placed together within this incident pack.**

**YOU MUST TAKE THIS PACK WITH YOU TO THE LOCATION OF THE ALLERGY INCIDENT**

Please use the checklist on page 3 to complete all parts of this pack.

**At the time of the ALLERGY incident – Gathering key information.** This involves gathering information including witness details/statements/diagrams/photos etc. (see appendix 1 to 3 for statement templates).

**After the ALLERGY incident – Reporting and escalation requirements.** You must report the incident via the AIR3 Incident Reporting system as soon as possible after the incident has occurred. If you have no computer access, you can telephone the Accident Reporting Line on 0121 457 5194. You must also escalate incidents in accordance with the requirements of the Unit Managers Emergency Manual and Crisis Management Plan

**After the ALLERGY incident – Documentation review and storage.** You must gather all required paperwork as detailed on Page 2 and retain a copy of this pack in a secure and easily retrievable location in your Unit. It is important that you write your notes clearly in the sections provided at the time of the incident. This document must be retained for a period of 6 years. You will also be requested to upload copies of this incident pack and relevant supporting documents to AIR3 if you have the capability to do so. Alternatively, you can post it by recorded delivery to **HSE Department, Compass Group UK & I, 24 Parklands, Parklands Court, Rubery, Birmingham, B45 9PZ. For Ireland please send to: 3rd Floor, 43a Yeats Way, Parkwest Business Park, Dublin 12**

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| --- |
| **Person completing this form:** |
| **Name:**  | **Sector:**  |
| **Employee Number:** |  | **Job Role:** |  |
| **Compass Unit Number:** |  | **Unit Name:** |  |
| **Date & Time of Incident:** |  | **AIR3 Reference:**  |  |
| **Full postal address of unit incl. post code & telephone number** |  |
| **Unit email address:** |  |
| **Details of the person (s) who suffered an allergy related incident:** |
| **Name and Contact Details:** |  | * **Compass Employee**
* **Agency**
* **Member of the public**
* **Client member of staff**
* **Other**
 | Agency/Contractor Name: |
| **Food / menu item consumed:**  | **Customers specific allergy / food intolerance:** ***(e.g. Milk, egg, celery, fish, peanut etc)*** |
| **Details of food allergen consumed:** ***(e.g. Milk, egg, celery, fish, peanut etc)*** | **Had we been advised of the customers allergy before serving?** | **Circle the relevant response** **YES NO** |
| **Did the customer have a reaction?** | **Circle the relevant response** **YES NO** | **Was the Allergen Information Available?** | **Circle the relevant response** **YES NO** |

**DOCUMENTS REQUIRED**

**Please note Full Staff Training Record card MUST be sent in every case where a customer or client is involved**

**Supporting documents MUST be included or a reason why they are not included should be noted in the relevant boxes on the next page**

|  |  |
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| **Type of incident**  | **Documents you should send with the IIP** |
| Food Allergy Incident  | * Full Staff Training Record Card for all colleagues involved in the preparation, display or service of food, and customer facing allergen information, to include Temporary Workers Induction card for Agency
* Training certificates
* Food Safety and Allergen Awareness eLearning module completion confirmation
* Relevant Food Safety Conversations briefed with colleague sign off
* Recipe Specification
* Allergen Information Displayed for Menu Item
* Any other relevant allergen related training and / or allergen awareness activity briefings delivered centrally and / or locally in unit
 |

 **CHECKLIST OF ACTIONS/ DOCUMENTS REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action, Obtain and copy the following** | **Area** | **Location** |
| **1** | Record the location where the food allergy incident occurred  |  |  |
|  | **Circle Relevant Response** | **If Not included or completed please advise why** |
| **2** | **Take photographs** of the following: * food being consumed by IP
* area where the allergen signage is displayed
* any Allergen Tablets, customer facing allergen notices, manual allergen folders, QR codes, product labelling, recipe cards etc
 | PLEASE INCLUDE IMAGES WHEN UPLOADING THIS PACK TO THE UNIT INCIDENT REVIEW |  |
| **3** | Was the Allergen GHP and Food Safety Conversation in Place and Communicated to all staff? | YES NO |  |
| **4** | Had all team members completed their Allergen Awareness Training? | YES NO |  |
| **5** | How was the Allergen Information displayed to the customer? | QR CODEALLERGEN TABLETPPDS LABELPRINTED MATRIXDIRECTLY ON MENU  |  |
| **6** | Has an Allergen Risk Assessment been completed in the last 12 months with all actions closed out and uploaded onto AIR3? Please provide a copy. | YES NO |  |
| **7** | Please confirm the current Food Hygiene Rating Score for the unit. Please provide a copy. |  |  |
| **8** | Is there CCTV coverage of the incident, food service, food selection etc? If yes review to see if the incident is captured and request a copy of the footage using the form on page 4. Retain copy of CCTV footage and upload to AIR3 if possible | YES NO |  |
| **9** | Obtain a statement from the person (s) involved in the incident (Appendix 1) | YES NO |  |
| **10** | Obtain witness details and statement (Appendix 2) | YES NO |  |
| **11** | Obtain Manager/ Supervisor/ Colleague statement (Appendix 3) | YES NO |  |
| **12** | Detail if person affected by the allergen incident required any first aid or medical treatment, hospitalisation, or if the individual administered medication, or medication was administered by first aiders e.g. Antihistamine, Adrenaline Pen |  |
|  | **Completed****(Please tick)** | **Included in Pack****(Please tick)** | **If Not included or completed please advise why** |
| **13** | Provide relevant training records and full training or induction records for colleagues involved in the production and serving of the food. |  |  |  |
| **14** | Provide any other relevant documents – please detail  |  |  |  |

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|  | **CCTV REQUISITION FORM** |  |

**To Whom it May Concern:**

I refer to an incident that occurred on ……………………. at ……………..hrs.

The location of the incident was………………………………

I believe that this incident would have been captured on the CCTV system in this area of the building.

I would now formally like to request copies of the footage under Schedule 2 Part 1(5) of the Data Protection Act 2018.

The reason we are requesting this footage is in contemplation of any claims or legal proceedings due to the nature of evidence it potentially provides in relation to the parties that may be involved in those proceedings.

If you would like to discuss further or require more details then please contact me on ………………….

Yours faithfully,

Unit Manager

On behalf of Compass Group UK & Ireland

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| --- | --- | --- |
|  | **PERSON INVOLVED IN THE ALLERGY INCIDENT****DETAILS AND STATEMENT** | **APPENDIX 1** |

**(PLEASE PRINT CLEARLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Designation** | * Member of the public
* Client Staff
* Compass Employee
* Other
 | **Compass Employee Number (If applicable)** |  |
| **Home address:**  |
| **Contact telephone number:** |  | **Contact email address:** |  |

**Please confirm your answers to the following questions and give a brief description of what happened at the time of the incident:**

|  |  |
| --- | --- |
| Confirm the location where the incident happened? E.g. Restaurant/ buffet counter etc. |  |
| Did you inform the Compass team of your food allergy / food intolerance prior to ordering or selecting your food choice? |  |
| Were you able to access the allergen information required to allow you to make an informed choice on the food items that were suitable for your dietary needs before ordering your food?  |  |
| How was this information provided to you? |  |
| Was anyone else with you at the time of the incident? If yes, please provide name and contact details. |  |
| Please give a brief account of how the incident occurred with a description of the food allergy incident and any first aid or medical treatment provided. |  |

**If I receive further medical treatment in relation to this incident, I confirm I will inform the Catering Department.**

**Impacted person’s signature…………………………………………………… Date: ...............................**

**Unit Manager or Site Supervisor signature…………………………….... Date: ................................**

|  |  |  |
| --- | --- | --- |
|  | **Colleague/ Non-Colleague****Witness Statement****PLEASE USE ADDITIONAL PAGES IF MORE THAN ONE WITNESS** | **APPENDIX 2** |

**(PLEASE PRINT CLEARLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Job Role:****(If Applicable)** |  | **Compass Employee Number or Agency name (If applicable)** |  |
| **Home address:**  |
| **Contact telephone number:** |  | **Contact email address:** |  |

**Please describe what happened:**

|  |  |
| --- | --- |
| Did you see what happened? *Circle the relevant response:* | YES NO |
| Where did the incident occur and when? |  |
| Describe in full what you observed including details for other witnesses. |  |

**Witness’s signature…………………………………………………............… Date: .............................**

**Unit Manager or Site Supervisor signature………………………………. Date: .............................**

|  |  |  |
| --- | --- | --- |
|  | **Manager/ Supervisor/Colleague****Witness Statement****PLEASE USE ADDITIONAL PAGES IF MORE THAN ONE WITNESS** | **APPENDIX 3** |

**(PLEASE PRINT CLEARLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Job Role:** |  | **Compass Employee Number or Agency Name(If applicable)** |  |
| **Home address:**  |
| **Contact telephone number:** |  | **Contact email address:** |  |

**Please describe what happened:**

|  |  |
| --- | --- |
| Did you see what happened? *Circle the relevant response:* | YES NO |
| Where did the incident occur and when? |  |
| Describe in full what you observed including details for other witnesses. |  |
| Was the food allergy incident directly attributable to the actions and / or omissions of a member of the Compass Unit team? *Circle the relevant response and also please state your reasons why.* | YES NO |

**Witness’s signature…………………………………………………............… Date: ...............................**

**Line Managers signature……………………………………………………… Date: ...............................**