General H&S Risk Assessment

A checklist of Safe Working Practices can be found at the foot of this assessment

Location / Activities Assessment

Date: **June 2026**	Assessed by: **Belinda Shulman**	Description: Food Allergen Management	Assessment No: Review Date: - June 2028 or earlier if significant changes

Ref:	What has the potential to cause harm (hazard)?	Who or what may be affected?	Record any preventative and protective measures already in place and / or recommend actions.	S	L	R	Priority	What further action could be taken to remove or reduce risk? Responsible Person to sign-off.	Revised Risk S	Revised Risk L	Revised Risk R

Introduction

This assessment covers the identification and management of food allergen risks at United Synagogue sites, including kitchens, kiddush halls and community events. It considers how allergens may be introduced, handled, stored, prepared or served, and the potential impact on staff, volunteers, members and visitors.

The assessment reflects relevant UK food safety and health and safety legislation, including the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Food Safety Act 1990, the Food Safety and Hygiene (England) Regulations 2013, the Food Information Regulations 2014, and Natasha's Law for pre-packed foods.

Its purpose is to identify hazards, evaluate the level of risk and set out the measures required to prevent accidental allergen exposure during United Synagogue activities. This includes recognising that exposure to even small amounts of certain allergens can trigger severe reactions, including anaphylactic shock, which is a rapid, life-threatening medical emergency requiring immediate intervention.

In the UK, food businesses are legally required to identify and provide information on the **14 regulated allergens**.

The 14 Major Food Allergens

1. **Celery** (including celeriac)
2. **Cereals containing gluten** (such as wheat, rye, barley and oats)
3. *Crustaceans* (such as prawns, crabs and lobsters)
4. **Eggs**
5. **Fish**
6. **Lupin** (flour sometimes used in gluten-free baked goods)
7. **Milk**
8. *Molluscs* (such as mussels, oysters and squid)
9. **Mustard**
10. **Peanuts**
11. **Sesame**
12. **Soybeans (Soya**
13. **Sulphur dioxide and sulphites** (above prescribed levels)
14. **Tree nuts** (including almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts)

Key:	S = Severity	L = Likelihood	S x L = R: R = Residual Risk Rating or Priority
	5 – Fatality	5 – Certain	**1 – 4 Low Priority**. Action required to reduce risk. Time effort & cost proportionate to risk.
	4 – Major Injury	4 – Very Likely	**5-10 Medium Priority**. Action required soon to control. Interim measures may be required.
	3 – Up to three days injury	3 – Likely	**11–16 High Priority**. Urgent action required. Further resources may be needed.
	2 – Minor Injury (treatment off site)	2 – May happen	**17–25 Very High Priority**. Immediate action required. Extra resources likely to be required.
	1 – Minor Injury (treatment on-site)	1 - Unlikely	

General H&S Risk Assessment

A checklist of Safe Working Practices can be found at the foot of this assessment

Location / Activities Assessment

Date: **June 2026**	Assessed by: **Belinda Shulman**	Description: Food Allergen Management	Assessment No: Review Date: - June 2028 or earlier if significant changes

Ref:	What has the potential to cause harm (hazard)?	Who or what may be affected?	Record any preventative and protective measures already in place and / or recommend actions.	S	L	R	Priority	What further action could be taken to remove or reduce risk? Responsible Person to sign-off.	Revised Risk S	Revised Risk L	Revised Risk R
01	**Incorrect or missing allergen labelling on food** Missing or wrong labels may lead to accidental allergen consumption	Staff, Volunteers, members, guests, vulnerable people and individuals with allergies.	- Display allergen information on all ready-to-eat food. - Show allergen charts in kitchens. - Obtain written ingredient lists from suppliers. - Require written allergen declarations from caterers.	5	3	15	H	- Standardise allergen labels for all events. - Designate a responsible person to check labels before serving. - Keep a central file of allergen labels and supplier ingredient lists for audit.	5	2	**10** M
02	**Cross contamination between allergen containing and allergen free foods** Trace allergens may transfer to foods believed to be safe.	All as above	- Use colour-coded equipment and utensils. - Keep raw and cooked foods separate. - Wash hands and change gloves between tasks. - Use separate serving areas or flags for allergen dishes	5	3	15	H	- Provide physical separation between allergen and non-allergen foods.	5	2	**10** M

Key:	S = Severity	L = Likelihood	S x L = R: R = Residual Risk Rating or Priority
	5 – Fatality	5 – Certain	**1 – 4 Low Priority**. Action required to reduce risk. Time effort & cost proportionate to risk.
	4 – Major Injury	4 – Very Likely	**5-10 Medium Priority**. Action required soon to control. Interim measures may be required.
	3 – Up to three days injury	3 – Likely	**11–16 High Priority**. Urgent action required. Further resources may be needed.
	2 – Minor Injury (treatment off site)	2 – May happen	**17–25 Very High Priority**. Immediate action required. Extra resources likely to be required.
	1 – Minor Injury (treatment on-site)	1 - Unlikely	

General H&S Risk Assessment

A checklist of Safe Working Practices can be found at the foot of this assessment

Location / Activities Assessment

Date: **June 2026**	Assessed by: **Belinda Shulman**	Description: Food Allergen Management	Assessment No: Review Date: - June 2028 or earlier if significant changes

Ref:	What has the potential to cause harm (hazard)?	Who or what may be affected?	Record any preventative and protective measures already in place and / or recommend actions.	S	L	R	Priority	What further action could be taken to remove or reduce risk? Responsible Person to sign-off.	Revised Risk S	Revised Risk L	Revised Risk R
03	**Outdated or incorrect allergen information from suppliers** Incorrect supplier information may lead to mislabelled food	All as above	- Obtain ingredient lists from suppliers. - Check supplier information regularly. - Use suppliers with good FSA (Food Standards Agency) ratings.	4	3	12	H	- Suppliers are required to notify organisers of recipe changes	4	2	**8** M
04	**Severe allergic reaction (anaphylaxis)** An allergic person may experience a life-threatening reaction	All as above	- Maintain nut-free or peanut-free policy. - Label allergens clearly. - Ensure staff and volunteers know emergency procedures.	5	3	15	H	- Train staff to recognise anaphylaxis. - Encourage attendees with allergies to carry medication (their own EpiPen). - Keep clear access routes for emergency services.	5	1	**5** M
05	**Allergen exposure from donated or homemade food** Donated or homemade food may lack reliable ingredient information		- Keep records of food donors - Enforce a nut-free policy for any homemade food brought in.	5	3	15	H	- Prohibit homemade food unless full ingredient information is provided. - Provide and retain allergen declaration forms for donors.	5	2	**10** M

Key:	S = Severity	L = Likelihood	S x L = R: R = Residual Risk Rating or Priority
	5 – Fatality	5 – Certain	**1 – 4 Low Priority**. Action required to reduce risk. Time effort & cost proportionate to risk.
	4 – Major Injury	4 – Very Likely	**5-10 Medium Priority**. Action required soon to control. Interim measures may be required.
	3 – Up to three days injury	3 – Likely	**11–16 High Priority**. Urgent action required. Further resources may be needed.
	2 – Minor Injury (treatment off site)	2 – May happen	**17–25 Very High Priority**. Immediate action required. Extra resources likely to be required.
	1 – Minor Injury (treatment on-site)	1 - Unlikely	

General H&S Risk Assessment

A checklist of Safe Working Practices can be found at the foot of this assessment

Location / Activities Assessment

Date: **June 2026**	Assessed by: **Belinda Shulman**	Description: Food Allergen Management	Assessment No: Review Date: - June 2028 or earlier if significant changes

Ref:	What has the potential to cause harm (hazard)?	Who or what may be affected?	Record any preventative and protective measures already in place and / or recommend actions.	S	L	R	Priority	What further action could be taken to remove or reduce risk? Responsible Person to sign-off.	Revised Risk S	Revised Risk L	Revised Risk R
06	**Allergen exposure due to poor storage or handling** Improper storage may allow allergen residues to contaminate other foods		- Store allergen foods in sealed containers. - Maintain fridge/freezer temperature controls. - Clean storage areas regularly and after any allergen spill.	4	3	12	H	- Provide dedicated allergen storage areas where necessary	4	2	**8** M
07	**Lack of staff or volunteer awareness of allergen procedures** Untrained staff may mishandle food or miscommunicate allergen risks		- Train all food handlers to at least Level 2 Food Hygiene. - Ideally at least one supervisor should hold Level 3. - Display allergen charts in kitchens.	4	3	12	H	- Provide allergen awareness training. - Include allergen control in event briefings - Maintain training certificates and attendance records.	4	2	**8** M
08	**Inadequate communication of allergen risks to attendees** Attendees may not realise which foods contain allergens		- Label all dishes clearly. - Place information sheets under plates where appropriate.	4	3	12	H	- Display a standard allergen notice at all events. - Include allergen information in event invitations.	4	2	**8** M

Key:	S = Severity	L = Likelihood	S x L = R: R = Residual Risk Rating or Priority
	5 – Fatality	5 – Certain	**1 – 4 Low Priority**. Action required to reduce risk. Time effort & cost proportionate to risk.
	4 – Major Injury	4 – Very Likely	**5-10 Medium Priority**. Action required soon to control. Interim measures may be required.
	3 – Up to three days injury	3 – Likely	**11–16 High Priority**. Urgent action required. Further resources may be needed.
	2 – Minor Injury (treatment off site)	2 – May happen	**17–25 Very High Priority**. Immediate action required. Extra resources likely to be required.
	1 – Minor Injury (treatment on-site)	1 - Unlikely	

General H&S Risk Assessment

A checklist of Safe Working Practices can be found at the foot of this assessment

Location / Activities Assessment

Date: **June 2026**	Assessed by: **Belinda Shulman**	Description: Food Allergen Management	Assessment No: Review Date: - June 2028 or earlier if significant changes

Ref:	What has the potential to cause harm (hazard)?	Who or what may be affected?	Record any preventative and protective measures already in place and / or recommend actions.	S	L	R	Priority	What further action could be taken to remove or reduce risk? Responsible Person to sign-off.	Revised Risk S	Revised Risk L	Revised Risk R
			- Volunteers serving food must be briefed on allergen information and signage.								
09	**Children sharing food during youth activities** Shared food may expose allergic children to allergens		- Reinforce "no sharing" rule. - Enforce nut-free or peanut-free policy. - Supervise children during breaks / while eating.	5	2	10	M	- Provide allergen-safe snacks	5	1	**5 M**

Key:	S = Severity	L = Likelihood	S x L = R: R = Residual Risk Rating or Priority
	5 – Fatality	5 – Certain	**1 – 4 Low Priority**. Action required to reduce risk. Time effort & cost proportionate to risk.
	4 – Major Injury	4 – Very Likely	**5-10 Medium Priority**. Action required soon to control. Interim measures may be required.
	3 – Up to three days injury	3 – Likely	**11–16 High Priority**. Urgent action required. Further resources may be needed.
	2 – Minor Injury (treatment off site)	2 – May happen	**17–25 Very High Priority**. Immediate action required. Extra resources likely to be required.
	1 – Minor Injury (treatment on-site)	1 - Unlikely	

Safe Working Practices for Allergen Management

Introduction

These Safe Working Practices support the Allergen Management Risk Assessment by setting out the practical steps required to control allergen risks across United Synagogue kitchens, halls and events. They translate the Risk Assessment controls into a simple checklist for staff and volunteers to follow, helping to prevent accidental allergen exposure and ensuring compliance with UK food safety legislation.
Note that allergies should not be confused with intolerances; allergic reactions involve the immune system and may be life-threatening.

Allergen Information and Labelling

- ☐ All ready-to-eat food must display clear allergen information.
- ☐ Allergen charts must be visible in kitchens.
- ☐ Ingredient lists must be obtained from all suppliers and caterers.
- ☐ Labels must be checked by a designated person before serving.
- ☐ A central file of allergen labels and supplier ingredient lists must be maintained.

Preventing Cross-Contamination

- ☐ Use colour-coded equipment and utensils.
- ☐ Keep raw and cooked foods separate at all times.
- ☐ Wash hands and change gloves between tasks.
- ☐ Use separate serving areas or clear flags for allergen-containing dishes.
- ☐ Provide physical separation between allergen and non-allergen foods.

Supplier Information

- ☐ Obtain written ingredient lists for all purchased foods.
- ☐ Check supplier allergen information regularly.
- ☐ Use suppliers with good Food Standards Agency ratings.
- ☐ Require suppliers to notify the site of any recipe changes.

Managing Severe Allergic Reactions

- ☐ Maintain a nut-free or peanut-free policy where required.
- ☐ Ensure allergen labels are clear and consistent.
- ☐ Staff and volunteers must know emergency procedures for anaphylaxis.
- ☐ Encourage attendees with allergies to carry their medication.
- ☐ Keep access routes clear for emergency services.

Donated or Homemade Food

- ☐ Keep records of all food donors.
- ☐ Enforce a nut-free policy for homemade items.
- ☐ Do not accept homemade food unless full ingredient information is provided.
- ☐ Use allergen declaration forms for all donated food and retain them.

Storage and Handling

- ☐ Store allergen-containing foods in sealed containers.
- ☐ Maintain correct fridge and freezer temperatures.
- ☐ Clean storage areas regularly and after any allergen spill.
- ☐ Use dedicated allergen storage areas where necessary.

Staff and Volunteer Training

- ☐ All food handlers must hold at least Level 2 Food Hygiene training.
- ☐ At least one supervisor should ideally hold Level 3.
- ☐ Allergen charts must be displayed in kitchens.
- ☐ Allergen control must be included in event briefings.
- ☐ Training certificates and attendance records must be kept.

Communication with Attendees

- ☐ Label all dishes clearly and consistently.
- ☐ Use information sheets under plates where appropriate.
- ☐ Volunteers serving food must be briefed on allergen content and signage.
- ☐ Display a standard allergen notice at all events.
- ☐ Include allergen information in event invitations.

Children and Youth Activities

- ☐ Reinforce a strict no-sharing rule.
- ☐ Enforce nut-free or peanut-free policies.
- ☐ Supervise children during breaks and while eating.
- ☐ Provide allergen-safe snacks where required.

If you have any further questions or need additional information, feel free to contact the team on safety@theus.org.uk

Recognising and Responding to Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening and requires immediate emergency action; anaphylactic shock is the most serious form, where collapse can occur.

Recognising the Signs

- Swelling of the lips, tongue, face or throat
- Sudden drop in blood pressure, dizziness or collapse
- Nausea, vomiting or abdominal pain
- Difficulty breathing, wheezing or noisy breathing
- Widespread rash, flushing or itching
- Feeling of impending doom or sudden anxiety

If NO EpiPen is available	**If an EpiPen (or similar) *is available***
○ **Call 999 immediately** and state "suspected anaphylaxis". ○ Lay the person flat with legs raised (or allow them to sit upright if breathing is difficult). ○ Do not give food or drink. ○ Monitor breathing and responsiveness. ○ Be prepared to start CPR if the person becomes unresponsive and stops breathing normally.	○ Administer the auto-injector immediately into the outer thigh (through clothing if needed). ○ **Call 999** and state "anaphylaxis". ○ Lay the person flat with legs raised (unless breathing is difficult; then allow them to sit upright). ○ If symptoms do not improve after 5 minutes, give a second auto-injector if available. ○ Stay with the person until emergency services arrive.