Blended diet administration via a gastrostomy tube

Theory

What is a blended diet?

Many children who have a gastrostomy tube are fed commercial feeds or formulas ('milks'). However, some children will have a blended diet, also known as 'blended feeds' and 'blends'. These are made from foods which are blended together. The resulting blend should have a smooth, single cream consistency so that it is thin enough to be administered via a gastrostomy tube.

Why would a child have a blended diet?

There are multiple reasons which include:

- Poor tolerance of commercial feeds (e.g. frequent vomiting, diarrhoea, constipation, allergy)
- Psycho-social reasons, for example:
  - Being able to have 'real' food.
  - Less artificial than commercial feeds.
  - Can be more nutritious than commercial feeds.
  - Allow the person to have similar meals as the rest of their family.
- It can make feeding seem less 'medical' for the child and their family.

Depending on their specific needs, some children on a blended diet will only have blended feeds, and other children will have a combination of blended feeds plus commercial feeds/formulas and/or oral food.

What are the potential benefits of a blended diet?

Some of the positive outcomes in children reported by parents include:

- Rapid reduction in negative symptoms (e.g. vomiting)
- Growth
- Happier child
- Child able to have an increased variety of foods
- Reduced medication requirements
- Improved appearance (hair and nails)
- More alert and engaged
- Child can be more involved in family/ social occasions which involve food.

There is some limited scientific evidence that a blended diet can:

- Reduce gastro-oesophageal reflux, retching and vomiting
- Improve gut health
- Improve the frequency and consistency of stools.
- Improve the condition of the hair, skin and nails.
- Improve a person's overall health.

What are the potential complications of a blended diet?

These can include:

- Nutritional deficiency if a child is only having blended feeds and if these do not contain all the nutrients they require.
- Infection risk if blended feeds are not prepped, cooked (if appropriate), stored and administered in a hygienic way, as per standards authority guidelines.
- More expensive for parent/s or guardian/s than commercial formula.
- Loss of tolerance of commercial formula.
- Theoretical increased risk of gastrostomy tube blockages.
- The equipment used to prepare homemade blends can be expensive. For example, high-powered blenders.

Who decides whether a child can have a blended diet?

This decision is made by the child's dietician, in collaboration with the child (if appropriate) and their parent/s or guardian/s. They will decide whether any positive outcomes outweigh the potential negatives for that specific child. A parent or guardian must not start administering blended feeds to their child without a dietician's agreement. This is for a variety of reasons including:

- Blended feeds are not suitable for every child. For example, they are not recommended for children under 1 year old.
- The type of gastrostomy tube a child has can affect the feasibility of administering a blended feed (see Gastrostomy tube requirements).
- Children on a blended diet may need additional health monitoring. For example, more frequent weight reviews, blood tests.
- The parent/s or guardian/s will need to be trained in preparing and administering blended feeds before they can start doing so.

Gastrostomy tube requirements

The standard recommendations are:

- A minimum width of 12Fr. This theoretically helps to reduce the likelihood of the tube blocking. A wider tube is also theoretically less likely to be damaged by the pressure exerted on the tube when a blend is administered.
- A balloon-retained tube, ideally a low-profile balloon-retained tube (i.e. a 'button'). This is because if these tubes were to block and needed to be replaced, replacement can typically occur in the community rather than in hospital.

Although not ideal, blended feeds can be administered via other types of gastrostomy tube, but additional consideration is required.

- Traditional percutaneous endoscopic gastrostomy (PEG) tubes which are retained with a disc (e.g. a Corflo or Freka PEG) - if this type of tube was to permanently block, surgical replacement is required. This results in an increase of surgery, and hospital stay, related risks for the child.
- Gastro-jejunal tubes - the width of the gastric tube in a gastro-jejunal tube is much narrower than a standard gastrostomy tube. This means that it can be more difficult to administer a

blend via this tube. The pressure exerted on the tube when a blend is administered will also be higher than a standard gastrostomy tube, which increases the risk of tube damage. As for disc retained tubes, gastro-jejunal tubes also need to be surgically replaced.

Administration of blended feed via a non-recommended gastrostomy tube will require additional risk assessment by the child's dietician.

Please note: Currently, the administration of blended feeds via nasogastric tube, or into the jejunum, is not allowed in Gloucestershire.

Types of blended feeds

'Homemade' blends

Blended feeds will typically be made by the child's parent/s or guardian/s. The blend can be made using:

- 'Family meals', for example, cottage pie and vegetables.
- A specific blended feed recipe. These may be provided by the child's dietician or from a recipe book.

The blends need to be a very smooth single cream like consistency. Parent/s or guardian/s will typically use a blender to achieve this.

Once a blend has been made, it is either administered or stored. If storing, blends can either be refrigerated or frozen.

- Refrigerated:
  - Blend must be stored in the fridge within 2 hours of being made. If the blend contains cooked rice, this must be refrigerated within 1 hour of being made. If not, blends must not be administered and must be disposed of.
  - Fridge temperature must be 5°C or cooler.
  - The blend must remain in the fridge until it is going to be administered. If the blend does not need to be reheated before administration, it should be removed from the fridge approximately 30 minutes before administration, so that it is not 'fridge cold' when administered.
  - Refrigerated blends can be administered up to 24 hours after they are made.

- Frozen:
  - Blends must be frozen within 2 hours of being made. If the blend contains cooked rice, this must be frozen within 1 hour of being made. If not, blends must not be administered and must be disposed of.
  - Freezer temperature must be -18°C or cooler.
  - The blend must be defrosted and reheated before being administered.
  - Frozen blends can be stored in a freezer for up to 1 month. They must be administered within 24 hours of being removed from the freezer. If not, blends must not be administered and must be disposed of.

If a refrigerated blend is being transported, for example from the child's home to the home of a carer, it must be:

- Transported in a cool bag (or similar), with ice packs. The cool bag should ideally keep the blend at fridge temperature (5°C or cooler).
- Re-stored in a fridge as soon as it reaches its destination. Blends must not be out of the fridge for more than 2 hours. If the time exceeds this, blends must not be administered and must be disposed of.

Following these requirements helps to keep blends fresh and reduce the risk of foodborne bacterial infections.

Manufactured blends

There are also a small number of manufactured ready-made blended feeds which parent/s or guardian/s can purchase. These can usually be stored in a cupboard rather than a fridge or freezer. At present, Gloucestershire dieticians recommend the administration of homemade blends, rather than ready-made blends, when possible.

Regardless of blend type, the most important factors are that a child's blended feeds:

- Contain the nutrients they require. This is particularly important if the child is only having blended feeds and no commercial formula and/or oral food.
- Are the correct 'single cream', smooth consistency.

Please note: Parent/s or guardian/s are responsible for making or purchasing blended feeds. You will not be required to do so.

Food allergies

The child's dietician will have informed the parent/s or guardian/s that blended feeds must not contain any ingredients that the child is allergic to. However, it is best practice to double check the blend label/information to confirm this.

It is also important to confirm that the blend does not contain any ingredients that their carer/s is/are allergic to, as they often contain foods that commonly cause allergic reactions (such as nuts, eggs, milk, fish). If a carer has a known food allergy or allergies, they must not administer a blend containing this/these food/s.

Checking the blended feed

Before administering a blend, you must complete a series of checks:

1. The use-by date

   - Fresh blends (blends which have only been refrigerated since it was made) - can only be administered within 24 hours of being made.
   - Frozen - can have been frozen for up to 1 month. Once removed from the freezer and placed in the fridge, they can only be administered within 24 hours.
   - Manufactured ready-made blends - check the expiry date.

2. Smell

   - The blend should smell of the food it contains.
   - If the blend smells 'off' or offensive/'bad', do not administer.

3. Appearance

   - The blend container must only contain blended feed.
   - If you can see anything in the blend that concerns you, e.g. foreign bodies, mould, do not administer the blend.

4. Consistency

   - To administer the blend, it must be a smooth and no thicker than ‘single cream’ or ‘runny honey’- like consistency.
   - If you see any lumps in the blend, do not administer.
   - If the blend is thicker than single cream or runny honey, additional fluid can be added to thin it. Please see below for further details.
   - If a blend has been frozen, it must have fully defrosted.

Homemade blends need to be labelled by the child’s parent/guardian. The label must include the following information:

- The name of the child
- The date and time the blend was made.
- If the blend has previously been frozen, the date and time the blend was removed from the freezer and placed in the fridge.
- The meal/food that has been blended.
- Whether it is a ‘hot’ or ‘cold’ blend.

Example:

Name of child	Joe Bloggs
Date and time blended meal made	05.01.20 6.30pm
Date and time blended meal removed from freezer and placed in fridge(if applicable)	15.01.20 7pm
Meal	Fish pie & peas
Type of blend (I.e. hot or cold)	Hot

Thinning blends

- If a blend is too thick, water is typically used to thin the blend. For some children, their feeding plan may advise that you should use a different liquid, e.g. milk.
- Add the relevant liquid a small amount at a time, e.g. 10ml. You are aiming to thin the blend to the correct consistency, but you need to avoid diluting it any more than is necessary.
- If you are needing to reheat a blend, heat it first and then add the liquid. This will prevent the added liquid being lost as vapour during the heating process. It will also help to cool the blend more quickly.
- The Home Enteral Feeding Team advise that a maximum of 50ml of liquid can be added to a blended feed. If more than 50ml of liquid is needed to achieve the correct consistency, do not administer the blend.

‘Hot’ vs. ‘cold’ blends

‘Hot’ blends are those which are reheated, then cooled, before administration. ‘Cold’ blends are those which do not need to be reheated before administration.

Blends need to be reheated if:

- They have been frozen.
- If it is a meal which contains meat or poultry and would typically/traditionally be reheated before being eaten.
- If it is any other meal which would typically/traditionally be reheated before being eaten.

Please note: Manufactured ready-made blends which have not been frozen do not need to be reheated due to their manufacturing process.

General preparation

Equipment required

- 60ml enteral syringe.
- Apron and gloves.
- A clean spoon.
- If reheating a blend:
    - In a microwave, a microwavable container with a lid for the blend.
    - On a hob, a saucepan.
    - A food thermometer.
    - Food thermometer probe wipes.
- Clean paper towels or kitchen roll.
- The child’s feeding plan.
- Appropriate water for the child as specified on their feeding plan (i.e. cooled boiled water, cold tap water).
- Antibacterial wipes, or antibacterial spray and a clean cloth/kitchen paper, for cleaning work surface.

Consent

- Before care is given, consent to care must be obtained from the child (if appropriate), or their parent/ legal guardian/ other person with authority to consent for the child.
- You should explain the care you plan to give to the child (as appropriate), to help prepare them for this. You should ensure that when accessing a child’s gastrostomy tube, their privacy and dignity is maintained.

Child’s position

- Ensure the child is positioned so that their head and shoulders are elevated at least 30° above their waist.
- This is essential whilst any liquids are being administered via their gastrostomy tube, and for 30-60 minutes afterwards, to reduce the risk of aspiration.

Procedure for ‘cold’ blend administration

1. Remove blend from the fridge 30 minutes before administration.
2. Clean the surface you will be working on.
3. Tie back long hair.

4. Wash your hands as per Trust policy.
5. Collect the relevant equipment (see above).
6. Put on apron and gloves.
7. Check the expiry date, smell and appearance of the blend. If a manufactured ready-made blend, check that it is unopened. If any concerns, do not administer.
8. Check the consistency of the blend by stirring with a spoon. If the blend is too thick, slowly add water/ other liquid as specified on the child's feeding plan. If you need to add more than 50ml of water to achieve the correct consistency, do not administer the blend.
9. If the child has a low-profile balloon-retained gastrostomy tube ('button'), prime their extension set with water and attach to their tube.
10. If specified on the child's feeding plan, administer the stated flush of water.
11. Draw up the blend into a 60ml syringe. Expel any air bubbles from the syringe. Wipe the outside and tip of the syringe with a clean paper towel or sheet of kitchen roll, to remove any blend. Check that you have drawn up the correct volume of blend.
12. Attach the syringe of blend to the child's gastrostomy tube. Slowly administer the blend using the syringe push bolus method. Push the plunger using a gentle pulsing, or push-pause, technique.
13. Once you have administered the first syringe of blend, repeat steps 11 and 12 if further volume of blend is to be administered, as prescribed on the child's feeding plan. The child's feeding plan may advise the time that a blended feed must be administered over, e.g. 30 minutes, or any other child-specific action required. If not, feeds should take a minimum of 15-20 minutes to administer.
14. Throughout blend administration, check that the child is comfortable.
15. Once the prescribed volume of blend has been administered, flush the child's gastrostomy with the volume of water stated on their feeding plan.
16. If applicable, remove the child's 'button' extension set. Check the child is comfortable.
17. Wash relevant equipment (see below for further details).
18. Remove gloves and apron and dispose as per Trust policy.
19. Wash hands as per Trust policy.
20. Document the care given.

Procedure for 'hot' blend administration

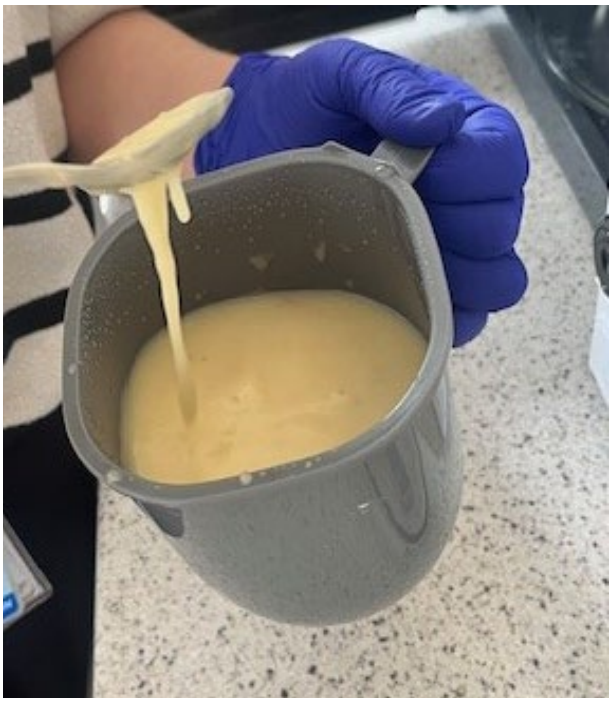
1. Clean the surface you will be working on.
2. Remove blend from the fridge.
3. Wash your hands as per Trust policy.
4. Collect the relevant equipment (see above).
5. Put on apron and gloves.
6. Check the expiry date, smell and appearance of the blend. If any concerns, do not administer.
7. If reheating the blend using a microwave, check that the blend is in a microwavable container with a lid. If not, decant blend into one and put lid on. If reheating on a hob, decant the blend into a saucepan.
8. Heat the blend until it reaches 80°C. Stir the blend frequently during reheating to promote even reheating. Check the temperature in several places (minimum of three), to help ensure that it has reached 80°C throughout.
9. Heat the blend for another 6 seconds.
10. If you have heated the blend in pan, transfer to a heatproof container which has a cover/lid.
11. Check the consistency of the blend by stirring with a spoon. If the blend is too thick, slowly add water/ other liquid as specified on the child's feeding plan. If you need to add more than 50ml of water to achieve the correct consistency, do not administer the blend.
12. Cool the blend to 37°C or lower before administering. Check the temperature in several places (minimum of three), to help ensure that it has reached 37°C or lower throughout. Cool the blend as quickly as possible. Standing the blend container in a container of cold water can help

to speed up this process. Ensure that the cooling blend is stored in a safe location to avoid the risk of hot liquid injury/burns. Keep the blend container covered/lidded while the blend is cooling.

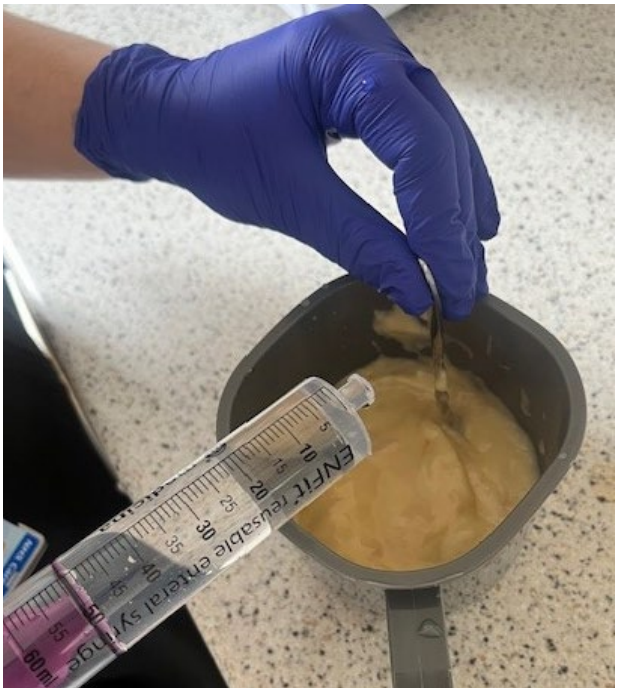
13. If the child has a low-profile balloon-retained gastrostomy tube ('button'), prime their extension set with water and attach to their tube.
14. If specified on the child's feeding plan, administer the stated flush of water.
15. Draw up the blend into a 60ml syringe. Expel any air bubbles from the syringe. Wipe the outside and tip of the syringe with a clean paper towel or sheet of kitchen roll, to remove any blend. Check that you have drawn up the correct volume of blend.
16. Attach the syringe of blend to the child's gastrostomy tube. Slowly administer the blend using the syringe push bolus method. Push the plunger using a gentle pulsing, or push-pause, technique.
17. Once you have administered the first syringe of blend, repeat steps 15 and 16 if further volume of blend is to be administered, as prescribed on the child's feeding plan. The child's feeding plan may advise the time that a blended feed must be administered over, e.g. 30 minutes, or any other child-specific action required. If not, feeds should take a minimum of 15-20 minutes to administer.
18. Throughout blend administration, check that the child is comfortable.
19. Once the prescribed volume of blend has been administered, flush the child's gastrostomy with the volume of water stated on their feeding plan.
20. If applicable, remove the child's 'button' extension set. Check the child is comfortable.
21. Wash relevant equipment (see below for further details).
22. Remove gloves and apron and dispose as per Trust policy.
23. Wash hands as per Trust policy.
24. Document the care given.

Please note: Take care not to burn yourself during this process.

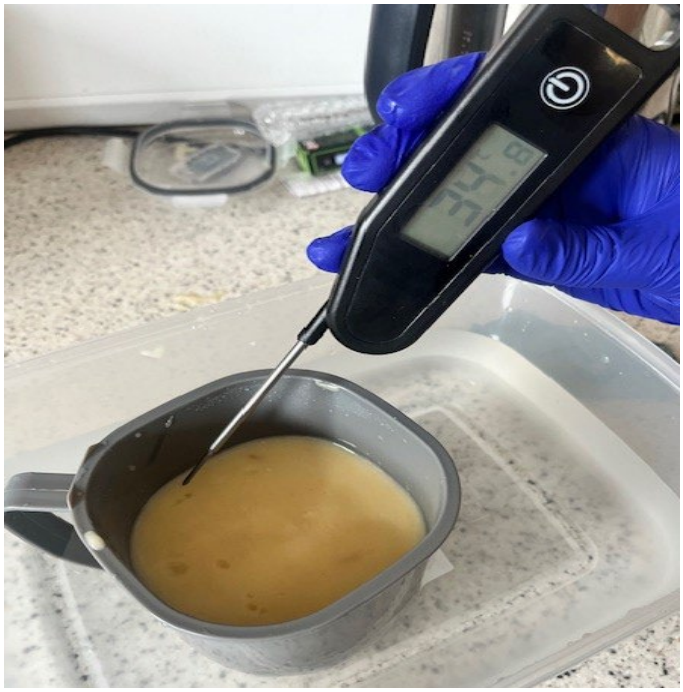
Check the temperature of the blend in several different areas (minimum of 3) to ensure it has reached 80°C throughout.



Check the consistency of the blend by stirring with a spoon.

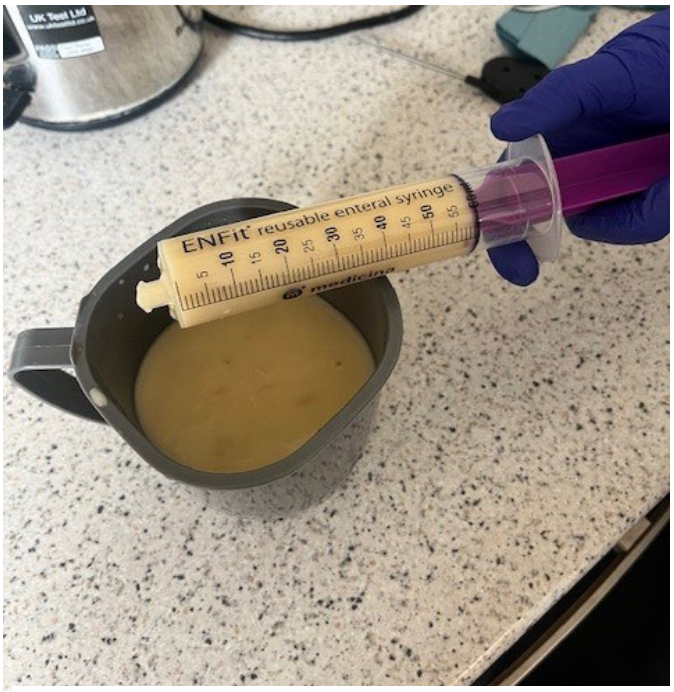


If the blend is too thick, slowly add water/ other liquid as specified on the child's feeding plan.



Cool the blend to 37°C or lower before administering.

Wipe the outside and tip of the syringe with a clean paper towel or sheet of kitchen roll, to remove any blend.



Check that you have drawn up the correct volume of blend.

Cleaning equipment

- Reusable enteral syringes and extension sets must be washed in warm soapy water, then rinsed with fresh water. They must be allowed to air dry and then stored in a clean container/bag. Single-use enteral syringes cannot be reused and must be disposed of.
- Food thermometers must be cleaned with thermometer probe wipes.

- Water and blend containers, saucepans and spoons can be washed up by hand or in a dishwasher.

Documentation

Your documentation of care must include:

- The date and time the blend was administered.
- The use-by date, and time if applicable, of the blend.
- If a 'cold' homemade blend was administered, the time this was removed from the fridge.
- If a 'hot' homemade blend was administered, the temperature of this once reheated and the temperature once cooled.
- The volume of blend administered.
- The volume of water flush administered before (if applicable) and after blend was administered.
- If applicable, the volume of water/ other specified liquid that needed to be added to the blend to achieve the correct consistency.

Troubleshooting

Children who are prescribed blended feeds will have an action plan attached to their feeding plan. This will advise you what action to take if you encounter common issues. The information below is general guidance on how to manage these issues, but you must always refer to the child's action plan.

If the condition of the blend means that it is not suitable for administration, e.g. lumpy, mouldy, too thick:

- Discuss with the child's parent/guardian. If possible, they should provide you with an alternative suitable blend.
- If an alternative suitable blend cannot be provided, most children should have their alternative feed administered instead. The child's action plan on their feeding plan will advise you if this is appropriate for them. Alternative feeds are typically a ready-made product which can be stored for such events, e.g. a manufactured ready-made blend.

If you are unable to administer blend through the child's gastrostomy tube/ the tube is blocked:

1. Try massaging/rubbing the tube between your fingers. Check if there are any visible blockages. If so, massage/rub these.
2. With the 60ml enteral syringe attached to the child's gastrostomy tube, gently push then pull on the plunger. Do not exert too much pressure when flushing as this can cause the tube to split. Repeat this several times.
3. If the child has a 'button' gastrostomy tube, remove the extension set and flush through with water to help remove any blockages in the set.
4. Try flushing the gastrostomy tube with warm water (boiled water that has been cooled down to 37°C or lower) or sparkling water, for at least 30 minutes, using a pulsing motion. Seek advice from a dietician or children's community nurse regarding how much water to use.
5. If the tube is still blocked, inform the child's parent/s or legal guardian/s. They will then need to arrange for the child's gastrostomy tube to be changed.

If the child is not tolerating the blend:

- Signs that the child is not tolerating a blend can include:
  - Discomfort
  - Distress
  - Vomiting
  - Coughing
  - Retching or gagging
  - Diarrhoea
  - Bloating

- If you see any of these signs, pause administering the child's blend. If the sign does not quickly resolve, inform the child's parent/guardian immediately. They must then discuss this with the child's dietician.

The child shows signs of allergic reaction

Common signs of an allergic reaction include:

- Swelling of the lips, face, tongue, or throat
- Itching or rash (especially hives or redness around the mouth or face)
- Wheezing, difficulty breathing, or noisy breathing
- Sudden onset of vomiting, diarrhoea, or abdominal pain
- Flushed skin or paleness
- Drowsiness or unresponsiveness in severe cases (anaphylaxis)

Immediate actions to take:

1. Stop the feed immediately.
2. Call for emergency medical help (999) if the child is having difficulty breathing, is drowsy, or has a rapidly worsening reaction.
3. Follow the child's emergency care plan if one is in place. Administer any prescribed emergency medication (e.g., antihistamines, adrenaline auto-injector) as directed.
4. Keep the child upright or in a safe position for breathing unless otherwise indicated in their care plan.
5. Inform the child's parent/carer and document the incident according to local policy.
6. Retain a sample of the blend, if possible, to assist with identifying potential allergens.

Do not resume feeding until the child has been assessed by a healthcare professional and advice has been given.

Policies to be reviewed:

- Hand Decontamination Guideline (CLP087): Hand Decontamination Guidelines (Infection Control Guideline CLP087) - Interact (interactgo.com)

- Standard Precautions Safe Working Practices (CLP084): Standard Precautions Safe Working Practices (Infection Control Policy CLP084) - Interact (interactgo.com)

- Personal Protective Equipment Policy (CLP183): Personal Protective Equipment (PPE Policy) - Excluding Viral Haemorrhagic Fever (Infection Control Policy CLP083) - Interact (ghc.nhs.uk)

- Consent to Examination or Treatment Policy (CLP213): Consent to Examination or Treatment Policy - CLP213 - Interact (interactgo.com)

- Health Records and Clinical Record Keeping Policy (CLP005): Health Records and Clinical

Record Keeping Policy (CLP005) - Interact (interactgo.com)

- Paediatric Gastrostomy Care and Feeding Guideline (Physical Health Guideline CLG051): Paediatric Gastrostomy Care and Feeding Guideline (Physical Health Guideline CLG051) - Interact (ghc.nhs.uk)

- Medication Policy for Children's Complex Care Support Workers (Physical Health Policy CLP018): Medication Policy for Children's Complex Care Support Workers (Physical Health Policy CLP018) - Interact (interactgo.com)

- POPAM - Ordering, Prescribing and Administering Medicines (Physical Health Medicines Policy CLP034: POPAM - Ordering, Prescribing and Administering Medicines (Physical Health Medicines Policy CLP034) - Interact (interactgo.com)
- Medication Administration Record (MAR) Charts Policy (Physical Health Services)CLP126: Medication Administration Record (MAR) Charts Policy (Physical Health Services) CLP126 - Interact (interactgo.com)

- Medication Error Policy: Medication Error / Incident Management Policy (CLP041) - Interact (interactgo.com)

Assessment of Competence for Practitioners working within Physical Health Community Setting

Clinical Skill: Blended diet administration via a gastrostomy tube

Name:	**Team:**
AIM:	Safely and competently prepare and administer a blended feed to a child via a gastrostomy tube.
OBJECTIVES:	The trainee will be able to: • Demonstrate an understanding of the knowledge, skills and competency to safely prepare and administer blended feed via a gastrostomy tube • Be assessed as competent to carry out care on individuals
TRAINING:	Assessment of theoretical knowledge using linked theory Assessment of clinical skills at a face-to-face session
ASSESSMENT:	Assessed by competent registered nurse. Expectation that practice is assessed at least twice before competency sign-off. Reassessment of practice can be signed off as competent after a single demonstration of competent practice

RISK ASSESSMENT:	Likelihood x Consequence = Risk Pre-competence sign-off = 20 Post competence sign-off = 5
UPDATE:	Competence to be reviewed annually Record of competency to be kept by staff member and a copy retained locally within individual's personal file Staff will be expected to raise if they have concerns about their practice at their supervision.

Likelihood \ Consequence	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

UNDERPINNING KNOWLEDGE			
It is expected that the trainee will gain an understanding of: GHC Staff – Underpinning knowledge Family Link – Underpinning knowledge I certify that the trainee named above has successfully completed the theoretical assessment which covers the above.			
Signed:		Date:	
Print Name:		Position:	

CLINICAL SKILL			
PERFORMANCE CRITERIA - The trainee will:	Performed Safely	Performed Safely	Performed Safely

I confirm that the above-named trainee has completed the assessment competently.			
Signed:		Date:	
Print:		Position:	

ASSESSOR COMMENTS

TRAINEE COMMENTS

DECLARATION

GHC Staff

I confirm that I have had theoretical and practical instruction on how to safely and competently perform the skill/s outlined and agree to comply with the policy and procedures of the Trust. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to

this competency.

Family Link

I confirm that I have had theoretical and practical instruction on how to safely and competently perform the skill/s outlined. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Signed:		Date:	

SPONSOR/PEER REVIEW			
To ensure the content is accurate, current and evidenced based, competencies are required to be peer reviewed by subject matter experts within the speciality. It is your responsibility, as the author, to ensure this is undertaken and the peer review section is signed by the appropriate person.			
Author's Name:		Position:	
Peer Review Name:		Position:	
Signed:		Date:	

REFERENCES

Hand Decontamination Guideline (CLP087): Hand Decontamination Guidelines (Infection Control Guideline CLP087) - Interact (interactgo.com)

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Medication Error Policy: Medication Error / Incident Management Policy (CLP041) - Interact (interactgo.com)

British Dietetic Association (2021) Practice Toolkit. The Use of Blended Diet with Enteral Feeding Tubes. https://www.bda.uk.com/static/33331d33-21d4-47a5-bbb79142980766a7/FINAL-Practice-Toolkit-The-Use-of-Blended-Diet-with-Enteral-Feeding-Tubes-NOV-2021.pdf

The BLENDS Project: The BLENDS Project

Food Standards Agency: Homepage | Food Standards Agency

1 copy in portfolio and 1 copy retained locally in personal file