



Title	Infection Control Manual – Section 5 Food and Beverages
Document Type	Policy
Document Number	IPCT001/04
Version Number	4 th Edition
Approved by	Infection Control Committee
Issue date	September 2013
Review date	September 2015
Distribution	All NHS Borders Staff
Prepared by	Infection Prevention Control Team
Developed by	Infection Prevention Control Team
Equality & Diversity Impact Assessed	No

5.1 FOOD & BEVERAGES ON WARDS POLICY

Aim: Staff deal with food in a safe manner and in accordance with current food legislation

A food handler is any person who handles drinks or opened/unopened food, equipment, utensils or surfaces used for food preparation/serving.

Standards

Food Handlers

1. Food Handlers suffering from diarrhoea and / or vomiting and other symptoms of food borne infections (e.g. nausea, abdominal pain, fever), heavy colds, skin infections, including sore and discharging lesions must inform their Supervisor or Nurse in Charge and not participate in food handling duties until advice has been sought from Occupational Health.
2. Before handling or serving food, including beverages, all food handlers must wash their hands in the wash hand basin nearest to the food serving point
3. All food handlers should observe the personal hygiene rules and wear a **blue disposable apron** when handling or serving food, whether it is for main meals or beverages, e.g. morning, afternoon and evening refreshments. Aprons should be stored within the kitchen area and **must** be removed after kitchen duties are complete.

Serving of Food

1. Serving of food should commence as soon as possible and certainly within **15 minutes of arrival**. Any food deemed unacceptable must be returned to the issuing kitchen and the Catering Manager / Deputy informed
2. Food in insulated containers: the container lids must not be removed until food is to be served
3. Ice cream sent to wards in trolleys should be placed in ward kitchen freezer immediately on arrival. Where a kitchen freezer is not available the ice cream should remain in the insulated container and should be served at the end of that meal. All unused ice-cream must be disposed of.

4. On no account should any food from the patients' food trolley be stored at ward level, with the exception of date-stamped pre-packed products. If patients are out of the ward at meal times, please contact the catering staff to make alternative arrangements
5. All unused food must be returned to the main kitchen or central wash-up, or disposed of via a waste disposal unit. No unused food must be kept on the ward. **Staff must not consume food or drink intended for patients**

Patients menu cards should be kept for 7 days to aid investigation should a food-borne outbreak occur

6. Patients and visitors must not be allowed into ward kitchens.

Exceptions may apply where patients are in hostel type accommodation where self-catering is encouraged

Patients' Food

Relatives should be discouraged from bringing in 'high risk' foods [see below] and are restricted to providing commercially available products, which are date stamped and labelled with the patient's name. Any deviation from this for patient benefit must be documented in the patients notes. A record should be made of the food eaten, the date and time of consumption, and where it was purchased or made

Microwave Ovens

Any microwaves in care areas are for staff use only and must not be used in ward areas to reheat patients' meals. The exception to this is the Apetito microwave provided for regeneration of Apetito meals.

Windows

Kitchen windows must be closed at all times except where insect proof mesh is on windows.

High Risk Foods

Definition: Foods which, under favourable conditions, support the multiplication of pathogenic bacteria and are intended for consumption without further treatment that would destroy the

pathogens. Such foods are usually ready to eat, high protein, moist foods which require refrigeration.

They include:

- cooked meats and cooked meat products, including gravy and stock
- unpasteurised milk, cream, custards
- cooked eggs
- egg and dairy products, unpasteurised soft cheeses
- cooked poultry
- shellfish and other ready to eat sea foods
- cooked rice
- pre-mixed raw vegetable salads, such as coleslaw.

5.2 TAKE-AWAY FOODS: GUIDELINES

Aim: To ensure that take away foods are dealt with in a safe manner to prevent food related illnesses

This document must be read in conjunction with 'Preparation and serving of food and beverages on wards - Guidelines' in NHS Borders Infection Control Policy Manual and Guidelines for Training Kitchens where applicable.

Standards

1. It is important that staff and patients are aware that patients may be susceptible to acquiring infection from take-away foods or foods brought in from out with healthcare premises
2. A record should be made in the patient's notes of the food eaten, the date and time of consumption, and where it was purchased. This is to allow access to a full food history, in the event of the patient(s) suffering from symptoms of food poisoning,
3. If several patients have eaten a meal from the same place this may be recorded in the ward diary as a single entry
4. The temperature of the food must be recorded before consumption. Hot food must be above 63°C. Take-away food not reaching this temperature **must** be discarded. (Seek advice from catering department with regard to food temperatures of that prepared and delivered from NHS Borders kitchens)
5. Food should not be reheated or saved
6. The food should be consumed immediately after purchase
7. If patients / relatives insist food is saved/consumed against advice, this should be documented in the patient's nursing notes

It is the responsibility of the Ward / Departmental Manager to draw these guidelines to the attention of their staff.

5.3 WARD BARBEQUES: GUIDELINES

Aim: To undertake barbeques in a safe manner to prevent food related illnesses

Before arranging a barbeque, please contact catering department for advice to ensure compliance with food hygiene legislation.

In view of the risks associated with handling and cooking of raw meat products, in particular the risk of infection with *E.Coli* 0157, ward staff are required to follow the guidelines listed below when arranging a barbeque for patients / residents.

Standards

1. The ingredients must be supplied by a Hospital catering department, who will purchase them from an approved supplier (either Scottish Health Service Supplies or locally approved)
2. The catering department will cook all raw ingredients (meat only) to a core temperature of 75°C and then blast chill immediately after cooking
3. Where cooking of raw ingredients has been approved to support rehabilitation activities, this must be organised with the catering manager. It is a requirement for the member of staff supervising the cooking process to have a current elementary food hygiene certificate. Food temperatures must be recorded and sent to catering department [note: the core cooking temperature from raw must reach 75°C and reach 82°C for reheating
4. The catering department will wrap the cooked and chilled product in foil and send to the Ward/Department in an **insulated container at a time as close to the event time as possible.** (Container to remain closed until the start of the barbeque)
5. Ward staff should prepare the barbeque in the normal way, using the precooked and chilled ingredients supplied by the catering department
6. The Ward Staff must ensure a high standard of personal hygiene before handling the cooked food and then cook the food on the barbeque to provide the colouring/final cooking. A digital thermometer reading (which can be supplied by the catering

department) must be taken to ensure that the core temperature of the item reaches 82°C, and must be recorded. Once this has happened, the food is ready for service. If there is any food left over from the barbeque it must be discarded as soon as possible

A second reheat is not permissible.

5.4 WARD REFRIGERATORS: GUIDELINES FOR USE

Aim: Ensure that food is stored in a safe manner within a refrigerator, to prevent food related illnesses

Standards

1. The ward food refrigerator will be maintained by the Estates staff and cleaned and defrosted by the General Services staff or as per local policy
2. It is important that all faults are reported immediately to the Engineering Department by the Nurse in Charge
3. All reported faults must have an agreed deadline for rectification and progress monitored
4. The food refrigerator should operate between 1-4°C. The temperature must be recorded minimum twice daily and a record kept. Inform Estates department if the refrigerator temperature is operating out with 1-4°C [note: fridge temperature recordings should be made during periods of minimal activity when the fridge door has been closed for at least 2 hours; usually early morning and mid evening.
5. Freezer temperatures should operate between -12 and -18°C. The temperature should be recorded minimum once per day following the same principles as for refrigerators, and a record kept.
6. Recording sheets need to be returned to the catering department at the end of each month
7. All food and drink must be covered while in storage
8. All items must be used in rotation. Food or drink must never be consumed after use-by date or best before date
9. Large quantities of food must not be allowed to accumulate. Orders must only be placed for actual requirements. All surplus food must be disposed of
10. Food or drink purchased by staff or patients must be sealed and labelled with the date and name of the owner. Sufficient food for that day's use only should be brought in and stored

11. The Nurse in Charge has the responsibility of ensuring that the refrigerator is checked at the end of evening shift and that items incorrectly labelled, stored or out of date are disposed of
12. Drugs or specimens must not be placed in the food refrigerator
13. Raw poultry and shell eggs must not be stored in the refrigerator.

Shell eggs may be stored in training kitchen refrigerators only, for the purpose of teaching patients how to hard boil eggs. Eggs must be boiled for a minimum of 7 minutes.

5.5 HOSPITAL FOOD PREPARATION AREAS: HYGIENE POLICY

Aim: Food is prepared in a safe manner to prevent food related illnesses

Every year thousands of people suffer from food-borne illness. A few, especially the very young, the elderly or the infirm will die. Many of our patients are particularly at risk. Healthcare staff must provide a high standard of food hygiene to ensure that food poisoning is prevented.

All food handlers in healthcare premises must be provided with sufficient knowledge and training to ensure that their work methods minimise the risks of a food poisoning outbreak.

The training currently available is the Royal Environmental Health Institute of Scotland (REHIS) Elementary Food Hygiene Certificate Course held at the Borders General Hospital and presented by catering department.

Standards

The application of Hazard Analysis Critical Control Point (HACCP) is a legal requirement and therefore all food handlers within NHS Borders must be able to identify all steps in their activities which are critical to ensuring food safety and to ensure that adequate safety procedures are identified, implemented, maintained and reviewed on the following principles:

- analysing the potential food hazards in their catering operation
- identifying the points in these operations where food hazards may occur
- deciding which of the points identified are critical to food safety: "the critical points"
- identifying and implementing effective control and monitoring procedures at those critical control points
- reviewing the analysis of food hazards, the critical control points and the control and monitoring procedures periodically.

The main purpose of such controls is to eradicate, as far as possible, the likelihood of food poisoning occurring as a result of improper handling of food.

One way to minimise this risk is to identify the ten most common risks of food poisoning and to ensure that they do not occur in our food premises.

For further information or advice on HACCP please contact the Catering Manager at BGH.

The ten main risk factors for food poisoning

1. Food prepared too far in advance and stored at room temperature, i.e. not under refrigeration.
2. Cooling food too slowly before refrigeration.
3. Not reheating food to high enough temperatures to destroy food poisoning bacteria.
4. The use of cooked food contaminated with food poisoning bacteria.
5. Undercooking.
6. Not thawing frozen poultry for sufficient time.
7. Cross-contamination from raw food to cooked food.
8. Storing hot food below 63°C.
9. Infected food handlers.
10. Use of leftovers.

Personal hygiene

A high standard of personal hygiene is very important to prevent the food handler contaminating food. To prevent contamination, the food handler must ensure that:

- smoking is prohibited in any room in which food is prepared or stored

- food handlers must wash their hands regularly throughout the working day, and especially:
 - after visiting the toilet
 - on entering and re-entering the food room
 - between handling raw and cooked food
 - after eating, smoking, coughing, sneezing or blowing their nose
 - after handling waste food or refuse
 - after handling cleaning chemicals
- fingernails should be kept short and clean. Nail varnish may contaminate food and therefore should not be used. False nails must not be worn
- food handlers should not eat sweets, chew gum, taste food with their fingers or unwashed spoons or blow on china or glass to polish it
- cuts, spots and sores should be completely covered by a waterproof dressing (colour blue) available from your place of work
- food handlers should not wear earrings, watches, jewelled rings or brooches
- a clean blue disposable apron should be worn when preparing, cooking or serving food
- clean protective clothing must be worn at the commencement of each working day and replaced more frequently should heavy soiling occur. Under no circumstances should outdoor clothing and personal effects be brought into food rooms.

Cleaning

The maintenance of high standards of cleanliness in all areas is given a high priority by NHS Borders, particularly in areas in which food is handled.

Cleaning schedules must clearly outline the frequency which cleaning is to be carried out, the materials to be used including chemicals, the method to be used and the standards to be achieved. It is, therefore

essential that personnel who are asked to carry out such tasks are made aware of the content of the cleaning schedule for their area.

The level of cleanliness will be monitored daily by the Nurse in Charge or General Services Supervisor responsible for a particular area.

It will be the responsibility of the Charge Nurse or General Services Supervisor to check that Kitchen Audits are being completed monthly, and to check periodically that the standards of cleanliness highlighted in the cleaning schedules are being met.

Pest control

Food Handlers discovering an infestation should get expert advice immediately, by contacting Estates Department, who will call in specialists if necessary. Common pests include insects, flies, wasps, cockroaches etc, birds, mainly feral pigeons and sparrows, and rodents.

Reasons for controlling pests include:

- the prevention of the spread of disease
- the prevention of wastage of food
- the prevention of damage (fires and flooding caused by gnawing electric cables or pipes)
- to comply with the law

Good housekeeping

To reduce the risk of infestation, ensure that:

- premises and refuse areas are kept in a clean and tidy condition. Lids are always kept on waste bins, which should be washed after emptying, together with the surrounding area. Waste must not be allowed to accumulate
- food on display or awaiting preparation is always kept covered
- spills are cleared away promptly
- food is stored off the floor and clear of walls to facilitate regular inspection. Stock should be checked regularly and damaged stock removed

- food is stored in rodent-proof containers and lids are always replaced
- all deliveries of raw materials, packaging and laundry are checked to ensure their freedom from infestation
- drains are kept clean and in good condition, a water trap is always maintained and gullies have tight-fitting metal grills
- vegetation covering the immediate outside access to the food premises should be removed
- sightings of pests or pest damage are reported to management immediately.

Temperature control

Food must be delivered, stored, cooked and served at the correct temperatures to ensure the minimum risk of food poisoning. At various “critical points” the temperature of the food must be monitored and recorded, to ensure the maintenance of standards.

Digital Probe Thermometers must be used where a built in device is not supplied.

Delivery

When testing incoming high risk food the points to bear in mind are that the temperature immediately below the surface of the food (not wrappings) should be taken as well as core temperature. The higher of the two temperatures should be recorded on the monitoring sheet.

Refrigerator temperatures (1°C - 4°C,)

Routine monitoring of fridge units will be taken minimum twice daily by using the fridge thermometer provide or built in display.

Freezer temperatures (-18°C)

Where freezers have their own built-in temperature recording devices these will be recorded minimum twice daily. Probe thermometers should be used once a week to verify these results. When the probe is used its use should be highlighted in the remarks column of the temperature monitoring sheet.

FOR DAY UNITS:

Contact Catering Manager, Borders General Hospital for advice concerning any aspect of the Food Hygiene Policy