

# TRUST FOOD & FLUID HYGIENE POLICY

<b>Department / Service:</b>	Catering -Trust Wide
<b>Originator:</b>	Head of Facilities
<b>Accountable Director:</b>	Director of Nursing and Midwifery
<b>Approved by:</b>	Trust Infection Control & Prevention Committee
<b>Date of Approval:</b>	31 <sup>st</sup> May 2018
<b>Review Date:</b>	31 <sup>st</sup> May 2020
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All Departments
<b>Target staff categories</b>	All Staff

## Purpose of this document:

This policy provides the overall objectives of Food Hygiene within all areas and departments of the Trust, their responsibilities and associated policy documentation.

## Key amendments to this Document:

Date	Amendment	By:
April 2012	Extension of expiry until the end of July 2012 following discussion/agreement at the Food & Nutrition Group.	V Harris
June 2012	Extension of expiry until the end of September 2012 due to cancellation of TIPCC meeting.	H Gentry
July 2012	Originator	V Harris
July 2012	Director of Asset Management Ref 3.4, 3.5	V Harris
July 2012	ISS Catering added Ref 4.5	V Harris
July 2012	Trust removed Ref 4.4, 4.5, 4.6, 4.7, 4.8.1	V Harris
May 2015	Originator	M Long
May 2015	Accountable Director & Approved By removed	M Long
May 2015	Removed sentence in Ref 1., 6.1.	M Long

May 2015	Removed PEAG Ref 4.3,	M Long
May 2015	New format Ref 13 populated	M Long
August 2017	Document extended for 6 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
April 2018	Change of originator represent change in AMIT Structure	E Bridge

**References:**

Code:

Food Hygiene (England) regulations 2006.	
Food Safety Act Updates & Amendments	
Regulation (EC) 852/2004	
DoH Chilled & Frozen Guidelines on Cook-Chill and Cook-Freeze Catering systems	

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## 1. Introduction

Almost all the food and beverages that are consumed may become infected with micro organisms that are harmful to human beings and can cause serious food poisoning. In a normal, healthy person, such an illness may not be serious, but in hospital patients who are already ill or those who are handicapped by age or infirmity it can be serious and may even be dangerous.

## 2. Scope of the Policy

- 2.1** This Policy determines the overall food hygiene objectives of the Worcestershire Acute Hospitals NHS Trust. It is a statement of commitment to ensure the highest levels of food safety are achieved at all levels of the organisation.
- 2.2** The Trust wholly accepts legal duty to comply with the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2006 (Temperature Control Schedule 4- EU Regulation No.852/2004), the content of which is regarded as a minimum requirement. In accordance with relevant legislation, the Trust shall carry out its business safely & hygienically and operate with due diligence at all times.
- 2.3** The Trust has a statutory duty to:-
- Identify and prevent food safety risks at all stages in the preparation and serving of food using the principles of HACCP (Hazard Analysis Critical Control Point)
  - Carry out food activities in a safe & hygienic way.
  - Comply with the rules of hygiene.
  - Supervise, instruct and provide appropriate training for food handlers.

## 3. Definitions

**Food Hygiene** - All measures necessary to ensure the safety, soundness and wholesomeness of food at all stages from procurement, storage, production, post production storage and distribution of manufacture until its final consumption.

**Food Handler** - Any person who, directly or indirectly, handles food and fluids.

**Contamination** - The adulteration of food by microbial pathogens, chemicals, foreign matter or spoilage which may affect or compromise the safety of food.

**Food Poisoning** - An illness normally characterised by acute diarrhoea and/or vomiting caused by the ingestion of food contaminated with pathogenic micro-organisms. This is a notifiable illness.

**HACCP** - Hazard Analysis Critical Control Point – formal system of identifying hazards i.e. risk assessment associated with food.

**CCP** - Critical Control Point. The point at which if control is lost an incident may occur.

**Monitoring** - A planned sequence of observations or measurements to assess whether a CCP is under control.

#### 4. Responsibility and Duties

##### 4.1 Chief Executive

The Chief Executive on behalf of the Trust has primary legal and moral responsibility for ensuring that the Trust has an appropriate Food Hygiene Policy and ensures the organisation works to the best practice and complies with all relevant legislation.

##### 4.2 Director of Nursing & Midwifery

The Director of Nursing & Midwifery is responsible for ensuring that effective arrangements are in place for the development and management of the policy.

##### 4.3 Infection Prevention and Control Team

The Infection Prevention and Control Team work in conjunction with the catering departments on all sites, to ensure they identify and challenge any issues in meeting compliance with national standards or legislation in relation to the provision of catering services and take appropriate action to achieve and maintain compliance.

The team will also assist in monitoring compliance through audit, inspection and the PEOG forums, advise in matters relating to the prevention or control of infection and to review the services of both internal and external service providers

##### 4.4 Director of Asset Management

- Ensure that policies are implemented appropriately and there are audits that comply with legislation.
- Ensure appropriate review of the services, either in line with/ as a result of changes in practice, organisational change in structure or legislation.

- Ensure the requirements set out in this policy are followed
- Shall delegate the day to day service for food safety to the Trust Catering Managers respectively and Head of Facilities, PFI & Contracts.

#### 4.5 Catering Manager and Head of Facilities

The Catering Manager & Head of Facilities are accountable to the Director of Asset Management and responsible for:-

- Ensuring Departmental Managers adhere to the Food Hygiene Policy, codes of practice, procedures and work instructions in their respective areas.
- Obtaining advice and support from the Trusts Infection Prevention Service and other regulatory bodies e.g. Environmental Health Officer (EHO).
- Obtain advice and support from the external NHS approved food safety auditing body – Supply, Training Services Ltd
- Ensuring that recommendations from infection prevention and visiting enforcement officers are acted upon.
- Making available suitable and sufficient resources to ensure that the policy can be implemented within their respective departments.
- Reporting to the Director of Asset Management on any environmental hygiene hazards, which cannot be controlled within budget.
- Ensuring that controls derived from risk assessments are monitored and that food safety risks are adequately controlled.

#### 4.6 Ward/Departmental Managers

Ward/Departmental Managers accountable to Heads of Service/Matron are responsible for implementing and maintaining codes of practice, procedures, work instruction and records derived from risk assessments where the absence of such instruction would seriously affect food safety.

#### 4.7 Supervisors - Catering Services

Supervisors are accountable to the Departmental Managers/Catering Manager and are responsible for the;

- Day-to-day responsibility of food safety.

- Prevention of food contamination, ensuring that all food is stored, prepared and served in a safe and hygienic manner.
- Ensure that staff obey personal hygiene rules, particularly in relation to hand washing, protective clothing and the reporting of infections.
- Ensure that the Trusts systems and records in relation to food safety are maintained.

#### **4.8 Nurse in Charge**

The Nurse in charge accountable to the Ward Manager is responsible for:-

- Food safety at the point of service on a daily basis.
- Preventing food contamination, ensuring that all food is stored, prepared and served in a safe and hygienic manner.
- Ensuring that staff obey personal hygiene rules, particularly in relation to hand washing, protective clothing, reporting of infections.

#### **4.9 Employees**

Employees shall conduct themselves in a safe manner and in accordance with the Trust's Food Hygiene Policy, where appropriate make themselves familiar with and conform to codes of practice, departmental procedures, work instructions and records.

Co-operate with their manager in discharging their duties as described under the Food Hygiene (England) Regulations 2006 (Temperature Control under Schedule 4) EU Regulations No.852/2004. .

Employees must participate in any training programme organised on their behalf by their manager.

Adhere to the correct hand washing procedure as illustrated in all hand wash areas.

#### **4.10 Volunteers**

Will be required to undertake and pass food hygiene training commensurate with their duties.

### **5. Equality requirements**

This policy has been screened using the Equality Impact Assessment checklist. No issues have been identified which would adversely affect any racial or diverse group. (see Appendix 2)

## 6. Policy Detail

### 6.1 Training

All catering staff irrespective of grade or status employed by the Trust will receive hygiene training at local induction,

### 6.2 Occupational Health Services

The Occupational Health Services will carry out a pre-employment check on all employees, which will include where appropriate, consideration under food hygiene. Trust Managers will be responsible for ensuring that all temporary employees receive health screening & induction training in hygiene prior to commencing work.

### 6.3 Hazard Analysis and Critical Control Point (HACCP)

The Worcestershire Acute Hospitals NHS Trust will comply with the requirements to identify and control food hazards.

HACCP is designed to establish a process control over the production of food from the procurement of supplies to the point of consumption. It provides a disciplined and structured approach to identifying, assessing, eliminating and controlling those areas, which are critical to the safety of food.

Where a hazard cannot be eliminated procedures will be introduced that ensure hazards are controlled. All Critical Control Points (CCP) will be monitored and recorded to provide evidence that systems are being correctly managed.

### 6.4 Purchasing

Goods and services intended for the catering service will be procured from nominated suppliers in accordance with detailed purchasing specifications, through regional, divisional or local contractors.

Pre-requisites held in Catering Managers Office and ISS Catering

### 6.5 Goods Received and Storage

Trained employees using the appropriate procedure will receive all incoming goods. Goods shall not be stored or processed until they have been inspected or verified as conforming to specification. A rejection procedure will operate for all goods, which do not comply with the prescribed specification.

See Policies & Procedures Documentation held by Catering Manager and ISS Catering Manager.

## 6.6 Temperature Monitoring

The Catering Manager & ISS Catering Manager will be responsible for ensuring all storage/cooking temperatures are monitored following the HACCP procedures and recorded in accordance with Food Safety (General Food Hygiene) Regulations 1995 and the Department of Health Cook-Chill Guidelines.

See Policies & Procedures Documentation held by Catering Manager and ISS Catering Manager.

## 6.7 Preparation

All preparation will take place on suitable working surfaces and under hygienic conditions in such a way as to prevent the risk of contamination and minimal handling in the designated area for the product.

See Policies & Procedures Documentation held by Catering Manager and ISS Catering Manager.

## 6.8 Service of Food

### 6.8.1 Patient Food Service

Bulk Meals – Heat Safe plastic containers of food are placed into insulated food reheating mobile hostess trolleys. The food is reheated to a minimum temperature as recommended in the Department of Health Cook Chill and Cook Freeze Guidelines on Catering Systems and the trolleys are transported by catering staff to the wards. The food should be temperature checked prior to leaving the Catering Department then transferred to the top of the trolley by the catering assistant as soon as the ward level staff are ready to distribute the meals to the patients.

Ward Food & Fluid Hygiene Policy – (see Appendix 1)  
Also Policies & Procedures Documentation held by Trust Catering Manager and ISS Catering Manager.

### 6.8.2 Retail Service

Hot food will be displayed at a temperature greater than 63°C. Cold foods in refrigerated display must be maintained below 8°C unless intended to be sold within four hours. Hot food left over from service will be disposed of. Any relevant cold food not subject to refrigerated display and left over from service will be disposed of.

## 6.9 Ward Kitchens Environmental Hygiene

Ward kitchens will be kept clean and maintained in a good state of repair. Food contact surfaces, equipment, food storage areas, utensils and refrigerators must be entirely clean and dry, visibly clean from dirt, grease and food debris.

Ward Food & Fluid Hygiene Policy – (see Appendix 1)

### **6.10 Ward kitchens safe hygiene practices**

The Ward Manager is ultimately responsible for ensuring proper control of food services at ward level by nursing staff and staff engaged in food handling.

Ward Food & Fluid Hygiene Policy – (see Appendix 1)

## **7. Financial risk assessment**

This policy has been assessed for financial implications using the Trust checklist and no financial implications have been identified. (see Appendix 3)

## **8. Consultation**

- 8.1** All policies will conform to the Trust's standard structure and format and other requirements, as per Trust Policy for Policies (the development, approval and management of key documents WAHT-CG-001).
- 8.2** All draft policies will be circulated to key stakeholders and representative of the target audience for comment prior to finalisation and before being submitted for approval.

## **9. Approval process**

- 9.1** The final draft will be checked to ensure it complies with the correct format and all supporting documentation has been completed appropriately.
- 9.2** The policy and procedures will be submitted to the Trust Infection Prevention and Control Committee for approval before document code and version number will be confirmed and the policy released for placement on the Trust intranet and hard copy production.

## **10. Implementation arrangements**

- 10.1** The Ward Food and Fluid Hygiene Policy (Appendix 1) will be circulated to all key staff, ward and departmental areas with food preparation or beverage points.

## **11. Dissemination process**

This policy will be circulated via the Catering/Head of Facilities and Matrons for dissemination in the directorates.

## 12. Training and awareness

To ensure all personnel who undertake the service of food and fluid or who are in any way associated with the service of food and fluid must be trained to the level of competence commensurate with their duties and be fully aware of their legal responsibilities.

### 13. Monitoring and compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
Section 7 in Appendix 1	The service of meals to patients	Audits	28 per year	Monitoring Team	PEOG, Catering Manager, Ward Managers	Up to 40 per year
6.9	The environment and estate	Forms part of general and environmental cleanliness audits	Ongoing	Monitoring Team and Infection Prevention and Control	Catering Manager, Ward Managers	After each audit
4.1, 4.4, 4.5	Compliance with the Food Safety Act. DoH Chilled & Frozen Guidelines on Cook-Chill and Cook-Freeze	Inspections	1 Yearly	Worcestershire Regulatory Services EHO	Catering Manager	1 per year
Section 7 in Appendix 1	Patient satisfaction with food service and quality	Questionnaires	12 per year	Catering Dept	PEOG. Trust Nutrition and Hydration Committee	12 per year
4.5,	Compliance with the Food Safety Act.	Spot Checks	As required	Catering Dept, IPCT, Ward Staff	Catering Manager	As required
6.6	Temperature monitoring of food	Monitoring	At every food service	Catering Staff	Catering Manager	Daily
6.1	Staff competence	Monitoring, training	On-going	Catering Manager	Head of Facilities, Estates and PFI Training and Development	On-going

**14. Development of the Policy**

This policy has been developed using Trust information relating to document control, including the Policy for Policies (WAHT-CG-001) and has been sent for approval by the Trust Infection Prevention and Control Committee. This policy will be reviewed after 2 years

**15. Appendices**

- Appendix 1**      Ward Food & Fluid Hygiene Policy
- Appendix 2**      Equality impact assessment
- Appendix 3**      Financial risk assessment

## Appendix 1

# WARD FOOD & FLUID HYGIENE POLICY

<b>Department / Service:</b>	Catering	
<b>Originator:</b>	Catherine Cox	Catering Manager
<b>Accountable Director:</b>	James Longmore	Director of Asset Mgmt
<b>Approved by:</b>	Director of Infection Prevention & Control for Chair of Trust Infection Prevention & Control Committee	
<b>Date of approval:</b>	xx <sup>th</sup> May 2018	
<b>First Revision Due:</b>	20 <sup>th</sup> August 2014	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	Wards and departments	
<b>Target staff categories</b>	All ward and departmental staff	

## Purpose of this document:

This policy provides the information describing the need for Food Safety within a ward/departmental kitchen, who is responsible for the kitchens, the guidelines for their use and the service of meals to patients.

## Key amendments to this Document:

Date	Amendment	By:
July 2012	Accountable Director	V Harris
July 2012	Micro-organisms Ref 1	V Harris
July 2012	Treatment Centre Ref Appendix 1	V Harris
July 2012	All beverage item must be individually wrapped Ref App 3	V Harris
July 2012	48hrs asymptomatic (Food Safety Guidelines) App 5	V Harris
May 2015	Removal of Approved by	C Cox
May 2015	Amended PEAG in Ref 7.	C Cox

## References:

Code:

Food Hygiene (England) Regulations 2006	
Food Safety Act, Updates & Amendments	

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**Appendix 5** Personal Hygiene

## 1. Introduction

Almost all the food we eat may become infected with micro organisms that are harmful to human beings and can cause serious food poisoning. In a normal, healthy person, such an illness may not be serious, but in hospital patients who are already ill or those who are handicapped by age or infirmity it can be serious and may even be dangerous.

“ONE CARELESS MISTAKE BY A FOOD HANDLER IN  
AN OTHERWISE PERFECT KITCHEN  
CAN CAUSE AN OUTBREAK OF FOOD POISONING”

Prevention is possible by careful attention to personal cleanliness and in all work carried out in kitchens including Ward Kitchens.

## 2. Scope of the Policy

This policy applies to all staff who have access or potential access to ward kitchens and will include nursing staff, catering staff, housekeeping and domestic staff, medical staff and other clinical/non clinical staff.

The Ward Kitchens on the three sites, Alexandra Hospital, Kidderminster Hospital and Worcestershire Royal Hospital, are operated differently due to the method of service employed at each unit (see **Appendix 1**). However there are general guidelines on the service of meals to patients that are essential to all three units to ensure food safety (see **Appendix 2**), the use of ward kitchens (see **Appendix 3**) and the correct use of ward based refrigeration (see **Appendix 4**).

## 3. Responsibility and Duties

The Ward Manager has overall responsibility for maintaining the standard of food hygiene in ward kitchens, however this is in conjunction with the Housekeeping staff on each ward ensuring that all surfaces and equipment are cleaned correctly and maintained in a hygienic state.

The Infection Prevention and Control Team work in conjunction with the catering departments on all sites to ensure the Trust identify any challenges in meeting compliance with national standards or legislation in relation to the provision of catering services and take appropriate action to achieve and maintain compliance.

The designated manager for each site and relevant supervisors are responsible for checking that the hygiene standards are maintained at a sufficient level to ensure they meet Food Safety standards.

All personnel who have access to the ward kitchens must be aware of the importance of maintaining high standards of both personal (see **Appendix 5**) and work area hygiene.

#### **4. Risk**

Non conformity to both personal and area hygiene standards can result in legal and financial consequences as well as the loss of trust from patients using the hospitals.

The Environmental Health Departments responsible for each hospital have right of entry at all times and non conformity can result in a range of notices & orders which include Improvement Notices, Prohibition orders, Emergency prohibition notices & orders and Remedial action notices being served. The serving of these notices can ultimately result in closure of the kitchen/s, prosecution and custodial sentences.

A food related outbreak within a hospital can damage the image of that unit significantly and if proved that it was caused by incorrect hygiene practices could potentially lead to a civil prosecution being brought against the Trust.

#### **5. Consultation**

This document along with the responsibilities associated with it needs to be distributed to all parties involved in the service of patient meals or beverages and the use of ward kitchens to ensure that they are fully aware of their individual and collective responsibility.

They should have the opportunity to consult on the document and put amendments forward taking into account their views and suggestions to ensure that it is fully supported by all stakeholders.

#### **6. Training and awareness**

To ensure all personnel who undertake the service of food and fluid or who are in any way associated with the service of food and fluid must be trained to the level of competence commensurate with their duties.

#### **7. Monitoring and compliance**

All aspects of ward based, personal and service hygiene practices must be monitored on a regular basis.

Monitoring of this compliance is the responsibility of the ward manager who must record and document any non compliance.

To ensure that the correct level of hygiene practices are maintained at all times audits must be undertaken as part of the ward based PLACE visits, housekeeping &/or catering visits and Environmental Health visits. A daily check should be undertaken by a senior member of the ward staff.

Any non compliance must be recorded, submitted to the appropriate department for investigation which may lead to disciplinary action.

The results of patient and customer feedback surveys and questionnaires will indicate the effectiveness of the food safety system (for example whether the temperature of food served is satisfactory).

## **8. Development of the Policy**

This policy will be reviewed after 2 years

## **9. Appendices**

**Appendix 1** Operating differences

**Appendix 2** Service methods

**Appendix 3** Use of ward kitchens

**Appendix 4** Ward based refrigerators

**Appendix 5** Personal Hygiene

## Appendix 1. Operating Differences

### Alexandra Hospital and Kidderminster Treatment Centre.

The ward kitchens at these two units are for the provision of basic catering requirements including the storage of chilled food items, beverage & toast making, limited washing up by hand & mechanical means.

### Worcestershire Royal Hospital

The ward kitchens on this unit are for more complex catering requirements including the storage of food trolleys & patient's meals including chilled, frozen and ambient food items, the regeneration of the meals, the washing up of all patient cutlery and crockery by mechanical means and the provision of toast and beverages.

## Appendix 2. Service Methods

The Catering Staff will load the food regeneration trolley's and deliver to the wards when the food temperatures have reached the correct temperature (75c or above) and the meals are ready for service. (No untrained health care staff to probe food). Catering staff sign the temperature record sheet to confirm that time and temperature records are correct.

The ward should begin service of meals to patients immediately on receipt of the food trolley to their area. Delays in service could lead to both bacterial growth and food quality deterioration. Keep the oven door on the trolley closed to keep spare hot food hot, if this is not the case food will lose temperature rapidly.

Patients should be made ready before the meal service starts and given the opportunity to refresh themselves and to clean their hands.

Staff hands should be cleansed and disposable gloves worn before serving patients' meals and replaced during the service of meals, especially if any delays or breaks occur during that time.

Jewellery should not be worn or covered by gloves, during food service.

A disposable apron (green) should be worn by all staff involved in the service of meals to patients and an oven cloth used where appropriate.

The retaining of hot patients' meals is strictly prohibited, meals **must not** be kept to one-side at ward level for re-heating and neither must ready prepared meals be brought in and reheated by untrained staff using a microwave oven. If a patient is having problems with their meals or menu selections the Catering Department should be contacted immediately.

All food waste must be returned to the catering department by the member of catering staff on a trolley for disposal.

### Appendix 3. Use of Ward Kitchens

Food should be prepared on a clean, dry surface. Ideally, separate areas should be specified for individual tasks. The thorough cleaning of the surface between each use is particularly important in ward kitchens. Where food is prepared, an appropriate sanitizer must be used. Use of sanitizers must be communicated to the control of infections manager.

It is recommended that in the interest of safety and prevention of cross contamination only authorised ward personnel be allowed access to the ward kitchens. However, if necessary, patients and visitors access to ward kitchens must be controlled by the nurse in charge of the ward who should ensure that this procedure is followed.

Staff are not allowed to eat or drink beverages in ward kitchens other than a glass of water.

As part of the quality monitoring of the food service it is necessary for the Matrons to carry out food testing. This would normally take place in the ward area but due to circumstances it could be carried out in the ward kitchen. At all times whether in the ward area or ward kitchen those involved in the testing of food must adhere to all personal & food hygiene regulations.

Outdoor clothing, shoes, etc. must not be stored or left in ward kitchens.

Where waste food (swill) is bagged, it must be double bagged and kept in a plastic bin awaiting collection; food must be removed from wrappers, packaging, etc. Leftover food should be discarded after each meal and **never** retained for re-heating, feeding pets, etc. Non food waste must only be placed in the appropriately coloured sack in the sack stand. Bins and sacks must be suitably marked to indicate use and bins should have tight fitting lids.

Rubbish and waste food must not be allowed to accumulate in ward kitchens and all waste must be removed after each meal service.

Where an in-cup beverage machine is in use, this machine must not be used for warming items or for drying cloths, etc. Loaded cups must always be kept covered and spares, other than in the feed columns, must not be stored in the top-dispensing unit. Cups, once used, must be discarded. All beverage items must be individually wrapped.

Disposable cutlery must be discarded after use.

Leftover food from the patient meal service, (including ice cream) should be discarded at the end of each day or after each meal service, as appropriate.

Patients should not be allowed access to the refrigerator unless for specific reasons agreed by the nurse in charge of the ward. Ward based staff must handle the containers in and out of the refrigerator to assist patients and reduce the risk of cross contamination.

Drugs, specimens, or blood for transfusions must **NOT** be stored in a food refrigerator.

Cook-chill food being held within ward kitchens must be held within a dedicated fridge (lockable) which will maintain the products between 0°C - +3°C.

Milk transferred from the milk dispensing machine into covered jugs, etc., must be stored covered in the refrigerator and, in normal circumstances, discarded at the end of the day. When stored for longer periods (e.g. defective milk dispensing machine) the date coding must be placed on each container.

Non-perishable food, e.g. coffee, biscuits, etc., belonging to patients and staff must be kept in a cupboard identified for this purpose. This cupboard must be regularly checked for cleanliness and old containers properly disposed of without delay. Sugar in bowls, when not in use must be kept covered.

Bread stocks must be checked daily and stock with the current days "best by" date must be disposed of after evening meal service.

All opened dry food must be stored in pest-proof containers (e.g. plastic containers with a tight-fitting lid). Dry foods must also be regularly checked for date expired products, pest infestation and stock rotation.

Butter and margarine in use must be stored in pest-proof containers.

Cans that are damaged should be returned to the catering or stores department. Once open the remaining contents of any can must be decanted into a suitable lidded food container (and dated) and the can disposed of with care.

Domestic pets and feral cats must not be allowed into the ward kitchen

Pet foods, etc., must not be kept in any ward kitchen or food store and staff must not have any contact with pets / animals in the vicinity of the hospital.

Chipped or cracked plates, jugs, cups, etc. must be discarded (via the main kitchen if appropriate).

Equipment, cups etc. should not be placed on windowsills and, where possible, worktops should be kept clear.

Flowers, plants, etc., must not be kept, watered or prepared in the ward kitchen.

Only preparation of food provided by the catering departments must be

prepared in the kitchen.

On no account should bread and other food scraps be fed to the birds.

#### **Appendix 4. Ward Based Patient Refrigerators**

Ward food refrigerators should only be used to store food items and not to store drugs, samples of blood or specimens.

Food must not be stored beyond the 'use by' or 'best before' date, where stated. If no date can be found on packaging then label the item with the date that it was brought onto the ward and discard within 24 hours.

Food must be stored at 5°C or below; this temperature should be monitored and recorded.

Only food for patients' use should be stored. Under no circumstances should staff food be stored in the ward patient refrigerator.

Whilst food brought in for patients is not encouraged, if it is, then it must be labelled with (name, date, description) covered and kept under the same conditions as any internally supplied food.

Food that has been prepared at home will not have a 'best before' or 'use by' date on it, therefore, label the food item with the date the item was brought onto the ward and discard after 24 hours.

Any food not conforming to the above storage guidelines must be brought to the attention of the senior ward member of staff.

Chilled meals for re-heating, raw eggs, raw meat/fish or soft cheese must not be stored in the ward refrigerator.

Temperatures of refrigerators must be either taken manually by ward staff once a day and recorded or checked once a day and recorded electronically. All temperatures should be retained for 6 months.

#### **Appendix 5. Personal Hygiene**

Good personal hygiene begins with individual personal hygiene that must be maintained at all times to a high standard.

Hands must be washed before handling food, upon entering a food room / ward kitchen and in between tasks.

Designated wash hand basins must not be used for any other purpose other than washing hands.

Soap and suitable means to dry hands must be provided (paper towels or hot air blower).

Smoking is illegal in the ward kitchen and is a prosecutable and dismissible offence.

A blue waterproof dressing must be used to cover cuts and skin infections.

Staff with skin, nose, throat or bowel infections must report this to the nurse in charge, supervisor or manager immediately, who in turn should refer them to Occupational Health Department.

They must not handle food until 48 hours asymptomatic (Food Handlers: Fitness to Work 2009).

Staff uniform must be worn and be in a clean hygienic condition while at work.

Where appropriate staff must wear suitable head covering.

Staff must wear closed-in non-slip shoes with flat soles.

Staff fingernails must be short, clean and free from nail varnish.

Staff may wear a wedding band and discreet interlocking sleeper earrings; no other jewellery is permitted for food handlers.

## Appendix 2 - Equality Impact Assessment Tool

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

**Appendix 3 - Financial Risk Assessment**

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	