

## Food Hygiene for Ward/Department Kitchens Policy

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### **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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December 2024 Amend advice in Appendix 4 Advice for cake sales and posh tea parties which are not provided or procured from UHL patient or retail catering services.

### **KEY WORDS**

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Food Hygiene

Ward Kitchens

Department Kitchens

## 1. INTRODUCTION AND OVERVIEW

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- 1.1 This document sets out the University Hospitals of Leicester Trust (UHL) Policy and Procedure for the standards of food hygiene practice required in ward kitchens. This will depend on the type of food and drink preparation undertaken in the particular areas.
- 1.2 Managers need to be aware that the Food Safety Act 1990 and the regulations relating to food safety legislation apply to all NHS premises and sites where food services are provided.
- 1.3 The Patient's, staff and the general public will be protected from infection caused by food and water related illnesses. This Policy includes guidance on food storage and cleaning relating to any food related equipment.

## 2. POLICY SCOPE

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- 2.1 This Policy applies to all members of staff working with in UHL ,and provides all mangers and staff with consistent advice on the standards of food hygiene practice required in ward kitchens.
- 2.2 The Policy applies to all clinical Wards and Departments Kitchens where food is supplied by the hospital for storage or preparation for consumption by patients, staff and visitors
- 2.3 This Policy also applies to any Trust appointed contractors , all members of the general public including Patients and Relatives
- 2.4 The Policy does not apply to rehabilitation and assessment kitchen areas. A separate detailed policy (Therapeutic Kitchens UHL Occupational Therapy Policy C221/2016) has been prepared for these areas.
- 2.5 The policy also applies to any UHL staff member or Department who plan to provide charity cake/bake sales events of posh afternoon tea sessions outside of procuring the items from UHL Patient or Retail catering services.

## 3. DEFINITIONS AND ABBREVIATIONS

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<b>Food:</b>	The definition of food to be applied includes food supplements, drinks and ice.
<b>Food handler:</b>	Any person who handles food as part of their duties. This term encompasses staff involved in the transportation and service of foods as well as food production staff.
<b>Non catering staff food handlers</b>	This includes all staff who handle foods to be consumed by others as part of their duties. This group includes all staff who are involved in the food chain from receipt to service. It will include nursing and ward based staff who make beverages, serve drinks and food, assist patients to eat, porters who transport food trollies, volunteers who make beverages and assist patients to eat.

<b>High Risk Foods:</b>	Ready to eat foods that will support the growth of pathogenic bacteria. These types of foods include cooked meats, sandwiches, dairy cream cakes, prepared salads, meat dishes, samosa's and bhaji's
<b>Drinking (Potable or Wholesome) water:</b>	Safe to drink and acceptable for use in the preparation of food or drinks.

## **4. ROLES**

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### **4.1 Chief Executive**

4.1.1 The Chief Executive has overall responsibility for food safety and food hygiene matters within the Trust.

### **4.2 Director of Estates, Facilities and Sustainability**

4.2.1 The Director of Estates Facilities and sustainability is the Executive Lead responsible to the Trust Board for co-ordination of food safety and food hygiene matters. He/she will ensure the following.

- a) that suitable arrangements are in place to maintain and monitor standards of food safety and food hygiene within the Trust;
- b) work with other senior managers such as the Chief Nurse to ensure that standards of food hygiene in all areas are maintained;
- c) that an annual report is provided as to the state of food hygiene within the Trust to the Trust Board and other updates as appropriate;
- d) that competent advice on food safety and food hygiene is obtained;

### **4.3 Associate Directors of Facilities**

4.3.1 The Associate Directors of Facilities will ensure that the wards kitchens and equipment are maintained in a suitable condition for patient catering services and comply with current legislation and advise the Trust where there are areas of non-compliance so these can be prioritised with all other Trust risks.

4.3.2 The Associate Director of Facilities will support the Director of Estates, Facilities and Sustainability and will provide the Trust with professional advice on patient catering, housekeeping and related issues;

4.3.3 The Associate Director of Facilities will monitor follow up on reports from the local authority or internal food hygiene audits relating to patient catering.

4.3.4 The Associate Director of Facilities provide information of food safety monitoring for patient catering to the Director for Estates and Facilities.

4.3.5 The Associate Director of Facilities will be responsible for ensuring that all Patient Catering Service staff achieve the minimum standard of food hygiene training as Mandatory to their roles. This includes refresher training as necessary.

#### **4.4 Associate Director Health, Safety and Compliance**

- 4.4.1 The Associate Director Health, Safety and Compliance will ensure that the Trust employs a competent adviser on food safety and food hygiene and catering standards;
- 4.4.2 The Associate Director Health, Safety and Compliance will ensure that the monitoring activities provided by the external adviser are appropriately targeted and utilised.

#### **4.5 Ward sister/Charge nurse or Departmental manager**

- 4.5.1 The ward Sister/Charge Nurse or Department Manager, in conjunction with Estates and Facilities has responsibility for food hygiene practices in their area. This is to ensure compliance with all aspects of Food Hygiene Legislation that is relevant to the area. The duty to carry out the action may be delegated to an appropriate member of staff by the ward sister/charge nurse or department manager.
- 4.5.2 The ward Sister/Charge Nurse or Department Manager 'is responsible for making alternative arrangements following any problem identified with any aspect of the ward kitchen, indicating that either all or part of the kitchen and/or equipment does not meet required standards.
- 4.5.3 The ward Sister/Charge Nurse or Department Manager, is responsible for ensuring that any person using the ward kitchens are trained in the use of the kitchen equipment.

#### **4.6 Food Safety Specialist**

- 4.6.1 The food safety specialist will in conjunction with the Associate Director of Health, Safety and Compliance will undertake the following
  - a. Inspect all ward and departmental kitchens and provide a written report on their findings.
  - b. Provide professional support and advice to the Trust on food safety and food hygiene
  - c. Assist the Trust to formulate policies and procedures on food safety and food hygiene
  - d. Assist the Trust to Identify potential food safety hazards;
  - e. Assist the Trust to Identify measures that may be used to control these hazards;
  - f. Assist the Trust to Identify critical control points;
  - g. Assist the Trust to implement monitoring and recording systems to assess the effectiveness of critical controls.
  - h. Assist the Trust with the development of strategic plans to ensure statutory compliance to ensure that the Trust achieves the status of an exemplary provider in respect of food safety and food hygiene;
  - i. Assist the Trust with the provision of necessary support to operational managers to ensure that food safety standards are maintained;
  - j. Assist the Trust with the appointment of suitably qualified technical staff and advisers to ensure the Trust continues to be informed as to best practice and current legislation.

## **4.7 Infection Prevention**

- 4.7.1 The infection prevention team will support the food safety policy mainly via the Senior Infection prevention nurse embedded within estates.
- 4.7.2 The infection prevention team will support any investigations into food borne outbreaks of infection.
- 4.7.3 The infection prevention team will support CMG's where needed with actions around improving food hygiene compliance in wards and departments.
- 4.7.4 The infection prevention team will support the two Associate Directors of Estates and Facilities and the Food Safety Specialist with any audits of ward kitchens and departments.

## **4.8 Patient catering manager**

- 4.8.1 The patient catering manager will support the Assistant Director of Estates and Facilities in providing professional advice on patient catering.
- 4.8.2 The patient catering manager will ensure that all patient catering staff are appropriately trained in food safety practices.

## **5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

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### **5.1 Design Criteria for Ward Kitchens and Regeneration Areas**

- 5.1.1 The aim of design of ward kitchen areas is to provide the minimum practicable equipment necessary for the satisfactory operation of the area. This will reflect the nature of the activities to be carried out. General advice is given below. Specific advice can be obtained from the Trusts Food Safety Specialist or Infection Prevention Team .
- 5.1.2 Every ward kitchen must be provided with information which clearly sets out the following key information for ease of reference this must be kept in a readily accessible location within the kitchen - See notice located on appendix 1 and 2
  - a) The name of the Sister/ Charge Nurse or Department Manager who is responsible for the maintenance of food hygiene standards in the area;
  - b) Who is allowed to use the area.
  - c) What activities are permitted in the area.
  - d) The cleaning tasks within the area together with a clear statement of who is responsible for their satisfactory completion. See appendix 2

### **5.2 Ward / Department Kitchen**

- 5.2.1 These areas may be used to provide patient catering services as agreed by the Trust.
- 5.2.2 These areas may be used to prepare snacks (e.g. toast, soup), drinks and the storage of foods.
- 5.2.3 All internal finishes must be sound and capable of being cleaned.
- 5.2.4 All food preparation surfaces must be smooth, impervious, easy to clean and durable. All new kitchens installed and any refurbishments will be done using stainless steel work surfaces and cupboards.

- 5.2.5 Splash backs should be provided to the rear of sinks, work surfaces and wash hand basins.
- 5.2.6 A double sink with double drainer is preferable for washing up or a dish washer.
- 5.2.7 A hand wash basin with elbow or wrist operated taps must be provided in the area complete with soap dispenser and paper hand towels.
- 5.2.8 A foot operated waste bin with a lid must be provided for the disposal of domestic waste.
- 5.2.9 The ward or department kitchen should contain a commercial refrigerator with a food simulant thermometer. The refrigerator must be capable of maintaining food temperatures at 5°C or below during normal usage. A larder unit is preferable as this allows suitable space for chilled foods so fridges are not overcrowded. The temperature must be recorded in the fridge temperature book twice daily and a record made of actions taken where temperatures fall outside normal range.
- 5.2.10 Any equipment which does not stand on work surfaces shall either be mobile to facilitate cleaning or wall mounted.
- 5.2.11 A supply of potable drinking water is to be provided to the sink. This will be through a single cold tap rather than a mixer tap. The drinking water supply tap must be marked "Drinking Water".
- 5.2.12 A Trust supplied microwave for heating milk and cereals. Steamplivity microwaves cannot be used for this purpose.
- 5.2.13 The area should be large enough to accommodate a beverage vending trolley. If the kitchen will not accommodate a beverage vending trolley, an alternative appropriate place must be sought.
- 5.2.14 Cupboards and base units should be kept to a minimum. Cupboards and base units sufficient for the storage of food and crockery and equipment associated with food service only. Storage of clean crockery under a sink unit is not recommended.
- 5.2.15 A conventional cooker is not permitted.
- 5.2.16 An ice making machine or water cooler of a design approved by the water safety committee is allowed. A service and maintenance contract must be arranged at time of purchase (UHL Cleaning and Decontamination Policy B5/2006).
- 5.2.17 All cleaning equipment in the kitchen and disposable plastic aprons must follow the national colour code – Currently this is green for kitchens and food hygiene. Cleaning equipment shall be filled, emptied and cleaned in an appropriate cleaners room.
- 5.2.18 If the area has windows that open and there is a risk of food contamination due to ingress of flying insects suitable fly screens must be installed. They must be kept closed at all times.

### **5.3 Regeneration Point**

- 5.3.1 The location of regeneration points needs to be carefully considered. Normally they will be in ward kitchens, specific ward regeneration areas or main kitchen areas. Where this is not practicable, the area must be agreed with the Trusts' Fire Safety Adviser and Environmental Health Adviser / Officer. It may also be necessary to consult with Building Control in certain circumstances.

5.3.2 The regeneration area should not be sited next to toilets, bathrooms or dirty utility rooms or other potential sources of contamination.

5.3.3 The regeneration area must have the following facilities:

- a) A hand wash basin with elbow or wrist operated taps must be provided in the area complete with soap dispenser and paper hand towels.
- b) The area must be adequately ventilated.
- c) Cleanable/impervious wall surfaces must be provided.
- d) Splash back to the wash hand basin must be provided.
- e) A foot operated waste bin with lid must be provided.
- f) A non-slip, easy to clean floor must be provided.
- g) Electrical supply to facilitate food regeneration and service supplies.

5.3.4 If the area has windows that open and there is a risk of food contamination due to ingress of flying insects suitable fly screens must be installed. They must be kept closed at all times.

#### **5.4 Drinks / Beverage Point (When this is not possible in a Ward Kitchen)**

5.4.1 This type of area is to be used only for the preparation of drinks and the storage of foods.

5.4.2 All internal finishes must be sound and capable of being cleaned.

5.4.3 All drink preparation surfaces must be smooth, impervious, easy to clean and durable, e.g. stainless steel.

5.4.4 Splash backs should be provided to the rear of sinks, work surfaces and hand wash basins.

5.4.5 A double sink with double drainer is preferable for washing up or a dish washer.

5.4.6 A hand wash basin with elbow or wrist operated taps must be provided in the area complete with soap dispenser and paper hand towels.

5.4.7 A foot operated waste bin with a lid must be provided for the disposal of domestic waste.

5.4.8 A commercial refrigerator with a food simulant thermometer should be available. The refrigerator should be capable of maintaining food temperatures 5°C or below during normal usage.

5.4.9 Any equipment which does not stand on work surfaces shall be mobile to facilitate cleaning.

5.4.10 A supply of potable water is to be provided to the sink. The drinking water supply tap shall be marked "Drinking Water".

5.4.11 A Trust supplied microwave for heating milk and cereals. Steamplicity microwaves cannot be used for this purpose.



5.4.12 The area should be large enough to accommodate a beverage vending trolley.

5.4.13 Cupboards and base units should be kept to a minimum. Cupboards and base units sufficient for the storage of food and crockery and equipment associated with patient food service only. Storage of clean crockery and food contact disposable under sink unit is not recommended.

## **5.5 Hazard Analysis : Food Safety**

5.5.1 A model hazard analysis system for ward kitchen areas is included as Appendix 1. It is intended that this model would be adapted for local use, printed, laminated and made available in each area for reference.

## **5.6 Patients in isolation**

5.6.1 Disposable crockery is not normally required unless the patient requires Strict Isolation Precautions prevention transmission of infection and isolation policy (B10/2012).

5.6.2 Food may be delivered to patients in isolation in the normal way using a tray.

5.6.3 After the meal, the crockery, leftovers and tray are placed into a clear plastic bag or put directly into the trolley and hands cleaned. Where patient are in Strict Isolation, the crockery and cutlery will be disposed of into clinical waste, in the isolation area.

5.6.4 Where the main hospital kitchens do not provide a facility for the washing of jugs, glasses, cups and saucers or the ward does not have a dishwasher, these items may be taken in a clear plastic bag to the ward kitchen for washing. They must be washed separately. Particular care must be taken to ensure that they are washed in detergent and hot water, rinsed in hot water and dried thoroughly.

## **5.7 Dishwashing**

5.7.1 It is recommended that where possible, washing up should be carried out centrally. If washing of crockery or utensils is carried out at ward level suitable facilities for washing up shall be provided. Green aprons and green heavy duty gloves must be worn while washing up in hot water. Where a dishwasher is installed it must be used and operated in accordance with manufacturer's instructions.

5.7.2 If a dishwasher is available it must be used for dishwashing. Domestic type dishwashers are not suitable for a hospital environment and a commercial dishwasher must be purchased. Detergents selected for use with the dishwashing machine must be of a type formulated for that use. The ward or department must ensure supplies of detergents and rinse aids are available at all times.

5.7.3 Final rinse temperatures must be high enough to ensure that items are dry as they are taken out of the machine or air dry by evaporation within four minutes.

5.7.4 It is the responsibility of the Ward Sister/Charge Nurse or Departmental manager to ensure the users of dishwashers are trained to follow the manufacturer's instructions concerning:-

- Loading and unloading the machine, measuring detergents, etc, setting the required programme and switching on and off.
- Cleaning of dishwasher.

5.7.5 An annual maintenance service agreement must be in place from time of purchase

5.7.6 Always scrape food and pre rinse crockery and cutlery before placing in the dishwasher.

#### 5.7.7 Daily tasks

- Check levels of detergent and rinse aid and change as necessary
- Empty and drain down the dishwasher – Remove any food debris that may be present
- Clean baskets and any filters present with approved kitchen sanitising product
- Clean exterior of machine with approved kitchen sanitiser

#### 5.7.8 Weekly tasks

- Empty and drain down machine
- Remove spray arms –Check operating manual how to do this as this varies by machine
- Clean interior of machine with approved kitchen sanitising product

#### 5.7.9 Periodic Tasks

- Refill salt as required
- Descale machine as required using approved product.

5.7.10 Dishwasher manuals and further information for the two most common machines used across UHL can be found in the links below. If these do not cover the models speak to patient catering or infection prevention.

[Maid Aid C525WS](#)

[ecomax F504 \(ecomaxbyhobart.com\)](http://ecomaxbyhobart.com)

## 5.8 Washing Up

5.8.1 If a dishwasher is not provided a double bowl stainless steel sink with double draining boards should be provided.

- All Patient crockery and cutlery and other utensils or equipment should be returned to the main hospital kitchens for washing in the industrial dishwasher
- The only patient equipment that can be washed in the ward kitchen are plastic water jug, glass, feeder cups and cup holder and specialist adaptive cutlery.
- Washing up should be undertaken using hot water and neutral detergent (hospec)
- They should be rinsed in the second sink in hot water
- Staff should wear green domestic washing up gloves and disposable apron to undertake washing up

5.8.2 Whatever the method of washing used it is essential that all utensils are adequately dried after use. Normally it is allowed to air dry. Where this is not possible crockery will be dried with a disposable paper towel. Fabric tea towels or sponges are not permitted.

## 5.9 General cleaning in the ward Kitchen

5.9.1 A cleaning schedule shall be prepared for each ward kitchen a copy must be available within the area. This document must clearly identify on the “Notice of responsible for maintenance of patient kitchen” Appendix 2:-

- Who or what group of staff is responsible for each cleaning task;

- The frequency of every cleaning task including high level cleaning of walls and ceiling;

5.9.2 Separate cleaning equipment must be used for the ward kitchens. These materials should be stored separately from general purpose cleaning materials used in the ward. The use of disposable cleaning materials is recommended. All cleaning materials must be colour coded in accordance with the Department of Health colour code. The colour of cleaning cloths, scourers, gloves and buckets to be used for kitchen areas is green.

## **5.10 Use of Ward Kitchens: General Provisions**

- 5.10.1 Access to the kitchen must be controlled by the ward Sister/Charge nurse or Department manager.
- 5.10.2 Eating of food or drinking of beverages by staff and visitors in ward kitchens is strictly forbidden.
- 5.10.3 No one must ever sit on worktops in the ward kitchens.
- 5.10.4 Animals are not allowed in kitchen areas and separate facilities for the storage of pet food and for the cleaning of feeding bowls, etc., should be provided.
- 5.10.5 No plants or flowers are allowed in kitchen areas.

## **5.11 Food brought in by Patients and their Relatives/ visitors**

5.11.1 Patients and patients' relatives may only use the kitchen for the preparation of food after obtaining authorisation from the ward sister/charge nurse or department manager. Patients and relatives must adhere to the same regulations as members of staff.. The ward sister/charge nurse or department manager must ensure that this advice is followed. The ward team should assess each individual patient for neutropenia and follow the Trusts policy on the Nutrition and Dietary Management of Neutropenic patients B28/2008

The Trust advises that the following foods are not brought into hospital

- Raw and cooked meat and poultry for example chicken, ham, beef, corned beef, smoked meat, salami
- Foods with cooked meat, for example, sausage rolls, pate, scotch eggs, pasties and meat pies
- Dairy produce, for example, yoghurt, mousse, custard, milk and cream or cream products for example, trifles, cream cakes unless long life
- Shellfish for example, cooked prawns in prawn cocktail
- Pre-packed sandwiches (all filling types)
- Cold rice and pasta for example, rice or pasta salads
- Food eaten raw, for example, sushi
- Raw eggs including eggs in their shells, cooked eggs and egg products
- Unpasteurised milk and milk products for example, soft unpasteurised cheese and blue cheeses, yoghurt
- Unwashed fruit, salad and vegetables
- Ice cream
- Takeaway meals for example, pizza, beef burgers, kebabs, Curry, Chinese meals

Further information can be found in a patient information leaflet on bringing foods into hospital [A guide to the types of food you can bring into hospital for patients](#)

5.11.2 Patient food brought in by the patient or relatives will not be allowed in the ward

kitchen refrigerator if not in date, or incorrectly packaged (see appendix 4)

- 5.11.3 Where relatives are planning to bring food they need to be encouraged to discuss it with the ward staff. A leaflet is available detailing further information on the types of foods allowed into hospital for patients.
- 5.11.4 If Chilled foods are brought in they must be transported from the time purchased to the hospital in cool bag with ice packs to ensure that they stay cool. They should be preferably stored in the original packaging or completely sealed.
- 5.11.5 If chilled foods that are not to be consumed immediately are brought in, please ensure that they are given to a member of the nursing staff for storage in the ward refrigerator. Food must then be labelled with the patient's name and the date and retained for consumption for 24 hours. After 24 hours foods will be thrown away irrespective of use by date. Please note that ward staff are instructed not to accept food that has an expired use by or best before date.
- 5.11.6 Due to the limited amount of space in the ward refrigerators, relatives are asked to limit the amount of food brought in to 1 meal at a time.
- 5.11.7 We discourage the supply of hot foods by relatives because of the food safety risks involved. Therefore facilities for reheating food at ward level **are not** provided.
- 5.11.8 All chocolate, confectionary, biscuits, cakes (except those with a cream filling) or fresh fruit can be brought into hospital. All fresh fruit brought in must be thoroughly washed prior to being placed in the fridge or given to the patient for consumption.
- 5.11.9 If the patient is on a therapeutic diet e.g. diabetes, allergy, renal or metabolic the ward team should take additional advice from the ward dietician for the individual patient.

## **5.12 Staff**

- 5.12.1 It is recommended that a separate refrigerator be provided for staff to use for the storage of their own food ideally situated in the staff room. Staff food in the ward refrigerator must be in date and stored in a sealed clean container, labelled with their name and date to be consumed. The storage of staff food within ward kitchens should be restricted to food intended for consumption at work that day.
- 5.12.2 Patient food must take priority over staff food. The ward refrigerator must never be overstocked or full due to staff food items. Staff food must be kept on the lower shelves and patient food on higher shelves.

## **5.13 General Food Storage**

- 5.13.1 All foods must be stored in appropriate storage conditions in accordance with their manufacturer's recommendations. All high risk foods must be stored in the refrigerator. Under no circumstances will their storage at room temperature be permitted.
- 5.13.2 Storage of food under the sink unit is not permitted. Food items must be stored away from chemicals
- 5.13.3 All foods will be subject to good stock rotation. New stock will be checked for their expiry date and placed below or behind older stock. All foods will be checked to ensure they remain within their expiry date. Any food which has passed the manufacturers expiry date will be discarded. This includes NG/Enteral feeds. The ward nursing team should stock order, rotate and control levels of standard oral nutritional supplements. The ward pharmacy team should stock order, top up, rotate and control levels of specialist oral nutritional supplements and enteral feeds ordered on eMEDS by

the ward Dietician following individual assessment of patients.

- 5.13.4 The contents of open packets of dry goods must be stored in clean, suitable storage containers with a tight fitting lid the date code on the original container should be marked on the container.
- 5.13.5 The stock levels within ward kitchen must be kept to the minimum practicable levels.
- 5.13.6 Foods and food contact equipment shall be stored in separate cupboards / units to cleaning chemicals. It is recommended food, food contact disposables and clean crockery not be stored in cupboards/ unit under any sink/drainer.
- 5.13.7 Chemicals used in the kitchen such as neutral washing up liquid, dishwasher detergent, Sanitizer powder, shall be stored in their original container (Control of Substances Hazardous to Health Policy Trust Ref: B10/2002). On no account will they be decanted into food containers.
- 5.13.8 No food or materials are to be stored on the floor.
- 5.13.9 Patient snacks will be stored in clean, lidded suitable containers and be refrigerated if recommended in the manufacturer's storage instructions.
- 5.13.10 No food that has been into a bed space of an isolated patient will be allowed to be stored in the ward kitchen.

#### **5.14 Food Service**

- 5.14.1 The service of food supplied by the catering department must be carried out as quickly and efficiently as possible. This requires the co-operation of the catering department and ward staff. To facilitate clear communication and co-ordination the following is recommended:-
- 5.14.2 A clear schedule of ward service times and arrangements should be agreed between the catering department and ward staff;
- 5.14.3 The catering department will ensure that :-
  - a) Regeneration trolleys or other regeneration equipment e.g. microwave oven must be capable of reheating food to a minimum of 75°C at the slowest heating point; or 82 °C for steamplicity food service
  - b) Regeneration trolleys and hot line food service systems must maintain hot food temperatures above 63°C upon delivery and service;
  - c) Regeneration trolleys and food service systems must maintain cold food service temperatures 5°C or below upon delivery and service.
- 5.14.4 Where food service systems are based upon the use of microwave oven for regeneration the foods shall be regenerated in the microwave oven specified by the supplier of the food and **NO** other unit. The use of non approved microwave ovens to regenerate patient foods may lead to undercooking and serious risk to patients health.
- 5.14.5 Foods should be served as quickly as possible after accepting responsibility for the food trolley or microwave oven. Food trolleys must only be opened by a member of staff who is trained and competent in Food Hygiene.
- 5.14.6 Hot foods may be consumed up to one hour after service to accommodate slow eaters

and patients who need assistance. After this period any remaining hot food will be thrown away.

- 5.14.7 Cold foods served to patients should be consumed within one hour or thrown away. Where there is a defined need for foods such as sandwiches to be available in a ward area out of hours sandwiches shall be placed directly in the refrigerator by catering staff.
- 5.14.8 Ice cream must always be served frozen and never refrozen once it has started to thaw. Ice cream must be eaten within one hour or will be thrown away. Ice cream can be ordered via catering and must be placed in a freezer before it can melt.
- 5.14.9 Where patients require a modified consistency diet. This will be provided via the patient catering department. Details on how to order is contained in the catering folders on the ward. There are three menus- Level 4 (pureed) Level 5 (minced and moist) and Level 6 (soft and bite sized)
- 5.14.10 The communal use of preserves is not allowed. These must be provided in individual portion packs.
- 5.14.11 Staff involved in the service of food to patients must wear a clean green disposable plastic apron dedicated solely for food service. They must thoroughly wash their hands before putting on the apron prior to commencing food handling activities.
- 5.14.12 Where patients are away from the ward at meal times undergoing routine, non-emergency tests etc., the Catering Manager will ensure that adequate arrangements are made for the provision of late meals. The ward should use provisions at ward level and / or organise an alternative meal with the catering department or be provided with a snack box.
- 5.14.13 Patients must be offered opportunity to clean their hands prior to food services.
- 5.14.14 Ward staff members will ensure the patient's bed table is clean and clear of any obstructions prior to any food and beverages services.
- 5.14.15 Where ward kitchens are used to regenerate food at patient mealtimes only staff involved in the cooking process will be allowed to use the kitchen at this point. All other members of staff must refrain from using the kitchen at this point.
- 5.14.16 Departments that receive a bulk order of sandwiches such as clinics and some wards must ensure that a record is kept of which sandwich goes to individual patients. The patient's number must be used so they can be traced in the event of any problems. A sandwich traceability form can be found in appendix 5

## **5.15 Use and Installation of Equipment in Ward Kitchens**

- 5.15.1 The selection of equipment for use in ward kitchens must be carefully considered. No electrical equipment is to be provided/purchased without prior consultation with Estates and Facilities and Infection Prevention. All equipment to be installed in the kitchen must be mobile or wall mounted to facilitate cleaning.
- 5.15.2 Equipment must be installed and used in accordance with the manufacturer's instructions. A copy of the manufacturer's instruction manual will be kept in a conveniently accessible position in the kitchen. Specific advice is given below on the use of equipment that may be expected to be provided in a ward kitchen.
- 5.15.3 Any equipment used in ward kitchens will be provided or approved by the Trust and

safety tested accordingly. No unauthorised equipment shall be provided and redundant condemned equipment must be disposed of in accordance with Trust policies (Waste management Policy Trust Reference: A15/2002).

## **5.16 Microwave Ovens**

- 5.16.1 Microwaves must not be used for reheating or boosting the heat of patient's meals unless this is carried out by trained /competent staff as part of a food service system based upon the use of microwave ovens.. They must also not be used to reheat food brought into hospital by patients relatives.
- 5.16.2 The use of dedicated food microwaves are acceptable for heating milk for drinks and cereal for patients (not Steamplicity models)
- 5.16.3 The microwave oven manufacturer's instructions must be followed at all times in use, cleaning and maintenance.
- 5.16.4 Microwave ovens are provided for use for patient service. If staff are allowed access to them for their use they must clean the equipment afterwards. Staff shall not use any microwave oven provided for use in conjunction with a food service system for their own use. Where they use such equipment for patient's food they shall follow the suppliers instructions on regeneration.

## **5.17 Ice making machines / water coolers**

- 5.17.1 Ice making machines and water coolers must be installed and used in accordance with their manufacturer's instructions.
- 5.17.2 Ice machines and water coolers must be of a design approved by the UHL Water Safety Committee and a service and maintenance contract must be arranged at time of purchase. (UHL Cleaning and Decontamination Policy Trust reference B5/2006)
- 5.17.3 Machines requiring manual filling should not be purchased. Machines must be plumbed in to a suitable source of potable water.
- 5.17.4 A plastic scoop must be provided for serving the ice. This will be stored in a clean lidded plastic box between uses. The scoop and the storage box must be cleaned and disinfected daily.
- 5.17.5 Staff must use the scoop provided to remove ice from the machine. They must wash their hands prior to collecting ice.
- 5.17.6 A record of cleaning and routine maintenance must be documented.
- 5.17.7 A laminated notice with the cleaning and decontamination protocol must be available for staff in the kitchen.

## **5.18 Refrigerators**

- 5.18.1 The operating temperatures of ward refrigerators must be monitored twice daily and in the Trust log book. These books are available from the catering department
- 5.18.2 A 20/20 food simulant refrigerator/freezer thermometer must be present in all units to facilitate temperature checks. These are available via the catering department.
  - This should be fixed in the middle shelf of the refrigerator half way back. The operating temperature of the refrigerator should be 5°C or below.

- If the operating temperature is outside this range the unit should be checked again in one hour. If the unit is back in range the temperature should be entered on the record. If the refrigerator temperature reaches 10°C all food and perishable goods must be discarded.
- 5.18.3 Refrigerators that are not operating within the required temperature range following the follow up check must be reported to the Facilities helpdesk (17888). If the unit is incapable of achieving the required temperature criteria it is not be used until it is replaced. The ward Sister/ Charge nurse or Manager is responsible for making alternative arrangements for the storage of high risk foods.
  - 5.18.4 Only staff food to be consumed on site, that day can be stored in the ward refrigerator. Raw meats, raw fish, raw eggs and raw unwashed vegetables must **not** be brought into the ward kitchen. Any staff food must be in a sealed container labelled with the member of staffs name and date to be consumed. Any food not complying with this requirement will be discarded.
  - 5.18.5 Any chilled foods provided for patients must be labelled with the date and patients name (the label must not obstruct the best before / use by dates). Foods must not be stored in the ward refrigerator for longer than 24 hours. Food in the refrigerator should be systematically checked and food that has been stored over 24 hours will be discarded.
  - 5.18.6 No drugs, blood or cold compresses are to be stored in the ward refrigerator.
  - 5.18.7 No raw unprepared foods other than washed fruit may be stored in the ward refrigerator.
  - 5.18.8 Where space is limited in the ward refrigerator, patient's food must take priority.
  - 5.18.9 Ambient nutritional products such as fortisips must not be overstocked in the fridges as this prevents circulation of air.
  - 5.18.10 Food must not be stored in the refrigerator in shopping bags.
  - 5.18.11 Refrigerators specific for staff or parents/relatives food must be labelled accordingly and no patient food will be stored in those refrigerators.

## **5.19 Freezers**

- 5.19.1 The use of freezers in ward areas shall be restricted to those areas with a clearly defined need. Frozen items for patient consumption will be restricted to ice creams/lollies only. These must be provided by the patient catering team and obtained directly from the catering department.
- 5.19.2 The operating temperatures of ward freezers must be monitored daily and recorded in the log book. This should be kept located in the ward kitchens
- 5.19.3 A 20/20 food simulant refrigerator/freezer thermometer is to be installed in the freezer to facilitate this requirement. These are available via catering
- 5.19.4 The operating temperature of the freezer should be below -18°C.
- 5.19.5 Freezers that are not operating within the required temperature range must be reported to the Facilities helpdesk (17888).
- 5.19.6 If the unit is incapable of achieving the required temperature criteria it must be replaced.



- 5.19.7 No drugs, blood or cold compresses are to be stored in the patient food freezer.
- 5.19.8 The storage of frozen foods must be kept to minimum practicable levels. Foods shall be subject to stock rotation.

## **5.20 Beverage Vending Trolleys and Manual Beverage Systems**

- 5.20.1 This type of equipment must be used, cleaned and maintained in accordance with the manufacturer's instructions. They must be filled and cleaned either in the main catering department or ward kitchen. Water used to fill them must be drawn from a suitable potable water supply. (Not from a wash hand basin.)
- 5.20.2 Milk provided for use with a beverage vending trolley or a manual beverage system should be set out in minimum quantities. Milk can be left out at room temperature for a maximum of one hour and then disposed of. It is good practice to mark the time of placement of milk on the trolley to facilitate control of this time. Small jugs or containers should be used for the provision of milk. These should be changed rather than refilled. They must be thoroughly washed prior to re-use. Plastic disposable spoons provided for use with drinks should be discarded after use.
- 5.20.3 A dedicated water jug must be made available to fill beverage machines where automatic water filling is not possible. The jug must not be used for any other purpose. This jug must be washed after use and stored dry between uses.

## **5.21 Pest Control**

- 5.21.1 Any signs of pests or sightings of pests must be reported immediately to the person in charge for that area at the time to the Facilities help desk (17888).
- 5.21.2 On no account must ward staff attempt to treat a pest infestation or problem without the nominated pest control officers express agreement.
- 5.21.3 The eradication and control of pests at ward level shall be carried out as part of the service contract for the hospital site.

## **5.22 Maintenance**

- 5.22.1 Defects in kitchen equipment or fabric must be reported to the Facilities Help desk (17888)
- 5.22.2 Essential planned preventative maintenance of key kitchen equipment, e.g. ice machines, ducts, vents and grills shall be carried out by Estates and Facilities. This work should be included in a planned preventative maintenance programme.

## **5.23 Waste Disposal**

- 5.23.1 All food waste will be disposed of in accordance with the Trust's waste disposal policy (Waste management Policy Trust Reference: A15/2002). Normally plate waste will be returned to the catering department for disposal. Waste in waste bins in ward kitchen must be disposed of at least once a day.

## **6. EDUCATION AND TRAINING REQUIREMENTS**

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- 6.1 The Food Safety and Hygiene (England) Regulations 2013 require that all "food handlers" are trained and/or supervised and instructed in food hygiene commensurate with the needs of their post. All Managers / Matrons shall carry out an objective assessment of the training needs of non-catering food handling staff and ensure that these training needs are fulfilled. The training given to staff shall include

practical instruction of hygiene practices and use of equipment.

- 6.2 It is not intended that all food handlers undergo a formal Level 2 Food Safety in Catering Certificate Course. However, this course is appropriate for staff members who are involved with high risk food preparation. This will include Domestic and catering staff who serve the patient and staff meals, Occupational therapy staff who undertaken kitchen assessments, and those staff who work in the milk kitchen, this list may not be an exhaustive list of staff groups dealing with high risk foods.
- 6.3 Managers should review the food safety training requirements of their staff annually
- 6.4 Volunteers involvement in food handling is limited to assisting patients to eat and provision of beverages. They shall be provided with essential information on food hygiene contained in Appendix 3 sections 1, 2, 3, 5, 8 and 9. This will be in the form of an information sheet.

## **7. PROCESS FOR MONITORING COMPLIANCE**

<b>Element to be monitored</b>	<b>Lead</b>	<b>Tool</b>	<b>Frequency</b>	<b>Reporting arrangements Who or what committee will the completed report go to.</b>
Food Hygiene Standards	Associate Director Estates and Facilities	Trust Environmental Health Advisor audit tool	Six Monthly	A report will be generated and circulated to the Head of Nursing and distributed to the wards and departments
Training requirements for Food Hygiene	Ward /department managers and Matrons	Appraisal	Annual	HELM or Appraisal documentation

## **8. EQUALITY IMPACT ASSESSMENT**

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9. SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

[The Food Safety Act 1990](#)

[The Food Safety and Hygiene \(England\) Regulations 2013](#)

[Report of the Independent review of NHS Hospital food 2020](#)

[National standards for healthcare food and drink 2022](#)

## **10. PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

This policy will be uploaded onto SharePoint and will be available for access by staff via UHL Connect. It will be stored and Archived through this system

Unless there is a change in national guidance or a requirement within the Trust this policy will be reviewed every 3 years.

Consultation will be sought at each review from relevant stakeholders such as Infection Prevention, facilities, Nutrition and Hydration Steering Group, and all relevant Clinical Management Groups.

**Food Safety – Hazard Analysis for Ward Kitchens**

**Appendix 1**

**Introduction/Scope**


Food safety legislation requires the operators of food businesses to:-

- Identify potential food safety hazards;
- Identify measures that may be used to control these hazards;
- Identify critical control points;
- Implement monitoring and recording systems to assess the effectiveness of critical controls.

A model hazard analysis system for ward kitchen areas is shown below. It is intended that this model would be adapted for local use, and should be available in each area for reference.

<b>HAZARDS</b>	<b>CONTROLS</b>	<b>MONITORING/ CORRECTIVE ACTION/ RECORDS</b>
<b>PURCHASE</b>		
<ul style="list-style-type: none"> <li>• Food may already be contaminated.</li> </ul>	<ul style="list-style-type: none"> <li>• Buy from be an approved supplier or NHS Supply chain</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Nurses, Ward Manager and Ward Staff.</li> </ul>
	<ul style="list-style-type: none"> <li>• Guidance on patients and relatives food should be observed.</li> </ul>	
<ul style="list-style-type: none"> <li>• Cross contamination from raw to cooked foods.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff and patients are not allowed to bring in raw foods such as meat, poultry, eggs, unwashed produce and fish into ward kitchen.</li> </ul>	<ul style="list-style-type: none"> <li>• Responsibility of all staff.</li> <li>• Checks by Ward Manager.</li> <li>• Reject any high risk food that has been subject to cross contamination.</li> </ul>
<b>FOOD SERVICE</b>		
<ul style="list-style-type: none"> <li>• Bacteria may grow if food is left at room temperature after delivery to the ward.</li> </ul>	<ul style="list-style-type: none"> <li>• Serve food as soon as possible after arrival. Hot food not served within 1 hour must be discarded. If it is to be eaten hot keep it piping hot above 63°C</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Nurses, Ward Manager and Ward Staff.</li> <li>• Food that has dropped to below 63°C may be consumed within one hour. After that time it shall be thrown away.</li> </ul>
	<ul style="list-style-type: none"> <li>• Serve cold food as soon as possible. Chilled foods served to patients and not eaten within 1 hour food must be thrown away.</li> <li>• If there is a defined need for out of hours service high risk foods they shall be placed directly in the ward refrigerator by Catering staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Nurses, Ward Manager and Ward Staff.</li> <li>• If cold high risk foods are not required for immediate consumption store them in the refrigerator.</li> </ul>

HAZARDS	CONTROLS	MONITORING/ CORRECTIVE ACTION/ RECORDS
<ul style="list-style-type: none"> <li>Contamination of food.</li> </ul>	<ul style="list-style-type: none"> <li>Serve food with clean utensils and maintain good standards of personal hygiene. Wash hands before food service and put on green apron.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Nurses, Ward Manager and Ward Staff.</li> <li>Throw away any food that has been contaminated. Obtain clean equipment from main catering department. Send back dirty equipment/utensils for re-clean and disinfection.</li> </ul>
	<ul style="list-style-type: none"> <li>Ward service points should not be in close proximity to toilets, bathrooms or dirty utility rooms.</li> </ul>	<ul style="list-style-type: none"> <li>Re-position regeneration points</li> </ul>
	<ul style="list-style-type: none"> <li>Handle crockery and cutlery by the handle part only.</li> </ul>	<ul style="list-style-type: none"> <li>Obtain replacement equipment/utensils from main catering department. Send back contaminated equipment/utensils for re-clean and disinfection.</li> </ul>
<b>STORAGE</b>		
<ul style="list-style-type: none"> <li>Cross contamination from raw to cooked foods.</li> </ul>	<ul style="list-style-type: none"> <li>Raw foods shall not be accepted into ward kitchens.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Nurses, Ward Manager and Ward Staff.</li> <li>Raw foods to be thrown away immediately. If any high risk food shows evidence of cross contamination having occurred they shall also be discarded.</li> </ul>
<ul style="list-style-type: none"> <li>Growth of bacteria due to chilled/perishable food storage at too high a temperature.</li> </ul>	<ul style="list-style-type: none"> <li>Store high risk foods in the refrigerator working 5°C or below.</li> </ul>	<ul style="list-style-type: none"> <li>Daily recorded temperature check of refrigerator.</li> <li>If readings are too high follow procedure in Ward kitchen Policy</li> </ul>
<ul style="list-style-type: none"> <li>Growth of bacteria due to shelf life abuse.</li> </ul>	<ul style="list-style-type: none"> <li>All food and fluids are rotated. Food and fluids are discarded by the 'Use by or best before date'.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Nurses, Ward Manager and Ward Staff.</li> <li>Daily check on contents of refrigerators. Throw away any unlabelled foods or those whose use by or best before date has expired.</li> </ul>
<b>PREPARATION</b>		
<ul style="list-style-type: none"> <li>Bacteria may grow in high risk foods if they are kept at room temperature.</li> </ul>	<ul style="list-style-type: none"> <li>Do not keep foods at room temperature for more than 1 hour. Foods served to patients must be thrown away if they are not eaten within this time period.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Nurses, Ward Manager and Ward Staff.</li> </ul> <p>If food has been out for more than 1 hour throw it away and get a replacement from catering department.</p>

HAZARDS	CONTROLS	MONITORING/ CORRECTIVE ACTION/ RECORDS
<ul style="list-style-type: none"> <li>Contamination of food.</li> </ul>	<ul style="list-style-type: none"> <li>Handle food with clean hands and equipment. Handle crockery and cutlery by the handle part only.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Nurses, Ward Manager and Ward Staff.</li> <li>Throw away any food that has been contaminated. Obtain clean equipment from main catering department. Send back dirty equipment/utensils for re-clean and disinfection.</li> </ul>
<ul style="list-style-type: none"> <li>Bacteria growth in porridge if left at room temperature.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain good standards of personal hygiene.</li> <li>Prepare just before service in accordance with the manufacturer's instructions. Serve within 1 hour or discard.</li> </ul>	<ul style="list-style-type: none"> <li>Staff to re-wash hands.</li> <li>Senior Nurses, Ward Manager and Ward Staff.</li> <li>Food that has dropped to below 63°C may be consumed within one hour. After that time it shall be thrown away.</li> </ul>
<p><b>Additional Notes</b></p> <p>Keep animals and pests out of kitchen. If you think you have a problem with pests contact the Facilities Help desk (17888) for advice.</p> <p>Wash your hands regularly and wear clean over clothing when preparing food e.g. disposable apron.</p> <p>People who are ill with a tummy upset should not prepare foods for others.</p> <p>Keep kitchen clean and tidy.</p> <p>Guidance for patients and relatives on food to be brought into hospital should be observed</p> <p>If in doubt throw it out. Discard food, which has not been purchased, prepared, cooked and served properly.</p>		

Notice of responsibility for maintenance in

Ward /dept..... Hospital .....

<p>The name of the sister/charge nurse or department manager who is responsible for the maintenance of food hygiene standards in the area</p>	<p>Ward Dept. Sister/ Manager ..... Matron .....</p>
<p>Persons allowed to use the area;</p>	
<p>Activities are allowed in the area</p>	<ul style="list-style-type: none"> <li>• Preparation of warm and cold drinks</li> <li>• Storage of patient snacks</li> <li>• Storage of Patient high risk food in the refrigerator for up to 24 hours</li> <li>• Storage of staff food in refrigerator for up to 24 hours</li> <li>• Washing up of patients glass water jug plastic feeder cups and cup holder</li> <li>• Warming of patient food by trained operatives only in the designated regeneration area using the agreed microwaves</li> </ul>
<p>The cleaning tasks within the area together with a clear statement of who is responsible for their satisfactory completion</p>	
<p>Refrigerator- weekly</p>	
<p>Staff Microwave – after each use</p>	
<p>Beverage trolley - after each use</p>	
<p>Ice machine – weekly</p>	
<p>Patient microwave – after each use</p>	

**1. INTRODUCTION**

The following guidelines are intended to be used by staff members (other than catering staff) who prepare, deliver or handle food in a clinical environment. In order to protect patients and staff from potential food or water borne pathogens this information must be followed.

Staff should ensure that they undergo training commensurate with their role.

**2. FOOD HYGIENE REQUIREMENTS FOR NON-CATERING STAFF**

Food Hygiene Requirements	
No	Action
1.	<p><b>Hand Hygiene</b></p> <p>Hands must be routinely washed with soap and water when entering the kitchen.</p> <p>Hands must also be washed before accessing the following:-</p> <ul style="list-style-type: none"> <li>a) Ice / Ice Machine</li> <li>b) Ice Scoop</li> <li>c) Refrigerator</li> <li>d) Toaster</li> <li>e) Microwave</li> <li>f) Preparing Snacks</li> <li>g) Preparing Beverages</li> </ul> <p>Cuts/burns must be covered with a waterproof dressing e.g. blue plaster</p>
2.	<p><b>Ward Kitchen</b></p> <ul style="list-style-type: none"> <li>a) Kitchen code of practice, food safety notice, model code of practice for ward kitchens, kitchen responsibilities and cleaning information must be adhered to whilst working in the ward kitchen.</li> <li>b) Only authorised staff are allowed to use the ward kitchen area.</li> <li>c) Waste must be disposed of in accordance with the hospital waste policy.</li> <li>d) Do not leave cardigans, coats, and handbags in kitchen.</li> </ul>



Food Hygiene Requirements	
	<p>e) Do not attend to your hair in the kitchen.</p> <p>f) Do not sit on work surfaces.</p> <p>g) Do not eat your lunch or drink in a ward kitchen.</p>
3.	<p><b>Ward Refrigerator</b></p> <p>a) Store all perishable foods in the refrigerator.</p> <p>b) Staff food placed in the refrigerator should be kept to a minimum as the priority is for patient's food.</p> <p>c) Staff food should be kept in clean lidded container with name, date to be consumed advised on a label.</p> <p>d) No food wrapped in shopping bags is permitted. The space in refrigerators is limited therefore only food for consumption on that day is allowed in the refrigerator.</p> <p>e) Refrigerator temperatures are recorded and monitored , Refrigerator operating 5°C or below.</p> <ul style="list-style-type: none"> <li>• If the reading is outside this range; the unit should be checked again in one hour. If the unit is back in range the temperature should be entered on the record.</li> <li>• If the refrigerator temperature reaches 10°C all food and perishable goods should be discarded.</li> <li>• Refrigerators that are not operating within the required temperature range following the follow up check shall be reported to the Facilities helpdesk (17888).</li> <li>• If the unit is incapable of achieving the required temperature criteria it shall be replaced by the CMG.</li> </ul> <p>f) Daily, weekly cleaning regimes to be implemented and maintained.</p> <p>g) Rotate all food and fluids and discard as appropriate.</p> <p>h) Drugs, cold compresses and other medical devices must not be stored in the ward food refrigerator or freezer.</p>
4.	<p><b>Microwaves</b></p> <p>a) Patient's food must not be reheated unless a food service system based upon the use of microwave oven is employed.</p> <p>b) This can only be undertaken by appropriately trained staff</p> <p>c) Must only be used to heat patient's milk.</p> <p>d) Staff should cover their food and clean microwaves after their own use.</p>
5.	<p><b>Beverage Trolley</b></p> <p>a) Only a small amount of milk must be left in the milk jug on the trolley and for no more than one hour.</p> <p>b) The jug must be washed and dried in between use.</p>

## Food Hygiene Requirements

	<ul style="list-style-type: none"> <li>c) Sugar and beverages to be stored in sealed containers on the trolley.</li> <li>d) A dedicated water replenishment jug should be used to fill up the water tank if this is not automatic.</li> </ul>
6.	<p><b>Ice Machine - for human consumption</b></p> <ul style="list-style-type: none"> <li>a) Only 'plumbed in' ice machines are acceptable.</li> <li>b) Hands must be washed before accessing ice.</li> <li>c) Ice must be withdrawn using the scoop provided not hands.</li> <li>d) Ice scoop must be stored in a clean lidded container.</li> <li>e) Daily and weekly cleaning regimes to be implemented and maintained.</li> </ul>
7.	<p><b>Water</b></p> <ul style="list-style-type: none"> <li>a) Drinking water must not be obtained via wash hand basins.</li> <li>b) Water must be drawn from taps marked 'drinking water only'.</li> </ul>
8.	<p><b>Food Service</b></p> <ul style="list-style-type: none"> <li>a) Wash hands and wear a clean disposable green apron, prior to service,, change apron and hands cleaned as required throughout service in line with the 5 moments.</li> <li>b) Serve food to patients as soon as the food trolley has been handed over to the ward (at required temperature).</li> <li>c) Interruptions to service for patient handling assistance – wash hands, wear a new disposable apron before returning to food service.</li> <li>d) Serving food to patients with an infection – follow the precautions as required prior to entering the room, serve food and then wash hands, wear a new disposable apron before returning to food service. It is recommended that Volunteers do not go into isolation bed spaces.</li> <li>e) Handle crockery and cutlery by the handles.</li> <li>f) Do not assist with food service if you are suffering from diarrhoea and/or vomiting (and review the need to be on duty).</li> <li>g) Food waste should be returned to the main kitchen for disposal.</li> <li>h) For patients with food allergies, food service guidance can be found in the ward catering folders</li> </ul>
9.	<p><b>Food Safety</b></p> <ul style="list-style-type: none"> <li>a) No raw foods are allowed in ward kitchens.</li> <li>b) Food must be purchased via reputable source i.e. NHS Supply Chain or approved supplier so is traceable back to source if necessary.</li> <li>c) Follow guidance for food allowed to be brought in by relatives.</li> </ul>

## Food Hygiene Requirements

	<ul style="list-style-type: none"><li>d) Follow model code of practice for ward kitchens.</li><li>e) Adhere to all ward kitchen policies and procedures.</li></ul>
10.	<p><b>Kitchen Colour Coding</b></p> <p>The Trust operates a cleaning colour coding policy to assist with the prevention of cross contamination.</p> <ul style="list-style-type: none"><li>a) Green cleaning cloths, scourers, gloves and buckets must only be used in ward kitchens.</li><li>b) Staff must wear a clean disposable green apron whilst working in the kitchen or serving food.</li></ul>
11.	<p><b>Pest Control</b></p> <ul style="list-style-type: none"><li>a) Any signs of pests must be reported immediately to the ward manager who will inform the nominated estates pest control officer.</li><li>b) Ward staff must not attempt to treat a pest infestation without the express permission of the Estates and Facilities team.</li></ul>

**Guidance for UHL Cake/ food sales**

Foods brought into hospitals have been the source of food poisoning outbreaks in the past. It is necessary to ensure that patients, staff and visitors are protected from the risk of illness. Those staff who are considering organising a cake sale for fund raising etc. should ensure that:

1.	They follow good basic hygiene practice, hand wash before , all equipment clean and in good condition
2.	Foods must not be home made. Ideally to be obtained from the trust nominated suppliers or commercially bought (unopened boxes or packages prior to use)
3.	All foods to be in date
4.	<i>The type of foods to be sold should be restricted to low risk foods i.e. cakes and biscuits.</i> Cakes must not contain fresh cream or raw eggs i.e. royal icing are not acceptable. Foods such as samosas must not be brought in as there is no way of maintaining them at a safe temperature.
5.	No high protein foods should be included i.e. meat or eggs
6.	The foods must be transported in a clean sealable container and on display should not be left uncovered. Food allergen information must be available (this can be found on the food packaging)
7.	The above precautions do not cover the hazards associated with food allergens so it would be advisable to display a precautionary notice advising that the products on sale may contain food allergens such as nuts
8.	When handling food use a non-touch technique , i.e. tongs, a cake slice or clean disposable gloves
9.	Hands must be cleaned after handling money and before touching food
10.	If further clarity is required please discuss planned cake sales with the catering or infection prevention teams.
Any further advice may be obtained from the Food Standards Agency by following this link <a href="http://food.gov.uk/business-industry/guidancenotes/hygguid/charity-community-groups">http://food.gov.uk/business-industry/guidancenotes/hygguid/charity-community-groups</a> “	

## Guidance for UHL Ward Posh tea party

Wards and Departments which are planning a “Posh tea party” need to be aware of the potential risk to patients and must:-

1.	Food not to be home made, ideally to be obtained from the Trust kitchens/ suppliers or commercially bought. Allergen information must be available
2.	Wards to supply foods to accommodate patients with known or likely allergies /intolerances. The nurse in charge is expected to know the food allergy status of their patients. If they have any patient that has a known or suspected food allergy they must seek advice from the dietetics team before any food is served.
3.	Staff giving out foods to be aware of patients dietary requirements
4.	They follow good basic hygiene practice. Hands must be washed before giving out food and all equipment must be clean and in good condition. No chipped or cracked crockery to be used
5.	The type of foods to be sold should be restricted to low risk foods i.e. cakes and biscuits. No cakes containing fresh cream or raw eggs to be served. Please note Royal icing not acceptable as it contains raw eggs.
6.	No high protein foods to be served i.e. products containing meat and eggs
7.	Any unused food should be disposed of immediately after the tea party/cake service
8.	Foods should be prepared for presentation in a hygienic environment with normal hygiene precautions i.e. good hand hygiene, good standards of cleanliness of utensils and work surfaces.
9.	When handling food use a non touch technique i.e. tongs, a cake slice or clean disposable non latex gloves

**Appendix 5 UHL Ward and Department Sandwich Traceability Form**

<b>Date</b>	<b>Ward Department</b>		<b>Catering Fridge Checks Storage and Temp - Is there Sufficient Space in Fridge for air circulation? Fridge Temperature recorded in Fridge Temperature book.</b>			
<b>Number of Sandwiches provided</b>	<b>Cheese Sandwich</b> W      B	<b>Ham Sandwich</b> W      B	<b>Easy Chew Option</b> Egg Mayo W      B	<b>Sandwich Total =</b>	<b>Sandwich Delivery Temperature below 5c</b>	<b>Time</b>
<b>Patient S Number or Name</b>	<b>Cheese Sandwich</b>	<b>Ham Sandwich</b>	<b>Easy Chew Option</b> Egg Mayo	<b>Date on Sandwich</b>	<b>Sandwich To Be Consumed within two hours</b>	<b>Ward Staff Print Name</b>
<b>This Sheet To be Returned to Catering Department Daily, either to a member of the Catering Team or attaching to a CAM Cart clip board.</b>						
<b>Number of Sandwiches Kept in the Ward/Department Fridge</b>	<b>Cheese Sandwich</b> W      B	<b>Ham Sandwich</b> W      B	<b>Easy Chew Option</b> Egg Mayo W      B	<b>Discarded Sandwich Total =</b>		
<b>To be kept with the Food Safety Paperwork for 6 months. Checked By - Supervisors Signature:</b>						