

Therapeutic Kitchens UHL Occupational Therapy Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

V1	January 1991	Approved by Leicestershire Occupational Therapy Services
V2	December 1992	
V3	December 1995	
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V5	May 2001	
V6	October 2002	
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KEY WORDS

Therapeutic kitchen, kitchen assessment, Occupational Therapy, food hygiene

1 INTRODUCTION AND OVERVIEW

‘Everyone who handles food must make sure that it is safe to eat’ (Chartered Institute of Environmental Health, 2014). This Policy sets out the underlying principles of food safety, good practice guidance and procedures required in the Occupational Therapy Therapeutic Kitchen environment in order to ensure patient safety and compliance with the law. Occupational Therapy staff undertaking work with patients in a therapeutic kitchen must ensure they are familiar with this Policy and have attended and passed a Level 2 Award in Food Safety in Catering. Additionally, on commencement with the Trust, Occupational Therapy staff must undertake a Food Hygiene Awareness e- learning package.

- 1.1 NHS Trusts Policy and Procedures for Food Safety Act 1990 and the regulations relating to food safety legislation apply to all NHS premises and sites where food services are provided.
- 1.2 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures to ensure the safety of all patients and staff whilst carrying out therapeutic kitchen activities as part of Occupational Therapy (OT) intervention.
- 1.3 The Policy focuses on a system of risk assessments developed to control the potential hazards within the environment and food handling process.
- 1.4 The policy aims to ensure that OT staff have a level of understanding of food hygiene to ensure an appropriate standard of hygiene and safety is achieved when carrying out therapeutic kitchen activities, and to comply with current food safety legislation.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This Policy applies to all OT staff, including bank and agency staff, and OT students on clinical placement.
- 2.2 All OT staff undertaking therapeutic kitchen activities must attend and pass a Level 2 Award in Food Safety in Catering.
- 2.3 This Policy applies to all adult and paediatric patients who undertake therapeutic kitchen activities as part of their OT intervention.
- 2.4 The principles of good food hygiene within this document can be applied when giving advice on food preparation and to kitchen assessments carried out within the patient's home. Consideration must be given to patient's values and beliefs in their own home however the OT staff should advise the patient of any identified risks and advice should be given appropriately to minimise risks.

3 DEFINITIONS AND ABBREVIATIONS

Contamination - the presence in food of any harmful or objectionable substance.

Hazard – anything that may harm a consumer and may be:

- Microbiological e.g. pathogenic bacteria such as salmonella, which are either found in the food, allowed to grow on the food and are not killed in the cooking process
- Chemical e.g. cleaning fluids which contaminate the food
- Foreign bodies found in the food that have been allowed to enter during the food handling process e.g. glass, soil etc.
- Pests e.g. ants, cockroaches, rodents etc.
- Allergens e.g. nuts, shellfish etc.

Kitchen assessment – the action of determining a patient's competence and safety in undertaking activities of daily living pertaining to kitchen tasks, both in the hospital therapeutic kitchen setting or the patient's own home. This may include physical and/or cognitive functioning.

Therapeutic kitchen activity – any activity that takes place in a therapeutic kitchen relating to the patient's assessment and/or treatment. This may be on an individual basis or in a group setting.

4 ROLES – WHO DOES WHAT

1.5 **Executive Lead** The Chief Executive has overall responsibility for food safety and food hygiene matters within the Trust. In the instance of this policy this responsibility is delegated to the Therapy Head of Service.

1.6 **The Therapy Head of Service** has responsibility for:

- Ensuring compliance with all aspects of Food Hygiene Legislation that is relevant to the area.
- Ensuring staff are aware of local disciplinary policies and procedures that may bear relation to food hygiene procedures.
- Ensuring staff receive training commensurate with their duties.

1.7 **The Therapy Speciality Leads / Therapy Clinical Team Leaders (thereafter referred to as the Manager)** are responsible for:

- Ensuring refrigerator and/or freezer temperature(s) shall be checked and recorded each working day on the temperature checklists – see Section 5.5.
- Ensuring all cleaning is carried out on a systematic basis. To facilitate this, a cleaning schedule must be agreed with domestic services for each kitchen area. This schedule must specify the equipment to be cleaned; materials to be used, methodology to be adopted and the required standard.
- Monitoring the standards of cleaning.

- Ensuring the kitchen must be kept in a good state of repair and any defects are reported.
- Ensuring all signs of insect or rodent pests are reported to the designated officer.

1.8 **Occupational Therapy Staff** are responsible for:

- Ensuring that the correct procedures are followed throughout each session as outlined in this document.
- Ensuring that food is not consumed if they are in any doubt as to the suitability of any food prepared during the session due to shortcomings in any procedures outlined in this document.
- Ensuring they adhere to the Trust's Uniform **and dress code** Policy (Trust ref B30/2010).
- Reporting to their manager if they show any signs of infection, who will advise according to local policy as to how to proceed.
- Ensuring that the kitchen is left clean and tidy for the next session with all the equipment put away.
- Knowing how to contact the local First Aider, if required.

IMPORTANT

If staff are in any doubt as to the suitability of any food due to shortcomings in any process outlined in this document, they should ensure that the food is not consumed

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 GENERAL

HAZARDS

Contamination with food poisoning bacteria

Chemical contamination

Contamination by foreign bodies

Injury to patients or staff

Allergens

- a) It is the responsibility of managers to ensure that the Therapeutics Kitchen Policy and associated operational procedures are included in the induction of all new OT staff, including temporary staff and students.
- b) Managers must also ensure all relevant new starters receive Food Hygiene Awareness e-learning package before they are involved in food handling activities.
- c) Where new starters have already passed a Level 2 Award in Food Safety in Catering or its equivalent it is still necessary for them to receive Food Hygiene Awareness e-learning package.
- d) Food Hygiene and Safety (England) Regulations 2013 require that all staff receive training commensurate with their post. To ensure compliance with these regulations, all staff associated with food handling tasks must attend and pass a Level 2 Award in Food Safety in Catering course as soon as possible or within six months of commencement. If they are unsuccessful they must re-sit the course as soon as possible.
- e) All OT staff must complete the Food Hygiene Awareness e-learning package every two years as a mandatory requirement.
- f) The OT Therapeutic Kitchens representative is responsible for the review of this policy, the Food Hygiene Awareness e-learning package and the dissemination of changes to the OT Service and update training.
- g) It is advisable that volunteers working with patients in therapeutic kitchens have a basic knowledge of food hygiene and adhere to the Trust Policy. If working unsupervised, volunteers are required to sit the Food Hygiene Awareness e-learning package.
- h) A copy of 'Food Safety. The Good Practice Guide' must be available for easy reference.
- i) It is the responsibility of the member of staff using the kitchen to ensure that correct procedures are followed throughout each session as outlined in this document.
- j) Smoking, using e-cigarettes and vaping is strictly forbidden in the kitchen area.
- k) Chewing gum, eating sandwiches or consuming other foods and beverages, not prepared in the kitchen, is not allowed in the kitchen area.

- l) In the kitchen area the level of supervision must correspond to assessed risk taking levels within the patient's treatment programme. The nature of the assessment and type of foods to be prepared must also reflect the patient's needs and abilities. Where staff are in doubt as to the patient's capabilities, they should aim to use low risk foods and keep the assessment simple.
- m) Whenever the kitchen is in use doors must be unlocked and unobstructed for easy access and evacuation in an emergency.
- n) If staff are in any doubt as to the suitability of any food due to shortcomings in any process outlined in this document, they should ensure that the food is not consumed.
- o) Staff should check whether or not the patient has a food allergy/intolerance when planning the session and take appropriate action. They should consult the Trust's Nutrition and Dietetic Department for advice if necessary.
- p) Houseplants including herbs, and pets, are not allowed in the kitchen.

5.2 HYGIENE

HAZARDS
Contamination by growth of food poisoning bacteria
Contamination by survival of food-poisoning bacteria
Cross contamination by food poisoning bacteria
Chemical contamination
Contamination by infected persons
Contamination by foreign bodies
Allergens

- a) All staff and patients who are involved in food handling and preparation should wear clean launderable / PVC aprons. These should be changed or cleaned and disinfected weekly or after each meal preparation.
- b) Disposable green plastic aprons must not be used, except when worn under PVC/clean launderable aprons when treating a patient who is a known MRSA carrier.
- c) Where there is a hand-washing basin it must be used for hand-washing only, with liquid soap and paper towels.
- d) Patients and staff must thoroughly wash their hands before food preparation commences, when changing from raw to cooked products, after handling eggs, handling rubbish and after using the toilet.
- e) Persons with a known infection / showing signs of infection / who have been in close contact with someone who has an infection / who are suffering from diseases or skin conditions which could contaminate food, must not be permitted to take part in any session. Infections include: e.g. sickness, diarrhoea, ear and eye infections, boils, scaling, weeping, discharging or septic wounds, cold sores, colds, etc.
- f) Any staff showing signs of infection should report to the Manager, who will

advise according to local policy as to how to proceed.

- g) Staff should liaise with ward staff or infection prevention nurse before assessing a patient with a known infection in a therapeutic kitchen.
- h) Patients who are in source isolation can be seen in a therapeutic kitchen providing procedures detailed in Appendix A are adhered to.
- i) Care must be taken to ensure that all cuts, burns and sores are covered with a waterproof dressing. A supply of blue occlusive waterproof dressings should be available within the department.
- j) Patients who salivate / drool excessively or constantly should only be allowed to prepare food for their sole consumption.
- k) If patients who salivate / drool are involved in group sessions, they must be carefully supervised and their contributions to the sessions limited to the preparation of food for their sole consumption.
- l) Work surfaces must not be sat upon.
- m) Tea towels should only be used for the drying of dishes for therapeutic purposes; otherwise paper towels should be used.
- n) If used, tea towels must be changed at the end of each session and washed on a hot cycle of a machine wash.
- o) Waste must be disposed of in the appropriate bins according to local procedure. Bins must be emptied at least daily.
- p) It is recommended that washing machines are not located within the kitchen environment due to the risk of contamination from dirty laundry. If washing machines have to be operated in the kitchen, it shall only be used for tea towels and kitchen laundry.
- q) Any other equipment or stock items, which are not used for therapeutic kitchen activities, or pose a food hygiene hazard, shall not be stored in the kitchen.
- r) It is the responsibility of the member of staff using the kitchen to ensure that the kitchen is left clean and tidy for the next session with all the equipment put away.

5.3 FOOD PURCHASING

HAZARDS

Food contaminated with food poisoning bacteria, toxins, and/or foreign bodies

- a) Foods and ingredients can normally be obtained from the catering department. Where it is necessary to purchase food from outside suppliers, it is recommended that National supermarket chains should be used whenever possible to ensure an audit trail of ingredients is available if necessary.
- b) However, if local / corner shops are used, staff shall satisfy themselves that the premises are suitable and/or give advice on checking suitability of premises, e.g. shelf-life of items, freshness of produce, separation of raw and cooked meat in fridges.
- c) It is essential that staff look carefully at the label on all prepared food they are buying to be used by someone who has a food allergy /intolerance.
- d) Staff must ensure that only 'lion brand' eggs are purchased for use in therapeutic kitchens.
- e) Staff should ensure that raw and cooked foods are wrapped separately to prevent cross contamination during transport.
- f) If there is any temperature abuse (e.g. frozen food defrosting on route between the time food is purchased and used), the member of staff shall ensure that the food is not consumed. Staff should aim to carry out shopping so that they can take the food directly back to the therapeutic kitchen and stored in accordance with this policy.

5.4 RECEIPT OF FOOD

HAZARDS

Food may already be contaminated by food poisoning bacteria, chemicals and/or foreign bodies

Contamination by growth of food poisoning bacteria

- a) Upon receipt of food from any source, staff must ensure that the food is in good condition and packaging is intact.
- b) Food must not have been subject to temperature abuse or cross contamination prior to storage. Where there is any doubt, food should be discarded and not consumed.
- c) Foods will be placed in the appropriate storage point as soon as possible on arrival in the kitchen.

5.5 STORAGE OF FOOD

HAZARDS

Growth of food poisoning bacteria – in particular on high risk foods
Further contamination

- a) All foods likely to sustain bacterial growth must be stored in the refrigerator or frozen e.g. cooked and raw meat, meat products, cooked and raw poultry, cooked fish, eggs, dairy produce and cooked rice. High risk food storage in the refrigerator should be limited to a 24 hour shelf life.
- b) In the refrigerator cooked foods must be stored above raw foods.
- c) All foods stored in the refrigerator must be wrapped or stored in plastic airtight containers.
- d) The refrigerator temperature must be checked each working day on the thermometer. This must be recorded on the checklist (Appendix B). This recording must be done on the first occasion the refrigerator is opened in the morning. The temperature should be between 1 and 4 degrees centigrade. If the opening temperature of the unit is above the limit, the unit must be re-checked in 1 hour. If it is still not operating within the required limits, the thermostat should be adjusted to bring the temperature down to an acceptable range.
 - Following the adjustment to the thermostat, the unit must be checked hourly until an acceptable temperature is achieved.
 - If the refrigerator temperature reaches 10°C all food and perishable goods must be discarded.
 - If the unit is incapable of operating at an acceptable temperature, this must be reported to the Estates Department and the unit checked by an engineer. If after checking / repairing, the temperature control is not achieved, the unit must be replaced.
- e) Hot foods must never be placed directly in the refrigerator. Foods to be eaten cold should be cooled down quickly –within one and a half hours in a cool place and thereafter placed in the refrigerator, labelled, dated and covered.
- f) Milk must be stored in the refrigerator and used within its use-by-date or within 3 days of opening.
- g) Where there is a separate freezer, the temperature must be -18° or under.
- h) The freezer temperature must be checked each working day and the temperature recorded on a checklist (Appendix C).
- i) Frozen food must be used in accordance with the manufacturer's instructions. Only those foods bearing home freezing instructions can be frozen on site. If freezing fresh food, this must be labelled and dated and consumed within one

month.

- j) Food to be frozen must have minimum remaining shelf life of 48 hours
- k) Dry foods must be stored in plastic airtight containers and ensure that lids are properly secured.
- l) All containers must be clearly labelled as to their content and expiry date and any allergenic content.
- m) All dry food must be checked monthly to ensure the shelf life has not expired.
- n) Do not use badly dented, seam damaged, rusty, punctured or blown cans of tinned food.
- o) Tinned foods must not be stored in open tins in the refrigerator; plastic airtight containers must be used. These must be clearly labelled as to their content and used within 24 hours.
- p) Vegetables must be stored separately in a dry cool, ventilated area.
- q) If vegetables, salad stuff, fruit are stored in the refrigerator; they should be kept in a salad box. Once prepared, they must be stored in the refrigerator if not required for immediate use and discarded after 24 hours.
- r) Convenience foods must be stored according to manufacturer's instructions.
- s) Eggs shall be stored in a refrigerator prior to use. They must be stored below and apart from ready to eat foods in an airtight container. They must be used within their use by date.
- t) During storage, suitable precautions must be taken to ensure that the eggs do not contaminate other foods.
- u) Cling film of the right type may be used for covering food i.e. Check that it can be for high fat content foods or come into contact with foods.
- v) Staff must be aware of the risks associated with the incomplete removal of cling film used to cover food.
- w) Small quantities of sugar may be stored in a covered sugar bowl. A clean teaspoon must be used for each use and the bowl must be cleaned before it is refilled
- x) Only staff food to be consumed on site should be stored in the refrigerator. Any such food must be in a sealed container labelled with the member of staff's name and dated. Any food not complying with this requirement must be discarded.

5.6 PREPARATION

<p style="text-align: center;">HAZARDS Contamination of food Growth of food poisoning bacteria Allergens</p>

- a) PVC / Clean launderable aprons must be worn by all staff and patients who are involved in food handling and preparation.
- b) Disposable green plastic aprons must not be used, except when worn under PVC / Clean launderable aprons when treating a patient who is a known MRSA carrier.
- c) Care must be taken to ensure that all kitchen utensils are clean and in a good state of repair before use and are returned clean to the correct place of storage after use.
- d) All utensils shall be thoroughly cleaned between the preparation of raw and cooked food.
- e) Wooden chopping boards must not be used. Separate clearly identifiable boards should be used for raw foods to be consumed without further cooking.
 - Red – raw meat
 - Blue – raw fish
 - Green – unwashed vegetables
 - White – cooked foods, washed salad items and foods that do not require cooking
 - Yellow – cooked meats
- f) All chopping boards must be thoroughly cleaned, disinfected and dried between each use and must not be stored in contact with one another.
- g) Wooden spoons, rolling-pins and spatulas must be maintained in a good condition and cleaned and dried between uses.
- h) All can openers must be thoroughly cleaned after use.
- i) All equipment must be corrosion resistant i.e. stainless steel.
- j) All root vegetables, salads, fruit and fresh herbs must be thoroughly washed before use.
- k) Frozen foods requiring defrosting must be thoroughly defrosted before use, according to manufacturer's recommendations. Care must be taken that the liquid does not contaminate other foods.
- l) Do not use any cracked, damaged or badly soiled eggs. Use only 'lion branded' eggs.
- m) During preparation and handling, suitable precautions must be taken to ensure that other foods are not contaminated by eggs, including washing hands thoroughly after handling.
- n) Work surfaces must be cleaned and disinfected, rinsed and dried when required and always between the preparation of raw and cooked food.
- o) Oven gloves – where used, must be clean, wipeable and impervious e.g. silicon.

- p) Staff must not prepare or cook food for their consumption in a therapeutic kitchen. Staff may make hot beverages if there are no other suitable facilities.
- q) When carrying out food preparation with a patient who has a known food allergy suitable precautions must be taken to ensure that the service user is protected from risks associated with food allergens. As follows:
- Make sure worktops and all the equipment staff use is thoroughly cleaned with hot water and soap before using them. This includes chopping boards, knives, food mixers, bowls, pans and utensils used for stirring and serving. This is to prevent small amounts of the food that the person is allergic to from getting into their meal.
 - Carry out the assessment of the food allergic patient as an individual assessment not a group activity as allergy problems may be harder to control in a group situation.
 - When you have been asked to prepare a meal that doesn't contain a certain food, make sure that you don't cook it in oil that has already been used to cook other foods. For example, if food is cooked in oil that has already been used to cook prawns, this could cause a reaction in someone who is allergic to shellfish.
 - When you have been asked to prepare a meal that doesn't contain a certain food, make sure staff and service user wash their hands thoroughly with soap and water before they prepare the meal and avoid touching other foods until they have finished preparing it.
 - Complex equipment e.g. food mixers / processors are difficult to thoroughly clean and therefore must not be used with a patient who has an allergy in order to negate the risk of cross contamination.
 - Foods that can cause severe allergic reactions are not put next to other foods for example, pastries with nuts or seeds on top on the same baking tray as those without nuts or seeds.
 - Small amounts of foods that can cause severe allergic reactions do not get into other dishes because worktops and equipment haven't been cleaned properly.
 - Foods that can cause allergic reactions especially nuts, seeds and milk products cannot be transferred from one dish to another if service users use the same spoon.
 - When staff run out of one ingredient and use something else instead (for example peanuts to replace another type of nut) be aware of possible allergies.

5.7 COOKING

HAZARD
Survival of food poisoning bacteria

- a) Convenience foods must be cooked according to manufacturer's instructions.
- b) On no account should eggs be used in any food product that is not going to be thoroughly cooked.
- c) Eggs to be boiled, fried, poached or scrambled must be thoroughly cooked until the yolk is solid.
- d) Food products cooked in a microwave shall only be cooked in accordance with both the food product instructions and the microwave manufacturer's instructions. These instructions must be readily available in the kitchen.
- e) Microwaves are acceptable for heating drinks for service users, but care must be taken due to hazardous eruptive boiling.
- f) Where cling-film is used during cooking in a microwave, care must be taken to ensure that the cling film does not come into contact with food. Only cling-film that is suitable for microwaves must be used.
- g) Staff must be aware of the risks associated with the incomplete removal of cling-film used to cover food
- h) Food must only be defrosted in the microwave as part of the total continuous cooking process.
- i) Where appropriate, foods must be covered in the microwave.
- j) All raw protein food must be thoroughly cooked right to their core. This is a vital safety measure. Foods must be checked to ensure that they are thoroughly cooked.
- k) When cooking with patients who have a known food allergy precautions must be taken to ensure that the patient is protected from risks associated with food allergens. (Refer to section 5.6)
- l) A critical food hygiene measure is to ensure food is cooked properly prior to consumption.

5.8 COOLING

HAZARDS
Growth of any surviving spores or food poisoning bacteria
Production of poisons by bacteria
Contamination with food poisoning bacteria

- a) Hot foods should never be placed directly in the refrigerator. Hot food should be transferred from the cooking container to a clean container, covered and left in a cool ventilated area for a maximum of one and a half hours and thereafter placed in the refrigerator, labeled and dated.

5.9 REHEATING

HAZARD
Survival of food poisoning bacteria

- a) The heat of meals freshly prepared by patients can be boosted either conventionally or in a microwave to make the meal more palatable. The food must be consumed within one hour of preparation.
- b) Food **must never** be reheated conventionally or in a microwave except in circumstances described above.

5.10 FOOD CONSUMPTION

HAZARDS
Growth of disease-causing bacteria
Production of poisons by bacteria
Contamination

- a) Only foods prepared in the kitchen can be consumed within the kitchen.
- b) High risk food must be consumed immediately after preparation or disposed of.
- c) Low risk food prepared by patients should be consumed as soon as possible or within one week of preparation.
- d) Only low risk food can be shared with persons other than those involved in its preparation.
- e) Staff involved in the preparation of a meal may consume the meal with the individual or the group if thought to be therapeutically advisable. Staff however, must not consume their own food within the kitchen.
- f) If staff are in any doubt as to the suitability of any food prepared during the session, due to shortcomings in purchase, storage, preparation, cooking, cooking or re-heating procedures, etc., they should ensure that the food is not consumed.
- g) When food is being consumed by patients who have a known food allergy precautions must be taken to ensure that the patient is protected from risks associated with food allergens. (Refer to section 5.6)

5.11 CLEANING AND MAINTENANCE (ALSO REFER TO APPENDIX D)

HAZARDS
Growth of food poisoning bacteria
Survival of food poisoning bacteria
Production of poisons by bacteria

- a) Work surfaces must be cleaned and disinfected at the end of each session and always between the preparation of raw and cooked food.
- b) Green disposable cloths or paper towels are the only type of cloth to be used in kitchens; a new one will be issued each day and disposed of at the end of

the day.

- c) Chlor-clean, Dettol spray, Milton and sanitiser are the recommended disinfectants, which must be used in accordance with the manufacturer's instructions and COSHH requirements. Note:
 - Not all anti-bacterial products are sanitisers, or food safe disinfectants.
 - Research indicates that cleaning followed by disinfection is the best option.
 - Some disinfectants negate the need for the hot wash element of the cleaning cycle.
 - When using Dettol spray care should be taken to ensure the spray is not inhaled. It should not be used by anyone who is a known asthmatic.
 - Sanitisers used post cleaning to disinfect should comply with BS EN1276/13697.
- d) Green scourers are permitted for cleaning pans, etc., but for use once only and then disposed of. Sponge backed scourers must never be used.
- e) Oven gloves, where used, must be clean, wipeable and impervious e.g. silicon
- f) There shall be dedicated equipment for the cleaning of the kitchen and associated areas and colour coded in accordance with DOH colour coding. This equipment must not be used outside the kitchen environment. Within the kitchen environment there should be separate cleaning materials and equipment for the cleaning of the floor and the work surfaces / equipment. Cleaning equipment should be kept clean and as dry as possible.
- g) All cleaning must be carried out on a systematic basis. To facilitate this, a cleaning schedule must be agreed with domestic services for each kitchen area. This schedule must specify the equipment to be cleaned; materials to be used, methodology to be adopted and the required standard.
- h) The Manager shall monitor standards of cleaning.
- i) If there is spillage of body fluid (for whatever reason), staff must adhere to the Trust Infection Prevention Policy (Trust Ref B4/2005). Separate designated and disposable cleaning materials and equipment must be used solely for this purpose.
- j) The kitchen must be kept in a good state of repair. Any defects must be reported to the Manager with responsibility for the kitchen.
- k) Work surfaces must be intact to allow adequate cleaning and disinfection.
- l) All signs of insect or rodent pests must be reported to the designated officer.
- m) Any defective equipment must be withdrawn from use, clearly labeled and reported to the Manager and Estates and Facilities Department as appropriate.
- n) The cleaning of the microwave shall be the responsibility of the staff using the kitchen and must be cleaned after each use, paying particular attention to cleaning the interior roof of the microwave.
- o) Any faults with the microwave oven must be reported immediately to the Trust's Estates and Facilities Department. If the fault involves the door or the seal, the oven must be withdrawn from use until it has been checked for leakage.
- p) Microwave ovens must be included in regular departmental checks of electrical equipment. It is recommended that these checks should be carried out at a

minimum of yearly in accordance with the Trust's PAT testing and should include checks for leakages.

- q) The refrigerator must be emptied and thoroughly cleaned by the designated member of staff weekly. Where a refrigerator has a freezer compartment, this must be defrosted according to Manufacturer's instructions. Cleaning and defrosting should be recorded on the checklist. (Appendix B).
- r) The freezer must be defrosted and cleaned in accordance with the manufacturer's instructions. This must be recorded on the checklist (Appendix C).

5.12 SAFETY AND SECURITY

HAZARD Injury to patient or staff

- a) Any breakages must be disposed of correctly and reported to the Manager.
- b) It is the responsibility of the Manager to ensure that all staff using the kitchen are aware of warnings issued in health circulars and COSHH regulations which advise on the safe storage of substances hazardous to health.
- c) Sharp utensils must be stored and checked in accordance with local risk assessments.
- d) New electrical equipment must be checked prior to use by following the local Trust procedure.
- e) The floor area must be kept clear of obstructions and any spillages cleared up immediately using the correct method.
- f) All staff using the kitchen must know the local First Aider and the location of the nearest first aid box.
- g) All staff using the kitchen must be familiar with the local fire and evacuation procedures.
- h) Should an accident/incident occur, this must be reported to the department manager and on the Trust's electronic incident reporting system.
- i) At the end of each session the main kitchen door must be locked in accordance with department procedures.
- j) Any risk assessment must be recorded and reviewed in accordance with the Trust's Risk Management Policy (Trust Ref A12/2002).

5.13 DISCIPLINARY PROCEDURES

HAZARD Possible disciplinary action which could lead to dismissal

- a) Where any member of staff is in breach of EU Regulation 852/2004 or Food Hygiene and Safety (England) Regulations 2013 or the Food Safety Act 1999

such an offence will justify disciplinary action.

- b) Some offences may be regarded as gross misconduct and lead to dismissal.

Such offences include:

- Wilful or negligent actions which expose food at risk of contamination (e.g. placing raw and cooked meats together).
 - Smoking, **using e-cigarettes, vaping and the** use of tobacco mixture or spitting in the course of food preparation or in kitchen areas.
 - Failure to observe the Trust's procedures.
 - Wilful or negligent actions which expose particular foods to room temperature for excessive periods.
- c) Staff must be aware of local disciplinary policies and procedures that may bear relation to food hygiene procedures.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 It is the responsibility of Managers to ensure that the Therapeutics Kitchen Policy and associated operational procedures are included in the induction of all new Occupational Therapy (OT) staff, including temporary staff and students.
- 6.2 Managers must also ensure all relevant new starters receive food hygiene awareness induction before they are involved in food handling activities. This will include Food Hygiene Awareness e-learning package.
- 6.3 Where new starters have already passed a Level 2 Award in Food Safety in Catering or its equivalent it is still necessary for them to receive Food Hygiene Awareness e-learning package.
- 6.4 Food Hygiene and Safety (England) Regulations 2013 require that all staff receive training commensurate with their post. To ensure compliance with these regulations, all staff associated with food handling tasks must attend and pass a Level 2 Award in Food Safety in catering course as soon as possible or within six months of commencement. If they are unsuccessful they must re-sit the course as soon as possible.
- 6.5 All OT staff must complete the Food Hygiene Awareness e-learning package every two years as a mandatory requirement.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 See policy monitoring table in Appendices

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 ISBN 0-10-541690-8
- Food Hygiene and Safety (England) Regulations 2013 UK2013112514 12/2013 19585
- Occupational Therapy Home Assessment Policy (Trust Ref B8/2011)
- Code Of Practice For Food Hygiene And Ward/Department Kitchens Policy and Procedures (Trust Ref B27/2004)
- Health & Safety Policy (Trust Ref A17/2002)
- Risk Management Policy (Trust Ref A12/2002)
- Uniform and Dress Code Policy (Trust Ref B30/2010)
- Infection Prevention Policy (Trust Ref B4/2005)
- Control of Substances Hazardous to Health (COSHH) Policy (Trust Ref B10/2002)
- Disciplinary Policy and Procedure (Trust Ref A6/2004)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 Unless there is a change in national guidance or a requirement within the Trust this policy will be reviewed every 3 years.
- 10.2 Consultation will be sought at each review from relevant stakeholders such as Infection Prevention, facilities, Food Forum.

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
All staff required to undertake therapeutic kitchen activities to have completed Food Hygiene Awareness e-learning package as part of their induction.	Manager	New starter induction paperwork	Monthly on new starter returns paperwork	Trust level monitoring
All staff required to undertake therapeutic kitchen activities to have read the policy and have awareness of their responsibilities within the Therapeutic kitchen.	Manager	New starter induction paperwork	Monthly on new starter returns paperwork	Department performance and operations meeting
All staff required to undertake therapeutic kitchen activities to have successfully completed the CIEH Level 2 award in food safety.	Manager	Certificate	Monthly on new starter returns paperwork	Department performance and operations meeting
All staff required to undertake therapeutic kitchen activities to have undertaken 2 yearly Food Hygiene Awareness e-learning package refresher training.	Manager	Mandatory training database	Monthly	Department performance and operations meeting
Annual kitchen inspection.	Trusts Environmental Health Adviser/Manager	Inspection report	Annually	Inspection report
Daily fridge and freezer temperature checks (every working day).	Manager	See Appendix B and C	Monthly quality metrics	Department performance and operations meeting

Hazard Analysis Critical Control Points (HACCP)

To ensure that OT practice within Therapeutic Kitchens is compatible with legislative requirements a HACCP plan is detailed below.

PROCESS STAGE	HAZARD	CCP	CONTROL/ CRITICAL LIMIT	MONITORING/ CORRECTIVE ACTION
<u>MICROBIOLOGICAL HAZARDS</u>				
PURCHASE ALL FOOD TYPES	Foods may already be contaminated by pathogenic bacteria or their toxins	Yes For high risk foods	Obtain food from Catering Dept, or purchase from national supermarket chains or local shops	If local shops are used, staff must ensure compliance with section 5.3
RECEIPT FROZEN FOODS	Cross contamination from raw foods to high risk foods, i.e. foods consumed without further cooking.	Yes For high risk foods	Ensure foods are fully packaged.	Reject foods with open or damaged packaging.
	Temperature abuse leading to microbiological growth.	Yes For high risk foods	Ensure deliveries are received at correct temperature.	Ensure all food is taken directly to OT kitchen Use cool bag as appropriate
			Target: below -18°C	Reject foods if subject to temperature abuse Section 5.4
			Ensure deliveries are put immediately	Put food away.
CHILLED FOODS	Cross contamination from raw foods to high risk foods, i.e. foods consumed without further cooking.	Yes	Ensure foods are fully packaged.	Reject foods with open or damaged packaging and any raw foods.
	Temperature abuse leading to microbiological growth.	Yes	Ensure deliveries are received at the correct temperature, i.e.	Check deliveries
			Ensure deliveries are put away immediately	Put foods away.
STORAGE CHILLED	Temperature abuse leading to the growth of pathogenic bacteria.	Yes	Ensure storage temperatures range is 1-4°C.	Temperature checks on operating temperatures of refrigerators. Adjust thermostat to bring operating temperature to 1-4°C. If there is a problem with unit call engineer. Discard food stored over 8°C for more than four hours or an unknown period. Chilled foods whose temperature exceeds 10°C shall be thrown away.
	Shelf life abuse leading to the growth of pathogenic bacteria.	Yes	Ensure that all food in the refrigerator is dated with a use by date. Use food before use by date expires.	Daily stock checks on refrigerator Discard food whose use by date has expired or stored for more than 24 hours

PROCESS STAGE	HAZARD	CCP	CONTROL/ CRITICAL LIMIT	MONITORING/ CORRECTIVE ACTION
			All high risk food to be stored for a max 24 hours Milk to be used within 3 days of opening	
	Cross contamination from raw foods to high risk foods, i.e. those to be eaten without further cooking.	Yes	Ensure foods are covered. Ensure cooked foods are stored above raw foods	Daily check. Section 5.5 Throw away any high risk food suspected of being contaminated.
AMBIENT	Growth or bacteria/mould if dry foods become damp.	Yes	Ensure food is stored in sealed containers after opening, labelled & dated	Monthly checks. Section 5 Provide suitable storage containers.
FROZEN FOODS	Cross contamination from raw foods to high risk foods, i.e. those to be eaten without further cooking.	Yes	Ensure foods are fully packaged.	Management audit. Throw away contaminated foods.
	Temperature abuse during storage leading to growth of pathogenic bacteria.	Yes	Ensure storage temperature of -18°C is maintained.	Temperature checks on operating temperature of freezers. Adjust thermostat to bring operating temperature below -18°C, call engineer if necessary. Move stock if there is a problem with unit. In event of breakdown follow policy.
PREPARATION	Cross contamination from raw foods, people, pests, dirty equipment to high risk foods.	Yes	Ensure colour coded boards are provided and used: White - Prepared Foods only. Ensure good standards of personal hygiene. Ensure food is handled with clean equipment. Ensure cleaning cloths are controlled.	Management audit. Wash dirty equipment. Control and change cleaning cloths.
	Temperature abuse leading to growth of pathogenic bacteria.	Yes	Ensure type of food used reflects the service user's needs & abilities.	Use low risk foods
	Food allergy/intolerance		Check if service user has known allergy/intolerance	Consult with Dietetic Dept for advice, as necessary Section 5.6
COOKING Hazards set out below apply to all foods	Failure to cook thoroughly will allow pathogenic bacteria to survive.	Yes	Ensure food is thoroughly cooked	Refer to manufactures cooking instructions Refer to manufacturers instructions for microwave
COOLING	Growth of pathogenic bacteria if temperature controls over food are not maintained	Yes	Cool within 1½ hours. Section 8	Discard hot food that has been out for more than 1½ hours

PROCESS STAGE	HAZARD	CCP	CONTROL/ CRITICAL LIMIT	MONITORING/ CORRECTIVE ACTION
REHEATING	Failure to reheat thoroughly will allow pathogenic bacteria to survive.	Yes	Only to boost temperature of freshly prepared food Section 5.9	Food to be consumed within 1 hour of preparation
CONSUMPTION	Growth of pathogenic bacteria if temperature controls over food are not maintained	Yes	Ensure high risk food is consumed immediately or disposed of Low risk food to be consumed within 1 week Only low risk food may be shared with others not involved in preparation	If any doubt as to suitability of food, ensure food is not consumed
	Cross contamination	Yes	Only food prepared in kitchen to be consumed in kitchen	
	Food allergy/intolerance		Check if service user has known allergy/intolerance	Consult with Dietetic Dept for advice, as necessary – Section 5.6

Policy Title: Therapeutic Kitchens UHL Occupational Therapy Policy

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Approved by CSI Quality & Safety Committee Approval Date: 09/02/2024 Trust Ref: C221/2016

Date of Next Review: February 2027

NB: Paper copies of this document may not be most recent version. The definitive version is held on InSite in the [Policies and Guidelines Library](#)

- Only take the patient in the kitchen if it is an essential part of their assessment. Could the assessment be done at a later date at the patients' home as part of a home assessment or the community Occupational Therapy service?
- Liaise with the local Infection Prevention team if there are any queries.
- Assess the patient at the end of the morning or afternoon session.
- Make sure local arrangements are in place for cleaning the kitchen after the session. OT and domestic staff should understand their own and each other's responsibilities for cleaning.
- Ensure gloves and aprons are available to be worn and an orange bag is available for the disposal of the gloves and aprons.
- Signs should be available to ensure the kitchen is not used again prior to cleaning.
- The sign should be placed on the door at the beginning of the session.
- Green disposable plastic aprons should be worn for making a hot drink using an electric kettle; disposable aprons should be worn under PVC / linen aprons for food preparation/using the cookers.
- Remove or put away all equipment not required during the session.

Ensure all equipment, crockery, etc. is cleaned after use.

DAILY REFRIGERATOR TEMPERATURE CHECKS

Fridge location:

Month:

DATE	TEMP BELOW 5°C	TEMP ABOVE 5°C	SIGNATURE	CLEANED	DEFROSTED	SIGNATURE
1						
2						
3						
4						
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31						

Comments:

DAILY FREEZER TEMPERATURE CHECKS

Freezer location:

Month:

DATE	TEMP BELOW -18°C	TEMP ABOVE - 18°C	SIGNATURE	CLEANED	DEFROSTED	SIGNATURE
1						
2						
3						
4						
5						
6						
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Comments

CLEANING CHECKLIST

WORK SURFACES & CHOPPING BOARDS	FLOORS	MICROWAVE OVENS	FRIDGE	COOKER / OVEN	GENERAL EQUIPMENT	TEA TOWELS / APRONS
Clean thoroughly as required and at end of each session. Between the preparation of raw & cooked foods to be cleaned & disinfected.	Clean immediately after spillages of food or body fluids	Clean after each use and according to manufacturers instructions.	Emptied and cleaned weekly. Defrosted and cleaned according to manufacturers instructions.	Cleaned after each use and according to manufacturers instructions.	Ensure equipment is clean before use. Clean after each use, using Trust approved cleaning products	Tea towels and linen aprons to be laundered after each session. PVC aprons to be cleaned after each session.
Use Trust approved cleaning products and disposable green cloths / paper towels.	Use dedicated cleaning equipment. Use disposable cleaning equipment, as per Infection Control guidelines for spillages of body fluids.	Use disposable green cloths / paper towels.	Use disposable green cloths / paper towels. Cleaning list to be signed, dated & displayed in kitchen areas.	Use disposable green cloths / paper towels.	Use disposable green cloths / paper towels.	Use disposable green cloths / paper towels.

CLEANING ORDER

Wipe surface to remove dirt
Wash using detergent in warm water
Rinse
Disinfect (using Trust approved products)
Rinse (according to manufacturers instructions for disinfectant)
Dry, using paper towel

