

| Title | Cleaning Food Fridges | | | |
|---|-------------------------------------|--|--|--|
| Document Type | Guideline | | | |
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| Review date | January 2019 | | | |
| Distribution | All NHS Borders Staff | | | |
| Prepared by | Infection Prevention & Control Team | | | |
| Developed by | Infection Prevention & Control Team | | | |
| Reviewed by | Infection Control Committee | | | |
| Equality & Diversity Impact Assessed | | | | |

CLEANING SCHEDULE FOOD FRIDGES

For all cleaning procedures:-

- Don disposable gloves and plastic apron, consider facial protection if splashing is anticipated
- Assemble cleaning items required: Detergent wipes or general purpose detergent diluted in warm water (dilution instructions on side of container) and sufficient colour coded disposable cloths/paper for both washing and drying

Patient Food Fridge - Pantry

Daily

- Check fridge temperature and record on temperature chart [see below]
- Observe readings for trends to ensure the fridge temperature remains within the safe zone (1°-4°C). Report deviations to Estates and ensure action(s) completed within agreed timescale
- Temperatures should not be recorded during cleaning, stock taking and expiry checks until the fridge has returned to usual function
- Check all items are labelled and dated; discard unlabelled or out of date items
- Check for any spillages then clean and dry with green disposable cloths or absorbent paper.

Weekly

• As per General Services schedule in DSR

Staff Fridge

Daily

- Check fridge temperature and record on temperature chart [see below]
- Observe readings for trends to ensure the fridge temperature remains within the safe zone (1°-4°C). Report deviations to Estates and ensure action(s) completed within agreed timescale
- Check all items are labelled and dated; discard unlabelled or out of date items
- Check for any spillages then clean with detergent and warm water then dry with green disposable cloths or absorbent paper.

Weekly

- Clean all surfaces thoroughly then dry with green disposable cloth or absorbent paper
- Sign and date cleaning schedule
- If fridge is not self defrosting, defrost monthly ensuring staff have removed or disposed of all food stuff for this to take place.

COLD FOOD RECORD WARD KITCHEN

MONTH _____

| Refrigerator Temperature – RECOMMENDED TWICE PER DAY TAKE 1 ST THING IN THE MORNING AND MID EVENING WHEN FRIDGE DOOR HAS BEEN CLOSED FOR AT LEAST 2 HRS. Freezer Function Temperature – RECOMMENDED ONCE PER DAY | | | | | | | | | |
|---|-------------|----------------------|---------------------------|------------|-----------------------------|--|---|--|--|
| | | Patients | Fridge | - Staff | Freezer if | Completed By (initials) | Corrective Actions Initials | | |
| DATE | AM | PM | AM | PM | AM | | | | |
| 1st | | | | | | | | | |
| 2nd | | | | | | | | | |
| 3rd | | | | | | | | | |
| 4th | | | | | | | | | |
| 5th | | | | | | | | | |
| 6th | | | | | | | | | |
| 7th | | | | | | | | | |
| 8th | | | | | | | | | |
| 9th | | | | | | | | | |
| 10th | | | | | | | | | |
| 11th | | | | | | | | | |
| 12th | | | | | | | | | |
| 13th | | | | | | | | | |
| 14th | | | | | | | | | |
| 15th | | | | | | | | | |
| 16th | | | | | | | | | |
| 17th | | | | | | | | | |
| 18th | | | | | | | | | |
| 19th | | | | | | | | | |
| 20th | | | | | | | | | |
| 21st | | | | | | | | | |
| 22nd | | | | | | | | | |
| 23rd | | | | | | | | | |
| 24th | | | | | | | | | |
| 25th | | | | | | | | | |
| 26th | | | | | | | | | |
| 27th | | | | | | | | | |
| 28th | | | | | 1 | | | | |
| 29th | | | | | | | | | |
| 30th 31st | | | | | | | + | | |
| | | | | | <u> </u> | | | | |
| Refrigerator(s) Target 4°c or below Target -18°C Critical Limit -12°C | | Notes | Notes | | Corrective Action Examples: | | | | |
| | | 4°c or below | | | | Recheck temperature Consider if food is safe to use | | | |
| | | Target - Critical | : -18°C Limit -12°C | | | | Dispose of food which may be contaminated Review staff training Report to Estates | | |
| Have | the correct | tive action | ns been carr | ied out? | Dat | te checked | I by Manager/Supervisor Initials | | |
| Yes / | No / Not Ap | plicable | (delete as ap | oplicable) | | | | | |

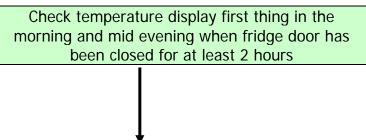
LOCATION/WARD _____

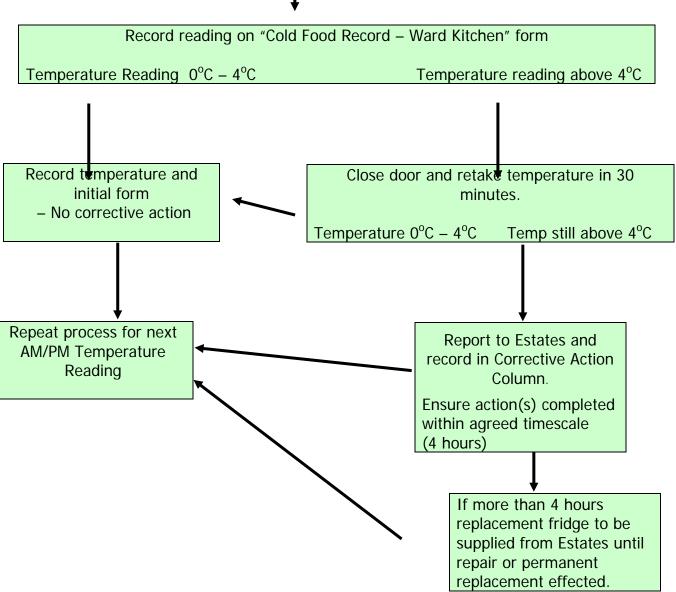
PLEASE RETURN TO CATERING DEPARTMENT AT THE END OF EACH MONTH

The Catering Department will retain these records for 3 months

COLD FOOD RECORD WARD KITCHEN

PATIENT FRIDGE





AT THE END OF THE MONTH RETURN COMPLETED SHEET TO CATERING DEPARTMENT.

Catering Department will retain this information for three months.

4

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