



Title	Management of Food and Beverages in the Hospital
Document Type	Guidance
Version Number	1.1
CGQ & RDS ID Number	<i>Clinical Governance & Quality Use only</i>
Approval/Issue date	February 2023
Review date	February 2025
Owner/Responsible Person	Whiting S Samuel.whiting@borders.scot.nhs.uk
Developed by	Infection Prevention Control Team
Reviewed by	Infection Prevention Control Team
Significant resource implications (financial/workload)	N/A
Approved by	N/A
Health Inequality Impact Assessment (HIA) <small>(only statutory for policies)</small>	N/A

Document Control

Version	Amendment	Date	Amended By
1.1	Document Creation	02/2023	IPCT

CONTENTS

WATER COOLERS	3
WARD BARBEQUES	4
TAKE-AWAY FOODS.....	5
FOOD HANDLING	6
WARD REFRIGERATORS.....	13
CLEANING SCHEDULE- FOOD FRIDGES	15
APPENDIX A: FRIDGE/FREEZER TEMPERATURE RECORDING SHEET	17

WATER COOLERS

Aim

Water coolers are maintained in such a way as to prevent water related illnesses

The Infection Prevention Control Team and Estates Department must be informed before purchasing these machines and only machines recommended by them must be used.

All machines must be maintained on a regular basis by the Estates Department.

[NB: Dispensers that use replaceable water bottles are not permitted]

Each departmental manager must have in place a protocol of who is responsible for ensuring that these machines are cleaned according to the policy.

- Clean on a weekly basis or more frequently if required
- Thoroughly wash and dry hands
- Don disposable apron and disposable gloves
- Clean all outer aspects of the machine with a new disposable cloth and general purpose detergent and warm water
- Rinse with clean water from the mains supply (drinking water)
- Place the used disposable cleaning cloth into general waste
- Remove the disposable apron and gloves and place into clinical waste
- Thoroughly wash and dry hands.

A cleaning record identifying the date and person who undertook the cleaning should be kept. Report any defect with the water cooler to the Estates Department.

WARD BARBEQUES

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

In view of the food borne infection risks associated with handling and cooking of raw meat products, ward staff are required to follow the guidelines listed below when arranging a barbeque for patients / residents.

Standards

1. The ingredients must be supplied by a Hospital catering department, who will purchase them from an approved supplier (either Scottish Health Service Supplies or locally approved)
2. The catering department will cook all raw ingredients (meat only) to a core temperature of 75°C and then blast chill immediately after cooking
3. Where cooking of raw ingredients has been approved to support rehabilitation activities, this must be organised with the catering manager. It is a requirement for the member of staff supervising the cooking process to have a current elementary food hygiene certificate. Food temperatures must be recorded and sent to catering department. (Note: the core cooking temperature from raw must reach 75°C and reach 82°C for reheating)
4. The catering department will wrap the cooked and chilled product in foil and send to the Ward/Department in an **insulated container at a time as close to the event time as possible.** (Container to remain closed until the start of the barbeque)
5. Ward staff should prepare the barbeque in the normal way, using the precooked and chilled ingredients supplied by the catering department
6. The Ward Staff must ensure a high standard of personal hygiene before handling the cooked food and then cook the food on the barbeque to provide the colouring/final cooking. A digital thermometer reading (which can be supplied by the catering department) must be taken to ensure that the core temperature of the item reaches 82°C, and must be recorded. Once this has happened, the food is ready for service. If there is any food left over from the barbeque it must be discarded as soon as possible
A second reheat is not permissible.

TAKE-AWAY FOODS

Aim

While relatives should be discouraged from bringing in foods, staff should ensure that take away and other foods are dealt with in a safe manner to prevent food related illnesses

Any deviation from this for patient benefit must be documented in the patients' notes. A record should be made of the food eaten, the date and time of consumption, and where it was purchased or made.

Standards

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

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

FOOD HANDLING

Aim

Staff should prepare and manage food in a safe manner in accordance with current food legislation to prevent food related illness.

A 'food handler' is any person who handles drinks or opened/unopened food, equipment, utensils or surfaces used for food preparation/serving. A 'food handler' is also anyone who may touch food contact surfaces or other surfaces in rooms where open food is handled, including managers, cleaners, maintenance contractors and inspectors [FSA, 2009].

Standards

1. Food Handlers

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

1.1 Serving of Food

- Any food served should be in line with the care plan of the individual

- Serving of food should commence as soon as possible and within **15 minutes of arrival**. Any food deemed unacceptable must be returned to the issuing kitchen and the Catering Manager / Deputy informed
- Food in insulated containers: the container lids must not be removed until food is to be served
- Ice cream sent to wards in trolleys should be placed in ward kitchen freezer immediately on arrival. Where a kitchen freezer is not available the ice cream should remain in the insulated container and should be served at the end of that meal. All unused ice-cream must be disposed of
- Food from the patient food trolley should not be stored at ward level, with the exception of date-stamped pre-packed products. If patients are out of the ward at meal times, please contact the catering staff to make alternative arrangements
- All unused food must be returned to the main kitchen or central wash-up, or disposed of via a waste disposal unit. No unused food must be kept on the ward. **Staff must not consume food or drink intended for patients**

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

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

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

2. Patient Food

Relatives should be discouraged from bringing in foods and are restricted to providing commercially available products, which are date stamped and labelled with the patient's name. The rationale for any exception from this must be documented in the patient notes. A record should be made of the food eaten, the date and time of consumption, and where it was purchased or made.

3. Microwave Ovens

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

4. Windows

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

5. High Risk Foods

Definition: Foods which, under favourable conditions, support the multiplication of pathogenic bacteria and are intended for consumption without further treatment that would destroy the pathogens. Such foods are usually ready to eat, high protein, moist foods which require refrigeration.

They include:

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

6. Food Hygiene

Healthcare staff must provide a high standard of food hygiene to ensure that food poisoning is prevented.

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

Issue Date: February 2023

Review Date: February 2025

UNCONTROLLED WHEN PRINTED

Please contact the Catering Department for details on available food hygiene training.

The ten main risk factors for food poisoning:

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

7. Personal hygiene

A high standard of personal hygiene is very important to prevent the food handler contaminating food.

To prevent contamination:

- Food handlers must wash their hands regularly throughout the working day, and especially:
 - after visiting the toilet
 - on entering and re-entering the food preparation area
 - between handling raw and cooked food
 - after eating, smoking, coughing, sneezing or blowing their nose
 - after handling waste food or refuse

- after handling cleaning chemicals
- Smoking is prohibited in any room in which food is prepared or stored
- Fingernails should be kept short and clean. Nail varnish may contaminate food and therefore should not be used. False nails must not be worn
- Hair must be worn short or tied up in accordance with the [Dress Code, Uniform and Laundering Policy](#)
- Food handlers should not eat or, chew gum, taste food with their fingers or unwashed spoons or blow on china or glass to polish it
- Avoid touching face, nose and mouth while preparing or serving food
- Cuts, spots and sores should be completely covered by a detectable blue waterproof dressing available from your place of work
- Food handlers should not wear earrings, watches, jewelled rings or brooches
- A clean blue disposable apron should be worn when preparing, cooking or serving food
- See also [National Infection Prevention and Control Manual](#)

8. Cleaning

Cleaning schedules must clearly outline the frequency which cleaning is to be carried out, the materials to be used including chemicals, the method to be used and the standards to be achieved. It is therefore essential that personnel who are asked to carry out such tasks are made aware of the content of the cleaning schedule for their area.

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

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

9. Pest control

Sightings of pests or pest damage should be reported to management immediately. Expert advice should be sought urgently by contacting the Estates Department who will call in specialists if necessary. Common pests include insects, flies, wasps, cockroaches, birds and rodents.

9.1 Good housekeeping

To reduce the risk of infestation, ensure that:

- Premises and refuse areas are kept in a clean and tidy condition. Lids are always kept on waste bins, which should be washed after emptying, together with the surrounding area. Waste must not be allowed to accumulate
- Food on display or awaiting preparation is always kept covered
- Spills are cleared away promptly
- Food is stored off the floor and clear of walls to facilitate regular inspection. Stock should be checked regularly and damaged stock removed
- Food is stored in pest/ rodent-proof containers and lids are always replaced
- All deliveries of raw materials, packaging and laundry are checked to ensure their freedom from infestation
- Drains are kept clean and in good condition, a water trap is always maintained and gullies have tight-fitting metal grills
- Vegetation covering the immediate outside access to the food premises should be removed

10. Temperature control

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

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

10.1 Delivery

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

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

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

10.3 Freezer temperatures (-18°C)

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

See also:

<http://www.legislation.gov.uk/ukpga/1990/16/contents>

<https://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/fitnesstoworkguide09v3.pdf>

WARD REFRIGERATORS

Aim

Ensure that refrigerated food for patients (and staff if facility is shared) is managed in a safe manner, to prevent food related illnesses.

Standards

1. The ward food refrigerator will be maintained by the Estates staff and cleaned and defrosted by the General Services staff or as per local policy
2. It is important that all faults are reported immediately to the Estates Department by the Nurse in Charge
3. All reported faults must have an agreed deadline for rectification and progress monitored
4. Refrigerators have a limited lifespan after which they are no longer effective. A replacement date should be identified for all fridges and replaced according to a programme.
5. The food refrigerator should operate between 1 and 4°C. The temperature must be recorded minimum twice daily and a record kept. Inform Estates department if the refrigerator temperature is operating out with 1 and 4°C. (Note: fridge temperature recordings should be made during periods of minimal activity when the fridge door has been closed for at least 2 hours; usually early morning and mid evening).
6. Freezer temperatures should operate between -12 and -18°C. The temperature should be recorded minimum once per day following the same principles as for refrigerators, and a record kept.
7. Recording sheets need to be returned to the catering department at the end of each month
8. All food and drink must be covered, labelled and dated while in storage
9. All items must be used in rotation. Food or drink must never be consumed after 'use-by' or 'best before' date

10. Large quantities of food must not be allowed to accumulate. Orders must only be placed for actual requirements. All surplus food must be disposed of
11. Pre-packaged food or drink purchased by staff or patients must be labelled with the date and name of the owner and sealed until use. Sufficient food for that day's use only should be brought in and stored
12. Prepared food brought in by staff for personal use must be clearly labelled with date and name
13. Relatives should be discouraged from bringing in foods and are restricted to providing commercially available products, which are date stamped and labelled with the patient's name. The rationale for any exception from this must be documented in the patient's notes. A record should be made of the food eaten, the date and time of consumption, and where it was purchased or made
14. The Nurse in Charge has the responsibility of ensuring that the refrigerator is checked at the end of evening shift and that items incorrectly labelled, stored or out of date are disposed of
15. Drugs or specimens must not be placed in the food refrigerator
16. Raw poultry, meat and shell eggs must not be stored in the refrigerator. Shell eggs may be stored in training kitchen refrigerators only, for the purpose of teaching patients how to hard boil eggs for example.

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 disposable cloths/paper for both washing and drying

Patient Food Fridge

Daily

- Check fridge temperature and record on temperature chart (Appendix A).
- 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 paper towels.

Weekly

- As per General Services schedule in DSR

Staff Fridge

Daily

- Check fridge temperature and record on temperature chart (Appendix A)
- 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 paper towels

Weekly

- Clean all surfaces thoroughly then dry with paper towels

- 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.

Appendix A: Fridge/freezer temperature recording sheet

MONTH _____

LOCATION/WARD _____

Refrigerator Temperature – RECOMMENDED TWICE PER DAY
 TAKE 1ST 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

UNIT	Fridge - Patients		Fridge - Staff		Freezer if applicable	Completed By (initials)	Corrective Actions	Initials
	AM	PM	AM	PM	AM			
DATE								
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								
29th								
30th								
31st								

	Critical Limit	Notes	Corrective Action Examples:
Refrigerator(s)	Target 4°C or below		<ul style="list-style-type: none"> ▪ Recheck temperature ▪ Consider if food is safe to use ▪ Dispose of food which may be contaminated ▪ Review staff training ▪ Report to Estates
Freezer(s)	Target -18°C Critical Limit -12°C		

Have the corrective actions been carried out?	Date checked by manager/supervisor	Initials
Yes/ No/ Not applicable		

PLEASE RETURN TO CATERING DEPARTMENT AT THE END OF EACH MONTH
 The Catering Department will retain these records for 3 months