

# Mid Essex Hospital Services

NHS Trust

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1	Estates & Facilities (Susan Brown, Andy Wright) Infection Prevention (Angela Hyman) Medirest (Roy Gernon)	New Policy	28 <sup>th</sup> August 2008
1.1	Jo Mitchell, Performance Manager	Typographical error	9 <sup>th</sup> September 2008
1.2	Head of Hotel Services Sue Brown,	Updated policy in line with Broomfield 2010	27 <sup>th</sup> August 2010
2.0	Head of Hotel Services Sue Brown,	Formal Review	November 2012
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3.1	Head of Hotel Services Sue Brown,	Updated to incorporate new working practices and change to uniform	July 2013
3.2 WD	Jo Mitchell	Working Draft	27 May 2016
4.0	Debby Munn	Full Review	18 <sup>th</sup> October 2018

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Appendix 1 Notification of Infectious Disease or Food Poisoning

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## **1. Purpose**

- 1.1 The purpose of this policy is to ensure that safe and wholesome food and drinks are provided for patients, staff and visitors, throughout the Trust.

## **2. Introduction**

- 2.2 It is the responsibility of Mid Essex Hospitals Services NHS Trust to provide safe and wholesome meals and a catering provisions service to its patients, staff and visitor's.
- All food preparation and food handling (whether used by Facilities Staff, Clinical and Administrative Staff or patients) areas should be maintained to safe and hygienic standards as stipulated by current legislation.
  - The Food Safety Act 1990, The Food Hygiene (General) Regulations 1970, (As Amended 1990)
  - The Food Hygiene (Amendment) Regulations 1990
  - The Health and Safety at Work Act 1974
  - Health Care Act 2006
- 2.3 The Catering department has a commitment to identify the potential food hazards within their operation and implement effective control and monitoring procedures at those points critical to food safety. The department has an Assured Safe Catering System, which is a system for managing Food Safety.

## **3. Scope**

- 3.1 This policy applies to all staff, patients and visitors including areas where staff, visitor or patients are provided with the facilities to prepare their own meals and beverages.

## **4. Aims of the Policy**

- 4.1 The aims of this policy are:
- To encourage staff to think about food hazards
  - To establish procedures which will promote awareness of Food Hygiene amongst all staff
  - To ensure due diligence with food hygiene
  - To involve staff at all levels to be aware and committed to safe food production
  - To satisfy current legal requirements
  - To minimise the risk of customer complaints or other action against the Trust

## **5. Roles & Responsibilities**

- 5.1 The Chief Executive has overall responsibility for ensuring that adequate catering services are provided to patients, staff and visitors.
- 5.2 The Chief Estates and Facilities Officer is responsible for ensuring that a catering service meets all legislative requirements is in place.

- 5.3 The Quality Assurance Team is responsible for monitoring the catering service to ensure that food hygiene regulations are met.
- 5.4 The Catering Manager is responsible for ensuring that the day to day operational issues surrounding the catering service within the Trust is conducted in line with this policy.
- 5.5 The Catering Assistants are responsible for ensuring that food hygiene legislation and good practice is adhered to in the service of food to patients, staff and visitors.

## **6. Catering Staff & Food Handlers**

### **6.1 Food Handlers**

Any staff member that is associated with the preparation or serving of food is deemed as a food handler.

### **6.2 Pre employment checks**

- 6.2.1 All catering staff must have a health check via the Occupational Health Service. All new starters should be trained to the Basic Food Hygiene standard and immediately informed of the Trust's Food Hygiene Policy (this must be signed for).
- 6.2.2 New staff must also be informed that should they suffer from diarrhoea vomiting, throat infections, skin rash, boils or other skin lesions they should report to their line manager, or the Occupational Health Nurse so that recognised procedures may be followed.
- 6.2.3 They should report also if:
  - Anyone at home is suffering from diarrhoea or vomiting
  - Any of their family has suffered gastro-intestinal illness whilst on holiday
  - They are returning to duty after suffering any of the above.

### **6.3 Personal Hygiene**

- 6.3.1 Food handlers must observe high standards of personal cleanliness and have a moral and legal obligation to do so.
- 6.3.2 Main Kitchen Staff: Personal clothing must be stored in lockers or cloakrooms. Protective clothing, e.g. chef whites and overalls, must be worn at work and must be kept clean and smart, and changed at regular intervals.
- 6.3.3 Ward Hostess Staff: must wear disposable green aprons within kitchen areas, when cleaning and clearing ward areas. The catering department ensure staff, are provided with sufficient uniform to ensure clean clothing is worn daily. Gloves are not required to be worn unless heat resistant for handling very hot equipment.
- 6.3.4 Footwear must be sensible, sturdy, low heeled and enclosed type and must be kept clean. Sandals or soft shoes such as trainers are not permitted.
- 6.3.5 Staff working in areas where open food is being prepared must wear a head covering that reduces the risk of hairs falling into food. Long hair must be properly tied back, without any trailing ends and fully contained in an approved hair covering.

- 6.3.6 Nail varnish and false nails must not be worn. Nails are to be kept short and scrupulously clean.
- 6.3.7 Cuts and abrasions must be covered by blue waterproof dressings.
- 6.3.8 Regular hand washing is essential and is to be carried out in designated wash hand basins only, which are provided with hot water, soap and disposable towel.
- 6.3.9 All food handlers must wash their hands and be bare below the elbows.

***Before:***

- Starting work and frequently thereafter
- Handling cooked or ready to eat food e.g. salads
- Entering food related environments

***After:***

- Visiting the toilet
- Coughing and sneezing or using a handkerchief
- Touching their face or hair
- Cleaning tasks
- Handling chemicals
- Handling rubbish and waste
- Wearing rubber or plastic gloves
- Breaks
- Eating and drinking
- Smoking
- Patient contact

***Between:***

- Handling different foods

***Before and After***

- Handling raw meat, poultry and fish
- Handling raw eggs

6.3.10 Food handlers must not wear jewellery other than un-jewelled wedding rings and plain sleeper earrings (1cm diameter). Any other body piercing jewellery is prohibited.

6.3.11 Bad habits that have to be avoided in food storage and preparation areas:

- Nose picking
- Coughing and sneezing
- Scratching and touching other parts of your body e.g. head or hair
- Nail biting
- Finger licking
- Tasting food with fingers

- Eating and drinking in food preparation and service areas

## 7. Temperature Control

- 7.1 It is a legal requirement that temperature checks are completed throughout the entire food chain (from delivery to consumption). These temperatures will vary from the point of delivery through to storage, during preparation, cooking and service and where applicable cooling and reheating of foods.
- 7.2 Listed below are the acceptable temperature limits

Stage	Temperature
Cook chill products	Below 3 <sup>o</sup> c
Chilled delivery	At or below 8 <sup>o</sup> c
Frozen delivery	-15 <sup>o</sup> c or colder
Chilled storage	Between 0 <sup>o</sup> c and 5 <sup>o</sup> c
Frozen Storage	-18 <sup>o</sup> c or colder
Cooking	75 <sup>o</sup> c or higher
Cooling	Foods must reach 5 <sup>o</sup> c within two hours
Reheating	75 <sup>o</sup> c
Hot service	63 <sup>o</sup> c or higher
Cold service	At or below 5 <sup>o</sup> c

### 7.3 Exemption from Temperature Control

- 7.3.1 For practical reasons, high risk food may occasionally need to be kept outside of the temperature limits shown above, e.g. during food preparation, but these periods must be kept as short as possible.

### 7.4 Cold food – the 4 Hour Rule

- 7.4.1 High risk food that should normally be stored below 5<sup>o</sup>c can be displayed above this temperature, provided that it is for a single period of up to 4 hours. Examples of situations where this exemption may be used include salad bars, cheese boards, buffets and sandwich trolley rounds. Any leftover food must be discarded immediately at the end of this period.

### 7.5 Hot Food – the 2 Hour Rule

- 7.5.1 High risk food that should normally be stored above 63<sup>o</sup>c can be displayed below this temperature, provided that it is for a single period of up to 2 hours. However the quality of the food is likely to suffer and therefore this exemption should be avoided and only used when absolutely necessary.

### 7.6 Kitchen / Patient Refrigerator and Freezer Temperature Monitoring

- 7.6.1 In order to ensure food safety, it is essential to check the temperature of all refrigerators and freezers on a daily basis.
- 7.6.2 The temperature of all refrigerators and freezers (including ward kitchen refrigerators) should be checked twice daily. The first check should be made at the beginning of the day, the second check mid afternoon.

7.6.3 A calibrated probe thermometer should be used to check the temperature of refrigerators and chilled display units using a temperature monitoring sample. This should be a plastic container filled with water, or a dated foil wrapped fat/margarine sample. To take the temperature, sanitise the probe using probe wipes and insert the probe into the temperature monitoring sample, allowing a few seconds for the reading to stabilise.

7.6.4 In order to get accurate and reliable readings of freezer temperatures, a sanitised, calibrated probe thermometer should be sandwiched tightly between packs of pliable foods e.g. frozen vegetables. Avoid puncturing packaging.(If this is likely to be the case use the infra red probe). Leave the probe to adjust to the temperature for up to 5 minutes before taking a reading.

## 7.7 Temperature Record Keeping

7.7.1 Kitchen / Patient Refrigerators: Written records of these temperatures must be made and retained for three months by the Catering Manager. Faults should be reported to the Catering Manager.

7.7.2 Staff refrigerators: good practice dictates that temperature controls are measured on a daily basis and records maintained locally for 3 months. Any faults should be reported to the FM Helpdesk on Extn. 6000

## 7.8 Probe Calibration

7.8.1 The accuracy of all food thermometers should be checked monthly. This can be done by part filling a container with broken ice. Wet the ice with a small amount of water and allow a short time for the temperature to equalise. Insert the tip of the probe into the ice/water and leave for three minutes before taking the probe reading. A reading between  $-1^{\circ}\text{C}$  and  $+1^{\circ}\text{C}$  is acceptable. Hot calibration is measured by kettle hot water insert the probe into the steam to reach between  $+99^{\circ}\text{C}$  maximum  $+101^{\circ}\text{C}$ .

7.8.2 If calibration either checks indicates a faulty instrument then the probe should be returned to the catering office for repair. The results of the monthly self-calibration checks should be recorded for each probe in use.

## 8. Storage of Food

8.1 Correct storage of food is fundamental to the hygienic operation of food safety. Failure to ensure satisfactory conditions of cleanliness, temperatures and stock rotation can result in problems of unfit or spoiled food. This includes mould, discolouration, staleness and insect and rodent infestation.

### 8.2 Product Date Codes

8.2.1 To ensure good stock rotation and compliance with the Food Labelling Regulations, all foods must be date coded. Unprepared and uncut fruit and raw vegetables must all be date coded either on the individual box eg strawberries or the individual fruit eg melon. The box which the food, such as apples and bananas, are stored should be marked with the date that it was received and placed in storage. However, the box in which the food is stored should be marked with the date that it was placed in storage.

8.2.2 Date codes are classified under two headings:

**“Use by”** – applied to highly perishable “high risk” products such as cooked meats, dairy products

**“Best before”** – applied to perishable and non perishable foods, e.g. cereals and packed products, cans, usually with a shelf life of over three months.

8.2.3 All products must be used before the expiry of these dates and care must be taken when using products to check labelling instructions, which may indicate for example

- Refrigerate after opening
- Use within three days of opening.

8.2.4 The rule **“First in – First Out”** should always be applied.

8.2.5 Opened packs of food should be decanted into clean containers with close fitting lids labelled and date coded in accordance with the manufactures recommendations.

### 8.3 **Dry Foods**

Rooms and cupboards used for the storage of dried and canned foods should be:

- Dry
- Cool
- Well lit
- Ventilated
- Vermin proof
- Clean

8.3.1 Opened packets and bags of dry foods should be placed into airtight-lidded containers. If the packaging is discarded, the container should be labelled with the ‘best before date’. Dry goods should not be stored on the floor and ensure that there is enough space underneath the lowest shelves to allow thorough cleaning. Regular checks for evidence of pests such as droppings, chewed up materials and dead insects should take place.

### 8.4 **Chilled and Frozen Foods**

8.4.1 Chilled and Frozen Food must be stored in a refrigerator or freezer immediately after it has been delivered.

8.4.2 Raw and cooked foods must be separated. Wherever possible, different refrigerators should be provided for cooked meats, cooked fish, raw meat, raw fish and dairy produce to reduce the risk of cross contamination.

8.4.3 Where this is not practical, raw and cooked food should be stored in separate fridges, and where only one fridge is available raw food, including fresh eggs, must be stored below cooked and ready to eat food.

8.4.4 Outer cardboard or wooden boxes must not be used to store food in refrigerators. Foods that have been decanted from their original packaging (including frozen food and vacuum

packed food) must be labelled with 'use by' or 'best before' date on the original packaging.

8.4.5 If the content of a can of food is only partly used, the remainder must be transferred to a clean container, covered, date coded, and stored in the refrigerator.

8.4.6 The temperatures at which food must be stored at are as follows:

- Chilled food 5°C or lower. In the case of cook chill food 3°C
- Frozen food -18°C or colder

## 8.5 Staff Food and Storage

8.5.1 In order to comply with food hygiene legislation staff placing food in refrigerators whether for patient or staff consumption must be labelled and dated.

8.5.2 The labelling must indicate who it belongs to and the date it was placed into the refrigerator. Catering staff will dispose of any food that is undated or has been in the fridge for more than 2 days for example dated today (day1) the next day (day 2) disposed of on day 3.

8.5.3 Any food that has a manufacturer's sell/use by date must be labelled with the owner's name and will be disposed of by catering staff when this date is exceeded.

8.5.4 Staff will only be permitted to place their food in patient refrigerators if there is adequate storage space after all the patient catering needs are taken care of.

## 9. Preparation of Food

9.1 Wherever possible, the preparation of raw food, such as raw meat, fish, and vegetables must be carried out in a specific area, away from surfaces where cooked and ready to eat foods are prepared. Where physical separation is not possible, it is essential that preparation surfaces, sinks and utensils be thoroughly cleaned and sanitised between each food preparation task.

9.2 Food that is past its 'Best Before' or 'Use By' date, must not be used, nor must food in badly dented or rusted cans.

### 9.3 Cook Chill Foods

9.3.1 This method of preparation is where the food is thoroughly cooked, then chilled rapidly in a blast chiller to a temperature of 3°C or below within 90 minutes. The food is then stored between 0°C and 3°C for a predetermined period, until required for reheating. Cook chill foods should be reheated to a temperature of at least 75°C.

### 9.4 Cook Freeze Foods

9.4.1 This method of preparation is where the food is thoroughly cooked then frozen rapidly in a blast freezer to a temperature of -1°C or below within 90 minutes. The food is then stored between -18°C and below for a predetermined period, until required for reheating. Cook freeze foods should be reheated to a temperature of at least 75°C.

## 10. Cleaning and Sanitising

10.1 It is a legal requirement that all parts of food premises are kept clean. An area specific cleaning schedule must be completed to help maintain a high standard of cleanliness. It must be split into daily weekly and monthly tasks and include:

- Every surface (walls, floors and, if appropriate, ceiling) all equipment (ovens, fryers grill, etc.); all fixtures and fittings (preparation tables, extract canopy, etc.)
- The method of cleaning
- The chemicals and equipment to be used
- Any personal protective equipment (PPE) that must be worn
- Safety points e.g. isolation of electrical equipment
- Who is to undertake the cleaning
- Time of day when cleaning is to take place
- The frequency of cleaning
- The standard of cleanliness required
- Who will supervise/monitor the effectiveness of the cleaning

### 10.2 Kitchen / Patient Refrigerators

10.2.1 Refrigerators will be fully cleaned weekly removing contents, and check cleaned daily, undertaken by the Catering Department.

#### 10.2.2 Weekly Clean

- Wash hands and put on gloves
- Remove food to another suitable storage area
- Discard any out of date or unlabelled food
- Remove all loose debris and excess soiling
- Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instruction)
- Dampen or rinse a cloth in the cleaning solution and wring out well
- Remove and clean all shelves, hanging rails and drip trays and take to a cleaning area to dry.
- Cleaning accessible fan parts, door seals and handles when it becomes soiled.
- Return the shelves, hanging rails and drip trays to the correct position
- Replace food in the correct order (but only when the correct refrigerator temperature has been reached.
- Check the refrigerator temperature is correct. If it is not, report to a Team Leader.
- After use, all equipment should be checked, cleaned, dried and returned to the storage area.
- Dispose of the cloth when the task is completed.
- Remove gloves and wash hands.

**Note- frequently rinse the cloth in the cleaning solution. Change the cleaning solution**

#### 10.2.3 Check Clean

1. Wash hands and put on gloves
2. Discard any out of date or unlabelled food
3. Clean any spillages within the refrigerator
4. Remove gloves and wash hands.

### **10.3 Staff Refrigerators**

- 10.3.1 Refrigerators should be fully cleaned weekly removing contents, and check cleaned daily by ward / departmental staff following the above procedure for kitchen refrigerator.
- 10.3.2 Any faults or repairs should be reported to the FM Helpdesk on Extn 6000.

### **10.4 Catering Folder**

- 10.4.1 The Catering folder is held in each Ward kitchen and gives information on Patient Menus, Nutritional details, Special Menus and microwave cooking times, programs and most importantly the patient feeding instructions which states that when the patient board above the bed is blank, Ward Hostesses must check with nursing staff before offering food and/or beverages to the patient.
- 10.4.2 Service Instructions for Ward Hostesses on the menu ordering system, blank fax sheets for cook chill and the meal temperature probes sheets are also contained within the folder.
- 10.4.3 In addition included in the folder are the blank refrigeration temperature recording forms, cleaning schedules, ward equipment check lists, COSHH information and a copy of the Trust Food Hygiene Policy and Hand Hygiene/Infection Prevention Policy.

## **11 Waste Disposal**

- 11.1 Food waste and other refuse must not accumulate in kitchens and should not be left overnight. Waste bins and sacks must be regularly emptied throughout the day. Internal refuse containers should be maintained in good condition and be regularly cleaned and disinfected in accordance with the Trust Waste Management Policy and Cleaning Policy.
- 11.2 If refuse containers in food preparation areas are fitted with lids, they should be foot operated.
- 11.3 Cardboard boxes must not be used as refuse containers. The central refuse containers and refuse storage areas must be maintained in good condition and be regularly cleaned. Bins must be fitted with close fitting lids that are kept shut. Refuse must not be allowed to accumulate externally as this can provide potential harbourage for pests.
- 11.4 Waste oil should be removed by an approved contractor and appropriate paper work kept on file in accordance with the Trust Waste Management Policy.

## **12. Food Pests**

- 12.1 Kitchen areas can provide ideal conditions for the survival and multiplication of pests.
- 12.2 Cockroaches, houseflies, ants, insects, mites, rodents (especially mice), cats and birds can spoil and contaminate food – and thereby transmitting infectious diseases.
- 12.3 Pests can come into the kitchen with foodstuffs or equipment or be attracted to conditions favourable to them. Later they may move or be carried to previously uninfested areas in food trolleys presenting a health risk to the consumer.

## 12.4 Pest Control

12.4.1 The strategies that must be in place to prevent kitchen pests are:

- Ensuring cleaning schedules are properly carried out
- Inspecting dry goods regularly for signs of infestation
- Reporting all pest sightings to the FM Helpdesk
- Removing refuse and food waste from the kitchen as soon as possible
- Reporting any defects in the building fabric that could be conducive to infestation to the FM Helpdesk on Extn 6000.

## 13. Environmental Health Officer (EHO) Visits

13.1 The Environmental Health Officer (EHO) is a local authority official responsible for the enforcement of legislation relating to food hygiene and food safety. The functions of an EHO in the field of food hygiene can be summarised as follows:

- To ensure product safety and fitness for consumption
- To reduce possible sources of contamination entering the food environment
- To monitor conditions and hygienic operation within the food environment
- To ensure compliance with relevant legislation
- To establish the integrity of management and effectiveness of control procedures
- To offer professional advice

13.2 Hygiene offences can be the subject of a prosecution or the issue of an improvement notice allowing not less than 14 days to comply. Where there is an imminent risk of injury to health, an emergency prohibition notice can be served requiring the immediate cessation of a process or use of equipment, or closure of the premises; food which is regarded as unfit for consumption or is contaminated can be seized. However, most EHO's prefer, in the first instance, to act by means of a letter specifying items to be remedied within a stated time, provided they are confident the work will be carried out.

13.3 On the day of the EHO visit, the Catering Manager is to provide the Estates and Facilities Site Manager with an overview of findings and when received a copy of the letter provided.

## 14. Patients' Own Food

14.1 It is recognised that some visitors will bring food into hospital for patient consumption, and the Trust would not want to prevent them from doing this. However, it should be recognised that the Hospital cannot take responsibility for this food because it is not possible to control its storage and preparation prior to being brought in for the patient. Cooked food brought into the Trust for patient consumption should be given to the patient by the visitor. Any foods that are not consumed should be disposed of or taken by the visitor.

14.2 If visitors bring in food, good practice dictates that hot food brought in for a patient should be in a flask or similar vessel to maintain temperature. Likewise, cold food should be in a flask or similar vessel to maintain temperature.

14.3 Wards display a 'Patients Own Food in Hospital' (Appendix 2) notice advising the type of food items that can be brought into hospital and those that should be discouraged.

14.4 Patient food should not be reheated using ward microwaves as this is potentially a food hazard.

## **15. Training**

15.1 All catering staff should be trained to the Basic Food Hygiene standard and immediately informed of the Trust's Food Hygiene Policy.

15.2 Training will include:

- Practical on the job training by a competent Supervisor/Manager
- Theoretical training as part of structured food hygiene training
- Product specific task training e.g. use of a particular cleaning product of specialised cleaning equipment
- Specific task training e.g. cleaning dangerous machinery such as meat slicers
- Chemical safety training
- Use and care of protective equipment

15.3 Catering staff involved in cleaning tasks must be properly trained and this must be recorded on their training record.

15.4 All Therapists overseeing food preparation as part of patient rehabilitation must all be trained to the Basic Food Hygiene standard.

15.5 Staff will take part in e-learning programmes on an as required basis.

15.6 All staff will complete their mandatory training in the time scales dictated by the organisation.

## **16. Monitoring**

16.1 Ward kitchens are audited on a monthly basis by the Ward Hostess Supervisors. Results are logged by the Estates and Facilities Quality Assurance team and forwarded to the Catering Manager for action.

16.3 The main kitchen is formally audited on an annual basis by the EHO and monthly Catering Team Leader. Additional Auditing takes place by the Estates and Facilities Quality Assurance Team on a quarterly monthly basis.

16.4 Hazard Analysis Critical control Point (HACCP) review takes place by the EFM Quality Assurance Team on an annual basis or when there has been an alteration in the kitchen area. Six monthly reviews take place of this documentation by the Catering Management team.

16.5 In the event of food poisoning being suspected a DATIX form should be completed, and where applicable a Notification of Infectious Disease or Food Poisoning Form should be completed.

(Refer to Appendix 1)

## **17. Communications and Implementation**

17.1 This policy will be issued to the following staff groups to disseminate and ensure their staff are made aware of the policy:

- All Catering Staff – as part of training and inductions
- Departmental Managers - issue to relevant nursing staff within their department
- Estates and facilities Site Manager

17.2 The guideline will also be issued via the Staff Focus and made available on the Intranet and a hard copy available in the Ward/Department Infection Prevention Policy folder.

## **18. Equality & Diversity**

18.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

## **19. Review**

19.1 This policy will be regularly reviewed and updated in accordance with developments in legislation and with particular reference to identifying points that are critical to food safety.

## **20. References**

- The Food Safety Act 1990,
- The Food Hygiene (General) Regulations 1970 (As amended 1990)
- The Food Hygiene (England) Regulations 2005
- The Health and Safety at Work Act 1974
- Health Care Act 2006



**SECTION 3 - FOREIGN TRAVEL**

<b>COUNTRY/ COUNTRIES VISITED:</b>													<b>DATES OF TRAVEL:</b>	<b>From:</b>						
														<b>To:</b>						

BROOMFIELD HOSPITAL COURT RD,BROOMFIELD CHELMSFORD ESSEX CM1 7ET	<b>COMMENTS:</b>
	<b>Signature of Notifying Doctor:</b>
	<b>Date of Notification:</b>

**Please Return To:** Essex Health Protection Unit, 8 Collingwood Road, Witham, Essex, CM8 2TT  
**or**  
**Fax To:** 01376 302278

**IF YOU NOTIFY US, YOU DO NOT NEED TO NOTIFY YOUR LOCAL AUTHORITY**



## Patients Own Food In Hospital

The catering department at Broomfield Hospital has developed its food and beverage service so that there is something available for all patients irrespective of their dietary and/or cultural needs. Taking consideration of the wide variation in people's preferences we have tailored a menu with a suitable range of choice. However, it is acknowledged that some patients may want to supplement the hospital's food with other choices that are more to their taste or 'treats' not provided through the service. [Due to the importance of bringing in food which is safe and hygienic, the Trust is providing the following guidance and advice on what brought-in foods are seen as acceptable and those that are discouraged due to their potential to cause harm] Special consideration must be given to suitability of food if a patient has a special diet requirement such as texture modified/easy swallow meals.

### **Accepted** – Foods that are acceptable:

Fresh fruit, ready made sandwiches, salads and other ready-to-eat foods. Hot food takeaways that are still fresh and non-chilled pre-packed foods/snacks, such as crisps. Please ensure the use-by/best-before date has not been exceeded.

### **Discouraged** – Foods that are discouraged:

Anything with raw meats or fish, (or items that have come in contact with such foods) items that require cooking (even if microwave meals as not all wards have microwaves available) and soft cheeses such as Brie & Camembert.

Please note that the Trust accepts no responsibility for the safety of food that is not directly supplied by the catering service and does not have the capacity to store such items in hospital areas.