

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Ward Food Hygiene Policy

Effective: April 2011

Review: April 2014

### 1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust has a moral and legal responsibility to protect its patients and staff from food poisoning. Consideration has been made to the Food Safety Act 1990<sup>1</sup>, The Food Hygiene (England) Regulations 2006<sup>2</sup>.

### 2. Responsibility

The sister or charge nurse is responsible for ensuring maintenance of day-to-day standards of hygiene in ward kitchens and beverage bays. It is also their responsibility to ensure that staff are made available to attend annual, mandatory training sessions on food hygiene. All staff has a responsibility to ensure food hygiene standards are maintained within their work areas.

### 3. Training

All secondary food handlers must complete annual food hygiene training on-line via Breeze following induction. Attendance must be recorded. This Policy seeks to compliment this training and provide a checklist. The Catering Manager will provide additional training upon request. Training uptake will be provided to Directorate Managers through Electronic Staff Record (ESR).

Details of specific food hygiene and safe food handling systems can be obtained from Training & Development Department or the Catering Services Manager.

### 4. Nutrition Champion

A Nutrition Champion is a designated member of staff on each ward who has a key responsibility for patient foodservice. Part of their role is to collate data in relation to Safe Food Handling systems. The collation of ward side food hygiene data would not be the remit of the Catering or Hotel Service staff, however Catering Services can support with training for this process (primarily RVI).

### 5. Occupational Health

All staff must inform the Work life and Wellbeing Centre (WWBC) if they are suffering from

- Diarrhoea or vomiting
- Throat infections
- Skin rashes
- Boils or any other skin lesion

Any secondary food handler suffering from diarrhoea should inform the WWBC within working hours. Out of hours, they must inform their line manager and then WWBC at the beginning of the next working day. They will be asked to submit a stool specimen. Staff suffering from diarrhoea will not be allowed to return to work until they have been symptom free for 48 hours.

It is important that managers monitoring sickness inform the WWBC and Infection Prevention and Control if they have **more than one** member of their staff off duty at one time with a gastrointestinal illness.

## **6. Patients and Residents**

Patients admitted with or developing diarrhoea of an unknown cause, whilst in the care of the Trust, are potentially infectious and should be nursed in standard isolation. Please refer to the Trust Isolation Policy. Where appropriate, consider investigations for food poisoning, stool specimens should be sent to the Microbiology Laboratory at Freeman Hospital. Ward residents must be asked to inform the nurse in charge immediately if they develop diarrhoea. Infection prevention and control must then be informed.

**Infection Prevention and Control advice can be sought 7 days a week**

**Infection Prevention and Control Nurses RVI Dect 24994 or FH 27431**

**Out of hours the on-call microbiologist can be contacted via switchboard**

## **7. Hand Hygiene**

The hands of health-care workers are the most common vehicle for the transmission of micro-organisms. All secondary food handlers are required to wash their hands before and after contact with food. See Trust Hand Hygiene Policy.

Prior to and post meal service, hands must be washed using liquid soap and running water, then dried thoroughly to render them socially clean as per Hand Hygiene Policy. It is important to offer patients hand washing facilities, this may include hand wipes for individual patient use.

**Hand wash basins are for handwashing only and must not be used for any other purpose.**

## **8. Protective Clothing**

Ward based staff are required to don a clean plastic apron of the appropriate colour (blue), from a dispenser immediately prior to handling and serving food and beverages. This must be replaced each time non-food handling duties are carried out. A supply of aprons for this purpose must be stored in the ward kitchen or store cupboard and not in a clinical/sluice area.

The Ten Golden Rules for food hygiene must be applied when handling food. **(See Appendix 1).**

## **9. Temperature Control**

To maintain food at a safe temperature, i.e., hot food above 63°C and cold food below 5°C, it is essential that:

- Food is transported as quickly as possible
- Food trolleys are plugged in where appropriate

- The delivery personnel (Porter or Ward Hostess) inform Ward Staff of the trolley's arrival
- Regenerated food (RVI) is probed and then recorded either on the relevant record sheet or on the food trolley. The probe must be cleaned after each use with 'probe cleaning wipes'. The probe must be stored in the kitchen/beverage bay or zone kitchen
- Food is served promptly following regeneration
- **Food must not be reheated.** If a patient is unable to eat at planned meal times, an alternative meal will be made available on request to the Catering Department. **Under no circumstances should meals be kept at ward level for subsequent use. Please note snack boxes are available from the designated access points:**

Freeman Hospital – Catering Services Department

#### **RVI Snack Fridge Provision:**

Ward 2, GNCH **ONLY**

Ward 6, NVW

Ward 15, NVW

Assessment Suite, Leazes Wing

Ward 32, Leazes Wing

- High risk contents of snack boxes, e.g. sandwiches and yoghurts, must be discarded within 2 hours of service. These must be labelled appropriately with the date and time of storage. Out of hours, a record of food taken from the fridges must be maintained
- Sip feeds (such as build up) made with milk should not be left standing on the bedside locker for more than 4 hours, after which time they must be discarded
- All sip and baby feeds must be labelled accordingly with date and time
- All unused food, hot or cold, must be returned to the kitchen with the trolley
- With prior permission from the Catering Manager, certain wards/areas may hold a supply of canned soups, baked beans, spaghetti and milk puddings which can be reheated within the ward kitchen/beverage bay if required

#### **10. Refrigerator (At Ward Level)**

**The Sister or Charge Nurse is responsible for ensuring that the following refrigerator controls are maintained:**

- Clean and defrost weekly, clean spills as they occur
- Check door seals
- Use only for short term storage

- Restrict storage of staff and patients (including parents) personal food. Where storage is essential, all items must be wrapped or sealed and labelled with the person's name and the date it was placed in the refrigerator
- Expiry dates should be checked daily by a nominated member of the ward staff. Any food found to be out of date must be discarded
- Carrier bags must **NOT** be put into refrigerators as they have a high risk of external contamination

**Under no circumstances should raw meat or poultry be stored in the ward refrigerator.**

- Refrigerators should be used for food storage **ONLY**
- The refrigerator temperature should be checked in the **morning and evening** and recorded. The refrigerator should operate between 1°C – 5°C. The nurse in charge should be informed of any rise in temperature. Where there is a rise in temperature, the door should not be opened for 15 minutes when a second reading should be taken. If the temperature remains incorrect, notify the Estate's Department via the fault line immediately. Out of hours, contact the on-call Estates Shift Craftsman via switchboard in order to escalate repairs. Patient Services Coordinator (PSC) must also be contacted so that they are made aware of the fault and fridge repair status
- All new appliances should be fitted with a digital temperature display and be designed to operate between 1°C – 5°C

#### **11. Bread**

Bread should be stored in the ward kitchen/beverage bay, in its original packaging and should not be used after the manufacturer's expiry date. Strict stock rotation must be observed at all times and stored in pest proof containers.

#### **12. Eggs**

The preparation, cooking and use of eggs at ward level (other than supplied by NHS Catering Service) are prohibited.

#### **13. Tomato Sauce**

Sachets of tomato sauce can be stored at room temperature, once opened they must be discarded. Bottles of tomato sauce must be stored in the refrigerator once opened and should not be used after the manufacturer's expiry date. Bottles must **never** be taken into any patient area, decant into single use container and then discard.

#### **14. Butter and margarine**

Butter and margarine portions/tubs must be stored in the refrigerator and stock rotation maintained. These must not be used after the manufacturer's expiry date. Tubs of butter or margarine must **never** be taken into a patient area, decant into single use container, and then discard. Consider single patient use portions.

## **15. Dry Foods**

Inspect packaging for damage and check the use by date on receipt and before use, store in sealable, separate, clean containers and use under strict stock rotation. The containers must be washed and thoroughly dried once per week.

## **16. Microwave Ovens**

The use of microwaves should be discouraged. They can pose a serious risk to health through incorrect use.

Where they are deemed necessary, they must be of commercial design and spot cleaned after use. It is the user's responsibility for ensuring cleanliness of this equipment at all times; this will be monitored by the Ward Sister or Charge Nurse. All new microwave ovens should operate at 850 - 1,000 watts. If microwave ovens are not cleaned and maintained **adequately**, they will be removed.

**Under no circumstances should they be used to reheat patients' food.**

They may be used for:

- Boiling of fresh milk for beverages and cereals
- Heating of canned baked beans, spaghetti, soup and milk puddings
- Further advice can be sought from the Catering Manager

## **17. Zenith Beverage Trolleys (RVI sites only)**

Please follow the manufacturers instructions for their use, maintenance and cleaning. Contact the Catering Manager if problems occur.

## **18. Enteral Feeds**

Enteral tube feeding has been associated with microbial contamination. A nutritionally complete, sterile feed should be used at all times, unless otherwise directed by a dietician.

A technique that maintains the sterility of the system must be used to attach feeds to administration equipment. Dilution of feeds is bacteriologically undesirable. If dilution is unavoidable, feed and container should not hang for more than 4 hours and should thereafter be discarded.

Maximum recommended permitted hanging times for feeds:

- Sterile 24 hours
- Non Sterile 4 hours

**Giving Sets to be changed every 24 hours using a clean technique**

Avoid decanting partially used feeds between containers.

## **19. Medicine Pots**

These should be washed in the kitchen sink using hot water and detergent, NOT in the hand wash basin, and thoroughly dried. Disposable medicine pots must be discarded following use.

## 20. Dishwashers

These must be of a commercial design WRAS (Water Regulations Advisory Scheme) approved and responsibility for cleaning lies with the Ward Manager. The dishwasher must be cleaned weekly or if visibly dirty; door seals must be checked.

## 21. Meal service

Before return to the hospital kitchen/zone, trays should be checked for any extraneous items, i.e. dentures, sputum cartons, dressings, sharps etc. which must be removed at ward level. All waste food must be returned to the main kitchen/zone kitchen.

## 22. Access to ward kitchens

- Patients/parents should not have access to the ward kitchen/beverage bay and refrigerator
- The 10 Golden Rules for Food Hygiene must be applied to all food related tasks (See Appendix 1)

## 23. Reporting Responsibilities

- Faulty equipment should be reported to the Estates Department immediately using the fault line extension 21000
- Any signs of pest infestation, e.g. mice, cockroaches, ants, etc., must be reported to the Estates Department. Out of hours, contact the switchboard who will notify the on-call Building Officer / Shift Craftsman
- Comments with regard to food should be reported to the Catering Services Manager on telephone extension 48681 or 31570 at Freeman and 20248 or 24714 at RVI

## 24. Maintenance/Repair

The Estates Department will carry out Planned Preventative Maintenance on essential equipment, e.g. fridges, dishwashers, and respond as a matter of urgency to breakdowns. Estates contact number 21000.

## 25. Suspected Food Poisoning Outbreaks

Immediately report to Infection Prevention and Control, out of hours contact the microbiologist on call. Refer to the Trust policy for dealing with Major Outbreaks of Infection in Newcastle Hospitals.

## 26. Bringing Refreshments into Hospital

### ▪ High Risk Foods

The following foods may constitute a serious risk to health if inappropriately handled, and **must** be avoided by immunocompromised patients (please refer to local guidelines). As such, patients and visitors must be **strongly discouraged** from bringing the following foods into hospital: -

- Sandwiches

- Cooked Meats
- Cooked Rice
- Fish Paste
- Fresh or synthetic cream e.g. trifles, cream cakes, etc.
- Shell Eggs
- Take Away Foods

Patients who choose to accept the risks associated with bringing high risk foods into hospital must complete a disclaimer (see Appendix 2) which has been approved by Trust Solicitor.

#### ▪ **Foods Allowed**

Providing that there are no clinical contraindications, the following items may be brought into the hospital by the patient/visitor/carer:

- Pre wrapped biscuits
- Fresh fruit
- Confectionery
- Bottled or canned drinks
- Yoghurts (must be refrigerated)

Specific dietary requirements should be discussed with the Nurse-in-charge of the ward.

## **27. Sabbath Boxes for Jewish Patients**

The Sabbath Box will be managed via Aaron Sandler from the Gateshead Community. The box will be for Kosher use only.

**The following list demonstrates suggested items to store in the Sabbath box.**

Prayer book  
 Bible  
 3 187ml bottles of grape juice  
 1 jar of fish (long life can be kept at ambient temp)  
 1 box matzos (religious crackers)  
 Box of biscuits  
 2 bars chocolate  
 Sweets  
 Snood (female head covering)  
 Bottle water  
 Disposable cups, plates, knives, forks and spoons  
 Box tissues/toilet paper

## **28. Monitoring**

A formal inspection of all ward kitchens is undertaken on an annual basis via the Cleanliness in Hospitals Audit and the Customer Services Audit via Catering Management Team. The kitchen environment is also monitored on a monthly basis via the Clinical Assurance Tool.

The Chief Engineering Officer will be responsible for planned preventative maintenance and external audit.

### **Authors:**

Claire Winter  
Sharon Gordon/Louise Hall  
Wayne Reed  
Geoff Moyle

### **References**

1. Food Safety Act 1990 (c. 16), ISBN 0105416908
2. The Food Hygiene (England) Regulations, 2006. (SI 2006/14).
3. Infection Control Nursing Association (2003) *Enteral feeding Infection control Guidelines*. ICNA, Bathgate. West Lothian. UK
4. The Newcastle upon Tyne Hospitals NHS Foundation Trust Hand Hygiene Policy 2010.

**Ten Golden Rules of Food Hygiene**

1. Maintain high standards of personal hygiene at all times.
2. Hands must always be washed before handling food and in accordance with Trust policy.
3. Broken skin must be covered with a **BLUE**, detectable waterproof dressing.
4. Fingernails must be kept clean, short and avoid wearing nail polish/false nails/jewellery.
5. Hair must be worn short or tied up in accordance with Uniform/Dress and Appearance policy.
6. Avoid touching face, nose and mouth while preparing or serving food and do not eat whilst preparing or serving food.
7. When handling food always wear a clean, **BLUE**, disposable, plastic apron. Remove apron and wash hands on completion of food handling task.
8. Keep all equipment and surfaces clean.
9. Keep food covered and either refrigerated or piping hot.
10. Use utensils/**BLUE** disposable gloves for handling food.

.....HOSPITAL

**DISCLAIMER FORM**

**None-Approved NHS Patient Food**

Patients are asked to utilise the NHS Catering Foodservice and NHS Foodservice outlets within the confines of the Hospital for the purpose of buying cooked foods, snacks and sandwiches. Exclusions to the aforementioned include Costa Coffee, Mondos, Toujours, Deli Marche, Amigo Shops and Grab Go outlets within RVI. Exclusions also extend to WH Smiths at Freeman Hospital. The exclusion furthermore extends to food brought into the hospital for patient consumption for the purpose of religious needs.

**Please note that Newcastle Upon Tyne Hospitals (NUTH) operates within the confines of both The Food Hygiene (England) Regulations 2006 and Infection Prevention Control Policy (Ward Food Hygiene).**

**If the patient (adult/child) eats food outside the aforementioned areas/parameters they do so at their own risk. In doing so the Patient will render NUTH free from all liability with regard to The Food Hygiene (England) Regulations 2006.**

**The Trust cannot accept responsibility for food or beverages retained by patients.**

I have read the above notice and I accept sole responsibility for any food consumed which has been purchased outside the Trust.

SIGNATURE OF PATIENT/PARENT/CARER.....

PRINTED NAME.....

WITNESSED BY .....

PRINTED NAME.....

DESIGNATION.....

DATE.....

**IF PATIENT REFUSES TO SIGN DISCLAIMER FORM**

*Print patient's name and obtain a confirmatory signature of a second member of staff as a witness*

**PATIENT REFUSED TO SIGN DISCLAIMER FORM**

WITNESSED BY (Signature).....

PRINTED NAME .....

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Food Hygiene Policy	Policy Author:	Wayne Reed, Geoff Moyle, Sharon Gordon, Claire Winter
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	NO	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	NO	
	• Gender	NO	
	• Culture	NO	
	• Religion or belief	NO	
	• Sexual orientation including lesbian, gay and bisexual people	NO	
	• Age	NO	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	NO	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d)	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>  <b>Not Applicable</b>
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Name and Designation of Person responsible for completion of this form: Sharon Gordon, Matron Infection Prevention and Control.....Date: 2<sup>nd</sup> July 2010

Names & Designations of those involved in the impact assessment screening process: Wayne Reed, Catering Manager RVI/NGH.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*