The Newcastle upon Tyne Hospitals NHS Foundation Trust

Ward Food Hygiene Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>16 October 2013</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>15 October 2016</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>15 October 2013</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Infection Prevention Control Committee</td>
</tr>
</tbody>
</table>

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\(^1\), The Food Hygiene (England) Regulations 2006\(^2\).

2 Scope

The scope of this policy is to provide guidance to all healthcare professionals who care for patients at department and ward level. 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. This policy will standardise good practice Trustwide.

3 Aims

To ensure all staff that have a responsibility for food handling work within the legal parameters to meet safe food handling and practices. This is aligned to Care Quality Commission Outcome 5 and Food Safety Act 1990\(^1\), The Food Hygiene (England) Regulations 2006\(^2\).

4 Duties (Roles and responsibilities)

Responsibility for ensuring the application of this policy lies with the Heads of Nursing, Ward Managers and Directorate Management inclusive of Hotel Services Managers. It is the Ward Managers responsibility to ensure food safety training has been completed within 13 weeks of any new employee commencing employment who has a direct role within patient food & beverage service.

5 Definitions

The following are key words with associated explanations:
Beverage Trolley – Royal Victoria Infirmary, food beverage for the use of hot beverages and breakfast

Food Handler – A food handler is someone who is involved in the preparation, cooking and serving inclusive of the transportation of food in any part of the Trust.

Food Probe - A small pointed rod about 3 to 4 mm diameter which measures the internal temperature of food in which it is inserted.

Food Safety Act 1990 - The Food Safety Act 1990 is an Act of the Parliament of the United Kingdom. It is the statutory obligation to treat food intended for human consumption in a controlled and managed way.

Hand wash basins - a basin or bowl solely for washing hands

High Risk Food - Tile In simple terms this means food that does not require any further cooking before it is consumed that can become harmful to the consumer

Probe Cleaning Wipes – usually an alcohol based infused tissue for the sole purpose of cleaning food probes

Protective Clothing - Specialised attire such as disposables aprons, designed to provide a protective barrier to support safe food handling practices

Sabbath Box – a selection of Kosher paraphernalia and foods for sole purpose of providing support to Jewish patients over the Sabbath period, held within A&E RVI and Main Reception Freeman Hospital

Snack Fridge – A required 24 hour food offer for patients, primarily for patients who have missed a meal or require additional food

Ten Golden Rules – the essential rules for safe ward kitchen hygiene practices

Ward Hostess – a member of the catering team employed to serve patients food via a bulk re-therm oven

6 Main Body of the strategy/policy/procedure

A Nutrition Champion is a designated member of staff on each ward who has a key responsibility for patient food service. 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).
6.1 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.

6.2 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

6.3 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.

6.4 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).

6.5 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 & 9, GNCH **ONLY**

Ward 6, NVW

Ward 15, NVW
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.

### 6.6 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

### 6.6.1 Freezers

The use of freezers in wards areas is restricted to those areas which have been defined as suitable by IPC, Catering Services Management and Dieticians.

The operating temperatures of ward freezers should be monitored daily AM and PM temperatures recorded and the temperature record held within the ward kitchen. Freezers temperatures should be maintained below -18°C. Freezers that are operating outside and above this temperature (withstanding thermostat variances) should be reported to Estates fault line by telephoning 21000.

No Drugs should be stored in a ward freezer where the purpose of the food is to store patients food.

Storage of patient’s food s within ward freezers should be kept to a minimum and frozen foods requested just in time to negate poor stock turn levels.

Frost free freezers should be purchased to allow for cleaning without the need for defrost.

Food should be date labelled and if for a specific special diet the patients names included.

Food held in ward freezer storage should be stored for no more than (3) three months from receipt of goods.

### 6.7 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.
6.8  **Eggs**

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

6.9  **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.

6.10  **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.

6.11  **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.

6.12  **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
6.13 Beverage Trolleys (RVI sites only)

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

6.14 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.

6.15 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.

6.16 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.

6.17 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)

6.18 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
6.19 **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.

6.20 **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.

6.21 **Bringing Refreshments into Hospital**

6.21.1 **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.

6.21.2 **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.

6.22 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, folks and spoons
- Box tissues/toilet paper

7 Training

All secondary food handlers must complete the annual food hygiene training on-line via Breeze following induction. Attendance must be recorded. This Policy seeks to compliment this 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).

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

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.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Hygiene Inspection Audit Team. steps in the process (see section 6 above)</td>
<td>Multi-disciplinary team carry out cleanliness inspection via a set proforma. The Ward kitchen is appraised upon being visually clean and all steps to manage stock control and storage. Fridge and Ward re-therm trolleys are monitored at the point of inspection and further audit carried to ensure consistency of temperatures and equipment (FRIDGES) are repaired and/or replaced appropriately.</td>
<td></td>
<td>Cleanliness Audit Team Annually, Sister/ward Manager daily</td>
<td>Director of Nursing</td>
<td>Annually via Cleanliness Audit team and Catering Management Customer (RVI) Services Visit</td>
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<tr>
<td>Kitchen environment</td>
<td>Clinical Assurance Tool</td>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
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10 Consultation and review

This document was produced in consultation with IPC Catering Link Nurse and Trust Catering Management; including consultation with Local EHO.

11 Implementation (including raising awareness)

The implementation method is via Trust and Local Induction, HCA Training ‘What’s my Role’, Ward Hygiene Audits and Catering Ward Customer Service Visits (RVI).

12 References

1. Food Safety Act 1990 (c. 16), ISBN 0105416908

13 Associated documentation
- [Major Outbreaks, Investigation and Control](#)
- [Trust Hand Hygiene Policy](#)
- [Trust Isolation Policy](#)
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.
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 ……………………………………………………………………

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

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Ward Food Hygiene Policy</th>
<th>Policy Author: Wayne Reed, Catering Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)</td>
<td></td>
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<tr>
<td>• Race *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
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<tr>
<td>• Nationality</td>
<td>No</td>
<td></td>
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<tr>
<td>• Gender *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Culture</td>
<td>No</td>
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<tr>
<td>• Religion or belief *</td>
<td>YES</td>
<td>Jewish/Muslim patients require separate food storage</td>
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<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Age *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *</td>
<td>No</td>
<td></td>
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<td>• Gender reassignment *</td>
<td>No</td>
<td></td>
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<tr>
<td>• Marriage and civil partnership *</td>
<td>No</td>
<td></td>
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<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
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<tr>
<td>3. If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?</td>
<td>No</td>
<td></td>
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<tr>
<td>4(a). Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).</td>
<td>No</td>
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<td>4(b). If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
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<tr>
<td>4(c). What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
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<tr>
<td>4(d) Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
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</tbody>
</table>

Comments: Correct food storage and handling of ethnic diets is essential to meet religious and cultural beliefs

Action Plan due (or Not Applicable): n/a

Name and Designation of Person responsible for completion of this form: Wayne Reed - RVI Catering Manager

Name and Designation of those involved in the impact assessment screening process: Geoff Moyle – Freeman Catering Manager

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, 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 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.