

## Document Control

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<b>Food Safety and Hygiene Policy</b>			
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## CONTENTS

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<b>Document Control.....</b>	<b>1</b>
<b>1. Purpose.....</b>	<b>5</b>
<b>2. Definitions.....</b>	<b>5</b>
Food Handler .....	5
Critical Control Point.....	6
Food/ Foodstuff .....	6
Food Hygiene .....	6
Food Safety Hazard.....	6
HACCP (Hazard Analysis and Critical Control Points) .....	6
Hazard .....	6
<b>3. Responsibilities .....</b>	<b>6</b>
Role of the Director of Nursing.....	6
The Infection Prevention and Decontamination Group .....	7
Role of the Director of Infection Prevention & Control (DIPC).....	7
Role of Infection Control Doctor (ICD).....	7
Role of assistant directors of operations.....	7
<b>ROLE OF DIVISIONAL NURSES.....</b>	<b>7</b>
Infection Prevention and Control Team .....	8
Clinical Staff .....	8
Food Handlers.....	8
<b>4. Contacting the Infection Prevention and Control Team .....</b>	<b>8</b>
<b>5. Food Hygiene .....</b>	<b>8</b>
General Principles .....	8
HACCP (Hazard Analysis and Critical Control Points) .....	9
Fitness for Work.....	9
Personal Hygiene .....	10
Hand washing .....	10
Food/ Utensil Storage Facilities .....	11
Food brought in from outside the hospital.....	12
Refrigerators .....	13
Temperature.....	14
Microwave Ovens .....	14
Ice and Ice Makers .....	15
Water Coolers .....	15
Snack Boxes.....	15
Finger Food .....	16
Pets and Pests .....	16
Fabric of the Premises.....	16
Equipment and Maintenance .....	16
Education and Training .....	17
Policy Monitoring.....	18
Audit/ Inspections.....	19
Commercial and Voluntary Food Outlets.....	19

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<b>6. Monitoring Compliance with and the Effectiveness of the Policy.....</b>	<b>19</b>
Standards/ Key Performance Indicators.....	19
Process for Implementation and Monitoring Compliance and Effectiveness .....	20
<b>7. Equality Impact Assessment.....</b>	<b>20</b>
<b>8. References .....</b>	<b>21</b>
<b>9. Associated Documentation .....</b>	<b>21</b>
<b>Appendix A – Training Grid Training/Education/Supervision/Responsibility .....</b>	<b>22</b>

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## 1. Purpose

- 1.1. This document sets out Northern Devon Healthcare NHS Trust's system for the achievement and maintenance of food safety and hygiene. It provides a robust framework to ensure a consistent approach across the whole organisation.
- 1.2. If any member of staff is unsure about any element of this policy contact the local Infection Control Team for advice.
- 1.3. Food Safety is fundamental in ensuring the health of our patients, staff and visitors.
- 1.4. All food handlers and NHS premises from which food is sourced, stored, prepared, or distributed or served, must comply with the regulations under the relevant Acts and remain compliant with updated legislation.
- 1.5. The legal requirements of the Food Safety and Hygiene (England) (Amendments) Regulations (2016) and Food Handlers Fitness to Work (Guidelines for Food Business Operators, 2009) must be met by all staff involved in the storage, preparation and handling of food.
- 1.6. Food prepared on Trust premises should be to a consistently high standard ensuring it is free from any hazards which could cause adverse health effects to anyone consuming that food.
- 1.7. The policy applies to all Trust staff, contracted catering staff and volunteers who make or serve food and beverages to patients, staff or visitors to Trust properties.
- 1.8. The purpose of this document is to:
  - Ensure that the requirements of the Food Safety and Hygiene (England) (Amendments) Regulations 2016 are met.
  - Ensure the requirements of the Food Handlers Fitness to Work (Guidance and best Practice Advice for Food Business Operators 2009) are met.
- 1.9. Implementation of this policy will ensure that the Trust has catering services that provide microbiologically safe food in order to prevent acquisition of gastrointestinal infection by patients, staff and visitors.

## 2. Definitions

### Food Handler

- 2.1. Refers to any person involved in handling or preparing food whether open (unwrapped) or packaged.

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## Critical Control Point

- 2.2. A step or steps in food production where control is essential to prevent, eliminate or reduce to an acceptable level any identified food safety hazard

## Food/ Foodstuff

- 2.3. Means any substance or product which may be processed, partially processed or unprocessed, intended or reasonably expected to be for human consumption. This also includes drinks and any substance, including water and ice, added into food intentionally during its manufacture, preparation or treatment.

## Food Hygiene

- 2.4. Refers to the measures and conditions necessary to control hazards and to ensure fitness for human consumption of a foodstuff.

## Food Safety Hazard

- 2.5. Is something that could cause an adverse health effect to the person consuming the food and can be:
- Microbiological, involving harmful bacteria (e.g. certain foods not stored at the correct temperature for too long, thus allowing bacteria to multiply)
  - Chemical, involving chemicals getting into food (e.g. cleaning products)
  - Physical, involving objects getting into food (e.g. glass shards, packaging)
  - Food allergens (e.g. tree nuts, peanuts, eggs, fish)

## HACCP (Hazard Analysis and Critical Control Points)

- 2.6. A method of managing food safety, by having procedures in place to control food safety hazards.

## Hazard

- 2.7. Something that could mean food is not safe to eat.

## 3. Responsibilities

### Role of the Director of Nursing

- 3.1. The Director of Nursing is responsible for:

Acting as a second point of contact to support

Ensuring that a replacement main contact is identified should the original author be re-deployed or leave the organisation

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## The Infection Prevention and Decontamination Group

### 3.2. Monitoring compliance with the policy

Ensuring that the policy is approved after review and prior to publishing

### Role of the Director of Infection Prevention & Control (DIPC)

- 3.3 The DIPC Role is held by the Director of Nursing, Quality and Workforce. The DIPC receives expert infection prevention & control advice from the Infection Control Doctor and Lead Nurse Infection Prevention & Control.

The DIPC oversees local Infection prevention and control policies and related policies including their implementation; reports directly to the Chief Executive and Trust Board; has the authority to challenge inappropriate clinical hygiene practice and antibiotic prescribing decisions; assesses the impact of existing and new policies and plans on infection and makes recommendations for change; is an integral member of the organisation's clinical governance and patient safety structures; monitors, reports and makes recommendations on key performance indicators and produces an annual report on the state of healthcare associated infection in the organisation and releases this publicly.

### Role of Infection Control Doctor (ICD)

- 3.4 The Infection Control Doctor (ICD) is a Consultant Medical Microbiologist. The ICD provides expert infection prevention and control advice and guidance to the DIPC.

### Role of assistant directors of operations

- 3.5 Assistant directors of operations will ensure that infection prevention & control objectives from the Infection Prevention & Control annual plan are incorporated into Divisional action plans. Assistant directors of operations are responsible for ensuring that systems are in place to ensure that Infection Prevention and Control policies, practices and guidance are carried out reliably within their area of responsibility; local investigation of healthcare associated infections and highlighting areas of practice or the environment which present a risk to patient safety. They are also responsible for setting a good example of infection prevention practice, and challenging poor practice.

### Ward/Departmental Managers

- 3.6 Responsibility for implementation of this policy lies with the Senior Nurse (usually Ward Sister) or Departmental Manager in Charge of the areas to which these statements apply unless specifically stated otherwise in the text.

### Role of Divisional Nurses

- 3.7 Are accountable for Infection Prevention and Control in wards, departments and community teams, are key role models for good infection prevention practice and have responsibility for maintaining standards of Infection Prevention and Control practice. Also for the implementation and communication of Infection Prevention and Control initiatives and surveillance results; ensuring the clinical environment is safe and maintained to a high standard of cleanliness

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## Infection Prevention and Control Team

- 3.8 The Infection Prevention and Control Team are responsible for providing support to managers in the implementation of this policy

### Clinical Staff

- 3.9 It is the responsibility of all Trust Clinical Staff to follow the guidance contained in this Policy and report any problems with compliance to their line manager.

### Food Handlers

- 3.10 Staff who prepare or serve food or beverages to patients, staff or visitors are described as food handlers and must ensure they have training and perform to the standards set out in this policy.

## 4. Contacting the Infection Prevention and Control Team

- 4.1. The Infection Prevention and Control Team can be contacted in hours on 01271 322680 (ext. 2680 internal at North Devon District Hospital), via bleep 011 or out of hours by contacting the on-call Medical Microbiologist via North Devon District Hospital switchboard.

## 5. Food Hygiene

### General Principles

- 5.1. Staff & volunteers who handle food and drink must:
- Have received adequate food safety training.
  - Wash hands before handling food or kitchen/serving equipment, after using the toilet, after sneezing, coughing or using a handkerchief, after touching ears, nose, mouth or hair
  - Avoid unnecessary handling of food.
  - Keep all equipment and surfaces clean.
  - Follow processes to reduce the risk of cross contamination (including allergens).
  - Follow any food safety instructions on food packaging or ask their line manager.
  - Report any incident or near miss which may compromise food safety.
  - Not prepare food too far in advance of service or retain meals at the end of service.
  - Keep perishable food refrigerated between 1 and 5°C. Food should be stored according to manufacturer's instructions: chilled between 1 and 5°C, frozen below -18 °C.
  - Ensure hot food reaches a core temperature of 75°C (for 30 seconds) and temperature is maintained above 63°C



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- Keep the preparation and storage of raw and cooked food strictly separate to reduce cross contamination.
  - Not taste food with their fingers or use the same tasting spoon to continue stirring/ serving food.
  - Complete all tasks in line with training.
  - Comply with Food Safety legislation.
  - Complete due diligence records

Additionally:

- Patients and visitors are not permitted to use ward kitchens.
- Kitchens must be secure to ensure that pets, strays, wild animals and birds cannot enter the area.
- Cleaning chemicals and disinfectants must not be stored in areas where food is handled.

## HACCP (Hazard Analysis and Critical Control Points)

**5.2.** All food businesses must have procedures in place, based on the HACCP principles as listed below, to manage any food safety hazards:

- Identify hazards which can be prevented, removed or reduced to an acceptable level
- Identify 'critical control points' – the step(s) in food production where control is essential to prevent hazards or reduce them to an acceptable level
- Have procedures in place to control the hazards identified at critical control points
- Have effective monitoring methods in place at identified critical control points
- Decide what action needs to be taken if something goes wrong
- Have a system in place, which should be reviewed regularly, to ensure that the procedures above are working
- Keep appropriate records to show that these procedures are working and action taken if any problems arise

These procedures must be kept in place permanently.

Documents and records related to these procedures must be kept up to date. Procedures should be reviewed if working methods change.

## Fitness for Work

**5.3.** Before commencing work, a food handler is required by law to tell their supervisor, of any skin, nose, throat, gastro-intestinal problems or infected wounds.

Any food handler should be excluded from work if they:

- Have lesions on exposed skin (hands, face, neck, scalp) that are actively weeping or discharging, and should only return to work when all lesions are healed.
- Have an infection of the finger nail bed (whitlow) or a boil on the face or other area of exposed skin, even if this can be covered with a waterproof plaster, only returning to work when these are healed.
- Are suffering from, or likely to be carrying a food borne illness (e.g. food poisoning). Some infections require special consideration before staff are able to return to food handling duties (Enteric fever[typhoid, paratyphoid]), *Salmonella*, *E. coli* 0157 and Hepatitis A) and must be discussed with the local Environmental Health Department, Occupational Health and Infection Control.
- Are suffering from diarrhea and/ or vomiting. They should only return to work once they have been clear of symptoms for at least 48 hours. They may be required to provide evidence of clear stool samples to Occupational Health prior to return to work e.g. if diarrhea is likely to be due to *Salmonella* or other organisms as listed above.

## Personal Hygiene

### Hand washing

- 5.4. Hands must be washed as detailed in the Standard Infection Control Precautions Policy.

Hand wash basins, liquid soap dispensers and hand towel dispensers must be kept clean and in good repair. Hand wash basins must not be used for any purpose other than hand washing. Signs to this effect should be displayed.

#### Staff must always wash their hands:

Before:

- Handling food
- Contact with a patient

And after:

- Contact with a patient including (i.e. touching wounds, assisting with personal care, performing dressings).
- Contact with the patient's environment
- Using the toilet
- Touching face or hair
- Blowing your nose or coughing over your hands
- Handling rubbish, waste, raw food etc.
- Handling dirty plates or trays after meals are finished
- Undertaking cleaning activities
- Dealing with stores/ deliveries

### **Patient hand hygiene**

- Patients should be encouraged to clean their hands before eating/drinking and after using the toilet.
- Staff should assist patients who are unable to do this for themselves
- Patient hand wipes are provided at each meal time
- Patient hand hygiene leaflets should be readily available for patients and relatives.

#### **5.5. Staff handling food must keep their hair tied back and food servers must wear hats**

They should be bare below the elbows: all wristwatches, other wrist and hand jewelry, with the exception of a plain wedding band, must be removed prior to food handling.

Staff must ensure cuts and abrasions are covered with a brightly detectable food safe blue waterproof dressing.

Staff must not smoke, spit, chew gum, eat or drink in a food preparation/ service area.

Staff must not cough or sneeze over food.

Staff must ensure personal belongings (e.g. handbags and outdoor clothing) are not stored in kitchens.

### **Food/ Utensil Storage Facilities**

#### **5.6. Housekeeping Assistants/Patient Services Assistants or Domestic Assistants (as appropriate) are responsible for the weekly clean of the storage areas used for jugs, glasses and crockery etc.**

Strict stock rotation should be observed at all times with adherence to 'best before' and 'use by' dates. Any stale or out-of-date food must be brought to the attention of the manager and disposed of in the appropriate manner.

Stained crockery/utensils should be de-stained or sent back to the main kitchen for deep cleaning. Any crockery that is chipped or cracked must not be used. The Ward Manager should contact the Facilities Department to make arrangements for their replacement and disposal.

Food containers must be kept clean, have a close fitting lid, and be correctly labelled with the date of opening, expiry date, contents and allergens contained.

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All perishable foods including opened jars of jam, marmalade and tomato sauce must be stored in the refrigerator. Any food without lids must be covered and placed in the refrigerator. Food must not be stored in open tins and should be placed in a suitable container, covered and labelled with the date of opening, expiry date, contents and allergens contained. Staff food must not be stored in the ward fridge designated for patient's food or prepared in the ward patient kitchen.

Part consumed foods must not be returned to the fridge.

### Allergens

In line with EU Food Information to Consumers (FIC) the catering department provide information on request to patients, staff and visitors about the presence or use of any of the 14 specified allergens as ingredients in any of the food that we serve, including any food items served to patients at ward level and any food items sold in retail outlets. This information is available on 'BOB' and updated regularly, printed copies should not be held by wards. See [Appendix B](#) for the list of allergens food types.

Patients may require information on allergens not included within the 14 specified allergens, in this case the main production kitchen should be contacted for full ingredients list.

Patients who are at risk from allergens should only order from the Allergen or Gluten aware menus. Orders placed on other menus will significantly increase the risk of cross contamination.

In order to reduce allergen risk wards must ensure Diet Information Sheet in up to date, accurate and adhered to for each meal service.

## Food brought in from outside the hospital

- 5.7.** Food brought in to the hospital by visitors and staff can present a food safety risk, both from, contaminated food causing infections, and allergens. The Trust takes no responsibility for any adverse health effects arising from food consumed on the premises, other than that provided by the Northern Devon Healthcare NHS Trust's Catering Department.

Foods that can safely be brought in for patients include (in original packaging):

- Shop bought biscuits and cakes in sealed wrappers
- Fruit
- Fruit squash, soft canned drinks, bottled water
- Sweets and chocolate
- Crisps

All items brought in must be within their 'best before' or 'use by' dates and any packaging must be intact and not damaged in any way.

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Bringing in other types of food for patients should be discouraged, and only allowed in extreme circumstances at the discretion of the nurse in charge after discussion with infection prevention and control nurses. These foods may present a serious risk to health because their correct preparation, handling and temperature controlled storage cannot be guaranteed.

The nurse in charge and / or ward manager should encourage the patient and visitors to discuss dietary needs with dietitians & hotel services, so that alternative options to food being brought into hospital by visitors can be explored. Patients' private food should not come into contact with hospital food being served to other patients

Food brought in by visitors for their friend or relative must not be given to any other patients on the ward

If items are brought in then they must be labelled (contents, dates & allergens) and stored in the ward refrigerator, part consumed food must be disposed of.

Any homemade or home produced foods (e.g. jams, chutneys, eggs, meat) must not be brought in by staff for sale or donation to other members of staff, patients or visitors

Staff wanting to arrange food sales in aid of charity must discuss with the infection prevention and control team prior to the event. The infection prevention and control team will produce specific guidance for such an event and responsibility for compliance with this guidance will lie with the organizer.

Likewise any homemade or home produced foods (e.g. jams, eggs, vegetables) donated by patients or members of the public cannot be accepted for use by patients and/or staff.

## Refrigerators

### 5.8. Fridges must be kept at 5°C or below.

The temperature of the fridge should be taken twice daily as a minimum, using the thermometer & provided and recorded on the appropriate sheet. If the test temperature exceeds 5°C (except when defrosting) it must be reported immediately to the Ward/Department Manager who will arrange for disposal of food and alternative storage and repair.

All refrigerators should be kept clean at all times. Any spillages must be wiped up immediately.

All items held in fridges should be stored in accordance with cross contamination control.

Staff fridges are the responsibility of staff and only staff food should be stored in them

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A weekly deep cleaning schedule should be present and signed to enable monitoring of the cleaning (including the refrigerator).

Any maintenance problems should be reported immediately, via the Nurse-in-Charge, to the Estates Department.

Raw food must not be stored in Ward/Department fridges (except for residences and Occupational Therapy kitchens).

Food fridges must not be used for storing of drugs or specimens.

The purchase of fridges must only be from the approved list, via Procurement

Any out of date or left over food should be disposed of as domestic waste or compost at NDDH see [Waste Policy](#).

## Temperature

- 5.9.** Hot food must always cook to a temperature of 75°C and maintain a temperature of 63°C or above. If there should be any doubt about the temperature of the food, you must contact the lead supervisor/hotel services coordinator/manager immediately. All temperatures must be recorded.

A program of periodic checking of temperature of hot food on arrival at its destination will be maintained, documented and be available for inspection by the catering service. Checks will be made in each ward/department at least monthly.

Food must not be kept warm for patients after mealtimes; it must be sent back to the main kitchen, with a request for a meal to be re-supplied at the appropriate time. Protected mealtimes should be observed.

Cold food must maintain a temperature of 5°C or below at all times. However, once on the ward, sandwiches and salads may be stored out of the fridge for a maximum of 4 hours. Should there be any doubt about the temperature of the food/length of time out of fridge you must contact the catering manager/hotel services coordinator immediately.

The regulations are very specific with regard to the storage of ice cream and the ice compartment in a domestic fridge does not meet those requirements. It is, therefore, prohibited to store ice cream on the wards.

## Microwave Ovens

- 5.10.** These are to be cleaned after each use, but the housekeeping staff are responsible for its routine daily clean

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In general ward/departmental microwaves must not be used to reheat food brought in for patients. This is because there are no controls at Ward/Department level to ensure correct temperatures have been reached. Microwaves can continue to be used for heating milk and staff meals.

Microwaves in staff office/kitchen areas must be kept clean - this is the responsibility of staff in that area not the hotel services department.

However in ward areas where meal service is an exclusively regeneration process using regeneration trolleys or microwaves, all staff involved in service must attend the appropriate training and work within the specified protocols.

It is the responsibility of the Ward Manager to ensure that radiant leakage and PAT (Portable Appliance Testing) tests are carried out on all microwaves at least annually.

## Ice and Ice Makers

- 5.11.** Ice must not be made and kept in ward fridges.  
Ice produced in ice making machines must not be used for human consumption. Ice making machines must be included in the Planned Preventative Maintenance program managed by the Facilities Department.

## Water Coolers

- 5.12.** Cooled water for patient consumption can only be used if the water cooler is connected to the mains water supply

Cooled water from replacement bottle water coolers should not be used for patient consumption. These water coolers are for staff use only and should be sited /labelled accordingly.

It is the responsibility of the department manager to ensure that water coolers are cleaned and maintained in accordance with suppliers' guidelines.

## Snack Boxes

- 5.13.** Snack boxes are available from the main kitchen at North Devon District Hospital and Community Hospitals for patient consumption.

There are two types of snack box:

- 'Inpatients quick bite': for inpatients only
- 'Travel Snack Box': Containing low risk products, for patients travelling outside of the ward

Snack boxes should not be retained in ward kitchens for future use.

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## Finger Food

- 5.14.** Finger food may be made available for individual patients with dementia in selected areas. This should only be done with agreement from the infection prevention and control team and may need to be suspended in outbreak situations. Patients having finger food should be supervised to ensure hand hygiene is performed as detailed in 5.4 above.

## Pets and Pests

- 5.15.** Food preparation or storage areas must be secure to ensure that pets, strays, wild animals and birds cannot enter the area.

Any perishable food must be kept in sealed pest proof containers labeled with details of contents and expiry date.

All kitchens must be thoroughly cleaned to prevent the encouragement of pests. Spillages must be cleared away promptly.

Any kitchen window may only be opened if an insect-proof screen is fitted and is in good working order.

The Hotel Services Department is responsible for managing the contract provided by an external pest control company. Any sightings of pests are to be reported immediately either to the contractor Help Desk (NDDH & North community and the Infection Control Team).

Only authorised personnel may contact the Pest Control contractor. (See the [Pest Control Policy](#)).

## Fabric of the Premises

- 5.16.** To ensure all kitchen areas are kept clean, the fabric of the building (walls, floors, ceilings, windows, doors, work surfaces, equipment surfaces) must be adequately maintained

Any structural faults must be reported by the local manager to the Facilities helpdesk for prioritization of repair.

Extract ventilation should be kept clean and well maintained.

The maintenance staff must only use chemicals that are considered 'food safe'. Any dust must be kept to a minimum and barriers erected if necessary. All maintenance staff must wear any protective clothing as designated by the person in charge.

## Equipment and Maintenance



- 5.17.** Prior to any major purchases, i.e. microwaves, fridges or dishwashers, the Facilities Department should approve all equipment and a PAT (Portable Appliance Testing) test be completed before use.

All equipment used in the kitchen should be kept clean and in good repair. Particular attention should be paid to the following:

Sinks and taps	Beverage trolley	Toasters
Work surfaces	Trolleys	Refrigerators
Drawers + contents	Food storage containers	Microwave ovens
Cupboards + contents	Waste bins	Liquidizers
Cutlery tray + contents	Stills and drip tray	Dishwashers
Tin openers	Hot plate	Coffee filter machine
Trays	Fans	

Procedures to ensure hygienic working practice in kitchens apply to all Trust Facilities staff and contractors who may be required to carry out maintenance in food areas.

- Routine and non-urgent maintenance should be carried out when the food area is not in production.
- All maintenance staff must report to the Kitchen Supervisor/ Nurse-in-Charge on arrival.
- Any member of staff who is suffering from a gastro-intestinal illness, a septic cut or lesion on exposed skin must not enter the kitchen.
- Clean cuts must be covered with a clean blue waterproof dressing.
- Dust must be kept to a minimum and barriers erected if needed whilst maintenance work is in progress.
- Facilities staff/ contractors must ensure that the area is cleaned after use. Any chemicals used must be designated as food safe.
- Maintenance staff must wear protective clothing as requested by the person in charge.

## Education and Training

- 5.18.** All staff who handle food must be instructed and/or trained in food hygiene to a level which is appropriate to the work they do. Trust staff who are food handlers should attend an infection control session (which includes a food hygiene update) or undertake an e-learning module annually to meet this requirement. Training for NDDH NHS staff is provided by Sodexo

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Other staff entering a kitchen, who are not food handlers may need instruction on the essentials of food hygiene from the supervisor of the area. This includes kitchen cleaners, engineers and maintenance fitters.

It is the line manager's responsibility that food handlers are trained to the appropriate level as defined in the Food Hygiene Policy Training Grid (see [Appendix A](#)).

Most senior managers and supervisors who do not handle food but have a responsibility for the operation of food business should receive training to at least Level 1.

### **Level 1 (Foundation) Certificate in Food Hygiene**

The overall aim is to develop a level of understanding of the basic principles of food hygiene. The following should be covered:

- Food poisoning micro-organisms, types and sources
- Simple microbiology, toxins, spores, growth and death cycle
- Premises and equipment
- Common food hazards – physical, chemical, microbiological
- Personal hygiene – basic rules and responsibilities
- Preventing food contamination
- Food poisoning, symptoms and causes
- Cleaning and disinfection
- Legal obligations
- Pest control
- Effective temperature control of food

### **Level 2 (Intermediate) and Level 3 (Advanced) Food Hygiene Certificate**

More advanced training courses will deal with food hygiene in more detail and cover management and systems. A variety of courses are run by several organizations:

- The Chartered Institute of Environmental Health
- The Royal Institute of Public Health and Hygiene
- The Royal Society of Health
- Society of Food Hygiene Technology

Kitchens will be inspected as part of the monitoring program.

In areas where kitchens are managed by a partnership company, the in-house Food Hygiene Policy will be applicable to all staff, as well as appropriate company policies.

### **Policy Monitoring**

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- 5.19. The Ward/ Departmental Manager is responsible for monitoring the implementation of these arrangements, supported by the Infection Control Team when required.

### Audit/ Inspections

- 5.20. The ward/department kitchens will be inspected as part of an ongoing monitoring program.

In addition, an inspection group will inspect the main kitchens unannounced at North Devon District Hospital and the Community Hospitals at least annually. The inspection group accompanied by the Duty Senior Catering Manager, will consist of representatives from:

- Infection Control
- Facilities – Estates and Hotel Services

In areas where kitchens are managed by a partnership company, this Food Hygiene Policy will be applicable to all staff, as well as appropriate company policies.

### Commercial and Voluntary Food Outlets

- 5.21. Food handlers in commercial and voluntary food outlets will be trained according to the training grid. Those food handlers who serve beverages and prepared/cooked foods (including cakes, biscuits and pre-packed sandwiches) need only attain food hygiene awareness level training

Voluntary food handlers may require food hygiene awareness training. The volunteer coordinator to contact the Infection Control Team.

## 6. Monitoring Compliance with and the Effectiveness of the Policy

### Standards/ Key Performance Indicators

- 6.1. Key performance indicators comprise:

Key performance indicators comprise:

- Anything related to food hygiene incidents or complaints
- All Trust staff that are designated as food handlers have undertaken an annual food hygiene update

- All contracted catering staff that are designated food handlers have undertaken training to levels consistent with or greater than this policy
- All Voluntary staff that are designated food handlers have undertaken training to levels consistent with or greater than this policy.

## Process for Implementation and Monitoring Compliance and Effectiveness

- 6.2.** After final approval, the author will arrange for a copy of the policy to be placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release

Information will also be included in the Chief Executive's Bulletin which is circulated electronically to all staff.

Line managers are responsible for ensuring this policy is implemented across their area of work.

Monitoring compliance with this policy will be the responsibility of the Infection Prevention and Control Team. This will be undertaken by the annual Patient Led Assessment of the Care Environment (PLACE) inspection schedule of visits, and monitoring the mandatory training figures provided by the Learning and Development Department. Noncompliance with the Policy will be raised through the Collaborative Operational Group (COG) and the Patient Safety and Infection Prevention and Control Committee where actions will be agreed to improve compliance

## 7. Equality Impact Assessment

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			<b>X</b>	
Disability			<b>X</b>	
Gender			<b>X</b>	
Gender Reassignment			<b>X</b>	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			<b>X</b>	
Pregnancy			<b>X</b>	
Maternity and Breastfeeding			<b>X</b>	
Race (ethnic origin)			<b>X</b>	

Religion (or belief)			<b>x</b>	
Sexual Orientation			<b>x</b>	

## 8. References

Department of Health (2005) Promoting Equality and Human Rights in the NHS - A Guide for Non-Executive Directors of NHS Boards

Disability Discrimination Act 1995 amended 2005. London: The Stationery Office

The Food safety and Hygiene (England) Regulations 2013. Statutory Instrument 2013 No.2996

The Food safety and Hygiene (England) (amendments) Regulations 2016.

Food Hygiene - A Guide for Businesses (2006) Food Standards Agency  
<http://www.opsi.gov.uk/si/si2006/20060014.htm>

Food Handlers: Fitness to Work Regulatory Guidance and Best Practice Advice for Food Business Operators 2009 Food Standards Agency

Regulation (EC) No 178/2002 of the European Parliament and of the Council of 28 January 2002. Official Journal of the European Communities 1.2.2002 L31/1-24 <http://www.food.gov.uk/multimedia/pdfs/1782002ecregulation.pdf>

Food Information for Consumer Reg (EU) No. 1169/2011 (Dec 2014)  
[www.food.gov.uk/science/allergy-intolerance/label](http://www.food.gov.uk/science/allergy-intolerance/label)

WHO Five moments for hand hygiene  
[www.who.int/gpsc/5may/background/5moments/](http://www.who.int/gpsc/5may/background/5moments/)

## 9. Associated Documentation

- [Incident Reporting Policy](#)
- [Pest Control Policy](#)
- [Standard Infection Control Precautions Policy](#)
- [Waste Policy](#)

## Appendix A – Training Grid Training/Education/Supervision/Responsibility

# Low Risk Food = fruit, biscuits, beverages, ice, toast, bread

Category of Staff	Essentials of Food Hygiene	Hygiene Awareness Instructions	Formal Training Level 1	Formal Training Level 2 and/ or 3
<b>Category A</b> Handle low risk # or wrapped food only, e.g. nurses, housekeepers	Guide to compliance before starting work for the first time and receive policy summary	Complete e-learning module within 2 months of starting work and re-do annually	Not necessary	Not necessary
<b>Category B</b> Food handlers who prepare open, 'high risk' foods including any staff who may enter main kitchens to prepare food out of catering staff hours	Guide to compliance before starting work for the first time and receive policy summary	Complete e-learning module within 2 months of starting work and re-do annually	Complete this within 6 months of starting work Contractor provide training (north community) within 3 months and repeat annually	Not necessary
<b>Category C</b> Food handlers who also have a supervisory role, e.g. lead supervisor, hotel services coordinator or catering manager	Guide to compliance before starting work for the first time and receive policy summary	Complete e-learning module within 2 months of starting work and re-do annually	Complete this within 6 months of starting work Contractor provide training (north community) within 3 months and repeat annually	Good practice but not essential

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## Appendix B

The EU food information to consumers regulation requires packaged food to have allergen ingredient information emphasised in the ingredient list, and food sold loose to have allergen ingredients information available. “Allergens” refer to the 14 listed. For any allergens not included within the notifiable list, full ingredient information is available from the main kitchen

- Cereals containing gluten
- Wheat
- Oats
- Rye
- Barley
- Spelt
- Khorasan wheat/Kamut
- Crustaceans (e.g. prawns, crabs, lobster)
- Eggs
- Fish
- Peanuts
- Soya
- Milk (including lactose)
- Nuts
- Almonds
- Hazelnuts
- Walnuts
- Cashews
- Pecan
- Brazil nuts
- Pistachio
- Macadamia
- Celery
- Mustard
- Sesame Seeds
- Sulphur Dioxide (where added at >10mg/kg or 10ml/L in the finished products)
- Lupin
- Molluscs (e.g. Clams, squid, oysters, scallops)