

## Food hygiene for Therapy Kitchens Infection Prevention and Control Policy.

This policy describes the procedures and processes for staff to follow in relation to the management of food and associated hygiene requirements for Therapy Kitchens.

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# Policy On A Page

## SUMMARY & AIM

What is this policy for?

This policy has been developed to give clear guidance on food hygiene for occupational therapy kitchens, Managers need to be aware of the food safety act 1990 and the regulations relating to food safety legislation which applies to all NHS premises and sites where food services are provided. They apply to all areas where food or drinks are supplied by the healthcare facility for consumption by patients, staff and visitors other than main catering departments. The trusts food safety management system applies to main catering department operations. The standards of food hygiene require the need to reflect the nature of the food handling activities carried out in the area.

## KEY REQUIREMENTS

The intention of this policy is to provide Occupational Therapy staff, Activity coordinators and therapy support staff employed within Leicestershire Partnership Trust (LPT) with a clear and robust process to follow in relation to accessibility, preparation and consumption of food and will apply to all Occupational Therapy staff, activity coordinators and therapy support staff working in LPT.

## TARGET AUDIENCE:

This policy applies to all Occupational therapy staff, including bank and agency staff and Occupational therapy students on clinical placements within the trust.

## TRAINING

Food Hygiene Level 2 Training

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## 1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

## 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1 Draft 1	June 2024	New Guideline: Food hygiene for Therapy Kitchens Infection Prevention and Control Policy

For Further Information Contact: Infection Prevention and Control team

## 1.2 Key individuals involved in developing and consulting on the document.

- Accountable Director-James Mullins Interim Director of Nursing, AHPS & Quality, Emma Wallis Deputy Director of Nursing & Quality
- Implementation Lead- Amanda Hemsley Head of Infection Prevention and Control.
- Author (s)-Reviewed by Claire King Infection Prevention & Control nurse.
- Core policy Reviewer Group- Infection Prevention & Control Assurance Group
- Wider Consultation-Infection Prevention & Control Assurance Group Members

### Trust Policy experts

- Corporate Governance Leads with a responsibility for policies.
- Head of quality Governance & Quality Improvement
- Deputy Head of Nursing
- Equality & Diversity Lead
- Patient safety Lead
- Patient Experience & Engagement lead
- HR representative
- Health & safety representatives
- Clinical safety officer
- Infection Control representative
- Trust secretary
- Head of training and Development

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### 1.3 Governance

**Level 2 or 3 approving delivery group** – Infection Prevention & Control Assurance Group

**Level 1 Committee to ratify policy** – Quality & Safety Group

### 1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

### 1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

### 1.6 Definitions that apply to this policy.

**Consent:** a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

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**Due Regard:** Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

**Environmental Health Officer-**Responsible person for carrying out measures to protect public health, including administering and enforcing legislation related to environmental health and providing support to minimise health and safety hazards. They are involved in a variety of activities for example:

- Inspecting food facilities
- Investigating Public health Nuisances
- Implementing disease control

Environmental health officers are focused on prevention, consultation, investigation, and education of the community regarding health and safety risks and maintain a safe environment.

**Healthcare Premises-**Where care or services are delivered to a person related to the health of that individual.

**Infection-** An organism presents at a site and causes an inflammatory response or where an organism is present in a normally sterile site.

**Pest Control-** The regulations or management of a species defined as a pest, usually because it is perceived to be detrimental to a person's health, the ecology or economy.

**High Risk Foods-**Ready to eat foods that will support the growth of pathogenic bacteria. These types of foods include cooked meats, sandwiches, dairy cream cakes, prepared salads, and meat dishes.

**Drinking (Potable) water-** Safe to drink and acceptable for use in the preparation of foods and drinks.

## **2.0 Purpose and Introduction/Why we need this policy.**

### **2.1 Purpose of policy**

This policy has been developed to give clear guidance on food hygiene for occupational therapy kitchens, managers need to be aware that the food safety act 1990 European Union (Withdrawal) Act 2018, and the regulations relating to food

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safety legislation apply to all NHS premises and sites where food services are provided. They apply to all areas where food and drinks are supplied by the healthcare facility for consumption by patients, staff, and visitors. The standards of food hygiene require the need to reflect the nature of the food handling activities carried out in the areas.

The intention of this policy is to provide Occupational therapy, activity coordinator and therapy support staff employed by LPT with a clear and robust process for staff to follow in relation to the accessibility, preparation and consumption of food and applies **to all occupational therapy staff working in LPT.**

This policy does not apply to assessment carried out within the clients home, but they should be considered best practice and clients should be encouraged to follow best practice.

## 2.2 Introduction

The accessibility, preparation, and consumption of food within a hospital or healthcare setting is an important focus for patients and clients in promoting good health and well-being in order to ensure that the risks of illness or infection are minimised or eradicated it is important that all managers and staff are provided with information that is consistent in relation to the standards of food hygiene practice required when working in Therapy kitchens. This policy identifies the principles, responsibilities and methods associated with achieving the required legal standards of food hygiene.

Staff, patients, and visitors' health are high on the infection prevention and control agenda and so as a duty of care LPT must ensure that staff are given guidance as to the appropriate steps they need to undertake to ensure that they can protect themselves and others in relation to preparation and consumption of food.

**\*All staff have a responsibility to follow this policy\***

## 3.0 Policy Requirements

### 3.1 Therapy kitchens

These are areas within wards and healthcare premises that may be used for purpose of carrying out therapeutic kitchen activities as part of an occupational therapy (OT) intervention such as food preparation assessment and the making of hot drinks and snacks. They may also be used to host communal activity as part of planned therapy activities with groups of patients.

All therapy kitchen areas must ensure that:

- All internal finishes are intact and able to withstand frequent cleaning.

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- All food preparation surfaces are smooth, impervious, easy to clean and durable e.g., Formica or stainless steel.
- All Splashbacks must be flush and provided to the rear of sinks, worksurfaces and handwash basins.
- Sinks with a drainer is preferable for washing up however all patient's cups/crockery/cutlery must be thermally disinfected in a dishwasher in the main kitchen. This also applies to chopping boards that may be used to chop/cut/dice raw meats, vegetables etc.
- Handwash Basins with non-hand operable taps must be designated for hand washing, these must also have available wall mounted liquid hand soap dispenser and a wall mounted disposable paper towel dispenser.
- Domestic waste bins must have a foot pedal operated lid if appropriate to the area and must be provided for the disposal of waste.
- Refrigerators must be larder style commercial units that are capable of maintaining food at a temperature of between 0 c & 5 c under all operating conditions. Advice from procurement should be obtained on the most appropriate refrigerator for the purpose.
- Freezers must also be of a larder style commercial units that are capable of maintaining foods at correct temperature which is below-18c
- Washing machines that are present in therapy kitchen areas **must not be used** for washing anything other than tea towels.
- Any equipment which does not stand on a worksurfaces will need to be mobile to facilitate cleaning or be wall mounted.
- A supply of potable water shall be provided to the sink; the drinking water supply tap must be marked '**Drinking water**'.
- All Cupboards and base units should be kept to a minimum and be designed so that cupboard tops slope to the ceiling to facilitate cleaning.
- Any toasters used in the area must be agreed by and of a design approved by the trust fire safety officer, (This will also need to be placed on a daily cleaning schedule to ensure that it is kept clean and remains in good working order).
- If the area has windows that open and there is a risk of food contamination due to the ingress of flying insects suitable fly screens must be installed. these screens must be kept closed at all times.
- No other equipment shall be installed in these areas such as ice machines or water coolers without express permission from infection prevention and control (Please refer to the water cooler information in appendix)
- Any chemicals/COSHH items should be stored in a secure lockable cabinet/cupboard when not in use.

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### 3.2 Use and installation of equipment in therapy kitchens

The selection of equipment for use in therapy kitchens should be carefully considered, it is recommended that no electrical equipment is provided without prior consultation with the trust estate department and the infection prevention and control team. All equipment to be installed in the kitchen must be mobile or wall mounted to facilitate cleaning. Equipment shall be installed and used in accordance with the manufacturer's instructions.

A copy of the manufacturer's instruction manual shall be kept in a conveniently accessible position in the kitchen. Specific advice is given below on the use of the equipment that may be expected to be provided in a ward kitchen.

#### Microwave ovens

- Microwave ovens should not be used for reheating or boosting the heat of patient's meals.
- The microwave oven manufacturer's instructions must be followed at all times when in use, being cleaned or maintained.
- Microwave ovens are provided for the use of patients and should be cleaned after each use. If staff are permitted to use them for their use, then they must clean them immediately after use.

#### Water coolers

- Water coolers must be authorised by the water safety and installed and used in accordance with their manufacturer's instructions and have a servicing and cleaning regime in place.
- Water coolers must be plumbed into a suitable source of potable water, machines requiring manual filling **must not** be used or purchased. (See appendix 3 for further guidance on the use of water coolers).

#### Refrigerators

- The operating temperatures of ward refrigerators must be monitored twice a day using an internal food simulant thermometer or a food simulant such as jelly. The external read out should not be used to check the operating temperature of the unit. If a jelly is provided it shall be placed in a lidded plastic container dated and changed once a month. The temperature of the unit shall be checked by inserting a probe thermometer of known accuracy into the jelly. The operating temperature of the refrigerator should be 1°C to 4°C.

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- If the operating temperature is outside of this range, then the unit should be checked again in 1 hour. If the unit is back within range the temperature should be entered on the record sheet. If the operating temperature is still above 5°C after 1 hour a probe thermometer shall be used to check individual foods, if their temperature is below 5°C they can be transferred to an alternative refrigerator if one is available. Food whose temperature is over 5°C must be thrown away.
- If the refrigerator reaches 10°C.all the food and perishable goods should be discarded and the contents that were discarded logged on the hotel services wastage sheet (Applicable to all foods that have been obtained from through our catering department). Refrigerators that are not operating within the required temperature range following the follow up check shall be reported to the estates department. If the unit is incapable of achieving the required temperature criteria it must be replaced.
- The operating temperature of freezers used within Therapeutic Kitchens shall also be monitored and recorded daily when the area is in use. The operating temperature of refrigerators must be monitored twice daily using an internal food simulant thermometer or a food simulant such as jelly. The external read out should not be used to check the operating temperature of the unit. If the jelly is provided it shall be placed in a lidded plastic container dated and changed once a month it will also need to be clearly labelled **Not for human Consumption**. The temperature of the unit shall be checked by inserting a probe thermometer of known accuracy into the jelly. The unit should operate below -18c if the unit is operating above -18c but below -12c the shelf life of foods stored within must be restricted to one month.
- All foods stored in the refrigerator shall be in sealed and labelled containers (Refer to section 11.0 food storage).
- Food in the refrigerator should be systemically checked and food that has been stored over 24 hours or beyond the manufacturers use by date will be disposed of.
- Where space is limited in the refrigerator, patients' food must take priority.
- Fruit shall be washed thoroughly in cold running water before it is placed in the refrigerator.
- Raw meats and other raw protein foods may be handled in these areas, they must be stored below and apart from ready to eat foods in base of the refrigerator in a sealed lidded plastic container.
- The freezing of perishable foods on site shall be avoided, where it is necessary to freeze foods on site you must:
  - >Mark food packaging with date of freezing and a use by date upon removal from the freezer.
  - >Use within 3 months

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>Ensure that raw meats/fish are fully covered and placed in a clean container to avoid cross contamination to other foods in the freezer.

>All freezers shall be of a frost free, self-defrosting type but if ambient conditions are excessive and there is a build up of ice they shall be switched off and defrosted manually. Any frozen foods should then be transferred to an alternative unit.

### 3.3 Use of therapy kitchens general provisions

- Patient access to therapy kitchens must be controlled by the person in charge of the area.
- In the kitchen area the level of supervision must correspond to the assessed risk-taking levels with the patient's treatment programme.
- Any equipment used in the therapy kitchen shall be provided or approved by the trust and safety tested accordingly.
- Staff who are supervising a therapeutic Kitchen assessment shall check the patients' medical records to check if they have any food allergies or intolerances. The planning of the assessment shall include a detailed assessment of all ingredients to ensure that the proposed foods are safe for the patient.
- All staff and service users who are involved in food handling and preparation should wear clean disposable aprons. These should be changed after each meal preparation.
- No unauthorised equipment shall be provided and redundant equipment that is condemned shall be disposed of in accordance with trust policies.
- Worktops should not be used as a seat or for storage of external items such as coats and handbags at any time.
- Animals must not be allowed in the kitchen area, separate facilities for the storage of animal's pet food and the cleaning of feeding bowls etc should be provided.
- Plants or flowers including fresh grown herbs are not allowed in the Kitchen areas.
- Smoking, using e-cigarettes and vaping is strictly forbidden within the kitchen areas.
- Chewing gum, eating sandwiches, or consuming other foods and beverages which have not been prepared in the kitchen is not allowed.
- Patients with a known infection/showing sign of infection/who have been in close contact with someone who has an infection/who are suffering from diseases or skin conditions which could contaminate food, must not be

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permitted to take part in any session infections such as sickness, diarrhoea, ear and eye infections, boils, scaling, weeping, discharge or septic wounds, cold sores etc.

- Patients who are in source isolation with none of the above suspected/confirmed infections can be seen in a therapeutic kitchen providing procedures detailed in appendix 5 are adhered to.
- Patients who are in source isolation should not take part in any group therapy kitchen activities that may be arranged.
- Any staff that are showing signs of infection should report to their manager, who will advise according to local policies as to how to proceed.
- Any cuts, burns or sores must be covered with a waterproof dressing, a supply of blue occlusive waterproof dressings should be available within the department.
- Patients who may have medical conditions which may cause them to salivate/drool excessively or constantly should only be allowed to prepare food which is used for their sole consumption. If they are involved in group sessions, they must be carefully supervised and their contributions to the session should be limited to the preparation of food solely for their consumption.
- Patients should not be encouraged to share foods that they have prepared and cooked during group sessions. Patients should only consume the foods that they have prepared themselves.
- Foods that have been cooked during an assessment must be consumed or thrown away. Leftovers should not be cooled and retained for later use.

#### **4.0 Hazard analysis: food safety**

Food safety legislation requires the operators of food businesses to:

- Identify potential food safety hazards.
- Identify measures that may be used to control these hazards.
- Identify critical control points.
- Implement monitoring and recording systems to assess the effectiveness of critical controls.

A model hazard analysis system for ward/therapy kitchen areas is included as appendix 1, it is intended that this model be adapted for local use, printed, laminated, and displayed in each area for reference.

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## 4.1 Food storage

All foods shall be stored in appropriate storage conditions in accordance with the manufacturer's recommendations, all high-risk foods shall be stored in the refrigerator, under no circumstances shall their storage at room temperature be permitted.

All foods shall be subject to appropriate stock rotation, new stock must be checked for their expiry date and placed behind or below older stock. All foods must be checked to ensure they remain within their expiry date. Any food that has passed the manufacturer's expiry date must be discarded.

The contents of open packets of dry goods shall be transferred to clean, suitable storage containers with a tight-fitting lid, the date code of the original container should be marked on the storage container.

The stock levels within the therapy kitchen must be kept to the minimum practicable levels.

Foods and food contact equipment shall be stored in separate cupboards/units to cleaning chemicals.

Chemicals shall be stored in their original container in a locked cupboard, on no account shall they be stored in food containers. Chemicals that are diluted for use must be labelled with relevant health and safety information.

No food or food materials shall be stored on the floor.

All food items shall be stored in clean, lidded suitable containers and be refrigerated if recommended in the manufacturer's storage instructions.

## 4.2 Food purchasing

Food and ingredients should be obtained through the catering department, where it is deemed necessary to purchase food from outside suppliers then it is recommended that national supermarket chains should be used wherever it is possible to ensure that an audit trail of ingredients is available if required.

Staff must ensure when eggs are purchased that they are 'lion branded' when being used within therapy kitchen areas. They shall be stored in the refrigerator and used within their best before date.

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Staff should also ensure that raw and cooked foods are wrapped separately to prevent cross contamination during transport.

Staff should also ensure that raw and cooked foods are stored separately in refrigerators where these are items are required to be kept chilled to also prevent cross contamination.

Staff who are accompanying patients to purchase food should encourage patients who are buying chilled and frozen foods to take the food directly back to the therapeutic kitchen and put away.

## 5.0 Food preparation

The communal use of preserves is to be discouraged; these should be provided in individual portion packs.

All utensils shall be thoroughly cleaned between the preparation of raw and cooked foods

Wooden chopping boards **must not be used** separate clearly identified boards should be used for raw foods to be consumed without further cooking:

- **RED**- Raw meat
- **Blue**- Raw Fish
- **Green**-Salad vegetables
- **Brown**- Root vegetables
- **White**- Ready to eat foods.
- **Yellow**-Cooked meals

All chopping boards must be thoroughly cleaned, disinfected, and dried between each use and must not be stored in contact with one another.

Wooden spoons, rolling pins and spatulas should be maintained in a good condition and cleaned and dried between each use.

All openers shall be thoroughly cleaned and dried after each use.

All equipment must be corrosion resistant i.e., stainless steel.

All root vegetables, salads, fruit and fresh herbs must be thoroughly washed before use.

Hands must be washed with liquid soap and water and dried using disposable paper towels before putting on the apron prior to commencing food handling activities.

Patients should be issued with disposable hand wipes or offered the opportunity to wash their hands prior to preparing any foods.

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Toast or other bakery products supplied to patients must be lightly cooked and not over browned (This is a legal requirement to protect patients from excessive exposure to a toxic substance called acrylamide formed when sweet sugary starchy foods are cooked).

**If there is any doubt regarding the safety of any foods prepared during the session, then you should ensure that the food is not eaten.**

## 6.0 Food allergies

### What is a food allergy?

A food allergy is when the body's immune system reacts unusually to specific foods. Although allergic reactions are often mild, they can be very serious. In the most serious cases, a person has a severe allergic reaction (anaphylaxis), which can be life-threatening.

### What are the symptoms of a food allergy?

Symptoms of a food allergy can affect any part of the body, including different parts of the body at the same time.

Food allergy symptoms can vary widely from person to person and can range from mild to severe. They typically occur shortly after consuming or coming into contact with the allergen and can affect different parts of the body. Common symptoms of a food allergy include:

- **Digestive problems:** Nausea, vomiting, diarrhoea, abdominal pain, cramps.
- **Skin reactions:** Itching, hives (red, raised welts on the skin), eczema (itchy, inflamed skin), redness, swelling.
- **Respiratory issues:** Sneezing, runny or stuffy nose, coughing, wheezing, shortness of breath, difficulty breathing, chest tightness.
- **Swelling:** Swelling of the lips, tongue, throat, face, or other parts of the body.
- **Cardiovascular symptoms:** Rapid or weak pulse, light-headedness, dizziness, fainting.
- **Anaphylaxis:** A severe, potentially life-threatening reaction involving multiple systems of the body, characterised by a drop in blood pressure, loss of consciousness, and difficulty breathing. Anaphylaxis requires immediate medical attention.

It is not clear why this happens, but certain foods are more likely to cause an allergic reaction in some people, the most common allergic foods include:

- Cow's milk
- Eggs

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- Peanuts, soyabeans, peas & chickpeas
- Tree nuts such as walnuts, almonds, hazelnuts, pecans, cashews, pistachios, and Brazil nuts.
- Shellfish, such as prawns, crab, and lobster
- Wheat

**(Food standard agency, 2023)**

**Please refer to appendix 4 for 14 allergens food advice**

What is a food intolerance?

Food intolerance is used to describe many different conditions where food causes unpleasant symptoms that happen each time that food is eaten but are not a food allergy. A food intolerance is different to food allergy and intolerances are not caused by the immune system and do not have the risk of a severe and potentially life-threatening allergic reaction (anaphylaxis). A food intolerance is caused by your body not being able to digest a certain food or an ingredient in food. Symptoms usually include bloating, stomach discomfort / pain and occurs usually a few hours after eating the food the person may be intolerant to.

Common intolerances include the following.

- Lactose
- gluten (wheat, rye and barley)
- histamine
- caffeine
- sulphites
- salicylates
- monosodium glutamate (MSG).

A food allergy is different from having a food intolerance, which causes symptoms such as bloating, stomach discomfort/pain and occurs usually a few hours after eating food that the person may be intolerant to.

It is important that all staff are aware of people on their ward who may have allergies including both staff and patients. To reduce the risk to those with identified allergies the following should be put in place.

- Staff will need to check the allergy status for both staff and patients within the ward area to ensure that any potential allergies to high-risk foods has been identified.

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- Storage of any foods that may contain potential allergens will need to be stored and prepared separately to reduce the risk of any cross-contamination.
- Staff to check labels/ingredients listed on pre-packed foods to identify any potential allergens.
- Staff to ensure that kitchen worksurfaces, equipment and utensils are cleaned thoroughly to remove any traces of food/potential allergens and reduce the risk of any cross contamination.

**Food processors, mixers and blenders are very difficult to clean and should not be used when staff are conducting an assessment with a patient with an allergy or intolerance.**

- All staff and patients to ensure that they wash hands regularly with soap and water to avoid any potential cross-contaminations.
- Any foods kept in patient/ staff fridges are in a sealed container and clearly labelled and dated.
- Staff have a responsibility to ensure that all food that they serve to patients with an allergy is safe for them to eat.

If a patient has a serious allergy, then they may require an adrenaline auto-injector (Such as EpiPen) if this is the case then a care plan should be put into place for the carrying and administering of this medication. All staff should be made aware of this and the appropriate procedures to follow should such a reaction require the administration of the medication.

Further advice/guidance is available on the allergy UK and Anaphylaxis UK websites.

## **7.0 Cleaning and washing up.**

All patient's cups/crockery/cutlery must be thermally disinfected in a dishwasher in the main kitchen. This includes cup holders for use with disposable cups.

The hospital's cleaning schedule contains a cleaning schedule for the cleaning of ward kitchens which clearly identifies.

- Who or what group of staff is responsible for each cleaning task.
- The frequency of every cleaning task including high level cleaning of walls and ceiling.

The cleaning schedule clearly states the frequencies of domestic clean and that the out of hours responsibility is that of the nursing staff.

Separate cleaning equipment must be used for the therapy kitchens, these materials should be stored in the domestic cupboard.

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All cleaning materials must be colour coded in accordance with the national colour coding scheme for hospital cleaning materials and equipment issued by the national patient safety agency.

The colour of cleaning cloths, scorers, gloves, mops, and buckets to be used for kitchen areas is green and disposable cloths must be used.

There must be a cleaning schedule in place for daily cleaning and also a separate cleaning schedule in place for two hourly cleaning of touch point areas such as door handles, utility handles, work tops etc.

If the therapy kitchen is part of a ward area, these cleaning schedules should be part of the ward cleaning schedules.

Tea towels should only be used for the drying of dishes for therapeutic purposes, otherwise paper towels should be used.

If used, tea towels must be changed at the end of each session and washed on a hot cycle of a machine.

Any other equipment or stock items, which are not used for therapeutic kitchen activities or pose a food hygiene hazard shall not be stored in the kitchen.

It is the responsibility of the member of staff using the kitchen to ensure that the kitchen is left clean and tidy for the next session with all the equipment cleaned and put away.

## **8.0 Maintenance**

Any defects in kitchen equipment or fabric must be reported to the facilities customer service helpdesk.

Planned preventative maintenance for key items of kitchen equipment must be in place and included in planned preventative maintenance programmes.

## **9.0 Waste disposal**

All food waste will be disposed of within the area that the assessment is taking place and in accordance with the trusts waste disposal policy,

## **10.0 Pest control**

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Any signs of pests or sightings of pests must be reported immediately to the ward manager or person in charge of that area. The ward manager or person in charge must then inform the nominated pest control officer in the facilities department.

Ward staff/ therapy staff are not permitted to treat a pest infestation or problem without the nominated pest control officer's express agreement.

The eradication and control of pests at ward level shall be carried out as part of the service contract for the hospital site.

## **11.0 Occupational health**

All staff have a responsibility to self-isolate and inform occupational health if they are symptomatic or have a positive test for covid-19 or are alerted to be a contact for a person who is positive for covid-19. Staff must self-isolate for the time required as per current guidelines.

All staff have a responsibility to refrain from work as necessary and to ensure that they inform occupational health if they are suffering from any of the following:

- Diarrhoea and/or vomiting.
- Throat infections
- Skin rashes
- Boils or skin lesions
- Respiratory viruses

## **11.0 Training in relation to food hygiene**

The Retained Regulations EU 852/2004 requires that all 'food handlers' are trained and/or supervised and instructed in food hygiene commensurate with the needs of their post. All managers/ senior nurses shall carry out objective assessment of the training needs of non-catering food handling staff and ensure that these training needs are fulfilled. Food handlers should have undergone a health screen at the start of their appointment (Occupational health).

The training given to staff shall include particular instruction of hygiene practices and the use of equipment. It should be provided by individuals, or a company qualified to undertake this specific training (See 6 appendix).

**It is not intended that all food handlers should undergo a level 2 Award food safety in catering course, however this course is appropriate for staff involved in high-risk food preparation.**

**It however is recommended that all staff who are involved with therapeutic kitchen assessments and will be involved in preparing and supervising**

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**preparation of high risks foods will need to undertake level 2 Food hygiene training.**

A guide to the training needs of other staff is included in appendix 8, all training given to staff shall be validated and recorded by their manager.

All staff must complete the food hygiene awareness e-learning package every 2 years as a mandatory requirement.

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21/08/2024

Status – Final

Title Food hygiene for Therapy Kitchens Policy

## **12.0 Duties within the Organisation**

Duties regarding this policy can be located in the LPT Infection Prevention and Control Assurance policy.

## **13.0 Consent**

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

## **14.0 Monitoring Compliance and Effectiveness**

Compliance with this policy is outlined in the LPT Infection Prevention and Control assurance Policy.

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## 15.0 References and Bibliography

The Food Safety Act 1990 (ISBN 0-10-541690-8)

The Food Safety and Hygiene (England) Regulations 2013 (SI 2996/2013)

Retained EU Regulations 852/2004

Retained Food Information EU Regulation 1169/2011/ Food information Regulations 2014/ Food information (Amendment) (England) Regulations 2019

Retained EU Regulation 2017/2158

NHS catering: Health Service Catering-Hygiene (ISBN 0-11-321095-7)

Industry Guide to Good Hygiene Practice: Catering Guide (ISBN 978-1-3999-3949-2)

NHS England (2022) National standards for healthcare food and drink v1

NHS England (2023) National infection prevention and control manual for England V2.4

Leicestershire Partnership trust (LPT) Pest control policy 2024

<https://www.anaphylaxis.org.uk> accessed. 5<sup>th</sup> February 2024

<https://www.allergyuk.org> accessed 5<sup>th</sup> February 2024

University Hospitals of Leicester Therapeutic Kitchens UHL occupational therapy policy (2024) accessed 7<sup>th</sup> June 2024.

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## **16.0 Fraud, Bribery and Corruption consideration**

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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## Appendix - Flowchart(s)

### Appendix 1 Food safety assurance

HAZARDS	CONTROLS	MONITORING/ CORRECTIVE ACTION
<p><b><u>Purchase</u></b></p> <ul style="list-style-type: none"> <li>• <b>Food may already be contaminated.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Buy from an approved supplier (Such as a reputable supermarket or NHS Supply Chain or via catering department.</li> <li>• Guidance on patient's &amp; relatives' food should be observed.</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy manager &amp; Therapy staff.</li> <li>• Reject any high-risk foods that are not from approved supplier and foods brought in by staff and relatives that do not comply with guidelines.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Cross contamination from raw to cooked foods.</b></li> </ul>	<ul style="list-style-type: none"> <li>• raw foods such as meat, poultry, eggs, fish and unwashed vegetables shall be appropriately stored, prepared and cooked..</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy manager &amp; therapy staff.</li> <li>• Throw away any high-risk foods that have been contaminated.</li> </ul>
<p><b><u>Food service</u></b></p> <ul style="list-style-type: none"> <li>• <b>Bacteria may grow if food is left at room temperature after delivery to the ward.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Serve food as soon as possible after arrival. Hot food not served within 1 hour must be discarded. If it is to be eaten hot keep it piping hot above 63°C</li> <li>• Serve cold food as soon</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy manager &amp; therapy staff</li> <li>• Hot foods whose temperature have dropped below 63°C must be eaten within one hour or thrown away.</li> <li>• Cold foods that have been served but not eaten</li> </ul>

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	<p>as possible. If the time delay to service from trolley arriving is more than 1 hour food must immediately be put in the ward refrigerator. Food that has been served to patients must not be returned to the refrigerator.</p>	<p>must be thrown away. Cold foods served must be eaten within one hour or thrown away.</p>
<ul style="list-style-type: none"> <li>• <b>Contamination</b></li> </ul>	<ul style="list-style-type: none"> <li>• Serve food with clean utensils and maintain good standards of personal hygiene. Wash hands before food service and put on green apron.</li> <li>• Handle crockery and cutlery by the handle part only.</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy Manager and Therapy staff.</li> <li>• Throw away any food that has been contaminated. Send back any dirty utensils etc for re-cleaning and disinfection.</li> </ul>
<p><b>STORAGE</b></p> <ul style="list-style-type: none"> <li>• <b>Cross contamination from raw to cooked foods.</b></li> </ul>	<ul style="list-style-type: none"> <li>• All Raw foods shall be appropriately</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy Manager and Therapy Staff.</li> </ul>

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	<p>stored in accordance with guidance.</p> <ul style="list-style-type: none"> <li>All foods placed in the ward refrigerator must be fully wrapped and labelled.</li> </ul>	<ul style="list-style-type: none"> <li>Throw away any high-risk foods that have been contaminated.</li> </ul>
<ul style="list-style-type: none"> <li><b>Growth of bacteria due to chilled/perishable food storage at too high a temperature.</b></li> </ul>	<ul style="list-style-type: none"> <li>Storage of high risk foods in the refrigerator working below 5°C.</li> </ul>	<ul style="list-style-type: none"> <li>Therapy Manager and therapy Staff.</li> <li>Temperature checks on refrigerator. If the temperature is not within the critical limit of 5°C follow the guidance in the Ward Kitchen Policy.</li> </ul>
<ul style="list-style-type: none"> <li><b>Growth of bacteria due to shelf-life abuse</b></li> </ul>	<ul style="list-style-type: none"> <li>All food and fluids are rotated. Food and fluids are discarded by the 'Use by Date'.</li> </ul>	<ul style="list-style-type: none"> <li>Therapy Manager and Therapy Staff.</li> <li>Daily checks on the contents of refrigerators and throw away any unlabeled foods or those whose use by or best before dates have expired.</li> </ul>
<p><b>PREPARATION</b></p> <ul style="list-style-type: none"> <li><b>Bacteria may grow in high-risk foods if they are kept at room temperature.</b></li> </ul>	<ul style="list-style-type: none"> <li>Do not keep food at room temperature for more than 1 hour.</li> </ul>	<ul style="list-style-type: none"> <li>Therapy Manager and Therapy Staff.</li> <li>Food that has been out of temperature control for 1</li> </ul>

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		hour must be thrown away.
<ul style="list-style-type: none"> <li>• <b>Contamination of food</b></li> </ul>	<ul style="list-style-type: none"> <li>• Handle food with clean hands and equipment. Handle crockery and cutlery by the handle part only.</li> <li>• Maintain good standards of personal hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy Manager and Therapy Staff.</li> <li>• Throw away any food that has been contaminated.</li> </ul>
<b>STAFF HEALTH</b>	<ul style="list-style-type: none"> <li>• Staff Health Policy to be adhered to and staff to be 48 hrs. free from diarrhoea and vomiting prior to return to work. People who are ill should not prepare food for others.</li> <li>• Ensure any cuts or wounds are covered with a blue waterproof plaster.</li> </ul>	Occupational Health, Senior Nurses, Ward Manager and Ward Staff
<b>ADDITIONAL CONTROLS</b>		
<p>Keep animals and pests out of the kitchen. If you think you have a problem with pests contact the Estates department who will contact the Pest Control contractor for advice.</p>		

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Wash your hands regularly and wear clean over clothing when preparing food e.g., Disposable green apron.

Keep the kitchen clean and tidy.

Guidance for patients and visitors on food to be brought into hospital should be observed.

Access to the therapy kitchen should be restricted to only patient who are being supervised by staff.

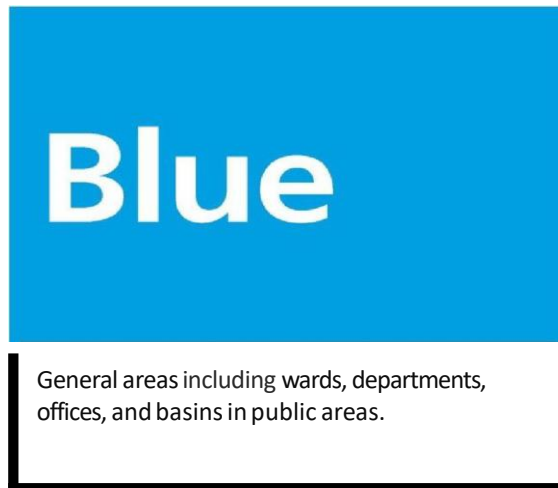
**If in doubt throw it out. Discard food, which has not been purchased, prepared, cooked and served properly.**

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## Appendix 2 National patient safety agency colour coding poster

### National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons, and gloves, should be colour coded. This also includes those items used to



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## Appendix 3 Food standards 14 allergens poster

# 14 Allergens

Food businesses must provide information about the allergenic ingredients used in any food they sell or provide.

There are 14 major allergens which need to be mentioned (either on a label or through provided information such as menus) when they are used as ingredients in a food. Here are the allergens, and some examples of where they can be found:

	<p><b>1 Celery</b> This includes celery stalks, leaves, seeds and the root called celeriac. You can find celery in celery salt, salads, some meat products, soups and stock cubes.</p>
<p><b>Cereals containing gluten</b> Wheat (such as spelt and Khorasan wheat/Kamut), rye, barley and oats is often found in foods containing flour, such as some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour.</p>	
	<p><b>3 Crustaceans</b> Crabs, lobster, prawns and scampi are crustaceans. Shrimp paste, often used in Thai and south-east Asian curries or salads, is an ingredient to look out for.</p>
<p>Eggs are often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg.</p>	
	<p><b>5 Fish</b> You will find this in some fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.</p>
<p>Yes, lupin is a flower, but it's also found in flour! Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.</p>	
	<p><b>7 Milk</b> Milk is a common ingredient in butter, cheese, cream, milk powders and yoghurt. It can also be found in foods brushed or glazed with milk, and in powdered soups and sauces.</p>
<p>These include mussels, land snails, squid and whelks, but can also be commonly found in oyster sauce or as an ingredient in fish stews</p>	
	<p><b>9 Mustard</b> Liquid mustard, mustard powder and mustard seeds fall into this category. This ingredient can also be found in breads, curries, marinades, meat products, salad dressings, sauces and soups.</p>
<p>Not to be mistaken with peanuts (which are actually a legume and grow underground), this ingredient refers to nuts which grow on trees, like cashew nuts, almonds and hazelnuts. You can find nuts in breads, biscuits, crackers, desserts, nut powders (often used in Asian curries), stir-fried dishes, ice cream, marzipan (almond paste), nut oils and sauces.</p>	
	<p><b>11 Peanuts</b> Peanuts are actually a legume and grow underground, which is why it's sometimes called a groundnut. Peanuts are often used as an ingredient in biscuits, cakes, curries, desserts, sauces (such as satay sauce), as well as in groundnut oil and peanut flour.</p>
<p>These seeds can often be found in bread (sprinkled on hamburger buns for example), breadsticks, houmous, sesame oil and tahini. They are sometimes toasted and used in salads.</p>	
	<p><b>13 Soya</b> Often found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu, soya is a staple ingredient in oriental food. It can also be found in desserts, ice cream, meat products, sauces and vegetarian products.</p>
<p><b>Sulphur dioxide (sometimes known as sulphites)</b> This is an ingredient often used in dried fruit such as raisins, dried apricots and prunes. You might also find it in meat products, soft drinks, vegetables as well as in wine and beer. If you have asthma, you have a higher risk of developing a reaction to sulphur dioxide.</p>	

For more information, visit: [food.gov.uk/allergy](http://food.gov.uk/allergy) or [nhs.uk/conditions/allergies](http://nhs.uk/conditions/allergies)

Sign up to our allergy alerts on [food.gov.uk/email](http://food.gov.uk/email), or follow [#AllergyAlert](https://twitter.com/AllergyAlert) on Twitter and Facebook

Let's keep connected at [food.gov.uk/facebook](http://food.gov.uk/facebook)

Join our conversation [@food.gov.uk](https://twitter.com/food.gov.uk) on Twitter

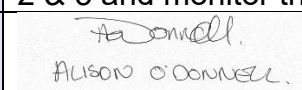
Watch us on [food.gov.uk/youtube](http://food.gov.uk/youtube)

## Appendix 4 Guidelines for assessing patients in source isolation in the therapeutic Kitchen.

- Assessment should only be carried out with the patients who have been placed in source isolation in a therapy kitchen area if it is an essential part of their assessment. Could the assessment be completed at a later date at the patients home as part of a home assessment or the community occupational therapy services.
- If the assessment is essential for discharge preparation, Then the assessment should be carried out last on the list of assessments taking place, the patient who is having the assessment must be the only patient in the kitchen at the time of the assessment taking place.
- All staff taking part in the assessment must ensure that they wear appropriate PPE (Gloves and a green disposable apron) during the assessment and that they wash their hands with soap and water before donning and after doffing of PPE and following contact with the patient.
- An orange clinical waste bag must be made available for the disposal of PPE.
- The patient must also be encouraged to wash their hands before leaving the ward, preparing food, and re-entering the ward.
- Once the therapy assessment has taken place the kitchen must be cleaned, and any crockery or utensils used must be washed.
- Disposable crockery and cutlery is not required for patients who are in source isolation due to infection providing an automatic dishwasher is utilised to clean the crockery and cutlery.
- Crockery, cutlery and utensils used can be adequately decontaminated in a dishwasher with a final rinse temperature of 80°C. The crockery and cutlery does not need to be washed separately to other crockery and cutlery. **Manual washing of the crockery and cutlery must not take place.** If an automatic dishwasher is not available then disposable plates, bowls and cutlery etc. must be used.
- The kitchen must be thoroughly cleaned after the assessment has taken place which will need to be arranged with the facility teams. Signs will need to be available to ensure that the kitchen is not used prior to the cleaning taking place.
- The sign should be placed on the door at the beginning of the session taking place.
- Any equipment that is not being used must be removed or stored away until the assessment has taken place.

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## Appendix 5 Training Needs Analysis

<b>Training topic/title:</b>	1. Food Hygiene Level 1 2. Food Safety Level 2		
Type of training: (See Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) 1. Yes - Role Essential (must be on the role essential training register) 2. Yes - Desirable or Developmental		
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> Directorate of Mental Health <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Estates and Facilities <input checked="" type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	1. All clinical staff in an inpatient area 2. Staff involved in high-risk food preparation		
Governance group who has approved this training:	Infection Prevention and Control Assurance Group	Date approved:	14 <sup>th</sup> Aug 2024
Named lead or team who is responsible for this training:	Nutritional Group		
Delivery mode of training: eLearning/virtual/classroom/informal/ad hoc	eLearning		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	Nutritional Steering Group review completion reports, quality assure the external training providers for Level 2 & 3 and monitor the staff groups requiring training		
<b>Signed by Learning and Development Approval name and date</b>	 ALISON O'DONNELL		Date: 14 <sup>th</sup> August 2024

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## Appendix 6 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all.

Respond to different needs of different sectors of the population yes.

Work continuously to improve quality services and to minimise errors yes.

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes.

Help keep people healthy and work to reduce health inequalities yes.

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes.

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## Appendix 7 Due Regard Screening Template

<b>Section 1</b>	
Name of activity/proposal	Food Hygiene for ward and therapy kitchens
Date Screening commenced	12-01-2024
Directorate / Service carrying out the assessment	Enabling-Infection Prevention and Control team
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection prevention and control nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: The aim of this policy is to describe the procedures and processes for staff to follow in relation to the management of food and associated hygiene requirements for ward and therapy kitchens.	
OBJECTIVES: The objective of this policy is to provide staff employed by Leicestershire Partnership Trust (LPT) with a clear and robust process for staff to follow in relation to the accessibility, preparation and consumption of food and applies to all staff working within LPT.	
<b>Section 2</b>	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	None identified
Disability	None identified
Gender reassignment	None identified
Marriage & Civil Partnership	None identified
Pregnancy & Maternity	None identified
Race	None identified
Religion and Belief	None identified
Sex	None identified
Sexual Orientation	None identified
Other equality groups?	None identified
<b>Section 3</b>	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No X
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	Low risk: Go to Section 4.
<b>Section 4</b>	
If this proposal is low risk, please give evidence or justification for how you reached this decision:	

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Signed by reviewer/assessor	Claire King	Date	09-07-2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

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## Appendix 8 Data Privacy Impact Assessment Screening

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	Food Hygiene Therapy kitchens policy	
<b>Completed by:</b>	Claire King	
<b>Job title</b>	Infection prevention and control Nurse	Date 09-07-2024
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1.</b> Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
<b>2.</b> Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
<b>3.</b> Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
<b>4.</b> Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
<b>5.</b> Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
<b>6.</b> Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	

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7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p><b>If the answer to any of these questions is 'Yes', please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
Data Privacy approval name:		
Date of approval		

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