

Food Hygiene for ward 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 ward Kitchens.

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Policy On a Page

SUMMARY & AIM

This policy has been developed to give clear guidance on food hygiene for wards. 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 staff employed by the 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 in LPT**.

TARGET AUDIENCE

This policy applies to all permanent employees working within LPT including medical staff and any members of staff working on the bank, agency, or honorary contracts.

TRAINING

Food hygiene level 1 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	January 2009	New Guideline Infection control guideline for food hygiene in ward kitchens
Version 2 Draft 1	November 2009	Review of guideline by Amanda Howell, Antonia Garfoot, Una Willis & Tammy Bale Lead Nurses
Version 3 Draft 1	December 2009	Amendments following consultation process revisions to incorporate requirements of NHSLA standards
Version 4	May 2010	Amendments following identification that no longer requires policy status. Roles and responsibilities removed, will be covered under the general infection control policy.
Version 5	July 2011	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)
Version 6	May 2015	Reviewed by Antonia Garfoot
Version 7	April 2018	Further review by Antonia Garfoot
Version 8	January 2021	Reviewed in light of current changes due to covid-19 pandemic.
Version 9	June 2024	Reviewed and separated from therapy kitchens to ensure guidance is clear for staff.

For Further Information Contact: Infection Prevention and control:01162952320

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 & Control
- Author(s)- Reviewed by Claire King Infection Prevention and Control Nurse
- Core policy reviewer Group- Infection Prevention & Control Assurance Group

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- 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 and Engagement lead
- HR representative
- Health & Safety Representatives
- Clinical Safety Officer
- Infection Control Representative
- Trust Secretary
- Head of Training and Development

1.3 Governance

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

Level 1 Committee to ratify policy – Quality and 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

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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.

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 & education of the community regarding health risks & maintain a safe environment.

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

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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 the policy

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

The intention of this policy is to provide 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 staff working in LPT.**

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 wellbeing. 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 in ward 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.

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All staff have a responsibility to follow this policy

3.0 Policy Requirements

3.1 Design criteria for ward kitchens and food/beverage service points

The aim of the design criteria for ward kitchen areas is to provide the minimum practical amount of equipment necessary for the satisfactory operation of the area. This will reflect the nature of the activities to be carried out and general advice is given below, any other advice can be obtained from the environmental health officer and the infection prevention and control team for LPT.

3.2 Ward Kitchens

These areas may be used to prepare snacks (e.g., toast) drinks and the storage of foods, however the following must be adhered to:

- All internal finishes must be intact and able to withstand frequent cleaning.
- All food preparation surfaces must be smooth, impervious, easy to clean and durable e.g., Formica or stainless steel.
- Splashbacks must be flush and provided to the rear of sinks, work surfaces and hand wash basins.
- A double sink with double drainer is preferable for washing up, all patients cups/crockery/cutlery must be thermally disinfected in a dishwasher in the main kitchen.
- A handwash basin with non-hand operable taps must be designated for hand washing, there must be a wall mounted liquid hand soap dispenser and a wall mounted disposable paper towel dispenser.
- A domestic waste bin with foot pedal operated lid if appropriate to the area must be provided for the disposal of waste.
- The refrigerator must be a larder style commercial unit capable of maintaining food at temperatures between 0 °C & 5 °C under all operating conditions. Advice from procurement should be obtained on the most appropriate refrigerator for the purpose.
- Any equipment which does not stand on work surfaces shall 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**'.
- A means of heating milk for drinks should be provided e.g., Microwave (This will need to be placed on a daily cleaning schedule to ensure that it is kept clean and remains in good working order).

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- The area should be large enough to accommodate a beverage vending trolley if required.
- Cupboards and base units should be kept to a minimum and be designed so that cupboards tops slope to the ceiling to facilitate cleaning.
- The toaster 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).
- A conventional cooker is not permitted to be used.
- 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.
- Any Chemicals/COSHH items should be secured in a lockable cabinet/cupboard when not in use.

3.3 Food service point

The positioning of food service points needs to be carefully considered, normally these will be in dining rooms, where this is not practicable the area used must be agreed with the trusts fire safety officer & environmental health advisor/officer. It may also be necessary to consult with the infection prevention and control team in certain circumstances. The following must be adhered to:

- The food service point should not be sited next to toilets, bathrooms or dirty utility rooms or other potential sources of contamination.
- The food service point must have an electrical supply to facilitate food trolley service.
- There must be close access to a hand wash basin designated for hand washing and there must be a wall mounted liquid hand soap dispenser and a wall mounted disposable paper towel dispenser.
- A non-slip easy to clean floor.

3.4 Beverage trolley points

The positioning of beverage vending trolley points needs to be carefully considered, normally they will be in dining rooms or in ward corridors, where this is not practicable the area must be agreed with the trusts fire safety officers & environmental health advisor/officer. It may also be necessary to consult with the infection prevention and control team in certain circumstances. The following must be adhered to:

- The beverage trolley point should not be sited next toilets, bathrooms or dirty utility rooms or other potential sources of contamination.
- The beverage trolley point must have an electrical supply.
- There must be close access to a hand wash basin designated for hand washing and there must be a wall mounted liquid hand soap dispenser and a wall mounted disposable paper towel dispenser.

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- A risk assessment will need to be undertaken where beverage trolley are to be used in patient areas to identify any risks that this may pose.

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 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.

5.0 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 appendix 2).

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.

A guide to the training needs of other staff is included in appendix 6, all training given to staff shall be validated and recorded by their manager.

Appendix 4 'Information for ward-based food handlers' can be printed, laminated, and displayed in the ward Kitchen.

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6.0 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.

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 and cutlery 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. Food may be delivered to patients in source isolation using a tray. After the meal, the crockery, cutlery, leftovers, and tray are placed directly into the trolley and removed as per ward protocol, the tray and crockery does not need to be placed in a plastic bag. PPE must be worn, and hands decontaminated following removal of PPE as per the LPT infection prevention and control PPE policy.

Staff crockery and cutlery may be washed in the ward kitchen in a single stainless-steel sink with drainer, the hand wash basin must not be used for washing of any of these items.

Staff crockery and cutlery should be dried with disposable paper towels, fabric tea towels and air drying are not permitted.

Beverages vending trolleys must be emptied, cleaned, and re-filled in the ward kitchen.

The hospitals 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 ward and therapy kitchens, these materials should be stored in the domestic cupboard. 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, scourers, 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 kitchen is part of a ward area, these cleaning schedules should be part of the ward cleaning schedules.

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7.0 Use of ward Kitchens: General provisions

Patients/relative access to ward kitchens must be controlled by the person in charge of the area. The preparation of food in the ward kitchen by patients and patients' relatives is not permitted.

Eating of food or drinking of beverages by staff, patients and visitors in ward kitchens is strictly forbidden.

Any equipment used in ward kitchens shall be provided or approved by the trust and safety tested accordingly. 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 kitchen areas, separate facilities for the storage of animal's pet food and the cleaning of feeding bowls etc should be provided.

Plants or flowers are not allowed in the Kitchen areas.

8.0 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 manufacturers 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 ward 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.

Patient snacks shall be stored in clean, lidded suitable containers and be refrigerated if recommended in the manufacture's storage instructions. If a patient or their visitors wish to

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bring food into the hospital, they must first discuss the matter with the nurse caring for the patient or the ward manager, specific guidance on this issue is contained with appendix D, this may be printed, laminated, and displayed in the appropriate areas.

It is best practice to provide a separate refrigerator for staff food but if staff food has to be stored in the ward refrigerator food must be in date and stored in a sealed clean container, labelled with their name. If the food has been prepared at home or it is not in the manufacturers packaging, it must be labelled with the use by date and time i.e., 24 hours after putting into the refrigerator. All such food must be consumed within 24 hours or be disposed of. If the food is in the manufacturers packaging, then the printed use by date should be observed.

The storage of staff food within ward kitchens should be restricted to food intended for consumption at work that day. Raw meats, raw eggs and raw unwashed vegetables shall not be brought into the ward kitchen, no food wrapped in shopping bags is permitted. Fruit must be thoroughly washed prior to being placed in the ward refrigerator (This is because unwashed fruit such as cantaloupe melons are a potential source of pathogenic bacteria).

9.0 Food service

The service of food supplied by the catering department must be carried out as quickly and efficiently as possible. This requires the co-operation of the catering department and ward staff. To facilitate clear communication and co-ordination the following is recommended:

- A clear schedule of ward service times and arrangements should be agreed between the catering department and ward staff.

The catering department shall ensure that the food service trolley or regeneration trolleys they use are capable of:

- Regeneration trolleys must be capable of reheating food to a minimum core temperature of 75°C.
- Regeneration trolleys and food service systems must maintain cold service temperature between 0°C and 5°C upon delivery and service.

Once the food trolley is delivered to the ward food should be served as quickly as possible

Patients who require assistance with eating should have their meal kept hot in the food trolley until a ward staff member is available to assist the patient.

Hot foods may be consumed up to 90 minutes after regeneration to accommodate slow eaters and patients who need assistance. After this period any remaining hot food shall be disposed of.

Cold foods should be consumed within 90 minutes or dated and labelled and placed in the refrigerator, they must be thrown away after 24 hours. High risk foods that have been served to a client shall not be returned to the refrigerator.

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Ice cream shall always be served from frozen and never refrozen once it has started thaw, ice cream must be discarded once thawed.

Where patients require a liquid/pureed diet this shall be provided via the main kitchen and not at ward level.

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

Staff involved in the service of food to patients shall wear a clean green disposable plastic apron dedicated solely for food service. 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.

Where patients are away from the ward at mealtimes undergoing routine, non-emergency tests etc, the catering department shall ensure that adequate arrangements are made for the provision of late meals. The ward should use provisions at ward level and/or organise an alternative meal with the catering department.

Patients should be issued with disposable hand wipes or offered the opportunity to wash their hands prior to food service.

A ward staff member should ensure that the patients bed table is clean and clear of any obstructions prior to any food and beverages being served. **Urinals must not be placed on tables.**

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).

10.1 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:

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- **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
- 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 6 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 too.

Common intolerances include the following.

- Lactose
- gluten (wheat, rye and barley)
- histamine
- caffeine
- sulphites
- salicylates

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- 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.
- 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.
- 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.

11.0 Use and installation of equipment in ward department kitchens

The selection of equipment for use in ward 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.

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Microwave ovens

Microwave ovens should not be used for reheating or boosting the heat of patient's meals.

Microwave ovens are acceptable for heating drinks and milk for cereals and porridge for patients.

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 5 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.

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. 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.

All foods stored in the refrigerator shall be in sealed and labelled containers (Refer to section 11.0 food storage).

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Only staff food consumed on site that day shall be stored in the ward refrigerator (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 must be disposed of.

Where space is limited in the ward refrigerator, patients' food must take priority.

No raw unprepared foods other than fruit shall be stored in the ward food refrigerator. Fruit shall be washed thoroughly in cold running water before it is placed in the refrigerator.

No drugs, specimens, blood, or cold compresses will be stored in the ward food refrigerator.

Beverage trolleys and manual beverage systems

This type of equipment shall be used, cleaned, and maintained in accordance with the manufacturer's instructions. The machines will be descaled as part of the annual maintenance checks.

The trolleys will be cleaned in the ward kitchen at least once a day.

The water tank must always be filled in the ward kitchen, the water tank must be emptied at least every 24 hours. Water used to fill them must be drawn from a suitable portable water supply, not from a wash hand basin. A dedicated water jug must be made available to fill beverage vending machines where automatic water filling is not possible, the jug must not be used for any other purposes. This jug must be washed after each use and stored dry between uses.

Milk provided for use with a beverage vending trolley or a manual beverage system should be set out in minimum quantities. Milk containers must be labelled with the date and time that they are put on the beverage trolley. Milk must not be left out at room temperature for **more than 1 hour**. After this time, it must be removed from the trolley and disposed of in the ward kitchen. Small jugs or containers should be used for the provision of milk, these should be changed rather than re-filled and they should be thoroughly washed prior to reuse.

Disposable Spoons provided for use with patient's drinks must be single use.

12.0 Pest control

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

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

13.0 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.

14.0 Waste disposal

All food waste will be disposed of in accordance with the trusts waste disposal policy, normally plate waste will be returned to the catering department for disposal. Waste in waste bins in the ward kitchens must be.

15.0 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

16.0 Duties within the Organisation

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

17.0 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

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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.

18.0 Monitoring Compliance and Effectiveness

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

19.0 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 EU General Food Regulations 252/2004

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

Retained EU Regulations 2017/2158

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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. 5th February 2024

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

20.0 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.

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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 1 Food safety assurance

HAZARDS	CONTROLS	MONITORING/ CORRECTIVE ACTION
<p><u>Purchase</u></p> <ul style="list-style-type: none"> • Food may already be contaminated. 	<ul style="list-style-type: none"> • Buy from an approved supplier or NHS Supply Chain or via catering department. • Guidance on patient's & relatives' food should be observed. 	<ul style="list-style-type: none"> • Senior Nurse, Ward manager & ward staff. • 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.
<ul style="list-style-type: none"> • Cross contamination from raw to cooked foods. 	<ul style="list-style-type: none"> • Staff & patients are not allowed to bring in raw foods such as meat, poultry, eggs, fish and unwashed produce into ward kitchen. 	<ul style="list-style-type: none"> • Senior Nurse, Ward manager & ward staff. • Throw away any high-risk foods that have been contaminated.
<p><u>Food service</u></p> <ul style="list-style-type: none"> • Bacteria may grow if food is left at room temperature after delivery to the ward. 	<ul style="list-style-type: none"> • 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 • Serve cold food as soon as possible. If the time delay to service from 	<ul style="list-style-type: none"> • Senior Nurse, Ward manager & ward staff • Hot foods whose temperature have dropped below 63°C must be eaten within one hour or thrown away. • Cold foods that have been served but not eaten must be thrown away. Cold foods served must be eaten within one

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	<p>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>hour or thrown away.</p>
<ul style="list-style-type: none"> • Contamination 	<ul style="list-style-type: none"> • Serve food with clean utensils and maintain good standards of personal hygiene. Wash hands before food service and put on green apron. • Ward service points should not be in close proximity to toilets, bathrooms, or dirty utility rooms. • Handle crockery and cutlery by the handle part only. 	<ul style="list-style-type: none"> • Senior Nurses, Ward Manager and Ward staff. • Throw away any food that has been contaminated. Obtain clean utensils and crockery from main catering department. Send back any dirty utensils etc for re-cleaning and disinfection. • Reposition ward service points away from toilets etc.
STORAGE		

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<ul style="list-style-type: none"> • Cross contamination from raw to cooked foods. 	<ul style="list-style-type: none"> • Raw foods shall not be accepted into ward kitchens. • All foods placed in the ward refrigerator must be fully wrapped and labelled. 	<ul style="list-style-type: none"> • Senior Nurses, Ward Manager and Ward Staff. • Raw foods within ward kitchen shall be thrown away. Throw away any high-risk foods that have been contaminated.
<ul style="list-style-type: none"> • Growth of bacteria due to chilled/perishable food storage at too high a temperature. 	<ul style="list-style-type: none"> • Storage high risk foods in the refrigerator working below 5°C need to check what temp we are saying. 	<ul style="list-style-type: none"> • Senior Nurses, Ward Manager and Ward Staff. • Temperature checks on refrigerator. If the temperature is not within the critical limit of 5°C follow the guidance in the Ward Kitchen Policy.
<ul style="list-style-type: none"> • Growth of bacteria due to shelf-life abuse 	<ul style="list-style-type: none"> • All food and fluids are rotated. Food and fluids are discarded by the 'Use by Date'. 	<ul style="list-style-type: none"> • Senior Nurses, Ward Manager and Ward Staff. • Daily checks on the contents of refrigerators and throw away any unlabeled foods or those whose use by or best before dates have expired.
<p>PREPARATION</p> <ul style="list-style-type: none"> • Bacteria may grow in high-risk foods if they are kept at 	<ul style="list-style-type: none"> • Do not keep food at room temperature 	<ul style="list-style-type: none"> • Senior Nurses, Ward Manager and Ward Staff.

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<p>room temperature.</p>	<p>for more than 1 hour.</p>	<ul style="list-style-type: none"> • Food that has been out of temperature control for 1 hour must be thrown away.
<ul style="list-style-type: none"> • Contamination of food 	<ul style="list-style-type: none"> • Handle food with clean hands and equipment. Handle crockery and cutlery by the handle part only. • Maintain good standards of personal hygiene. 	<ul style="list-style-type: none"> • Senior Nurses, Ward Manager and Ward Staff. • Throw away any food that has been contaminated.
<p>STAFF HEALTH</p>	<ul style="list-style-type: none"> • 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. • Ensure any cuts or wounds are covered with a blue waterproof plaster. 	<p>Occupational Health, Senior Nurses, Ward Manager and Ward Staff</p>
<p>ADDITIONAL CONTROLS</p> <p>Keep animals and pests out of the kitchen. If you</p>		

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think you have a problem with pests contact the Estates department who will contact the Pest Control contractor for advice.

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 ward kitchen should be restricted to 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: Information for Ward Based Food Handlers

Hand washing

Hands should be routinely washed when entering the kitchen. Hands must be washed before accessing the following: -

- Ice / Ice Machine /Ice Scoop
- Refrigerator
- Toaster
- Microwave
- Preparing Snacks/Beverages

Ward Kitchen

- Only authorised staff are allowed to use the ward kitchen area.
- Waste must be disposed of in accordance with the Trust's Waste Policy.
- Do not leave out garments, and handbags in kitchen.
- Do not attend to your hair in the kitchen.
- Do not sit on work surfaces.
- Do not eat your lunch or drink in a ward kitchen.

Food Service

Hand washing is an integral part of food service to prevent the transmission of bacterial and viruses, and whilst it is very unlikely that Covid-19 is transmitted through food or food packaging, as a matter of good hygiene practice staff must wash hands frequently with soap and water for at least 20 seconds. Covid-19 is not the only transmittable disease present, and it is known that other infections are able to be transmitted via the oral-faecal route, namely gastroenteritis and therefore, despite the presumed low risk from Covid-19, hand washing remains crucial.

Hands should be washed routinely and included.

- Before and after handling food
- Before donning PPE (including a green disposable apron as is the colour coding for kitchens)
- Before handling clean cutlery and crockery
- After handling dirty or used items, such as crockery and cutlery and collecting used dishes from any areas where food is delivered.
- Whenever touching high-contact surfaces, such as door handles
- When moving between different areas of the workplace
- After being in a public place
- After blowing your nose, coughing, or sneezing. Coughs and sneezes should be caught in a tissue or the crook of your elbow.
- After touching food packing

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Note this list is not exhaustive.

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23/01/2024

Status – Final

29

Title Food Hygiene for Ward Kitchens Policy

Staff must:

- wear a clean disposable green apron, prior to service. Wash hands, change apron as required throughout service.
- Serve food to patients as soon as the food trolley has been handed over to the ward (at required temperature)
- Interruptions to service for patient handling assistance – wash hands, wear a new disposable green apron before returning to food service.
- Serving food to patients with an infection – follow the precautions as required prior to entering the room, serve food and then wash hands, wear a new disposable apron before returning to food service.
- Do not allow food trolley service to be in close proximity to bathrooms and toilets.
- Handle crockery and cutlery by the handles.
- Do not assist with food service if you are suffered from diarrhoea and/or vomiting with the last 48 hours (and review the need to be on duty).
- Food waste should be returned to the main kitchen for disposal.

Food Safety

- No raw foods allowed in ward kitchens.
- Food should be purchased via reputable source i.e., RDC, Catering Contractors.
- Follow guidance for food allowed to be brought in by relatives.
- Follow model code of practice for ward kitchens.
- Adhere to all ward kitchen policies and procedures.
- Follow the requirements of the Level 2 in Food Safety in Catering Certificate.

Kitchen Colour Coding

The trust operates a cleaning color coding policy to assist with the prevention of cross contamination:

- Green colour coded clean cloths, scorers, gloves, mops and buckets must only be used in ward kitchens. Staff shall wear a clean disposable green apron whilst working in the kitchen or serving food.

Appendix 3: Food guidance patients & Visitors

Can I bring food into hospital for a patient?

INFORMATION FOR CARERS AND VISITORS

There is a risk of food poisoning when food is not properly prepared, transported or stored. This information has been developed to help prevent food poisoning, food borne illness and any unwanted interaction with prescribed medication.

CAN I BRING FOOD IN FOR A PATIENT?

Yes, if it is a 'safe' item (see list below) and the patient is not on a special diet, experiencing swallowing problems or on any prescribed medication.

The Hospital ensures the patients meals served are prepared and designed to offer a range of hot and cold food and drinks, but we recognise that family and friends sometimes bring in food as a treat for patients to supplement the hospital menu. Therefore, on arrival at the ward, all food gifts should be declared.

For patients on a special diet, with cultural or religious needs or with swallowing difficulties, please discuss with the Nurse in Charge.

Please be aware that some foods do cause interaction with certain medications and must be avoided so please discuss with the Nurse in Charge prior to bringing in food items.

Only food that has been sealed by a manufacturer, with the packaging intact and the use by date visible, is allowed. Unfortunately, home produced items will not be permitted. All potentially unsafe food items that arrive to the ward cannot be accepted and the staff will request that the item should either be returned home, or they can discard it on your behalf.

WHAT IS FOOD POISONING?

Food poisoning is caused by eating food that contains harmful levels of disease-causing bacteria or toxins. It can have serious and unpleasant effects. Food can become dangerous if it is not handled safely during any of the following stages:

- Preparation
- Cooking
- Storage
- Transportation
- Serving

The symptoms of food poisoning vary but usually include one or more of the following: cramps, nausea, vomiting, diarrhoea, fever and headaches.

Food poisoning can be very serious for patients recovering from illness or an operation so Leicestershire Partnership has developed guidelines about what food can and can't be brought in. If you are unsure what to bring, or if your relative has requirements, then please discuss with the Nurse in Charge.

The lists of SAFE and UNSAFE food below are used to help prevent food poisoning only. The lists do not reflect that many people must follow a specific diet because of their medical condition.

WHAT FOOD IS SAFE TO BRING FOR PATIENTS?	WHAT FOOD IS POTENTIALLY UNSAFE TO BRING FOR PATIENTS?
Wrapped fresh fruit and fruit products	Raw meat or fish, cooked meat and poultry, fresh meat products eg gravy, soup, stock
Dried fruit tubs or prepacked fruit	Fresh or artificial cream products eg custards, yoghurts, mousse, cakes and ice cream
Prepacked muffins, tea cakes, pancakes, scones or similar	Prewrapped sandwiches (all fillings)
Prewrapped nuts and seeds (providing no allergies)	Items with added alcohol eg chocolate liqueurs, stollen or similar festive food
Prewrapped biscuits, crackers, or cakes (no fresh or artificial cream)	Pick 'n' mix
Prewrapped chocolate or sweets	Full boxes of crisps, multipacks
Individual packets of crisps, popcorn, pretzels	Large cartons of fruit juice, grapefruit juice (interacts with some medication)
Bottled drinks	Any other food item which needs refrigeration or reheating e.g., pies, pastries, sausage rolls, cheese, eggs, scotch eggs Take away meals including pizza, beefburger, kebabs
N.B. All foods must be in original packaging and have the patients name, date brought in and expiry date on the packaging	

WHY DOES THE HOSPITAL HAVE TO BE SO STRICT?

Leicestershire Partnership Trust is committed to providing a safe environment for patients and must comply with the Food Safety Act relating to the composition, handling, and hygiene of food. The Hospital facilities are regularly reviewed to ensure compliance with these laws, regulations, and standards.

The immune system of many patients in hospitals are considerably lower than those not in hospital. Food which is left in an uncontrolled temperature range for more than four hours is dangerous and needs to be discarded as it may cause serious food poisoning.

Please also consider that there may be patients or staff on the ward who have allergies to certain food items so please consider this if you are bringing in items with common allergens such as prepacked nuts, bread with seeds or nuts.

Appendix 4 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



Your local contact for hospital cleaning is:

Appendix 5 Watercooler cleaning Guidance

Water cooler cleaning advice:

To support staff and patient comfort, some areas in the Trust have water coolers. Please follow the guidance below to keep them working and clean.

Water Coolers

Multiple people may use water dispensers, which means they can become breeding grounds for viruses and bacteria. To prevent the presence of harmful microorganisms and maintain hygiene, regular daily cleaning is essential- LPT Facilities staff will clean inpatient coolers, however in bases without facilities onsite, arrangements must be put in place to ensure they are cleaned.

Cleaning

Hot, soapy water with single use cloths or disinfectant wipes should be used to wipe over the whole cooler regularly to remove the build-up of bacteria/viruses, debris, and splashes. The water outlet itself should be cleaned using clean line Sanitising Wipes (food probe wipes) available from facilities; or using hot soapy water.

Drip Trays

Regularly cleaning the external surfaces, outlets, and buttons will help reduce any build-up of bacteria which may otherwise cause illness. If the water cooler has a drip tray, this must be emptied daily or when full and cleaned with hot soapy water. Water cooler users should not discard remains of drinks/residue into the drip tray.

Drinking bottles/cups

Personal drinks bottles should not be filled directly from the water outlet and any bottles/cups must not touch the outlet. Please clean the water outlet if any bottles/cups make contact with it.

Bottled Water Coolers

The Trust does not recommend the use of bottled water coolers, (although in some areas they are used as they are the only option) as possible incorrect installation, storage, sanitisation; and procedure when changing of bottles occurs can result in microorganisms entering the drinking water. Safe, appropriate storage of water bottles is essential to avoid contamination (off floor and away from heat/direct light/chemicals/sources of contamination). Due to the manual handling risk, two persons are required to change the bottles. Mains-fed water coolers are recommended.

Filters

Filters may be used in some coolers. Filters accumulate contaminants- they have scheduled changes undertaken by the cooler supplier.

Taste/Appearance

Please be mindful of the waters flow and taste. Unusual odours, appearance or flavours may indicate problems with the water source or the machine itself. Check the water cooler for unusual noises, leaks, or erratic water temperatures.

Malfunctioning Coolers

If the cooler is not working as it should, report it to the LPT Facilities Helpdesk, email: lpt.fm@nhs.net. Take the cooler out of use and display an Out of use sign.

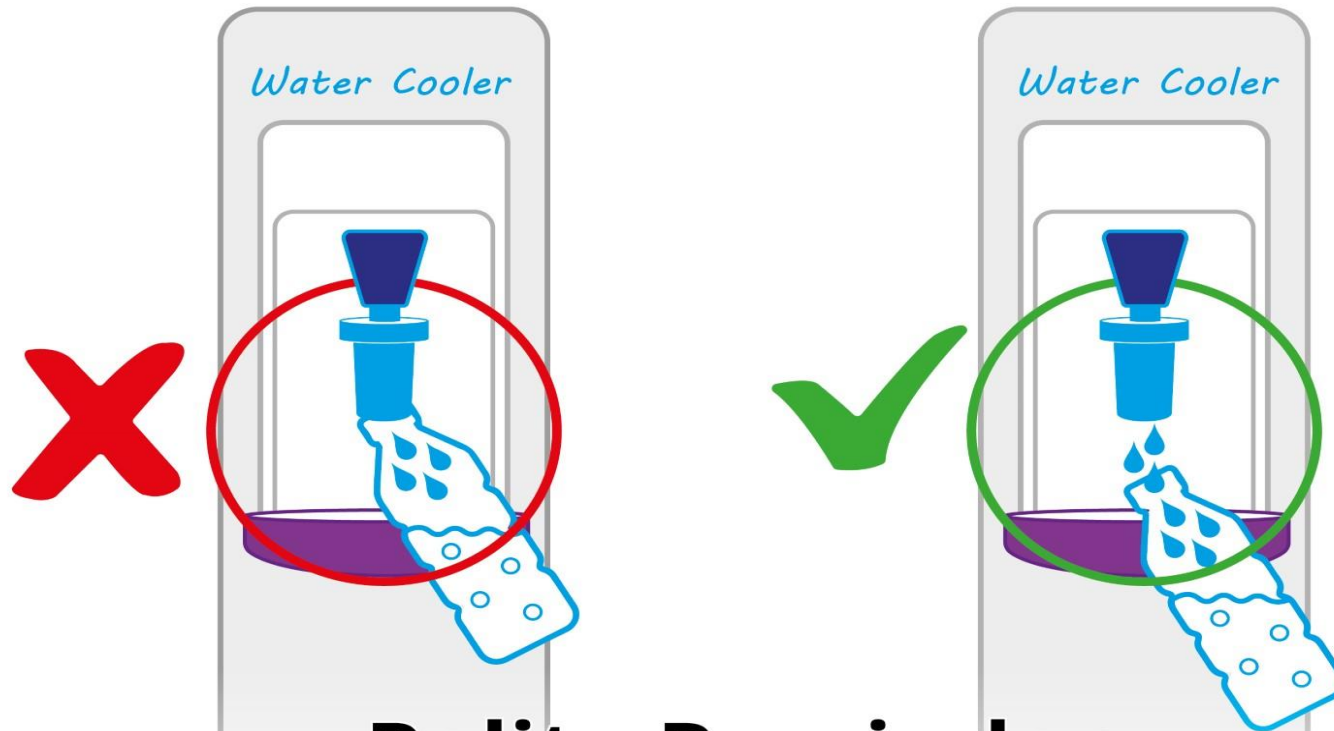
Not in use for extended periods

If the water cooler has not been used for several days e.g., due to holiday closures etc, stagnant water may be present. Please raise this with your local facilities services colleagues and request the cooler is flushed prior to use.

Infection Prevention and Control Team

NHS

Leicestershire Partnership
NHS Trust



Polite Reminder

In the interest of hygiene, if you fill your personal water bottle from this machine, please do not let the rim of the bottle to touch the tap. If you happen to touch the tap/nozzle please ensure that you wipe it with a Clinell wipe to avoid cross contamination.

Appendix 6 Food standards 14 allergens poster




Food Standards Agency
food.gov.uk

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:

1	 <p>Celery 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>Cereals containing gluten 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>	2
3	 <p>Crustaceans 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>	4
5	 <p>Fish 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>	6
7	 <p>Milk 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>	8
9	 <p>Mustard 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>	10
11	 <p>Peanuts 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, hummous, sesame oil and tahini. They are sometimes toasted and used in salads.</p>	12
13	 <p>Soya 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>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>	14

For more information, visit: food.gov.uk/allergy or nhs.uk/conditions/allergies

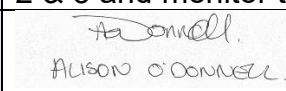
 Sign up to our allergy alerts on food.gov.uk/email, or follow [#AllergyAlert](https://twitter.com/AllergyAlert) on Twitter and Facebook

 Let's keep connected at food.gov.uk/facebook

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

 Watch us on food.gov.uk/youtube

Appendix 7 Training Needs Analysis

Training topic/title:	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:	14th 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		
Signed by Learning and Development Approval name and date	 ALISON O'CONNELL		Date: 14 th August 2024

Appendix 8 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.

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

Appendix 9 Due Regard Screening Template

Section 1			
Name of activity/proposal		Food Hygiene for ward 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.			
Section 2			
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		
Section 3			
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 here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Claire King	Date	12-01-2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

Appendix 10 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>		
Name of Document:	Food Hygiene for ward kitchens policy	
Completed by:	Claire King	
Job title	Infection prevention and control Nurse	Date 12-01-2024
Screening Questions	Yes / No	Explanatory Note
1. 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	
2. 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	
3. 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	
4. 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	
5. 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	
6. 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	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise	No	

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