



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Kitchen Hygiene and Refrigerator Monitoring Policy for Wards and Clinical Areas

This procedural document supersedes: PAT/IC 22 v.4 – Kitchen Hygiene and Refrigerator Monitoring Policy for Wards and Clinical Areas.



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Executive Sponsor (s)	Dr Kirsty Edmondson-Jones - Director of Estates and Facilities Directorate
Author/reviewer: (this version)	Julie Allison Facilities Lead BDGH Estates & Facilities Directorate
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	13 September 2021	<ul style="list-style-type: none"> • Policy revised with new APD Trust format • Updated information relating to Training/Support 	J Allison
Version 4	30 May 2018	<ul style="list-style-type: none"> • Revised Duties and Responsibilities (Facilities Lead BDGH or Nominated Deputy) to reflect the change in provision of patient Catering Services • Replace Catering Management Team/Catering Department with Facilities Lead BDGH or Nominated Deputy • Updated contact details for above 	J Allison
Version 3	29 July 2015	<ul style="list-style-type: none"> • Policy revised with new APD Trust format • Refrigerator changed to read refrigerator • Rearranged 'Procedures' content (section 4) into sub headings and added additional Safety/Hygiene Monitoring checks • Completed 'logbooks' should be retained and filed by the Ward/Department Manager, for audit purposes for a period of one year. • New sections added: <ul style="list-style-type: none"> - Duties and Responsibilities - Safety/Hygiene Monitoring - Training/Support - Associated Trust Procedural Documents - Appendix 1 - The Essentials of Food Hygiene - Appendix 2 – Listeria – Keeping Food Safe Factsheet - Appendix 3 – Equality Impact Assessment Part 1 Initial Screening • Section – 'Monitoring Compliance with the Procedural Document' has been revised • References updated 	J Allison
Version 2	March 2012	<ul style="list-style-type: none"> • Updated in accordance with current format, including addition of amendment form and contents page • References updated 	O Ditch
Version 1	January 2005	This is a new policy, please read in full	J M Tite

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1. INTRODUCTION

This policy has been formulated to ensure the Trust meets the requirements of The Food Safety and Hygiene (England) Regulations 2013 and The Food Safety (Temperature Control) Regulations 1995.

2. PURPOSE

The procedures in the policy aim to ensure that foods held in refrigerated conditions at ward level, maintain their quality and shelf life. This will ensure the quality of service to patients and reduce wastage and thereby costs.

It is a requirement of the Environmental Health Department that all refrigerators in wards or Departments – including assessment kitchens, are monitored to ensure they remain within safe temperatures of 5°C or below. Also, to maintain a safe kitchen environment it is necessary to follow the correct procedures. Further guidance for the recording of refrigerator temperatures can be found in the Ward Kitchen Hygiene and Refrigerator monitoring logbook, located in ward kitchens.

3. DUTIES AND RESPONSIBILITIES

Managers: It is the responsibility of the Ward/Department Manager to ensure that all temperature records are documented in accordance with the Kitchen Hygiene and Refrigerator Monitoring Policy for Wards and Departments, to ensure compliance with Food Safety and Food Hygiene legislation. All staff that are responsible for undertaking refrigerator temperature checks should have received sufficient training to be competent in the required task and have access to the required logbook, which should be stored in a way that supports Local Environmental Health Officer inspections. Cleaning of refrigerators should be completed by a Service Assistant in line with section 4.6.

Individual: Each individual member of staff, volunteer or contracted worker within the Trust has a personal responsibility to comply with this Policy and ensure all temperature recordings are documented in the required logbook.

Facilities Lead BDGH or Nominated Deputy: It is the responsibility of the Facilities Lead BDGH or Nominated Deputy to review compliance with this policy in line Food Safety legislation, to document any non-conformance and report their findings to the Ward Manager for action.

4. PROCEDURE

All Ward/Department Managers should ensure that a system to meet the requirements of this policy is in place in their area of responsibility. Each ward or location will have a delegated member of staff who will undertake the monitoring of refrigerator temperatures, this task must be delegated in the event of annual leave and sickness.

4.1 Refrigerator Temperature Monitoring

The refrigerator temperature monitoring is required by law; failure to do so could compromise patient safety and lead to Listeriosis ([See Appendix 2](#)). The temperature monitoring must be carried out by a person whose details must be easily identified. Ward/Department Managers are to provide suitable digital thermometers if the refrigerator doesn't have an external display thermometer. Temperatures of patient and staff refrigerators should be entered in the temperature logbook, provided by the Facilities Lead BDGH or Nominated Deputy (Ward Kitchen Hygiene and Refrigerator Monitoring) on a daily basis and the signature of the individual logging the temperature must be recorded on the document. Because refrigerators are in constant use during the day, it is recommended that temperatures be recorded during the evening when activity is at a minimum.

Any faults should be reported as soon as possible to the manager, or senior person in charge of the ward, who should then report the fault to the Estates Department.

4.2 Refrigerator Contents Monitoring

At the end of each day all leftover food items must be discarded from the refrigerators and returned to the kitchen and use by dates on diet supplements checked. Note: Food that has reached its 'Best before Date' may be safe to consume; however, if in doubt advice should be sought from the Facilities Lead BDGH or Nominated Deputy.

Ice cream must not be held in ward refrigerators.

Staff food must not be stored in the same refrigerator as patient food.

Drugs, blood and specimens must never be stored in the food refrigerators.

4.3 Kitchen Food Stock

Small amounts of the following food items may be held in the kitchen:

- Packets of cereals
- Bread rolls/bread
- Portions of cheese and biscuits
- Butter portions and preserves
- Cake and biscuits as provided for patient snacks
- Fruit juice

4.4 Procedures for Patients' Own Brought-In Food

Patients should be encouraged to eat all items at the time of delivery. The storage of food should not be encouraged.

It shall be the responsibility of the nurse/member of staff who accepts the food item to ensure the food is marked with the patient's name and the date and time received and placed in the kitchen/refrigerator on the patients' behalf.

It shall be the responsibility of the nursing night staff to ensure that the patient food items are checked each night. Items should be removed by their 'use by' date or within 24 hours of receipt if home-produced or shop-bought but undated.

4.5 Safety/Hygiene Monitoring

- Patient food must not be re-heated on the ward, e.g. microwaved.
- Temperature checks must only be carried out with an appropriate temperature recording device.
- Refrigerators should be of sound structure in general good repair with an easily cleanable, rust-free exterior. Handles should be intact and free from cracks that may harbour bacteria. Doors should be tight fitting with a good seal.
- Check food cupboards for general tidiness, best before/use by dates and overstocking. Return excess 'issued' stocks to the main kitchen.
- Ensure that food surface areas are clean and non-porous to facilitate good food hygiene.
- Sinks must be clean, tidy and with an adequate supply of soap and paper towels. Grouting or other sealants must be intact and mould free.
- Floors should be clean, tidy and free from clutter. Surfaces and any sealants or grouting should be sound to prevent the harbouring of bacteria.
- Check microwave ovens, particularly the underside of the inner-cavity, for food debris etc.
- Check beverage trolleys for general cleanliness and for signs of lime scale build-up around taps.
- Food items such as tube feeds must not be stored on the floor, but in a cupboard or refrigerator in accordance with manufacturer's instructions.
- Ward refrigerators must have a designated electric point and not be shared with a microwave oven or any other electrical equipment. In the event of power failure in excess of two hours all perishable goods should be discarded. If in any doubt contact the Facilities Lead BDGH or Nominated Deputy.

4.6 Refrigerator Cleaning

Refrigerators should be thoroughly cleaned weekly.

Check refrigerator door seals for dirt and/or mould. Check shelves, shelf runners and refrigerator inner shell (including the underside of the top of the refrigerator) for signs of dirt or mould as mould is a sign that correct temperatures are not being maintained.

All refrigerators must be pulled out from under worktops monthly and the area behind the refrigerator cleaned thoroughly. Also ensure the sides and back of the refrigerator are clean and dust free.

4.7 Ward Kitchen/Refrigerator Access

Patients and their relatives/visitors should not have access to the kitchen or refrigerator without the authority of the senior person in charge.

4.8 Patients Lacking Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

5. TRAINING/ SUPPORT

Please refer to the Statutory and Essential Training (SET) Policy (CORP/EMP 29) for details of the training needs analysis, as staff will require different levels of training.

All staff involved with food service are required to complete food hygiene training, please contact Education Department for details.

'The Essentials of Food Hygiene' information can be found within this document ([See Appendix 1](#)).

If you require any further Food Safety information, please contact the Facilities Lead BDGH or Nominated Deputy on BDGH 572152/DRI 644105.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

It shall be the responsibility of the Ward/Department Manager to ensure compliance with this Policy.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Refrigerator Temperatures /Hygiene Checks	Duty staff	Temperatures to be recorded daily during the evening when activity is at a minimum	Record temperatures in the Temperature Logbook issued by the Facilities Lead BDGH or Nominated Deputy
Kitchen/Refrigerator Cleaning	Nurse in charge	Daily	Any faults/issues should be reported to the Ward/Department Manager or senior person in charge
	Team Leader/Service Supervisor	Weekly	
Completion of Refrigerator Temperature/Hygiene Checks	Nurse in charge	Weekly	Any faults/issues should be reported to the Ward/Department Manager or senior person in charge. Completed 'logbooks' should be retained and filed by the Ward/Department Manager, for audit purposes for a period of one year.
Completion of Refrigerator Temperature /Hygiene Checks	Facilities Lead BDGH or Nominated Deputy	Quarterly	Reported to: Ward/Department Manager Head of Service Department

7. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4) ([See Appendix 3](#)).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

8. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other Trust Policies and protocols including:

Hospital Catering Policy - Provision of Food to Patients, Staff and Visitors – CORP/FAC 7

Standard Infection Prevention and Control Precautions - PAT/IC 19

Hand Hygiene - PAT/IC 5

Cleaning and Disinfection of Ward Based Equipment - PAT/IC 24

Nutrition and Hydration Policy for Adults in Hospital - PAT/T 43

Statutory and Essential Training (SET) Policy - CORP/EMP 29

Mental Capacity Act 2005 –Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19

Equality Analysis Policy – CORP/EMP 4

Fair Treatment for All Policy – CORP/EMP 27

9. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

10. REFERENCES

Regulation (EC) No 852/2004 of the European Parliament and of the Council of April 2004 on the hygiene of foodstuffs

The Food Safety and Hygiene (England) Regulations 2013, SI 2013 No. 2996. London, TSO

The Food Safety (Temperature Control) Regulations 1995

The Food Hygiene (England) Regulations 2006 (SI 2006/14)

Mental Capacity Act 2005 (MCA 2005)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

[Guidance on reducing the risk of vulnerable groups contracting listeriosis](#)

APPENDIX 1 - THE ESSENTIALS OF FOOD HYGIENE

The Essentials of Food Hygiene

- Wear clean clothing and maintain high standards of personal cleanliness.
- Always wash your hands thoroughly: before starting work, before handling food, after using the toilet, after handling raw foods or waste, after every break, after blowing your nose.
- Tell your supervisor, before commencing work, of any skin, nose, throat, stomach or bowel trouble or infected wound. You are breaking the law if you do not.
- Ensure cuts and sores are covered with a waterproof, high visibility dressing.
- Do not smoke, eat or drink in a food room, and never cough or sneeze over food.
- Avoid unnecessary handling of food.
- Do not use or serve food items that have gone past their 'use by' date.
- Keep food covered, keep perishable food refrigerated either 5°C or below
- Keep the preparation of raw and cooked food strictly separate.
- When reheating food, ensure it gets piping hot above 75°C.
- Clean as you go. Keep all equipment and surfaces clean.
- Follow any food safety instructions either on food or packaging or from your supervisor.
- Do not prepare food too far in advance of service.
- If you see something wrong – tell your supervisor.

APPENDIX 2 - LISTERIA – KEEPING FOOD SAFE FACTSHEET

Listeria – Keeping Food Safe Factsheet

In the UK, illness from *Listeria monocytogenes* (listeriosis) has increased, particularly among those people over 60 who have weakened immune systems. Although listeriosis isn't common, it can be life-threatening in people with reduced immunity. Listeriosis has sometimes been linked to eating chilled ready-to-eat foods, and controls are therefore needed to minimise the risk from this source.

This factsheet highlights key control measures, which people involved in the preparation and supply of chilled ready-to-eat foods can take to minimise the risk of people developing listeriosis.

Minimising the risk

Listeria can grow at refrigeration temperatures, so chilled foods must be kept cold and eaten by their 'use by' dates.

Keep chilled ready-to-eat food cold

- make sure the refrigerator is set at 5 °C or below and working correctly
- foods taken out of chilled storage should be eaten within four hours – after that you should throw the food away
- maintain temperature control from production until serving

Storage – follow instructions on the label

- don't use food after its 'use by' date – make sure you check the label before serving
- use opened foods within two days, unless the manufacturer's instructions state otherwise.

What is listeria?

Listeria monocytogenes can cause severe and sometimes life-threatening foodborne illness. It usually affects vulnerable groups, such as pregnant women and people with weakened immunity, particularly those over 60. People with weakened immunity could include those who've had transplants, are taking drugs that weaken the immune system or who have cancers that affect their immune system, such as leukaemia or lymphoma.

Listeria monocytogenes has been found in a range of chilled ready-to-eat foods, such as prepacked sandwiches, pâté, butter, soft mould-ripened cheeses, cooked sliced meats and smoked salmon. Vulnerable people should avoid soft mould-ripened cheese, such as Camembert and Brie, soft blue cheese, and all types of pâté, including vegetable.

APPENDIX 3 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Kitchen Hygiene and Refrigerator Monitoring Policy For Wards and Clinical Areas PAT/IC 22 v.5	Estates & Facilities	Julie Allison	Existing Policy	23 March 2021
1) Who is responsible for this policy? Facilities Lead BDGH				
2) Describe the purpose of the service / function / policy / project / strategy? To ensure that foods held in refrigerated conditions at ward level maintain their quality and shelf life.				
3) Are there any associated objectives? To ensure Food Safety and Hygiene Regulations are met.				
4) What factors contribute or detract from achieving intended outcomes? Multi-disciplinary team requirements are necessary to ensure compliance is met.				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact 				
6) Is there any scope for new measures which would promote equality? N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: August 2024				
Checked by: Ros Newton Head of Facilities			Date: 20 April 2021	