

Food and Water Safety in clinical areas

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Policy

To ensure all staff that have a responsibility for food handling, work within the legal parameters and practice appropriate infection prevention and control measures to ensure patients consume safe food.

Purpose

The scope of this policy is to provide guidance to all healthcare professionals who care for patients at department and ward level. All staff has a responsibility to ensure food hygiene standards are maintained within their work areas.

Scope/Audience

This policy relates to all people who are responsible for food safety in clinical areas including, orderlies, food service, nursing staff, volunteers, site maintenance, patients and visitors. NB The food service contractors have a Ministry for Primary Industries (MPI) approved custom food safety plan.

Associated documents

- [CDHB Hand Hygiene Policy](#)
- [Food Fridge Monitoring Chart](#)
- [3353 Safe Food Handling Tips poster](#)
- Isolation Guideline for Spinal Patients transitioning from Spinal Unit (HG) to transitionz Rehab Unit (TR) with a Multi-Drug Resistant Organism (MDRO)
- CDHB Food Service Food Control Plan staff illness protocols
- Ministry for Primary Industries Food Safety Guidelines
 - <http://www.foodsafety.govt.nz/elibrary/industry/managing-listeria-in-the-care-sector.pdf>
 - <https://www.mpi.govt.nz/food-safety/food-safety-for-consumers/food-and-pregnancy/list-of-safe-food-in-pregnancy/>

1. Food handling procedures in clinical areas

1.1 Display of information

Information about safe food handling should be displayed in prominent areas, e.g. ward kitchen wall, fridge doors. It should also be made available to patients and their visitors, and to staff.

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1.2 Hand Hygiene

Always perform hand hygiene prior to handling food.

1.3 Patients undertaking food preparation in rehabilitation and restorative care settings

Patients should be educated to:

- Not to prepare food for others if they have been ill with diarrhoea or vomiting in the last 3 days
- Always perform hand hygiene prior to and after preparing and handling food
- Wash hands with soap and water in a designated hand basin - not the kitchen sink or use the alcohol – based hand rub
- Wipe kitchen surfaces down with a clean dishcloth with detergent and hot water after use
- The food prepared must be consumed by the patient group involved in the rehabilitation session or communal living area.

1.4 Food fridge maintenance

- It is the responsibility of each clinical area to ensure that these guidelines are followed.
- All wards should have domestic fridges reserved specifically for the storage of ward foodstuffs.
- Fridges should be cleaned once a week and defrosted monthly or according to the cleaning schedule.
- Record weekly cleaning schedules and monthly defrost.

1.5 Food fridge temperature

- The required temperature is between 1°C to 5°C
- Record temperature weekly on a graph/log, noting any action taken to maintain correct temperature.
- Written recordings are not required if the fridge has an internal alarm that is activated if the temperature rises above a safe level
- Choose a time to record temperatures when fridge is not being opened frequently e.g. evening or night, to ensure accuracy of results
- If fridge is consistently running at a high temperature (>5°C) check the following are not occurring:
 - Ventilation grill is obstructed or no ventilation space around fridge
 - Fridge is overfilled

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- Over-frosted ice-box prevents door closing properly
- If fridge temperature is consistently out of range or unable to maintain optimal temperature - contact Site Maintenance or send a requisition to Maintenance and Engineering
- Arrange for safe storage of contents until fridge is repaired or replaced

1.6 Food from external sources

- There are no restrictions on processed food being brought in to patients by hospital visitors, with the exception of patients who are on low immunity diets (e.g. Bone Marrow Transplant Unit or CHOC).
- Visitors should be discouraged from bringing in perishable food items that require refrigeration.
- Food bought into the ward by the patient or visitors becomes the ward's responsibility.
- Nursing staff are responsible for labelling their own patients' food. All hot food (including take-away food) should be eaten immediately. This food should not be cooled, refrigerated or reheated.
- In certain exceptional circumstances (e.g. palliative care) if food is reheated, it should be either; temperature checked with a food probe to ensure its core temperature reaches a minimum of 75°C or be visibly steaming to ensure it is heated all the way through.

1.7 Storage in the ward fridge

- No lab specimens or patient medications are to be kept in the food fridge.
- No raw meat, raw seafood, raw poultry or unpasteurised dairy products may be stored in fridges.
- No hot food that is brought into the ward areas may be stored in the refrigerator.
- Perishable food and food with the seal broken other than fresh raw fruit and vegetables must not be stored for longer than 24 hours.
 - Label with the date, the name of the patient and the time the food was stored in the fridge and discard after 24 hours.
 - A designated staff member is responsible for discarding any food that is unmarked, or beyond the 24 hour period. Where possible the patient must be consulted.
- Any partially eaten food (hot or cold, e.g. yoghurt) should be discarded.

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1.8 General food storage in clinical areas

- Dried food goods must be stored in covered containers.

1.9 Meal delivery and collection

- Meal trays collected from a patients room are NOT to be stripped down on the wards.
- Any portion controlled units (ie butter, jams etc) collected from a patient's room, cannot be kept and needs to be discarded.
- Staff handling meal trays must comply with The 5 Moments for Hand Hygiene.

2. Dishwashers

- Dishwashers purchased for wards to clean patient's crockery must meet healthcare food safety standards for cycle temperature. Contact Service Manager Food and Beverages for guidance.
- The responsibility for cleaning and maintaining ward-based dishwashers must be clearly defined and documented using manufacturers recommendations.

3. Listeria Prevention for pregnant women and at risk patients

- Those who are at greater risk from severe/invasive listeriosis are people with lower immunity (either because of an illness or medication), the very young and pregnant women.

3.1 Guidelines for food purchase, storage & preparation

Purchase

- Avoid high risk foods listed in the following link:
 - <http://www.foodsafety.govt.nz/elibrary/industry/managing-listeria-in-the-care-sector.pdf>
- All commercially processed foods including cottage cheese, processed cheese, yoghurt, pasteurised milk and cream must have a "use-by-date" and be used within its use-by-date. Food services staff are to ensure out of date foods are removed from ward fridges.
- Meat for sandwiches or cold meat salads should be cooked in house, kept in their final container and sliced just before preparing the food. Make sure the meat slicer or knives are clean.
- Suppliers into smaller facilities:
 - Only purchase small quantities so these are used up promptly when opened

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- Ensure the packaging is clean and undamaged
- All foods stored & used according to the instructions in their original labelling or within 48 hours of opening

Storage

- Cook chill cold dessert custards should be used within 24 hours of opening.
- Avoid topping up of containers from bulk food containers such as jams, pickles, sauces.
- All refrigerators containing high risk foods are kept at 1-4°C or below. These are monitored and recorded once a day.
- Cooked & ready to eat food must be separated from raw food in the fridge.
- Kitchen hygiene in small facilities:
 - Equipment such as slicers & can openers are cleaned and sanitised before & after use and between different food types
- See MPI Food Safety Guidelines for cleaning and sterilisation information.

4. Infant Feeding for Boarder Babies

4.1 Babies in general wards

- Sterile breast pump equipment is allocated to the mother for her sole use. This equipment is then disinfected on the ward between use and processed at Sterile Services, at the end of stay.
- Use the patient's own breast pump, disinfecting tank, bottles and teats whenever possible.
- Bottle fed babies: Sterile single use bottles and teats are to be used and are available via Supply Department.

4.2 Disinfection of breast pump and patient's own bottles and teats

All equipment must be kept for an individual patient's use.

- A disinfecting tank of sodium hypochlorite (Presept) solution should be provided for decontamination of equipment and must be used solely for that patient and labelled with the patient's name.
- The Presept solution must be made fresh each day.
- After each use thoroughly clean all equipment with warm, soapy water. All milk residue must be removed before the equipment is immersed in the Presept solution (140 ppm available chlorine)
 - Refer [CDHB IPC Policy: Decontamination of Equipment Policy](#) for dilution instructions).
- All surfaces of the equipment must be in contact with the disinfecting solution (all air bubbles must be removed), and left to soak for one hour.

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- On discharge rinse breast pump and send to Sterile Services to be packaged and re-sterilised before use with another mother.

5. Ice Machines

5.1 Ice for consumption

- Ice generated for consumption in communal ice machines must not be used for other clinical applications e.g. cooling.
- Ice must be transported to ward freezers/fridge in plastic bags or containers that can be sanitised in a food service approved dishwasher/sanitiser.
- Ice must be removed from the plastic bag by using a dedicated scoop with a handle.
- Ice scoops should be stored in a covered container and not left in the ice between uses. Ice scoops should be sanitised daily in a food services approved dishwasher.

5.2 Ice machine cleaning and maintenance

- It is recommended that hospital ice machines are to be located in non-public areas and not in areas where there is a risk of environment cross contamination.
- There shall be designated person/department that takes responsibility for cleaning the ice machine.
- The ice scoop and storage container is sanitised daily in a food services approved dishwasher/sanitiser.
- The cleaning of the ice machine should be carried out weekly and documented.
- Cleaning of the ice machine should follow the steps (refer Appendix 1: ice Machine Cleaning Procedure):
 - detergent clean
 - rinse
 - disinfect/sanitise
 - rinse and dry

6. Water Coolers

- Water coolers with a water storage bottle may be a potential contamination risk due to stasis of the water. Infection Prevention and Control recommends only plumbed-in water coolers are used.
- Areas that still have water storage bottle type, should not be placed near windows (sunlight enhances algae growth). Only fill the tank to meet daily requirements so that water is changed each day to reduce bacterial colonisation.

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- Commercially provided and contractually maintained water coolers are available from several major suppliers.
- A Service record should be supplied to the Ward / Department by the water cooler company on purchase of item.
- Ensure the disposable cups are contained within covered cup dispensers.
- To prevent cross contamination drink bottles and cups should not contact the water cooler nozzle when filling.
- Attention to hand hygiene is essential to prevent contamination of water cooler tap and nozzles.

6.1 Water cooler cleaning and maintenance

- The collection tray, tap and connections are cleaned daily by a designated staff member in each area with detergent and warm water, using a disposable cleaning cloth and allowed to dry.
- Where filters are used, ensure the filter is checked and the cooler serviced six monthly by the supplier and labelled with a sticker noting date of service.
- Filters are not necessary where water comes from an artesian water supply such as Christchurch Hospital. The 10 micron filters usually used by the suppliers of the coolers do not filter out bacteria.

Measurement/Evaluation

- Cleaning & maintenance monitoring records
- Food fridge temperature monitoring records
- CDHB IP&C environmental audits

References

1. Cleaning standards for Victorian health facilities 2011
2. New Zealand legislation: Food Act 2014 - replaces Food Act 1981
3. Guidelines for Environmental Infection Control in Health-Care Facilities; Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). June 6, 2003
4. Schousboe M and Brieseman M: Water-cooler Legionella. New Zealand Medical Journal, 2007:120: 23 March

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Appendix 1: Ice Machine Cleaning Procedure & Maintenance

Purpose

Cleaning procedures are carried out to reduce the likelihood of ice cubes becoming contaminated and serving as a reservoir for pathogens.

Scope

All staff who are responsible for the cleaning of ice making machines.

Equipment

Collect the cleaning trolley with the following equipment that is used only for this procedure.

- Bottle of alcohol-based hand rub (if none conveniently located by Ice machine)
- Food grade sanitising chemical (i.e. Microchlor™) - follow manufactures instruction for dilution rates.
- Hospital grade detergent & hot water
- Four buckets
 1. A clean bucket for removing ice
 2. A clean small bucket for detergent and hot water
 3. Small bucket of fresh water(for rinsing)
 4. Small bucket for containing correct concentration of Microchlor™
- Disposable apron, vinyl gloves
- Disposable cleaning cloth.
- Adequate supply of disposable floor cloths/rags/approved cleaning mop.

Action

- Turn off ice machine.
- Perform hand hygiene and don clean disposable gloves.
- Remove and dispose the ice from the machine.
- With disposable dry wipes, wipe machine surfaces in the following sequence:
 - 1 All internal surfaces
 - 2 Trays
 - 3 Flap door of the ice machine

Procedure

Step 1 Detergent and Water Clean

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- With a fresh disposable clean cloth, hot water and detergent, wipe the surfaces in the above sequence.

Step 2 Rinse

- With a fresh disposable clean cloth and clean water, rinse the surfaces in the above sequence.

Step 3 Disinfect/sanitise

- With a fresh disposable clean cloth and the prepared food grade sanitising liquid, wash the surfaces in the above sequence.
- Allow the surfaces to air dry.
- Note: Do not dry with a cloth as the chemical requires a contact time to be effective

Step 4 Rinse and dry

- With a clean cloth and water and change of gloves, rinse all surfaces in the correct sequence, to remove any chemical residue.
- Allow the inside of the ice machine to dry while wiping the top, sides and lid of the machine with hot water and detergent.
- Ensure the floor area around the machine is left clean and dry.
- Remove and dispose of apron and gloves and perform hand hygiene.
- Turn Ice machine back on.

Cleaning of evaporator and filters

Check with Maintenance and Engineering that the manufacturer's cleaning requirements have been met

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