Infection Prevention and Control

Food Hygiene Policy

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### Consultation and Distribution Record

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1. Introduction

All aspects of hospital food hygiene are subject to control under legislation and hospitals, including wards, can be inspected by Environmental Health Officers at any time.

These Officers have the power to enforce provision of the Food Safety Act 1990 and The Food Hygiene (Scotland) Regulations 2006. The Food Hygiene (Scotland) Regulations (2006) require that all food businesses apply food safety management procedures based on the principle of Hazard Analysis and Critical Control Point (HACCP) to their business wherever the service is delivered and whoever is involved in that service. If food is not handled correctly, legal action can be taken against either the Service or the individual who fails to comply with the law.

All employees in NHS Lothian that are involved in food handling at any stage of the process need to be aware of good food hygiene practices and the need to handle food in a safe, clean environment.

1.1. What is good food hygiene?

- Protecting food from risk of contamination, including harmful micro-organisms, chemicals and foreign bodies.
- Preventing any micro-organisms present from multiplying to an extent which would result in the illness of consumers or the early spoilage of the food.
- Destroying any harmful bacteria in the food by thorough cooking or processing.
- Discarding unfit or contaminated food.

2. Temperature Control for Food

Temperature control regulations apply to all types of food, which without control might support the growth of harmful (pathogenic) micro-organisms, or the formation of poisons (toxins). To ensure that food is safe maintain food at a safe temperature: hot food at or above 63°C and cold food at or below 8°C.

Apart from the categories of food listed below, all foods require temperature control:

- Foods that can be kept at room temperature throughout their shelf life without causing any health risk. This includes items such as confectionery and unopened UHT milk.
- Foods that go through a preservation process, for example canning or dehydration.

3. Refrigerator and freezer management for non-catering department

- Never overload any refrigerator as it can reduce cold air circulation thereby reducing efficiency. Food must be stored in a manner that allows good air circulation. Freezers on the other hand work best when full.
- Never place hot foods in a refrigerator or freezer.
- Refrigerator contents must not include raw or cooked meat or eggs unless in an unopened pre-packed sandwich.
• Refrigerator contents can include milk, butter, pre-packed sandwiches, unopened soft drinks, pre-packed preserves for example jam, sealed yoghurts and puddings, re-sealable soft drinks etc within their use by date.
• Ice cream should never be kept over from meal times, or stored in the freezer or refrigerator compartment as it will not have a use by date on it. If a patient requires ice cream out with meal times, the catering department should be contacted. The Infection Prevention and Control Team (IPCT) may approve arrangements for keeping ice cream for up to 24 hours.
• Other food stuffs for specific areas if approved by the IPCT.
• Only perishable foods should be stored in the food refrigerator. No other substances should be stored in the food refrigerators.
• The drugs refrigerator should be used to store other substances, for example cool packs, feeding tubes, drugs.
• Staff should open refrigerator doors as little and for as short a time as possible to maintain the temperature.
• Storage of staff and patients personal food must be restricted as far as possible. Where storage is essential, all items must be pre-packed and labelled with the person’s name and date.
• Food belonging to healthcare workers for personal consumption must be placed in a rigid container with a lid and be marked with the healthcare worker’s name and date. Where a dedicated healthcare worker food refrigerator is unavailable, healthcare workers food should be kept on an allocated shelf away from patient food. All healthcare workers must note that the food will be discarded after each meal service or at the end of the shift.

4. Operating temperatures

The refrigerator should be kept at or below a temperature of 5°C.

The freezer should be kept at or below a temperature of minus 18°C.

4.1. Refrigerator / Freezer thermometer

The refrigerators in the ward kitchens are provided for the storage of food which will be consumed by patients.

Refrigerators which do not have digital display thermometers should have a thermometer placed on the top shelf; this is the warmest part of the refrigerator.

A mercury thermometer should never be used in a refrigerator or freezer – it may break and contaminate food.

4.2 Refrigerator / Freezer temperature recording

All refrigerator and freezer temperatures should be checked twice daily and recorded – a person must be designated as responsible for ensuring that this is done. The
temperature records should be kept for 3 months. The recording fridge and freezer recording sheets can be found in supporting documents for this policy.

If a clinical area has permission from the IPCT to keep frozen food (other than ice) the freezer temperature must also be recorded twice daily and should be maintained at or below a temperature of minus 18°C. The recording sheet can be found in Appendix 1. If refrigerators and freezers are not maintained at the required temperature local Estates/private contractor should be contacted urgently and contents should be discarded or transferred to an alternative refrigerator or freezer until the problem is solved.

The refrigerator and freezer must be fit for purpose. Seek the advice of a member of the IPCT when the refrigerator is due for replacement.

5. Refrigerator cleaning

The domestic assistant will be required to clean refrigerators weekly and spot check daily. A non-perfumed bactericidal detergent should be used. The designated person will dispose of out of date or perished food.

Domestic assistant must wear a green apron when working in the kitchen area.

6. Refrigerator safety

6.1 Specific responsibilities

A designated member of staff must:
- Record the operating temperature of the refrigerator and freezer twice daily in the log sheet. Temperatures should be recorded first thing in the morning or during the night as the temperature of domestic style units rises quickly when the door is opened.
- If the temperature cannot be maintained at or below 5°C for refrigerators and at or below minus 18°C for freezers then Estates should be contacted and appropriate arrangements should be made for any contents until equipment is satisfactorily repaired. Food may have to be discarded if there is no other suitable storage.
- Keep temperature records for three months.
- Check daily that food stored in the refrigerator is within its use by date and clearly labelled.
- Ensure that any out of date or non-labelled food is disposed of immediately.
- There must be a cleaning / defrosting arrangement in the cleaning specification for all kitchen appliances.

7. Food Labelling
Legislation requires that all foods are correctly labelled so as not to confuse the consumer. The two main terms that should be referred to in the first instance are as follows:

7.1 ‘Use by’ date for high risk foods

The date and month is given and this applies to highly perishable foods. Products with expired use by dates should be considered unfit and not consumed. High risk foods include those containing dairy, eggs, cooked meats & fish when not in sandwiches, and soft cheeses.

7.2 ‘Best before’ date for low risk foods

The best before date applies to foods designed to be consumed within three months. It means there is likely to be a deterioration in quality after this date but the food is not necessarily unsafe to consume. The instructions placed on the packaging by the manufacturer should be followed as accurately as possible, in particular the storage instructions.

Foods should be used within 24 hours of opening. If the food is for a specific patient then their name should be clearly identified on the packaging. Food products that have exceeded their shelf life should be considered a risk to health and should be discarded and disposed of in the correct manner.

8. Food handlers

8.1 Food safety legislation requires

- Every person working in food handling areas to maintain a high standard of personal cleanliness and should wear suitable clean clothing and clean protective clothing where appropriate.
- The supervision and instruction and / or training of food handlers in food hygiene matters commensurate with their work activity.
- Persons known or suspected to be suffering from, or carriers of, a disease likely to be transmitted through food, including infected wounds, skin infections or diarrhoea, must be excluded from handling food if there is a likelihood of contaminating food with pathogenic organisms.

8.2 Food handling staff must adhere to the following

- Report any illness to their line manager or supervisor without delay, especially infected wounds, skin infections, diarrhoea or vomiting.
- Anyone suffering from skin conditions should wear gloves when handling food.
- Notify line manager or supervisor immediately if they may have been in close contact with a family member who has a diarrhoeal illness.
- Cover cuts and abrasions with approved waterproof plasters.
- Remove all hand jewellery / wrist watches / friendship bands.
- Ensure that hair is always tied back.
- Wear a designated green plastic apron when serving food.
- Use liquid soap and disposable hand towels for hand hygiene before, during and after handling food.
- Never smoke in food handling areas.

Failure to observe the basic principles of good personal hygiene may result in direct contamination of food.

8.3 Managers must:

Ensure that all new food handlers will receive departmental induction training on appointment on the local Food Hygiene and Safety Policy and that the department procedures commensurate with their particular duties.

9. Meal receiving and serving procedures

On no account is food intended for the patient to be consumed by healthcare workers, volunteers or domestic assistants.

- Food temperatures should be checked prior to serving according to local protocol and temperatures must be recorded (this should be above 63°C).
- Menu cards should be retained on the ward for 14 days.
- Ensure when serving food appropriate utensils such as tongs are used.
- Clean crockery, cutlery, utensils should be stored clean and dry and ready for use in the kitchen.

The following must be adhered to at all times -

9.1 Hot foods

9.1.1 Hot trolley
- If food is delivered in a heated unit, it should be plugged in on arrival.
- The container lids must not be removed until food is to be served.
- If there are concerns over food temperature, ward staff should contact the senior staff member from the kitchen which supplied the food for advice on the suitability of the food for consumption or disposal.
- Regenerated food must only be reheated once, to a temperature of 82°C. All temperatures must be recorded. See supporting documents to this policy for food temperature recording sheet.

9.1.2 Plated meal service
- Ideally all meals should be served immediately on arrival on the ward or department.
- No hot meals should be served to patients after a period of 90 minutes has elapsed from time of delivery.
• After each meal, **all surplus food is to be disposed of** or returned to the kitchen as soon as possible. On no account is food to be retained for future use without the express written / verbal permission of the catering management.

9.2 Cold foods

• All plated cold foods should be placed in a refrigerator on arrival no later than **within 10 minutes of arrival**.
• Cold foods, for example plated salads, should never be stored on top of or near hot food storage appliances.
• Cold foods, for example pre-packed sandwiches that are not consumed at the dedicated mealtime must be covered, labelled, dated and refrigerated. Thereafter they must be consumed within 24 hours or discarded.
• A person must be designated as responsible for discarding any remaining food at the end of a meal service.

9.3 Provisions

• Provisions include butter, jam, cereals, biscuits, sugar, bread, etc.
• All provisions must be stored correctly as soon as possible after delivery.
• Inspect packaging for damage and check the use by date on receipt and before use.
• Storage must be in suitable containers to ensure freshness, for example: salads in plastic containers; bread in breadboxes, biscuits in tins; cereals in pest-proof containers. These containers must be emptied and washed preferably in dishwasher before replenishing.
• Either the manufacturer or healthcare workers must label all foodstuffs.
• All food should be used on a **first in, first out** stock rotation.
• Dietary products, which are supplied by the dietician, must not be allowed to stockpile. The dietician must be informed if stockpiling is evident. It is also imperative that correct stock rotation is adhered to at all times regarding these items.

If you are in doubt as to the condition of the food you are about to serve to patients/clients, do not serve the food. Contact the catering manager for a replacement. On no account should the health and safety of patients/clients be put at risk.

10. Milk for feeds

• Milk for feeds should be supplied in single-use containers.
• Once opened the feed should be used and then discarded. It should not be left to be used at a later time.
• The milk stock should be rotated to ensure that milk is not wasted.
• Milk for feeds should be stored off the floor in accordance with manufacturer’s instructions.
• Before use, always check the packaging is intact and the milk is within expiry date.
• Use with single use teats as required. (Single patient use teats may be used for babies with special needs. See local standard operating procedures for decontamination protocols).
11. Immuno-compromised patients

Areas where patients are severely immuno-compromised must have additional standard operating procedures regarding restriction of high risk foods both within the hospital and when in the community if the patient remains immuno-compromised.

12. Bringing in Food for Friends and Family in Hospital

Visitors should be advised against bringing food or snacks (sandwiches/rolls) into NHS Lothian. NHS Lothian cannot accept responsibility if the person then becomes ill as a result of food poisoning. If a patient has particular dietary needs or “dislikes” this should be discussed with the Catering Service and Dietician.

If visitors insist on bringing in food for their relatives it is important that where the items are of a high-risk nature (sandwiches (except jam, honey etc), trifles, fresh cream cakes etc), it is fully documented in the patient notes along with action taken to prevent this and the type of meals/snacks made available, on each occasion, to the patient by their visitors. Ideally the food should be consumed at the visiting time, but if it is not, it should be wrapped, labelled and stored within the patients’ refrigerator for no longer than twenty-four hours, after which it should be discarded.

If the food requires refrigeration it should be stored in an airtight container labelled with the patient’s name, date received and discarded after 24 hours if not used. Inform the patient and their visitors of the policy.

13. Guidelines for Staff Bringing their Own Food into Work

- Ensure all coffee, tea, sugar and biscuits are kept in closed containers. These should be stored on a separate shelf or cupboard and clearly labelled for staff use;
- Items brought in for consumption should be contained in a rigid container with a lid and labelled with the date and name of the staff member;
- Carrier bags should not be used for the storage of food in fridges.
- Fresh foods stored in a ward fridge should be kept on a different shelf from patient’s food. Spills should be cleaned immediately;
- Staff fridges must be kept clean and the temperature should be checked and recorded twice daily;
- **Under no circumstances** should staff use Occupational Therapy kitchens for cooking and storing foods;
- Staff must take responsibility to discard their un-used food following completion of their shift;
- Food should only be consumed in designated dining areas.

14. Food brought in from home of other outside establishments
The bringing in of hot food from outside establishments is discouraged. However, if patients are insistent they should be made aware of any risk, and this should be documented in their case notes, including what was consumed. Take-away meals should be purchased from a reputable supplier. They must be eaten within 30 minutes of purchase.

Patients’ fruit should be washed prior to consumption.

15. **Ward barbecues**

In view of the risks associated with handling and cooking of raw meat products, in particular the risk of infection with *E. coli* 0157, ward staff are required to follow the guidelines listed below when arranging a barbecue for patients or residents.

- The ingredients must be supplied by a hospital catering department who will purchase them from an approved supplier (either Scottish Health Service Supplies or locally approved).
- The catering department will cook all raw meat ingredients to a minimum temperature of 75°C and then blast chill immediately after cooking.
- The catering department will wrap the cooked and chilled product in foil and send to the ward or department in an insulated container at a time as close to the event time as possible. The container is to remain closed until the start of the barbecue.
- The ward staff must ensure high standard of personal hygiene prior to handling the cooked food, and then cook the food on the barbecue to provide the final cooking.
- A digital thermometer reading must be taken to ensure that the core temperature of the item reaches 82°C. (A digital thermometer can be provided by the catering department). Once this has happened, the food is ready for service.
- If there is any food left over from the barbecue it must be discarded as soon as possible. **A second re-heat is not acceptable.**

16. **Use of microwave ovens in clinical areas**

Microwave ovens are only to be used for heating or reheating food for healthcare workers consumption. Except where approved by the IPCT microwaves should not be used to heat or reheat patient food. Where IPCT permission has been given there must be written guidance on use.

Microwave ovens must be kept in a clean and hygienic state at all times. There must be agreement locally regarding who is responsible for cleaning the microwave after use and this should be on the cleaning schedule.

**Access to ward kitchens**

- Patients/parents must speak with the nurse in charge when food is to be stored.
- Patients/parents will not have access to the ward kitchen/beverage bay and refrigerator unless permission has been granted by the nurse in charge.
- Where it is deemed therapeutic for patients to have access to the ward kitchen they must be supervised by a member of staff.
- No outdoor clothing or bags should be stored in the kitchen area.
17. **Ice making machines in clinical areas**

See the [Automatic Ice Making Machine SOP](#) which can be found in the supporting documents to this policy.

18. **Use of water coolers in clinical areas**

There are two types of water chillers: point of use (POU) or bottled water (BW). POU chillers are connected directly to the buildings water supply and provide mains filtered water. BW chillers use containers of water which need to be changed when emptied.

POU chillers are unlikely to present a risk as long as they are properly maintained; the water is chilled as soon as it enters the storage tank and it remains chilled until it is used. Plumbed in water chillers are the preferred option.

The amount of maintenance required will be influenced by the quality of the water and the degree to which bio-films develops on the inside of the storage tank and pipe work. The provision of a water chiller in clinical areas should always be discussed with the IPCT and installed with its agreement.

18.1 **General Guidelines**

- A protocol for the cleaning, maintenance and use of water coolers and water dispensers must be in place.
- All bottled water should be supplied from an approved source, for example a member of the Bottled Water Coolers Association (BWCA) or European Point of use Drinking Water Association (EPDWA).
- Water from bottled coolers should not be given to patients who are moderately or severely immuno-compromised, for example those with:
  - Acute or chronic leukaemia and lymphomas;
  - Cancer or undergoing intensive chemotherapy;
  - Diseases requiring long term treatment with high doses of corticosteroids;
  - Organ transplants;
  - HIV/AIDS
- Coolers should be located:
  - Away from heat sources and direct sunlight.
  - Where they will not cause an obstruction.
  - Away from young children or elderly patients if they also supply hot water.
  - Manual handling risks must be assessed.

18.2 **Location and use of water coolers in high risk areas**

18.2.1 **High risk areas**

High risk areas should not have bottled water coolers. Under no circumstances should a water cooler be situated in:
• Intensive care units
• Neonatal units
• Oncology units
• Transplant units
• Surgical wards
• Operating theatres

18.2.2 Medium risk areas

Subject to consultation with the IPCT, coolers may be placed in:
• General wards and day rooms
• Hospices
• Medicine of the Elderly wards

18.2.3 Low risk areas

Coolers may be placed in the following areas without special precautions:
• Offices and administration areas
• Outpatient areas
• Public areas and waiting rooms

18.3 Purchase of water coolers

Prior to the purchase of a water cooler, alternatives should be considered and advice sought from the IPCT and the Estates department. The Estates department should keep an inventory of all water coolers in the organisation.

18.4 Cleaning of water coolers

• The exterior of the cooler, including the dispensing taps, must be cleaned at least daily by a designated person using a disposable cloth with general purpose detergent or preparations recommended or provided by the company.
• If the cooler is fitted with a drip tray, this should be emptied and cleaned daily using a disposable cloth with general purpose detergent or preparations recommended or provided by the company. Records of cleaning should be kept.
• Bottled water coolers should be cleaned and sanitised internally every three months by the company or by trained personnel.

18.5 Maintenance of water coolers

• Point of use water coolers should have their filters changed every 6 months.
• Point of use water coolers should be attached to the mains water supply rather than supplied from a tank.

18.6 Operation of water coolers
Water coolers should never be switched off.
If the water cooler is left unused for a period of time (for example, over the weekend), the tap should be run for 20-30 seconds prior to being used for drinking.
Bottle coolers should never be left with an empty bottle attached.
Bottles should never be left on a cooler for longer than 2 weeks, so they must be dated when attached.
Cap label should be removed prior to attaching the bottle onto the cooler.
Disposable drinking cups should be kept wrapped and stored in a clean dry place until placed in the cup dispenser.
Bottles must not be refilled using tap water.
Bottles should be stored in a cool dark location and used on a first in, first out basis.

18.7 References
- Consumer Focus Scotland, ‘Fountain Failures: Are poorly managed water coolers risking the health of consumers in Scotland?’, (March 2009), www.consumerfocus-scotland.org.uk

19. Beverage chillers
If the clinical area has permission from IPCT for a beverage chiller this can be used to chill drinks which do not require to be refrigerated. It must not contain milk or food and a cleaning regimen must be agreed and documented.

20. Food preparing environment
It is essential that any premises where food is stored, prepared or served be maintained in a serviceable, clean condition with washable intact surfaces and without risk to patients, healthcare workers and members of the public.

20.1 Pests
All healthcare workers must be vigilant and alert to signs of infestation. To reduce the risk of infestation it is important that good housekeeping is employed in particular the cleaning and removal of any crumbs or other food debris. Any sign of possible infestation must be reported to the appropriate service as soon as it is identified.

20.1.1 Signs of infestation
- Droppings
- Damage including gnawing marks in food, packaging, wires, etc.
• Unusual smells.

20.1.2 Types of food pests
• Rodents – rats and mice
• Insects – flies, wasps, cockroaches, ants, silver fish, etc.
• Birds – sparrows.

21. Hand hygiene

Please refer to the Hand Hygiene section of the National Manual, Section 1.2.

22. Bacterial detergent and cleaning

Only disposable green colour coded cloths to be used for cleaning. Within all kitchens the surfaces must be cleaned using a solution of the bactericidal detergent and hot water. There must be Standard Operating Procedures for the use of replacement mop heads in the kitchen.

23. Food contamination complaints

Any service user complaints must be recorded and the catering manager must be contacted immediately. If foreign bodies are found in the food a customer complaint record must be completed.

24. Health and safety and the food hygiene regulations

24.1 Health and Safety at Work Act 1974

The organisation believes that the provision of high standards of health, safety and welfare are fundamental to health care. The organisation will therefore make all reasonably practicable endeavours to comply with the Health and Safety at Work Act and the Management of Health and Safety at Work Regulations when carrying out its activities.

24.2 The Food Safety Act 1990 (Amended)

As a result of the European Union Hygiene Regulations and the Food Hygiene (Scotland) (NI) Regulations 2006 this Act is now primarily concerned with food standards.

24.3 The Food Hygiene (Scotland) Regulations 2006
These regulations are applicable to food businesses in Scotland. The Regulation allows Regulation (EC) No. 852/2004 to be enforced. It covers the following temperature requirements: Reheat above 82°C; hot hold above 63°C; keep food in a cool place; cool food as quickly as possible. The regulations allow Environmental Health Officers to serve Hygiene Emergency Prohibition Notices and Hygiene Improvement Notices.

24.4 Temperature Controls Requirements in Scotland

24.4.1 Chill holding

Food should be kept in a refrigerator or a cool ventilated place or above 63°C unless:
- The name of the food;
- A list of ingredients;
- A best before date which provides an indication of minimum durability (shelf life) or in the case of food which, microbiologically, is highly perishable and in consequence likely, after a short period, to constitute an immediate danger to human health, a use by date;
- Any special storage conditions or conditions of use; and
- The name and address of the manufacturer, packer or seller.

24.4.2 Reheating of food

Food which is to be reheated before being served for immediate consumption or exposed for sale shall be raised to a temperature of not less than 82°C, unless this would result in a deterioration in its qualities.

24.5 The Food Labelling Regulations 1996

These regulations require most food sold for human consumption to be labelled with:
- The name of the food;
- A list of ingredients;
- A best before date which provides an indication of minimum durability (shelf life) or in the case of food which, microbiologically, is highly perishable and in consequence likely, after a short period, to constitute an immediate danger to human health, a use by date;
- Any special storage conditions or conditions of use; and
- The name and address of the manufacturer, packer or seller.

24.6 Regulation (EC) No. 852/2004 on the hygiene of foodstuffs

This regulation requires that:
- The food business be registered;
- All food businesses must operate hygienically including cleanliness repair and condition of premise and equipment and personal hygiene;
Food business operators must implement and maintain a permanent food safety management system based on the principles of HACCP (hazard analysis and critical control points). In addition food handlers must have HACCP based training;

- Staff are trained in food hygiene matters commensurate with their work activities.

24.7 Regulation (EC) No. 178/2005 General Food Regulations 2004

This regulation covers the following:
- Selling food which is injurious to health or unfit for human consumption;
- Labelling advertising and presentation of food which misleads the consumer;
- Not having systems in place to enable traceability of suppliers and businesses;
- Not withdrawing food from market when necessary and implementing recall procedures
## Quick Reference Guide: Food Hygiene Policy

<table>
<thead>
<tr>
<th>Organism:</th>
<th>Foodborne organisms</th>
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<tr>
<td>Signs &amp; symptoms:</td>
<td>Vomiting &amp;/or diarrhoea &amp;/or fever</td>
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<td>Transmission (spread):</td>
<td>Via food contaminated food or faecal oral route.</td>
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<td>Person to person spread possible?</td>
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<td>Incubation period:</td>
<td>Variable depending on organism</td>
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<td>People most at risk:</td>
<td>Very young, very old &amp; immuno-compromised</td>
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<tr>
<td>Treatment:</td>
<td>Variable depending on organism</td>
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**Key management & control measures (MUST DO’S):**
- Check and record refrigerator temperatures twice daily. Keep records for 3 months.
- If the refrigerator is not maintaining the required temperature contact Estates/Private contractor urgently. Discard contents or transfer to alternative refrigerator.
- Check refrigerator contents daily and discard food that is out of date or not labelled.
- Do not store high risk foods (e.g. dairy, eggs, cooked meats & fish when not in sandwiches, and soft cheeses) at ward level.
- Ensure all foods are stored in suitable containers.
- Undertake hand hygiene and don green apron prior to serving food or drink.
- Ensure hot food served at 63ºC or higher.
- Ensure cold food served at 8º C or lower.
- Serve food immediately on arrival on ward.
- Keep ward menu cards for 14 days.
- If the clinical area has permission from the Infection Prevention and Control Team for a freezer the temperature should be checked and recorded twice daily. Keep records for 3 months.
References & Further Reading


The Food Hygiene (Scotland) Regulations 2006,

The Food Hygiene (Scotland) Amendment Regulations 2007,

The Health and Safety at Work Act 1974,

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