

Dietary Services Department

Dietary Services Department

Element : E-2

- **Sub- Element (16)**
- **Activities for auditing:**
 - ✓ **(D)** documentation
 - ✓ **(SI)** Staff Interview
 - ✓ **(O)** Observation
 - ✓ **(MR)** Medical record
- **Score (0-1-2-NA)**

Sub- Element (E-2.1)

- **There is a written policies and procedures addressing dietary services and kitchen staff hygiene. (D)**

Review the policy, which should be:

- ❖ **Comprehensive and well descriptive: it covers all aspects of infection control practices in dietary unit including (but not limited to):**
 - **Infection control practices:** i.e. frequent hand hygiene (hand hygiene: moments, techniques and times of hand hygiene) and personal hygiene practices, recommended PPE (gloves, hair covers, masks) to be used, maintaining clean attire during food preparation and handling

- **Pre-Employment Screening & Periodic Evaluation:** are required for food handler and other supporting staff in dietary unit, which include (and not limited to) clinical examination, investigations [chest x-rays blood, and stool analysis] and vaccination with periodic evaluation i.e. biannually and after returning from long vocations
- **Work restriction policy:** which includes that diseases or conditions in which the staff refrain from coming to work and present to employee's clinic, no staff is allowed to join back until he/she has lab evidence of free of disease (especially diarrheal disease)
- **Components of dietary unit:** receiving, storage, preparation, display, transporting and serving, equipment (separate for different foodstuffs, e.g., vegetables and meat)

- ❖ **Design and construction considerations:** sequential handling of the product from the receiving dock, into the storage area, to the preparation area, process area, packaging area, and serving area, location of hand hygiene facilities, slopping of floor for proper draining ... etc.
- **Temperature Requirements:**
 - A temperature range for dry storage from 10 °C to 21 °C
 - **Low-temperature storage maintenance:** Fruit and vegetables (except those in dry storage): from 4 °C to 7 °C / Dairy products, eggs, meats, poultry, fish, and shellfish: from 0 °C to 4 °C / Frozen foods: from -18 °C to -23 °C

- High-risk food must be heated to at least 74 °C (all parts of the food item), and once the food has been heated to this temperature it should not be allowed to drop under 60 °C until it is served. Food may be rapidly reheated up to a temperature of 74 °C etc.
- Leftover cooked foods should be chilled to 5°C or less within 2 to 4 hours of preparation
- Backup system for any shortfall or malfunctioning and steps to be taken in such conditions

- Isolation precautions: precautions to be followed for serving foods to patients under isolation (Contact, Droplet or Airborne Isolation), BICSL & Fit Testing (if applicable)
- Water quality testing (microbiologically & chemically)
- Waste management (collection schedule and storage of waste in an area, which is physically separated from other working areas),
- Environmental cleaning and pest control
- ❖ Fully applicable: all elements can be applied and comply with the hospital's scope of services

- ❖ Based on scientific references approved by MOH (GCC, CDC, WHO & APIC)
- ❖ Signed from authorized personnel and approved by IC committee*
Valid (updated within 2 - 3 years and when indicated)

Comment:

Approval by IC committee is required for the infection control manual as a whole before distribution and also for individual policy after major change

Sub- Element (E-2.2)

- Adequate numbers of hand washing facilities and/or hand rub antiseptic devices are available. (O, SI)

Observe the kitchen staff for:

1) Hand washing/hand rubbing

- A. TIME(20-30secABHR,40-60SecHW)
- B. TECHNIQUE (completely and thoroughly)
- C. Moments of hand hygiene for dietary staff:
 - Before starting work
 - After using the toilet
 - After touching their ears, nose, mouth, or hair
 - After handling raw food

- Before moving from a raw food preparation area to cooked food preparation area
- After handling food or food waste
- Before and after any cleaning procedures
- Before & after eating, drinking, or smoking
- After handling soiled articles or trash and
- After removing PPE, e.g., gloves

2) Appropriate use of PPE:

- A. Disposable protective gloves should be worn when serving food and/or handling cooked and uncooked food
- B. Proper protective clothing should be worn when required, which include clean uniforms, aprons, hair nets, gloves, masks and closed shoes (open sandals and bare feet are prohibited in the food handling areas).

Ask the kitchen staff about:

- 1) Hand Hygiene (hand washing/hand rubbing): times / techniques / moments of hand hygiene
- 2) Protective clothing & PPE: types / indications / technique & sequence of donning and doffing

Randomly ask 3 to 5 of the kitchen staff:

- 1) To demonstrate techniques of hand washing/hand rubbing
- 2) To demonstrate donning and doffing of PPE

Comment:

Instead of direct questions, indirect ones or scenarios are advisable

Sub- Element (E-2.3)

- **Kitchen staff practice hand hygiene properly and use suitable PPE while handling food. (D - MR - SI)**

Review the following documents:

- 1) Check for work restriction policy and related procedures for the dietary staff and kitchen personnel that outline the above-mentioned infections or conditions: respiratory infections, gastroenteritis, diarrhea, hand infections or wounds ...etc.
- 2) Consent form with signature of dietary staff and kitchen personnel (preferably Multilingual: Arabic, English, language of kitchen personnel for better understanding of work restrictions & symptoms that require prompt reporting and follow up

Review the following documents:

Review documents that demonstrate application of the work restriction policy:

- Medical sickness reports, which were fulfilled during the last 3 - 6 months for kitchen personnel who were suffering from any of the above-mentioned infections or conditions
- Evaluation of their infections or conditions in employee's clinic, ER or medical department
- investigation & treatment reports

- Check how the supervisor allows kitchen personnel to join back after recovery (for some infections in which the organism is isolated e.g. *C. difficile* in stool, the patient must be free of it before joining back his/her duty in the kitchen)

Comment:

Review files of kitchen personnel who were restricted from work in the last 3 - 6 months to see whether protocols were properly applied or not (the evidence should specify restriction condition, interventions, management and duration of restriction)

Ask the kitchen staff:

- 1) Work restriction policy and related infections or conditions (i.e., symptoms or conditions require restriction from handling food: respiratory infections, gastroenteritis, diarrhea or hand infections or wounds)
- 2) How they will inform kitchen's supervisor and follow approved protocols for work restriction i.e. presenting to employee clinic or emergency department
- 3) How they will be allowed to join back their duties in the kitchen after recovery i.e., some conditions require specific investigations to ensure that personnel is free of infections before joining back his/her duty

Comment:

Instead of direct questions, indirect ones or scenarios are advisable

Sub- Element (E-2.4)

- **Kitchen staff with respiratory infections, gastroenteritis, diarrhea or hand infections are restricted from handling food. (MR - SI)**

Review the following documents:

- Review medical records that demonstrate proper application of this sub-Element:
- Check for the presence of upon hiring results of stool tests and cultures, and updated results every 6 month and after returning from long vocations
 - The above-mentioned results are reviewed by (SIGNED) employee’s health clinic doctor and IC practitioner for the evidence of viewing the medical records and promoting accountability.

Comment:

- Review the file(s) of employee(s) who came from long vocation(s) lastly to see whether protocols were properly applied or not
- Pick/memorize names of 3 - 5 personnel during the visit and ask for their medical records

Ask 3 – 5 of the kitchen staff about:

- 1) Frequency of stool tests and cultures for them
- 2) The last investigations that have been offered to them

Comment:

Instead of direct questions, indirect ones or scenarios are advisable

Sub- Element (E-2.5)

- **Medical evaluation is performed routinely upon hiring, every 6 months and after returning from long vacation. Results are reviewed by the employee's health clinic and the IC team. (MR)**

Review the following documents:

Review medical records that demonstrate proper application of this sub-Element:
check for the presence of updated certificates of vaccinations:

- Hepatitis-A vaccination: every year
- Typhoid vaccination: every 5 years
- Meningitis vaccination: every 5 years

Comment:

Pick/memorize names of 3 - 5 personnel during the visit and ask for their medical records

Sub- Element (E-2.6)

- All kitchen staff receive vaccines against hepatitis-A, typhoid, meningococcal meningitis, and influenza vaccine. (O, SI)

Observe the kitchen to ensure that:

- 1) All specific areas are (physically) separated from each other:
 - Store of grocery
 - Storage for meat (i.e., freezers)
 - Storage for vegetables and fruits (i.e., refrigerators)
 - Washing area for vegetables and fruits (with or without) vegetable and salad cutting area.

Observe the kitchen to ensure that:

- Meat cutting area: it should be separated from other cutting areas (Vege and salad etc..) with specified equipment & supplies e.g. cutting boards and knives should be color coded and separate for poultry, meat and fish. Sawsing machines can be same but proper cleaning is required before processing different type of meat.
- Food cooking/preparation areas, process area & packaging area (all these activities can be grouped together without physical separation).

- 2) There are specified equipment & supplies (e.g., Mixers, juicers, , boards, plates, knives ... etc..) for different types of food.
- 3) There is orderly sequential handling of the product from the receiving area to the storage area, the preparation area, processing area, packaging area, and serving area.
- 4) Boards, plates and knives used to cut meat, poultry, fish or vegetables are identifiably separated (color- coded) and immediately washed after use.
- 5) here is a signboard for color-codes of boards, plates and knives that displays colors to be used for different purposes (e.g., cutting meat, poultry, fish or vegetables)
- 6) There is no signs of over usage of cutting boards (e.g., cutting boards are not cracked or having deep cuts)

Comments:

- Cutting boards with cracks or deep cuts cannot be cleaned and disinfected properly.
- Wooden cutting boards aren't acceptable

Ask the kitchen supervisor and/or kitchen personnel:

- 1) About which boards, plates and knives are used to cut meat, poultry, fish or vegetables and if they are clearly identified by different colors
- 2) What is the schedule of washing boards and knives?
- 3) How are boards, plates and knives being washed

Answer: immediately after use in working area or dumped to be washed later on in dishwasher (i.e., it is not acceptable to leave them for a day or to the end of shift i.e. morning, afternoon or evening)

Comment:

Instead of direct questions, indirect ones or scenarios are advisable

Sub- Element (E-2.7)

- **Kitchen is designed as physically separated areas with specified equipment & supplies (e.g., Mixers, juicers, boards, plates, knives ... etc.) for different types of food. Boards, plates and knives used to cut meat, poultry, fish or vegetables are identifiably separated (color- coded) and immediately washed after use. (O, SI)**

Observe the kitchen to ensure that:

- 1) All specific areas are (physically) separated from each other:
 - Store of grocery
 - Storage for meat (i.e., freezers)
 - Storage for vegetables and fruits (i.e., refrigerators)
 - Washing area for vegetables and fruits (with or without) vegetable and salad cutting area.

- Meat cutting area: it should be separated from other cutting areas (Vege and salad etc..) with specified equipment & supplies e.g. cutting boards and knives should be color coded and separate for poultry, meat and fish. Sawsing machines can be same but proper cleaning is required before processing different type of meat.
- Food cooking/preparation areas, process area & packaging area (all these activities can be grouped together without physical separation).

- 2) There are specified equipment & supplies (e.g., Mixers, juicers, boards, plates, knives ...etc..) for different types of food.
- 3) There is orderly sequential handling of the product from the receiving area to the storage area, the preparation area, processing area, packaging area, and serving area.
- 4) Boards, plates and knives used to cut meat, poultry, fish or vegetables are identifiably separated (color- coded) and immediately washed after use.
- 5) There is a signboard for color-codes of boards, plates and knives that displays colors to be used for different purposes (e.g., cutting meat, poultry, fish or vegetables)
- 6) There is no signs of over usage of cutting boards (e.g., cutting boards are not cracked or having deep cuts)

Comments:

- Cutting boards with cracks or deep cuts cannot be cleaned and disinfected properly.
- Wooden cutting boards aren't acceptable

Ask the kitchen supervisor and/or kitchen personnel:

- 1) About which boards, plates and knives are used to cut meat, poultry, fish or vegetables and if they are clearly identified by different colors
- 2) What is the schedule of washing boards and knives?
- 3) How are boards, plates and knives being washed

Answer:

immediately after use in working area or dumped to be washed later on in dishwasher (i.e., it is not acceptable to leave them for a day or to the end of shift i.e. morning, afternoon or evening)

Comment:

Instead of direct questions, indirect ones or scenarios are advisable

Sub- Element (E-2.8)

- **Temperature requirements and protection from contamination are considered during receiving, storage, preparation, display and transportation of food. Freezers & fridges temperatures are continuously monitored and documented on log sheets and relevant actions are taken. (D, O, SI)**

Review the following documents:

- 1) Temperature logs and records of the last month that should be maintained at all given areas (temperature checks are done at least twice a day)

Temperature Requirements:

- A temperature range for dry storage from 10 °C to 21 °C

Low-temperature storage maintenance:

- Fruit and vegetables (except those in dry storage): from 4 °C to 7 °C
- Dairy products, eggs, meats, poultry, fish, and shellfish: from 0 °C to 4 °C
- Frozen foods: from -18 °C to -23 °C

Review the following documents:

- High-risk food must be heated to at least 74 °C (all parts of the food item), and once the food has been heated to this temperature it should not be allowed to drop under 60 °C until it is served. Food may be rapidly reheated up to a temperature of 74 °C etc.
 - Leftover perishable cooked foods should be chilled to 5°C or less within 2 to 4 hours of preparation
- 2) Planned Preventive Maintenance (PPM) and Quality check for freezers, refrigerators, transport trolleys (if applicable) and temperature display monitors
 - 3) Interventions records for atypical temperatures and failure situations

Observation:

- 1) Check temperature display monitors or thermometers at all given areas
- 2) See how the temperature requirements is being monitored during food cooking and reheating (i.e., observe the availability of food thermometer to make sure cooked food reaches a temperature hot enough to kill germs)
- 3) See how the food is being packed and saved during serving to overcome contamination by external factors. (i.e., observe the availability of close containers and/or surface barriers)
- 4) See valid PPM stickers on refrigerators, freezers and transport trolleys (if applicable)

Ask the kitchen supervisor and/or kitchen personnel:

- 1) What are optimal temperatures requirements during receiving, storage, preparation, display and transportation of food?
- 2) Who is (are) responsible for recording temperatures at different areas?
- 3) In malfunctioning or failure situations, what is the approved protocol and steps to be taken in such case:
 - What are the components of backup system (if applicable)?
 - Who will be contacted
 - Who will be responsible for taking actions (i.e. calling for maintenance, discarding of food if necessary, ... etc.) & follow up

Sub- Element (E-2.9)

- **Water used for cooking is supplied by commercially approved companies or hospital water that is tested at least monthly to ensure that its quality meets regulatory standards for potable water (D, SI)**

Review the following documents:

- 1) Water testing results of the last 6 months (microbiological and chemical testing of water that should meet the regulatory standards of potable water).
- 2) Records for maintenance & interventions (as per hospital policy) if the water testing results don't match the acceptable standards for potable water.
- 3) Contract with commercially approved company for supplying water, if the kitchen is using ready-made water for cooking (i.e., no need for testing water microbiologically & chemically BUT the supply chain of the water must be checked)

Ask the kitchen supervisor and/or kitchen personnel:

- 1) Who will be responsible for collecting water samples?
- 2) How water samples are collected? / What are the sites used for collection? / What are containers' types used to send water samples?
- 3) If the kitchen is using ready-made water for cooking, you should ask about the supply chain and stock of such water

Sub- Element (E-2.10)

- Food containers are properly labelled with expiry dates. Expiry dates of food stuffs are checked before use. (O, SI)

Observation of the store:

- 1) Check that all food containers are properly labelled while maintaining expiry dates.
- 2) See that all supplies of same kind are stocked together (for example stock of salt, tea, jam etc., that have the same lot numbers and expiry dates).
- 3) Check that expiry dates of all products are clearly noted with labelling of near to expiry foods in different color (i.e., stock of near to expiry food are clearly labelled)
- 4) Observe dispatch rules or shelve rules: “First Expiry First Out - FEFO”

Comment:

Storage logs/inventory (either electronic or manual system) can be checked to demonstrate expiry dates of all products with recognition of near to expiry foods

Ask the kitchen supervisor and/or kitchen personnel about:

- 1) Rules of storing new stock, organizing shelves and dispatching that are being followed
- 2) Labelling food containers while maintaining expiry dates.
- 3) Labelling of near to expiry food in different color
- 4) Checking expiry dates depending on hospital policy (i.e., at fixed intervals: weekly, or every 2 weeks / when the new stock arrives)

Comment:

Instead of direct questions, indirect ones or scenarios are advisable

Sub- Element (E-2.11)

- Fruits and vegetables are washed and properly disinfected. (O,SI)

Observation of the vegetables and fruits washing (cleaning and disinfection) area:

- 1) It is preferably to be a separate area (it is optional to be associated with vegetable and salad cutting area)
- 2) It is preferably to be equipped with two dedicated deep stainless steel sinks (one for washing and the second for disinfection)
- 3) See what is type of disinfectant being used and ensure that an appropriate concentration(s) and proper contact time(s) [immersion time(s)] is being followed
- 4) Check the presence of measuring device(s) or determined cup(s) for dilution of liquid disinfectant(s), MSDS for chemical disinfectant
- 5) Ask for MSDS for relevant chemicals & disinfectants

Comment:

One deep container is also acceptable in absence of double sinks (i.e., used for vegetables and fruits immersion for disinfection)

Ask the kitchen supervisor and/or kitchen personnel about:

Process of washing vegetables and fruits (cleaning and disinfection):

How to clean vegetables and fruits / how to immerse vegetables and fruits in diluted disinfectant(s) / how to get proper dilution(s) from disinfectant(s) / for how much time(s) the vegetables and fruits are immersed (i.e., contact time(s)) / how to rinse after disinfection has been achieved.

Comment:

- Instead of direct questions, indirect ones or scenarios are advisable
- You can ask kitchen staff to demonstrate procedures that they are applying

Sub- Element (E-2.12)

- Food containers and cooking utensils are washed immediately after being emptied. (O,SI)

Observation:

See when and how food containers and cooking utensils are washed after use

- food containers and cooking utensils should be washed immediately after use in same working area or dumped to be washed later on in dishwasher (i.e., it is not acceptable to leave them for a day or to the end of shift i.e. morning, afternoon or evening)

Ask the kitchen supervisor and/or kitchen personnel:

- 1) What is the schedule of washing food containers and cooking utensils?
- 2) How are food containers and cooking utensils being washed?

Answer: immediately after use in working area or dumped to be washed later on in dishwasher (i.e., it is not acceptable to leave them for a day or to the end of shift.

Comment:

- Instead of direct questions, indirect ones or scenarios are advisable
- You can ask kitchen staff to demonstrate procedures that they are applying

Sub- Element (E-2.13)

- **There is an Insect and rodent control plan that is strictly implemented.**
(D, O, SI)

Review the following documents:

- 1) Insect and rodent control plan and the applied schedule (e.g., spraying chemicals and pesticides is done as per hospital's policy: a frequent routine task + when a threshold is reached)
- 2) Check the contract with a commercially approved company (i.e., these services are outsourced in most of hospitals)
- 3) See which chemicals and pesticides are used (check safety of the chemicals and pesticides used in kitchen / Ask for MSDS for these chemicals and pesticides)

- 4) Written protocol for spraying chemicals and pesticides with precautions to be taken before, during and after it
- 5) Checklists for routine inspection and monitoring of incoming deliveries and stores for infestation
- 6) Checklists for routine inspection of kitchen for roaches / rodents or their traces

Comment:

Public health department is responsible for applying insect and rodent control plan

Observe areas of the kitchen to ensure that insect and rodent control plan is properly applied:

- 1) Approved and safe chemicals and pesticides are available for use as per hospital's policy
- 2) Devices for insect and rodent control are available, e.g., sticky fly traps, ultrasonic pest repeller ...etc.
- 3) All windows that open to the outside have screens that are kept in good repair
- 4) All areas are kept clean, sanitized and in good repair
- 5) All openings and defects with risk of infestations are sealed (e.g., cracks, tears in windows' screens ... etc.)
- 6) Incoming deliveries are routinely inspected for infestation (i.e., the visit time may coincide with receiving shipping boxes and containers of food products)

Ask the kitchen supervisor and/or kitchen personnel about:

- 1) Insect and rodent control plan
 - 2) Protocol for spraying chemicals and pesticides (i.e., who, what, how, when, where and how much)
 - 3) Precautions to be taken before, during and after spraying chemicals and pesticides
 - 4) Routine inspection of incoming deliveries for infestation
 - 5) Regular monitoring of dry products in storage area
 - 6) Routinely checking of kitchen for roaches / rodents or their traces
- Their knowledge should be compatible with hospital's policy and the actual practices

Comment:

- Instead of direct questions, indirect ones or scenarios are advisable
- You can ask kitchen staff to demonstrate some procedures that they are applying

Sub- Element (E-2.14)

- The kitchen environment is clean (i.e., frequently cleaned, dry and dust free).(D,O,SI)

Review documents that demonstrate housekeeping activities of the kitchen environment (appropriate evidence of application):

- 1) Kitchen housekeeping schedule with clear roles & responsibility of housekeeping and kitchen staff
- 2) Kitchen housekeeping checklists and check whether the applied processes are compatible with the approved policy or not
 - The checklists should be practical and cover all environmental surfaces in different areas.
 - Also it should include responsible staff (whether kitchen staff or housekeeping staff with names – if applicable – and signatures) / dates & times / cleaning ingredients and disinfectants to be used (types – concentrations – contact times)
- 3) Ask for MSDS for used chemicals and disinfectants

Observation:

- 1) Observe ongoing housekeeping activities and evaluate whether the applied processes are compatible with the approved policy or not:
 - Responsible staff (kitchen staff & housekeeping staff) & used PPE
 - Applied housekeeping schedule
 - Applied procedure
 - Consumed supplies: cleaning ingredients & disinfectants, mops, wipes, spray bottles, buckets ...etc.

- 2) Visit janitors room to check the availability & specifications of housekeeping supplies: e.g., cleaning ingredients, chemicals and disinfectants, mops, wipes, spray bottles, buckets ...etc.
- 3) Check the quality of housekeeping activities: observe the presence of dust, dirt, soil ...etc. that demonstrate defective housekeeping:
 - Spaces under the cooking ranges, corners and hidden areas
 - Sinks and areas under them
 - Storage areas and shelves
 - Fridges & refrigerators

Ask kitchen staff & housekeeping staff about:

1) The process of cleaning and disinfection of kitchen's environment:

- Roles, responsibilities and recommended PPE (what are areas to be cleaned by kitchen staff, and areas to be cleaned by housekeeping staff? / what are PPE to be used during cleaning & disinfection activities?)
- Applied housekeeping schedule
- Applied procedure (how cleaning & disinfection are being performed: preparation of cleaning ingredients and disinfectants / from up downwards – from clean to dirty / frequent change of wipes and/or mops – better to use different wipes and/or mops for different areas, e.g., food receiving area, storage area and food preparation area)
- Available supplies: e.g., cleaning ingredients, chemicals and disinfectants, mops, wipes, spray bottles, buckets ...etc.

2) Their knowledge should be compatible with hospital's policy and the actual practices

Comment:

- Instead of direct questions, indirect ones or scenarios are advisable
- You can ask kitchen staff to demonstrate procedures that they are applying

Sub- Element (E-2.15)

- Storage shelves dimensions are at least, 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall. (O)

Sub- Element (E-2.16)

- Food carts in use are dedicated for hot & cold meals. (D,O,SI)

Thank you