

NHS Greater Glasgow and Clyde Mental Health
Occupational Therapy Network

Occupational Therapy Guideline for Therapeutic Interventions in Kitchen Areas

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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MHS 51 - Occupational Therapy Guideline for Therapeutic Interventions in Kitchen Areas

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	Brief Summary of Changes	Author(s)
1.0	2012	Refresh of previous version to take account of use of community venues	Nicola Lindsay, Beverley Grantham, Lead Occupational Therapists
1.1	2017	Review of 2012 document by short life working group. Consultation took place May 2017 with minimal changes to wording.	Fiona Brown, Julie Brown, Lead Occupational Therapists
1.2	2020	Review of previous version (additional appendix for COVID 19)	Julie McKelvie Julie Brown Elizabeth Taylor Lindsay Noble
1.3	2024	Remove COVID appendix and embed detail as needed in guideline. Include poster links of updated recommended detergents. Add brief regarding cognisance of all religious beliefs. Added section on first aid/emergency response. Added section on air fryer cooking. Entire document reformatted and removal of repetition where relevant	Julie McKelvie Julie Brown Elizabeth Taylor Lindsay Noble

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The information contained in this guidance should be used in conjunction with the Professional Standards for Occupational Therapy Practice, conduct and ethics, Royal College of Occupational Therapists (2021) and Health and Care Professions Council (2023) Standards for Conduct, Performance and Ethics.

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1. INTRODUCTION

This guideline sets out a code of best practice for use by all Occupational Therapy staff involved in therapeutic interventions with service users in kitchen areas. It should be read and adhered to in conjunction with other organisational policies and guidelines including:

- NHSGGC Mental Health Service Management of Non-Clinical Sharps (2024)
- NHS GGC Fire Safety Policy (2019)
- NHSGGC Health and Safety Management Manual Standard Operating Procedure (SOP) Cleaning of Near Patient Healthcare Equipment. (NHSGGC Control of Infection Committee: 2012)
- NHSGGC Toaster and other Portable Kitchen Electrical Appliance Management Policy (2019)
- NHSGGC Assistance Dog Policy (2018)

All staff conducting food preparation within their work role are required to complete the mandatory training Learn Pro Food Hygiene and Hand Hygiene modules **annually**.

2. Purpose of Guidelines

To provide guidance to Occupational Therapy staff and any other staff who are working within the occupational therapy service, working with service users preparing food.

To give direction in the correct purchase, safe storage, handling, and preparation of food within clinical environments.

To provide guidance to Occupational Therapy staff working with service users preparing food in their home environment.

To highlight staff responsibilities in terms of all relevant legislation in relation to food.

3. Definitions of Kitchen Areas

Therapeutic Kitchens

For the purposes of these guidelines therapeutic kitchens are defined as kitchens in statutory buildings used by Occupational Therapy staff for therapeutic interventions with service users. The therapeutic kitchen must not be used by staff preparing food for themselves or for service users.

Non-therapeutic Kitchen in Statutory Buildings

This includes kitchens in rehabilitation wards, nursing homes and all local authority sites. If using these kitchen areas these guidelines must be adhered to and checklists used prior to intervention to ensure basic environmental standards.

Kitchens in Non-Statutory Buildings

Occupational Therapy staff using kitchens in non-statutory buildings i.e. community centres must adhere to these guidelines using the checklists prior to intervention to ensure basic environmental standards.

Service Users Kitchen

Occupational Therapy staff cannot be expected to control the condition of the service user's kitchen, however the condition of the kitchen and standard of meal preparation forms part of the functional assessment. Prior to the functional assessment taking place, the Occupational Therapist should conduct a risk assessment ensuring the kitchen is in a hygienic condition and equipment is safe to use e.g. no bare wires from electrical equipment. If the Occupational Therapist believes there is a health risk, they should not conduct the intervention and report noted health risk to the multi-disciplinary team.

If the service user wishes to consume any food prepared in their own home the therapist must advise on safe practice i.e. kitchen should be in hygienic condition as stated in monitoring sheets, food prepared is within use by date and food must be cooked following manufacturer's instructions. Occupational Therapy staff should discuss with the service user, any risks observed during the intervention and, with the service user, establish a treatment plan to reduce risks observed.

4. Occupational Therapy Staff Responsibilities

Adherence to the kitchen guidelines, infection control audit and other appropriate guidelines is the responsibility of the Manager/Lead Occupational Therapist.

Consideration should be given to individual staff and service user requirements in respect of religious and spiritual beliefs and practices in relation to food preparation and may include but not be limited to consideration of the types of food and/or equipment being used. Guidance should be sought from local manager/Lead Occupational Therapist to consider any individual requirements and/or adjustments.

When working with service users preparing food, all Occupational Therapy staff have the following responsibilities:

- To demonstrate due diligence and be aware that it is their legal responsibility to report any working practice or occurrence that could affect the safety and/or well-being of service users, health care workers or members of the public.
- To report to the line manager if they are unable to follow this guideline.
- To report any incidents relating to this guideline using Datix.

Delegated staff members must:

Ensure all Occupational Therapy staff follow this guideline.

Ensure Occupational Therapy staff has the resources to follow this guideline.

Ensure Occupational Therapy staff complete the Standard Infection Control Precautions, mandatory Learn pro food hygiene and hand hygiene modules as part of the induction process and thereafter on an annual basis.

Ensure that there is an audit monitoring system in place to ensure compliance with the completion of relevant Learn Pro modules.

Ensure that the daily kitchen checklist is completed by a designated occupational therapy staff member who takes appropriate action if standards are not able to be met. Due to leave reasons, if this cannot be completed then document appropriately and advise the senior on site.

Ensure staff using kitchens in non-statutory buildings complete checklist prior to the therapeutic session commencing, by using the checklist in appendix 1.

Agree cleaning schedule with domestic services in conjunction with infection control team.
Conduct a monthly audit of kitchen checklists. Report any issues to senior on site.
Ensure that laminated posters showing the 6-step hand washing technique are displayed at all hand washing sinks.

5. General Hygiene for Food Handlers

Throughout this document the term ‘food handler’ refers to service users and Occupational Therapy staff preparing food for assessment or treatment purposes.

Failure to observe the basic principles of good personal hygiene may result in the direct or indirect contamination of food. Food handlers have a moral and legal responsibility to ensure that food poisoning organisms and other contaminants are not introduced into the food chain.

It is the responsibility of all staff who work in a food-handling environment to maintain a high degree of personal hygiene and cleanliness.

On appointment to post all Occupational Therapy staff will complete mandatory food hygiene and hand hygiene training. Thereafter this will be repeated annually.

Any non-Occupational Therapy staff working alongside Occupational Therapy staff in kitchen areas should complete mandatory food hygiene training. In instances when this is a “one off” then this is not required such as, attendance in kitchen being part of induction.

Staff members and service users should wash hands using hand hygiene technique, as described in NHS GG&C Prevention and Control of Infection manual, using antibacterial soap and warm water.

It should be noted that hand gels can be used however they are only effective on clean hands and are not a substitute for hand washing.

Staff and service users preparing food should wash their hands regularly throughout the day and especially after visiting the toilet, on entering the kitchen and before handling any food or equipment, in between tasks and especially after handling raw food and before handling cooked food, after handling waste feed or refuse, after smoking, after brushing or touching hair, after eating, after coughing or blowing their nose, after handling chemicals.

Direct hand contact with food should be minimised by using tongs and utensils where possible.

Staff members and service users should remove all hand jewellery/wristwatch/friendship bands. A plain gold band should be covered with a blue plaster.

Any staff member or service user with cuts, boils, septic spots, or infected wounds should ensure these are covered by blue waterproof dressings/plasters which should be stored in the kitchen area.

Any staff member or service user with dry, flaking skin on hands should wear polythene gloves ensuring these are changed when required i.e. switching between touching raw meat and cooked food. A stock of polythene gloves should be kept in the kitchen area.

Staff members and service users should ensure long hair is fully tied back.

Staff members and service users should not smoke in food handling areas or outside kitchen entrance (when kitchen is in a non-statutory building).

Infectious disease

If there is any outbreak of infection in a ward area/hospital which results in ward closure, then patients from that area should not access the therapeutic kitchen during that period.

If a staff member is displaying signs of infection, they should not conduct sessions within the therapeutic kitchen.

Any member of staff suffering from diarrhoea or vomiting should not participate in food preparation until they have been absent from symptoms for 48 hours. They should inform their line manager and cancel any food preparation sessions.

If the manager requires further guidance this can be sought from Occupational Health Department or Infection Control.

Any service user with symptoms as above should not participate in food preparation until symptoms have been absent for 48 hours.

A common- sense approach is required and if for example a service user or staff member has a heavy cold then they should not participate in food preparation sessions involving cooking for other service users, such as a lunch group.

First Aid/Emergency Response

In the event of a minor injury staff would use their first responder training to ensure that the service user is safe and to manage the injury.

If able to do so the service user would be escorted back to the ward for further assessment by the RMN and Duty Doctor if required.

In the event of a more significant injury staff would dial 2222 for the medical emergency response. When dialling 2222 the staff member should state: the hospital site, the department location, and the nature of the emergency.

In the event of an incident occurring in a community setting or the patient's home then the staff member will require to assess the situation and decide about the need to seek medical help.

6. Safe Use of Therapeutic Kitchen

The therapeutic kitchen should not be used for any purpose other than therapeutic activity.

Occupational Therapy staff should ensure the kitchen and equipment in statutory and non-statutory buildings is safe and hygienic prior to commencing a session and ensure that it is left safe and hygienic at the end of the session. If the kitchen or equipment is not in a safe and hygienic condition this should be documented on the daily kitchen checklist (Appendix I), Action plan (Appendix III) and reported to the Line Manager. The kitchen or equipment should not be used, and alternative arrangements should be made.

Service users must not be in the kitchen area without a member of Occupational Therapy staff being present.

All Therapeutic kitchens must have the following equipment in place:

- Heat detector fitted – not a smoke detector.
- Fire blanket near the cooker but not next to the cooker. Fire blankets should be checked for an expiry date.
- A 2kg CO2 extinguisher fitted adjacent to the exit door of the kitchen.
- Ultraviolet fly killer

It is acceptable to use the therapeutic kitchen when the washing machine is on if the machine has been loaded prior to session commencing. However, washing should not be unloaded until the food preparation session is complete.

No animals, birds or plants should be kept in the kitchen area. In the case of a service user who has an assistance dog, then reference should be made to the Assistance Dog policy to ensure that there is no disadvantage.

7. Use of Kitchen Equipment

Electrical Equipment

All electrical equipment in statutory environments should be PAT (Portable Appliance Testing) tested annually.

New equipment can be used without being PAT tested if it has a factory fitted plug.

Within statutory environments the toaster management policy should be adhered to. Authorisation to use a toaster should be obtained from the site fire officer. An authorisation form should be completed. Authorisation forms are an appendix to the toaster management policy.

All portable appliances should be portable appliance tested.

In non-statutory environments, the therapist should conduct a risk assessment of electrical equipment to be used i.e. ensure there are no bare wires, breaks in the cable and plug fitted to cable.

Service users must be supervised in the safe use of all kitchen equipment.

In secure areas such as the Intensive Psychiatric Care Unit (IPCU), local guidelines must be adhered to regarding the use of equipment.

Prohibited Equipment

Deep Fat Fryers are **prohibited** in therapeutic kitchens. They present the most significant risk of domestic fire and Occupational Therapists should advise service users of this fact.

The Therapeutic Kitchen Guidelines, in accordance with the GGC Toaster Policy forbids the use of the following items in therapeutic kitchens:

- electric frying pans
- sandwich makers
- portable hot plates/stoves
- pressure cookers
- slow cookers/rice cookers

The Fire Policy does not affect Occupational Therapy kitchens in relation to George Foreman grills and air fryers.

8. Non-Clinical Sharps

All staff must read and comply with NHSGGC, The Safe Management of Non-Clinical Sharps Guideline (2018) and comply with any local guidelines in place.

Listed below are pertinent points from the non-clinical sharp's guideline.

'Non-clinical sharps are items which in their manufactured form have honed edges, blades, pointed or spiked ends. They are required for use in culinary activities, personal hygiene maintenance and therapeutic craft activities.' All non-clinical sharps should be purchased and stored as per the guideline (2018).

In therapeutic kitchens, non-clinical sharps must be stored in a locked area when not in use.

Non-clinical sharps should be stocked at a minimum required level whilst ensuring sufficient provision for the purpose for which they are designed.

No steak or carving knife or other type of carving knife with a prominent serrated edge should be stored in the kitchen area. Only one rounded end bread knife should be stored in each clinical area.

Dining cutlery should be made of metal.

Non-clinical sharps should be recorded in an inventory which is checked at the start and end of each clinical session (Appendix V). If a non-clinical sharp is missing this must be reported to line manager immediately and documented on Datix.

Any items added to the departmental inventory must be with the approval of Lead Occupational Therapist and/or service manager.

Occupational Therapy staff that require to use non-clinical sharps in a community venue should conduct a risk assessment and adhere to legislation. Local policies should be developed.

Occupational Therapists transporting non-clinical sharps to community venues should store them in a metal tin and carry the minimum required. These should be signed in/out as per non-clinical sharps guideline.

9. Cleaning the Kitchen Area

Staff should familiarise themselves with the Standard Operating Procedure (SOP) Cleaning of Near Patient Healthcare Equipment to ensure all equipment is cleaned between sessions. The equipment specified in this guideline are cookers, toasters, crockery, cutlery, worktops and chopping boards.

Within statutory premises the Occupational Therapy service, in conjunction with the service manager and infection control team should agree the regularity and content of the cleaning schedule with domestic services. This should be agreed locally.

Within statutory premises a designated member of Occupational Therapy staff will be responsible for checking the kitchen daily and completing the daily kitchen checklist (Appendix I) as per guidelines.

In the case where Occupational Therapy staff are not based in the same geographical site as the therapeutic kitchen a local, common-sense approach should be taken to the checks and as a minimum a check must be done prior to using the kitchen with a service user. This should be written in a local protocol.

Occupational Therapy staff using kitchens in non-statutory premises should complete the daily kitchen checklist (Appendix I) as per guidelines prior to using the kitchen.

All work-surfaces should be cleaned before, during and after food preparation with bactericidal detergent, hot water and a green colour coded disposable cloth.

Items used or touched in sessions must be wiped using an antibacterial cleaner after use.

All kitchen surfaces, including door handles, posters, taps and kitchen furniture must be washed using Titan Chlor Plus or Clinell universal wipes.

Disposable green cloths should be used to dry surfaces after cleaning and disposed of immediately within general kitchen waste bin.

Chlorine based detergent eg Titan Chlor Plus is used for decontamination in the event of blood/body fluid spillage or if environmental decontamination is required.

All detergent and green cloths should be ordered from stores.

Washing up liquid should be purchased from the supermarket.

Cookers, microwaves, and air fryers should be cleaned after food preparation following manufacturer's instructions. When using the microwave, food must be covered with a splatter guard.

It is recommended that silicone oven gloves are used as these are waterproof and easily cleaned by an antibacterial cleaner or wipe.

Correct cleaning materials used in the therapeutic kitchen should be stored separately away from food in a locked area.

Occupational Therapists must ensure appropriate cleaning materials are available in community venues.

Bi – monthly cleaning tasks should be completed as described in Appendix ii.

The management of any spillages of Titan Chlor Plus including concentrate of the substance must be managed through the risk assessment process.

The manufacturer's instructions for the preparation and use of Titan Chlor Plus must be adhered to.

Lead Occupational Therapists/Service Managers should ensure that the organisational information relating to Titan Chlor Plus (refer to links below) is readily available within the therapeutic kitchen and all staff using the kitchen are familiar with same.

[General Environment Titan Chlor Plus Poster - NHSGGC](#)

[Titan Chlor Plus Blood Spills Poster - NHSGGC](#)

10. Signage

All notices/posters within the kitchen should be kept to a minimum, laminated and up to date. There should be a Hand hygiene poster displayed at all hand washing sinks.

11. Dishwashing

The use of a domestic dishwasher is best practice. If this is not possible the following procedure should be followed:

1. Remove excess soil by scraping and pre-rinsing in coldwater.
2. Wash articles using clean hand hot-water (53-55 degrees celsius) and a bactericidal detergent, wipe with a clean disposable cloth to loosen grease and food deposits. Rubber gloves will be required. Cool or dirty water should be replaced after 15 minutes.
3. Rinse to remove detergent.
4. Drying: All dishes should be dried using paper roll or air dried. Cutlery and other non-clinical sharps should be dried and locked away as per Non-Clinical Sharps Guideline. (Sprenger. 2008:46)
Soiled water must be changed as frequently as necessary.

At the end of each therapeutic session dishwashing cloths should be disposed of.

12. Refrigerator and Freezer Management

Refrigerator

Temperature

The refrigerator must operate between 1 - 4 degrees celsius.

All refrigerators must have a thermometer appropriately placed.

A mercury thermometer should never be used in a refrigerator or freezer due to the risk of breakage and food contamination.

In therapeutic kitchens the refrigerator temperature should be checked every morning and before any therapeutic intervention and recorded on the daily kitchen checklist. (Appendix I) A member of occupational therapy staff must be delegated the responsibility of completing this check. The records will be audited on a 6 monthly basis using the Audit of Kitchen Checklist (Appendix IV)

Any refrigerator not operating between 1-4 degrees celsius should be taken out of commission immediately and reported to operational estates or maintenance provider.

In kitchens used in non-statutory community venues the fridge temperature should be checked prior to commencing treatment session using daily kitchen checklist (Appendix I).

Storage of food in refrigerator

The refrigerator should not be overloaded as this can reduce cold air circulation, thereby reducing efficiency.

Hot foods should not be stored in a refrigerator or freezer as this would raise the temperature of the food being stored above 5 degrees celsius.

Only perishable foods should be stored in the refrigerator. No other substances must be stored in food refrigerators.

Raw meat should be purchased as soon as possible prior to session to reduce storage. If it is required to store raw meat it must always be stored in a washable container completely enclosing meat on the bottom shelf of the refrigerator. The container should be labelled and dated.

Raw and cooked food must be covered and stored on separate shelves.

Eggs should be stored in the fridge as soon as possible after purchase and used by the 'Best Before' date.

No canned foods should be stored in an open can. The unused contents, if required, should be emptied into a suitable container such as a covered plastic bowl, and labelled with date stored. This food should be stored for no longer than three days, unless Use By or Best Before date is less than three days. Leftover food should not be stored unnecessarily.

A designated member of staff must check daily that food stored in the refrigerator is within the 'Use By' date and clearly labelled. All out of date or non-labelled food should be disposed of immediately.

Cleaning/ maintenance of refrigerator

A designated member of staff should thoroughly clean the refrigerator, including door seals, on a weekly basis. Spillages must be cleaned as they occur. This should be recorded on the daily kitchen checklist (Appendix I).

Freezers should be defrosted bi-monthly as specified in the bi-monthly kitchen checklist.

Freezer Management

A freezer is a separate compartment not an ice box within a fridge.

Ice boxes must not be used to store food.

The freezer must operate at 18 to -22 degrees celsius.

The freezer must only be used for food that has been purchased frozen e.g. oven chips, frozen vegetables.

Freezer should be defrosted bi-monthly unless freezer is self-defrosting.

13. Food Purchasing and Storage

Purchase

All foods purchased for human consumption should be purchased from a reputable supplier i.e. a registered business.

Eggs with the lion symbol should be the only type of eggs purchased.

If eggs are required to be used at room temperature, they should not be out of the fridge for more than 90 minutes before use.

Service users will not be permitted to provide and use their own food during therapeutic intervention in the therapeutic area.

NHS guideline is that all packed foods are correctly labelled so as not to confuse the consumer and carry a Use By date or a Best Before date.

NHS guideline is that no food will be served to service users, visitors or staff that is not within its use by or best before date.

All food passed the 'Use By' and 'Best Before' date must be discarded.

Use by: Applies to high-risk perishable foods which require refrigeration. Foodstuffs such as manufactured foods i.e. pate and ready-made meals fall into this category. If the date is exceeded the food stuff is likely to pose a risk to the health of the consumer.

Best Before: Is a quality indicator- examples of foods carrying a best before date include breakfast cereal, canned foods, biscuits, crisps etc. and while these foods may not pose a risk to health if consumed after, raw eggs and frozen food also bear a best before date and these foods will pose a risk to health if consumed after best before date. It is critical to food safety that all foods requiring fridge/freezer storage are placed in the fridge/freezer immediately after purchase.

Storage

Manufacturers' storage and cooking instructions must always be adhered to.

Bread and bread products must be stored in a clean bread bin or covered container.

All food must be stored in suitable containers to ensure freshness i.e. salads in plastic containers, biscuits in tins, cereals in pest- proof airtight containers and the manufacturer's use-by date recorded on the container.

Raw meat must be stored in a washable container at the bottom of the fridge, away from cooked food and should be used within 72 hours (provided this is within the use by date).

The ability to store food short-term allows maximum therapeutic potential, as rehabilitation often includes a breakfast group where it would be unrealistic to shop for food on day of session. It is normal practice for service users to shop the day before, and this is also part of the rehabilitation programme.

Unprepared vegetables should be stored in a well-ventilated, clean vegetable rack. Prepared vegetables must be stored in fridge and used within use-by date.

Eggs should be stored in the fridge and used by the Best before date.

Stocks of food must be within date and there should be a system of stock rotation. This will be monitored using checklist.

Defrosted food must never be refrozen.

14. Food Preparation

Disposable aprons must be available for use during food preparation.

Hands must be washed in a separate hand washing sink with bactericidal liquid soap and disposable hand towels before, during and after meal preparation.

To avoid cross contamination all preparation of raw and cooked foods should be conducted on separate dedicated chopping boards as follows:

Red Board: Raw meat and poultry

Blue Board: Raw Fish

Green Board: Fresh fruit and salad vegetables

White Board: Bread and cheese

Brown Board: Vegetables

Yellow Board: Cooked meat

These boards can be purchased through the Procurement system.

Chopping boards should be replaced if becoming bevelled or if the polypropylene starts to come off.

Wooden chopping boards and utensils must not be used as they are absorbent and cannot be cleaned to a satisfactory level.

Ideally dedicated knives should be used for each separate task but if this is not practical, knives should be thoroughly cleaned before and after each use e.g. meat then vegetables.

Raw eggs must not be used for food that will not be going through a cooking process e.g. mayonnaise, meringues, and peppermint creams. A dried egg substitute is acceptable.

Fresh fruit and vegetables must be washed thoroughly before preparation and eating.

15. Cooking

Food should be cooked following the manufacturer's guidelines.

Ensure food is thoroughly cooked to the core. The core temperature must be at least 75 degrees celsius. A food temperature probe should be used to take a core temperature in accordance with the food hygiene handbook (Sprenger 2008:26)

Food temperature probes should be ordered via the purchase order system as they are not available from stores.

If a food temperature probe is not available, insert a sharp knife into the centre of food and press firmly; the liquid should run clear. Dishes such as mince or stew which are being cooked should be thoroughly stirred when they start bubbling around the edge. They will be hot enough when the food returns to the rapid boil immediately after stirring. Tenderness of the meat should also be checked prior to consumption.

Once cooked, food should be consumed immediately.

Any left-over cooked food should be disposed of immediately and appropriately, not given to service user.

Any incidents in the kitchen should be reported on Datix and reported to the Lead Occupational Therapist/manager.

Microwave Cooking

Microwave ovens are a safe and effective method of cooking and heating food provided the instructions are followed.

It is essential to know the power output (wattage) of the microwave to ensure adequate time is allowed to achieve the temperature to ensure the safety of the food.

Manufacturer's instructions should always be followed.

Food should usually be cooked to 75 degrees celsius. This should be checked in several places to ensure there are no cold spots. Food that is being reheated must be heated to a temperature of at least 82 degrees. A food temperature probe should be used to assess the temperature of food. If no probe is available, the food should be checked as described in the previous section.

Where possible, foods should be stirred halfway through cooking.

Standing time may be necessary on completion of cooking (check manufacturer's instructions).

A splatter guard should be used when microwaving food.

Air fryer cooking

Air fryers are a newer cooking method and can be used in therapeutic kitchens provided the manufacturer's instructions are followed:

The air fryer should be un-plugged when not in use.

A silicone glove must be used when handling the air fryer.

A heat safe board/mat should be used to place hot air fryer baskets and lids on.

When the air fryer is in use, the air fryer should be placed near vent hoods and vent hoods should be on.

The air fryer should be away from the wall and windows should be open if possible.

The air fryer hot air ventilation openings should not blow into electrical outlets.

There should be space around the air fryer for the vent to circulate.

Parchment paper must not be used in the air fryer due to risk of burning.

Cooking sprays with propellants, aerosol sprays or chemical based non-stick sprays must not be used. They can break down the coating on baskets & trays.

Do not use wet batters or wet coatings. The coating can splatter on the circulating fan.

Do not over-crowd the air fryer basket. The food will not cook evenly, and the air does not get a chance to circulate properly.

Keep the food in a single layer where possible.

Food must be checked on a regular basis and a timer is recommended.

Do not season the food with salt while it is in the air fryer. Dry salt can attach to the non-stick interiors and may cause the basket coating to break down and peel. Season food first in a bowl or cutting board, then add it to the air fryer or alternatively season after cooking.

Do use the accessories and inserts that are designed for use for the air fryer. These are specific items that fit the air fryer and maximise cooking space.

Do not clean the racks or air fryer basket with harsh metal scouring pads. For safe cleaning, soak the dirty racks and baskets in hot soapy water for about 20 minutes. The crusted food should wipe off easily.

16. Waste Disposal

The therapeutic kitchen should have an appropriately sized, clean, functioning foot operated waste bin.

All bins must be lined with a disposable liner.

All food waste should be removed from the kitchen at least once daily via food disposal unit within the sink or double black bags.

Bags should be removed when 2/3 full or half full if heavy.

Pests

All Occupational Therapists must be vigilant and alert to signs of infestation.

Signs of Infestation:

Droppings

Damage including gnawing marks in food, packaging, wires etc unusual smells.

Dead or live insects' larvae

Types of food pests:

Rodents- rats and mice

Insects – flies, wasps, cockroaches, ants, silver fish etc Bird- All

Urban foxes and squirrels– staff and service users should not feed pests outside premises (NHS Greater Glasgow: 2012)

To reduce the risk of infestation it is important that good housekeeping is employed. It is good practice to use rodent bait boxes and insect traps to ensure therapeutic kitchens are not infested. These need to be checked regularly. Any sign of infestation must be reported to line manager and building manager as support services only deal with infestations in ward serveries or the main production kitchens.

Windows should be fitted with fly screens.

There should be no inappropriate items of equipment in the kitchen e.g. staff handbags or personal belongings. Coats should be hung on coat hooks if there is no alternative.

17. Guidelines for Completion of Checklists

A designated, staff member should be identified to conduct the checks and complete the checklists daily and bi-monthly.

If task completed initials should be placed in the appropriate date column. If not completed a cross should be placed in the appropriate column and the reason for non-completion and action required put in the action plan.

If the task is non-applicable, then write N/A in the end column.

Monthly booking form or a robust IT system should be used to book kitchen. Staff should sign and date use.

Any problems including adherence to guidelines by named designated staff must be recorded in the action plan (Appendix III) and reported to line manager.

Completed monitoring sheet should be forwarded to the Lead Occupational Therapist by the 4th of each month.

Monitoring sheets will be audited on a 6 monthly basis following the audit process and documented on audit of kitchen checklist (appendix IV)

Completion of non-clinical sharps inventory (appendix V) should be in keeping with non-clinical sharps guideline.

In cases where occupational therapy staff are not located in the same geographical base as the therapeutic kitchen and it is not being used daily, a local common-sense approach should be taken to the daily checks and as a minimum, a check must be carried out prior to a session with a service user. A local protocol should be in place.

18. Guidelines for Completion of Audit

The audit of kitchen checklists (appendix IV) should be completed monthly by Lead Occupational Therapist or service manager or delegated staff member.

The audit applies to the therapeutic kitchens, kitchens in rehabilitation wards and kitchens in community venues.

'Yes' or 'No' should be placed in the appropriate column to indicate if task has or has not been conducted.

If a task has not been conducted details and the reason should be recorded in the appropriate column.

Any action taken regarding tasks not conducted should be recorded in action column.

Staff member conducting audit should put name in the end column.

19. References

- NHS Greater Glasgow and Clyde (2019) Fire Policy
 - NHS Greater Glasgow and Clyde (2018), Guideline for the Safe Management of Non-Clinical Sharps
 - NHS GGC Toaster and other Portable Kitchen Electrical Appliance Management Policy (2019),
 - NHS Greater Glasgow (2012), NHS Greater Glasgow's control of infection committee. Prevention and Control of Infection Manual. Glasgow
 - NHS Greater Glasgow and Clyde Control of Infection Committee; (amended 2019). Standard Operating Procedure (SOP) Cleaning of Near Patient Healthcare Equipment
 - Food standards Scotland (2020) foodstandards.gov. scot
 - Scottish Government Health Protection Scotland COVID -19 – Guidance for primary care
 - Protocol for Mental Health Occupational Therapy Home Visits during COVID 19, irrespective of the COVID status of the patient. October 2020
 - Sprenger.R. A (2008) The food hygiene handbook for Scotland. Highfield publications. Doncaster.
 - Equality Act (2010)
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DAILY KITCHEN CHECK LIST

APPENDIX I

KITCHEN LOCATION

.....

RESPONSIBLE STAFFMEMBER

.....
MONTH AND YEAR

.....

TASK	Frequency	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. FRIDGE TEMPERATURE TO BE AT OR BELOW 4°C	DAILY																															
2. FREEZER TEMPERATURE TO BE AT OR BELOW -18°C	DAILY																															
3. FOOD IN FRIDGE & FREEZER CHECKED FOR EXPIRY DATES	DAILY																															
4. FOOD IN FRIDGE & FREEZER CHECKED FOR CORRECT STORAGE	DAILY																															
5. DRY FOOD STORED IN SEALED CONTAINERS	DAILY																															

TASK	Frequency	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
6. PERISHABLE FOOD IN GOOD CONDITION	DAILY																															
7. ANTIBACTERIAL HANDWASHING LIQUID AVAILABLE	DAILY																															
8. PAPER TOWELS AVAILABLE	DAILY																															
9. ANTIBACTERIAL WASHING UP LIQUID AVAILABLE	DAILY																															
10. DISPOSABLE APRONS AVAILABLE	DAILY																															
11. MEETS STANDARDS DESCRIBED IN GUIDELINES	DAILY																															
12. FRIDGE & FREEZER CLEANED	WEEKLY																															

BI-MONTHLY KITCHEN CHECKS

APPENDIX II

KITCHEN LOCATION:

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RESPONSIBLE STAFF MEMBER:

.....
MONTH AND YEAR:

.....

TASK	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Freezers de-iced	Bi-Monthly												
Curtains/Blinds cleaned	Bi-Monthly												
Large pieces of equipment checked for cleanliness & good working order.	Bi-Monthly												
Utensils and equipment checked against inventory.	Bi-Monthly												
Crockery and utensils checked for chips, cracks and breakage	Bi-Monthly												
Cupboards checked for cleanliness.	Bi-Monthly												
Oven Gloves Cleaned	Bi-Monthly												

APPENDIX III

ACTION PLAN

TASK NO	DATE	DIFFICULTY COMPLETING TASK	ACTION REQUIRED	REPORTED TO	ACTION CARRIED OUT	DATE ACTION COMPLETE

APPENDIX IV

AUDIT OF KITCHEN CHECKLIST					
Task	Month/ Year	Yes/No	If No, Give Details	Action Taken	Name of Staff Member Carrying out Audit
Designated member of staff appointed to check kitchen daily.					
Kitchen checklist completed daily as outlined in kitchen guidelines					
If any points are not adhered to the reason for this is documented in the action column and has been reported to Head OT/Manager					
Cleaning Schedule agreed with domestic service and service manager is adhered to.					

