



Government of South Australia
Department of Health

Food Safety Program (insert business name here)

*A template to assist SA hospitals
to develop and implement a food safety program*

FOOD
SAFETY

VERSION 2
APRIL 2008

Disclaimer

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If you are unsure about the application of any aspect of this template, please seek advice from your Council environmental health officer or an appropriate food safety advisor.

Acknowledgments

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Further information

Further information on food safety and food safety programs is available from:

- the SA Department of Health, Environmental Health Service, Food Policy and Programs Branch.
Telephone: (08) 8226 7100 or www.health.sa.gov.au/pehs and click on 'Food Safety'.
- your local Council environmental health officer
- Food Standards Australia New Zealand, web address www.foodstandards.gov.au/

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1. Introduction

Mandatory food safety programs are now required for hospitals that provide potentially hazardous food to vulnerable people. The requirement for mandatory food safety programs was gazetted as part of the national Food Safety Standards in October 2006. Hospitals have two years to develop and implement a food safety program and have it audited.

Hospitals have been identified as a high food safety risk because they serve potentially hazardous foods to vulnerable people (children under four, elderly people aged 70 or over, pregnant women; and immuno-compromised people). Vulnerable people are more susceptible to food-borne illness than the general population and the consequences can be more severe.

What food legislation requires mandatory food safety programs?

The new food safety standard, Standard 3.3.1 is now included in the Food Standards Code and adopted into law in South Australia. The new standard identifies food businesses that are required to implement food safety programs. The requirements of a food safety program are detailed in Food Safety Standard 3.2.1

What is required?

Food Safety Standard 3.2.1 requires businesses to:

- identify potential food safety hazards;
- identify where in the food handling operation the hazards can be controlled and the means of control;
- provide for monitoring of controls and corrective actions if a hazard is found not to be under control;
- provide for regular review of the program to ensure its adequacy; and
- provide for record keeping that demonstrates action taken or compliance with the program.

Food safety programs are individual to the business: it is your organisation's operations, and resulting food safety hazards, that will ultimately determine its content. This template aims to include food safety program requirements for the average hospital. Some hospitals may not require all components in the template and some may require additional components.

About this template

This template aims to assist SA hospitals to develop a food safety program. It has been developed by the Department of Health with advice and support from food professionals from the SA hospital sector. Throughout this document references to relevant clauses of the Food Safety Standards appear in brackets, for example, (3.2.2 c7) refers to Standard 3.2.2 clause 7. The template also refers to generic positions such as manager, cook, supervisor and food handlers. Please insert the position titles that are appropriate for your organisation.

Key terms are contained in the Glossary in Appendix 12.2.

2. Building your food safety program

This template provides the format and content for a generic food safety program for a hospital. Each section must be read and accepted, or amended in the space provided.

Developing your food safety program is the first part of the process. The second part is implementing its requirements. Both should be done in consultation with your food handling staff.

If a support program or control (used in sections 7 and 8) is not required then simply file it at the back the document. If the hospital has an existing support program or control that is effective it may be integrated into this document by removing the generic information and inserting existing information. Aligning of numbers and titles may be required.

Follow the steps below to develop your food safety program.

Step	Action and requirements	Example record	Completed
1 and 2	Determine that your hospital requires a mandatory food safety program by: <ul style="list-style-type: none"> asking your local council environmental health officer or the Department of Health Food Policy and Programs Branch, determining from this document or previous Department of Health information examining the new Food Safety Standard receiving notification from Council that a mandatory food safety program is required 		
3	Complete the details in section 3: Getting started.		
4	Read section 4: Potential food safety hazards. Identify potentially hazardous foods and high risk Listeria foods Consider removing foods from the menu that are not suitable for vulnerable people for food safety reasons.		
5	Review section 5: The process flow diagram, and consider the flow of food in your hospital. Develop a flow diagram or use the example provided to identify your hospital's food handling activities.		
6	Read section 6: Food handling fundamentals: <ul style="list-style-type: none"> Advise food handlers of their legal obligations. Introduce a food handler's hygiene policy. Include time/temperature and good food handling practices in food handler skills and knowledge requirements (see section 7.1) 		
7	Support programs supplement the food safety controls (see step 8.) Review each program in section 7: Support programs. Complete the statement in each support program to document your hospital's: <p>7.1: method for ensuring food handlers have appropriate skills and knowledge</p> <p>7.2: purchasing arrangements</p> <p>7.3: cleaning and sanitising schedule for food handling areas</p> <p>7.4: methods of calibration, maintenance and pest control.</p> <p>7.5: food recall arrangements</p> <p>7.6: methods for recording non conformances and resolutions</p> <p>7.7: method, and frequency, of internal verification.</p> <p>Implement these requirements with relevant food handlers.</p>	Record 4 Record 1 Record 5 Records 7,8 Record 11 Record 12	

<p>8</p>	<p>Food safety controls prevent, eliminate or reduce a food safety hazard to an acceptable level. Review the controls that correspond with your hospital's food handling activities as identified in section 5 (step 5) and accept or amend. Controls are:</p> <p>8.1: receiving 8.2: storage 8.3: thawing 8.4: preparation 8.5: cooking and reheating 8.6: cooling 8.7: transport 8.8: service and delivery.</p> <p>Implement the requirements.</p> <p>Note: the food safety controls are the critical part of the food safety program and are underpinned by the fundamentals and support programs.</p>	<p>Record 2 Records 3,12 Records 3, 12 Record 12 Record 6 Record 6 Record 9 Record 12</p>	
<p>9</p>	<p>Review the food safety program for effectiveness and compliance once all the requirements have been implemented.</p>	<p>Record 10</p>	
<p>10</p>	<p>Organise a Department of Health approved auditor to conduct an audit. Note: the Department of Health will audit public hospitals.</p>		
<p>11</p>	<p>Maintain the food safety program and conduct a regular review. Your auditor will advise you of the frequency of audit.</p>		

3. Getting started

3.1 Business details

Trading name	
Site address	
Postal address (if different)	
Phone / fax / email	
Position and person responsible for the food safety program	

3.2 Food service details

Type of business and intended customers	For example, the business supplies food to 80 patients, staff, general public, and other commercial interests (external function catering).
Description of food served	For example, hot and cold breakfast, lunch and dinner, morning and afternoon teas.
Scope of the food safety program	For example, the food safety program covers food prepared and/or served by the hospital food service department. It does not cover events where food is prepared by others for supply to patients or the general public, for example, the annual fete, women's auxiliary cake stall, relatives bringing food in for clients etc.

3.3 Food safety team

This component is optional. The food safety team is responsible for developing, implementing, maintaining and reviewing the food safety program. Team members should have good knowledge of food service operations and food safety. Some hospitals may include external experts. It may not be practical for smaller hospitals to have a team, in these hospitals the team may be one person.

Position and person responsible for food safety program	(Note: This person is responsible for overseeing the food safety program and should have the appropriate authority to implement the program.)
Food safety team (if applicable)	Team members are:

3.4 Food service responsibilities

This component is optional. The aim is to assign responsibility. Some businesses may prefer to use an organisational chart or nominate a food safety supervisor.

Position	Responsibilities (relative to the food safety program)
Manager	For example, the development, implementation, maintenance, review and auditing of the food safety program. Develop and maintain employee's food safety skills and knowledge.
Head chef	For example, the daily supervision and application of the operational elements of the food safety program.
Cooks	For example, the daily supervision and application of the operational elements of the food safety program.
Food service assistants	For example, adhere to the food safety program.

4. Potential food safety hazards

The following potential hazards may occur **during all activities** in a hospital's food operation.

Microbiological hazards

Consumption of food poisoning microbes (bacteria, viruses and parasites), also known as pathogens, can result in food-borne illness.

Microbiological hazards are the **most significant** food safety hazards because microbes:

- are not easily detected
- are widely present on, and transfer easily between, humans, animals, pests and raw produce.
- may be able to grow rapidly at ambient temperatures
- can in some cases survive or regenerate following control steps such as cooking
- can result in illness even in small numbers.

Vulnerable people

Particular care is required when preparing food for vulnerable people.

In the Standard vulnerable people are defined as:

- **vulnerable person** means a person who is in care in a facility listed in the Schedule or a client of a delivered meals organisation.

Vulnerable people are considered more susceptible to microbiological infection than the average healthy adult, and the symptoms and consequences of food-borne illness can be more severe. Generally, vulnerable people have weaker immune systems and it is easier for harmful microbes to get through their digestive system and invade their bodies.

Listeria infection is uncommon in the average healthy person but can be particularly dangerous for vulnerable people (note: only children under six months). The Listeria bacteria are found widely in nature. Contamination is usually caused by eating Listeria contaminated food. The bacteria may be present in raw foods or contamination may occur following cooking or processing. Thorough cooking to 75°C destroys the Listeria bacteria. Hospital acquired Listeria is of particular concern because it is associated with high mortality rates.

Some foods have higher likelihood of Listeria contamination and are considered high Listeria risk foods. Some high Listeria risk foods are an important part of a normal healthy diet (for example, cold meats and cold cooked chicken, some fruit and salad vegetables eaten raw). These products can be provided to most hospital patients if the hospital has a food safety program that adequately manages Listeria risk. Other high Listeria risk foods which are not an important part of a normal healthy diet, or which can be easily substituted for safer alternatives, should not be served or supplied to patients. These include soft cheeses, pate, uncooked fermented meats, raw sprouts, raw oysters, raw fish and soft serve ice-cream.

Patients identified by a medical professional as requiring a 'low bacteria' or 'low microbial' diet or similar should not be given any high Listeria risk foods. (See the Department of Health Guidelines for the control of Listeria in hospitals)

Food poisoning bacteria

Campylobacter

Salmonella

Listeria

E coli

Staphylococcus aureus

Bacillus cereus

Clostridium perfringens

Food-borne viruses

Hepatitis A

Rota viruses

Foods that are not considered suitable for vulnerable people because of the inherent microbiological risk are:

- raw or undercooked meat (particularly minced meat), poultry, fish and shellfish (particularly raw oysters). Food poisoning bacteria are commonly found on raw chicken; ***meticulous care is required when handling and preparing raw chicken*** to avoid cross contamination and thorough cooking is essential;
- ready-to-eat uncooked fermented meats, such as salami. Check the label: ‘cooked’ products may be used but it is not recommended that vulnerable people consume ready-to-eat ‘heat treated’ or ‘not heat treated’ products;
- unpasteurised milk and foods made from unpasteurised milk, such as raw-milk cheese;
- pre-packaged and delicatessen soft, semi soft and surface ripened cheeses, for example, brie, camembert, ricotta, feta and blue cheeses;
- fruit and vegetables that will be eaten raw and cannot be effectively washed, for example, seed sprouts, mushrooms;
- pates and meat spreads;
- foods made with raw egg such as home-made egg mayonnaise, hollandaise sauce, uncooked cakes and desserts and egg-nog unless the egg is pasteurised; and
- soft serve ice cream.

Potentially hazardous foods

Particular care should always be taken with potentially hazardous foods because:

- they may contain food poisoning microbes that can cause food-borne illness if allowed to multiply to large numbers; and
- they provide a suitable environment (that is, moist but not acidic, salty or high in sugar) to support the growth of food poisoning bacteria.

Potentially hazardous foods include:

- raw and cooked meats/poultry and foods containing raw and cooked meats/poultry;
- smallgoods;
- dairy products such as custard and cheese cake;
- seafood and products containing seafood and fish stock;
- some processed fresh fruits and salad vegetables such as pre-prepared salad and pre-cut fruit salad (where the product has a shelf life >24 hours);
- cooked rice and pasta;
- foods containing protein rich products such as eggs, beans and nuts; and
- foods that contain the above foods such as pizza and sandwiches.

Non-potentially hazardous foods include:

- any fully processed foods such as canned and bottled foods, dried fruit, salted and fermented dried meats, acidic foods such as yoghurt and orange juice, shelf-stable sauces such as tomato sauce, uncooked rice, bread, dried pasta and other dry products;
- butter, margarine and similar oil based spreads;
- hard cheeses and yoghurt;
- raw whole fruit and vegetables and freshly cut fruit and vegetables (used within 24 hours of being cut);
- uncracked eggs in their shell.

Appendix 12.1 provides more details about significant microbiological hazards.

Physical hazards

Physical objects not for consumption but found in food are of concern for two reasons:

- they may introduce microbial hazards; and
- they may result in physical harm to the consumer, for example, choking, laceration, broken teeth.

Physical hazards may include glass, metal, plastic, dirt, adhesive dressings and rubber bands.

Chemical hazards

Chemical hazards can occur naturally in foods or be introduced through poor practices. They include pesticides, cleaning agents, heavy metals, and toxins.

Allergens

Allergens are not considered a food safety hazard and are not managed by this food safety program. Common allergens such as milk, eggs, peanuts, tree nuts, sesame, fish, crustaceans and soy are not inherently unsafe for most people and there are no preventative steps, other than elimination, from an allergic person’s diet.

The SA Department of Health through the Allergy Service at the Children, Youth and Women’s Health Service and the Flinders Medical Centre are supporting the SA Branch of Anaphylaxis Australia. Key strategies focus on education and responding to a reaction. More information is available at

<http://www.allergyfacts.org.au>

Potential hazards statement

The hospital has microbiological, physical and chemical food safety hazards as identified in section 4 (above).

Potentially hazardous food

The hospital handles the following potentially hazardous foods:

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High Listeria risk food

The hospital will not supply patients with soft cheeses, pate, uncooked fermented meats, raw sprouts, raw oysters and raw fish and soft serve ice-cream.

The hospital handles the following high risk Listeria foods:

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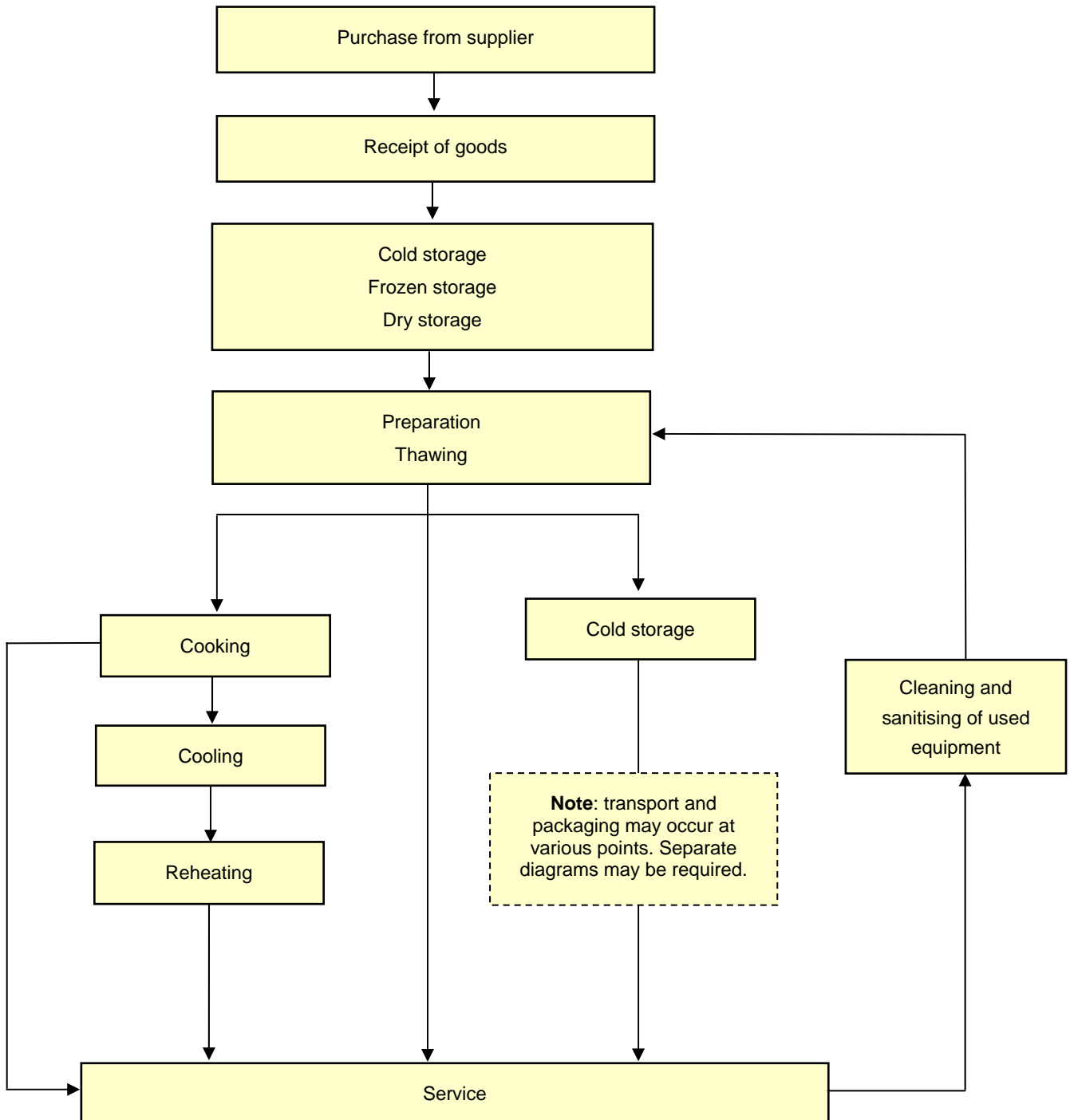
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Authorised by managerDate

5. Process flow diagram

The process flow diagram identifies key activities that would be expected in a hospital food service. It becomes your 'road map' for identifying where food safety hazards, and controls, may occur. Use a highlighter pen, or other method to highlight the activities that are applicable to your hospital on the diagram below or develop your own flow diagram. Hospitals with more complicated food operations may require the addition of other steps to adequately demonstrate their flow.



6. Food handling fundamentals

The food handling fundamentals apply to all food handling activities and are the basis of safe food production. The fundamentals are applied in sections 7 & 8. All food handlers should routinely follow these fundamentals.

6.1 Time & temperature

Control the time & temperature of potentially hazardous food (3.2.2 c7)

The time and temperature of potentially hazardous foods must be controlled during the entire production process: from receipt to serving to the client.

- Receive potentially hazardous food at 5°C or below or 60°C or above, unless the temperature and the time taken to transport it will not adversely affect the safety of the food. (3.2.2 c5)
- Check that fridges are operating effectively at 5°C or below and heating/hot holding equipment is operating effectively at 60°C or above.
- Cook potentially hazardous food thoroughly to above 75°C.
- Ensure temperature measuring equipment is accurate to $\pm 1^\circ\text{C}$ by calibrating at least annually or per manufacturers instructions. (3.2.2 c22)
- Minimise the time **potentially hazardous foods** are between 5°C and 60°C by:
 - refrigerating as soon as received or prepared (allow steam to dissipate if steaming hot),
 - refrigerating as much as possible: remove only when ready to prepare, cook or serve,
 - preparing small batches of ready-to-eat foods such as salads and sandwiches so they can be refrigerated as each batch is completed,
 - thawing, as much as possible under refrigeration or rapidly in the microwave. If thawed out of refrigeration the food must be cooked or consumed in the following 4 hours,
 - cooling rapidly by dividing into shallow containers, stirring occasionally, placing in a freezer, refrigerator or cool room, and
 - reheating rapidly (< 2 hours) to 60°C.
- Follow the 2 hour - 4 hour guide:

Total time between 5°C and 60°C	Action
Less than 2 hours	Refrigerate or use immediately.
Between 2 hours and 4 hours	Use immediately.
More than 4 hours	Throw out.

6.2 Food handler health and hygiene

Employees and volunteers who engage in the handling of food, or who handle surfaces likely to come in contact with food are 'food handlers'. Food handlers have legal obligations under Standard 3.2.2 Division 4.

Food handler legal obligations

Food handlers must:

- advise their supervisor if they are suffering from, are a carrier of, or have symptoms of food-borne illness. Common symptoms include vomiting, diarrhoea, abdominal cramps, nausea and fever;
- take all reasonable measures to handle food and food contact surfaces and equipment in a way that will not compromise the safety and suitability of food;
- wash their hands with soap and warm running water in hand washing facilities whenever hands are likely to be a source of contamination of food and specifically:
 - before commencing and recommencing handling food,
 - after using the toilet or changing nappies,
 - immediately before handling ready-to-eat food, and
 - immediately after smoking, coughing, sneezing, using a handkerchief or tissue, eating, drinking, touching hair, scalp or a body opening.

Personal hygiene (example policy)

Food handlers must abide by the following requirements:

Fingernails, jewellery and hair

- Keep fingernails short and clean; do not wear nail polish or nail decorations or artificial fingernails;
- Wear minimal jewellery (for example, plain wedding rings, sleepers) especially on hands and wrists. Do not wear loose jewellery, especially earrings;
- Wear gloves over jewellery on hands, if they are in direct contact with food; and
- Tie back or cover long hair.

Clothes

- Wear outer clothing that will not contaminate food or food contact surfaces and has a level of cleanliness appropriate for the handling of food that is undertaken; and
- Wear a clean apron or similar and remove when going to the toilet, on a break or away from food handling duties.

Exposed cuts or sores

- Cover cuts or sores with a bandage (for example, bandaid). If exposed (for example, on hands) cover with gloves or other waterproof covering to prevent seepage.

Eating

- Do not eat over unprotected food (that will be served to others) or food contact surfaces.

Personal belongings

- Personal belongings not required for food handling must be stored in allocated staff areas.

6.3 Good food handling practices

Cross contamination occurs when pathogens from one food are transferred to another food. For example pathogens may be transferred from raw chicken to a cutting board, knife or a food handler's hands. If these items come in contact with a ready-to-eat food such as lettuce for a salad, the pathogens from the chicken may be transferred to the salad. Opportunities for contamination increase with handling. Cross contamination is a significant cause of food-borne illness.

Avoid cross contamination

- Clean and sanitise utensils, equipment and surfaces per the cleaning schedule (Support program 7.3).
- Keep raw and cooked or ready-to-eat foods separate by:
 - cleaning and sanitising utensils, surfaces and equipment between preparing raw and cooked foods or use separate equipment
 - storing raw foods below cooked foods.
- Use equipment and containers that can be easily and effectively cleaned, will not absorb grease, food or water and will not contaminate the food.
- Cover food with plastic wrap or place in a container with a lid.
- Store food off the floor.
- Store chemicals where they cannot contaminate food and according to the manufacturer's instruction.

Food handling fundamentals statement

The hospital has included the food handling fundamentals by: *(examples only)*

- incorporating these fundamentals in food handling procedures and practices,
- providing food handlers with a copy of their obligations as a food handler,
- including the food handler hygiene policy in organisational policy, providing it to all current food handlers and new food handlers,
- using the food handling fundamentals during food handler training sessions,
- displaying food handling and food safety information in the kitchen area or relevant notice board,
- other.

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Authorised by managerDate

7. Support programs

7.1 Food handler skills and knowledge (3.2.2 c3)

Background

Food handlers and supervisors of food handling operations are required to have skills and knowledge in food safety and food hygiene matters appropriate to their work activities.

There are many approaches your hospital can adopt to provide food handlers with appropriate skills and knowledge to produce safe food. Some examples are

- in-house training;
- distribution of food safety information;
- viewing of relevant food safety videos or DVDs;
- use of interactive CD ROM or internet based packages;
- establishment of internal policies and procedures that provide information about food handler and supervisor responsibilities; and
- attendance at food safety courses.

A food handler skills and knowledge register should be kept to demonstrate to an auditor that food handlers have appropriate skills and knowledge. This function may be undertaken by another department, a training coordinator or central office as long as the records are available if required by an auditor.

Record 4 is an example of a food handler skills and knowledge register.

Food handler skills and knowledge statement

The hospital will ensure food handlers have appropriate skills and knowledge by:

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The hospital will record this information on: (*example record 4*)

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7.2 Purchasing and donations

Background

Food safety risks when purchasing food can be reduced by purchasing from reputable suppliers that can be expected to supply safe and suitable products.

In South Australia, most food suppliers **can reasonably be expected** to provide safe and suitable food and comply with government food regulations because:

- All meat processing operations (butchers, wholesalers, abattoirs including poultry and game), meat transport vehicles and smallgoods producers are required by law to be accredited, have an approved food safety program and are routinely audited for compliance with national food safety (meat) standards by the Meat Hygiene Unit, Primary Industries and Resources SA;
- Under the dairy industry regulations, all dairy farmers, dairy manufacturers, dairy distributors and dairy produce carriers are required by law to be accredited, have an approved food safety arrangement and comply with the Dairy Authority of SA's Code of Practice for Dairy Food Safety. These businesses are routinely audited by the Dairy Authority of SA and, for some sectors, by third party auditors;
- All businesses that sell food or handle food for sale (unless they are primary producers) are required by law to comply with Food Safety Standards 3.2.2 and 3.2.3 and are routinely inspected for compliance by Local Council or Department of Health.

The hospital must not purchase potentially hazardous foods from non-commercial or backyard operators.

Supplier list

The supplier list (*example Record 1*) requires your hospital to consider the ability of your food suppliers to consistently supply safe food. Once suppliers are listed it will assist your hospital to maintain consistency when purchasing food and build confidence that your suppliers can provide safe food.

The supplier list contains supplier business details and an indication of why the hospital believes the supplier can be reasonably expected to supply safe and suitable food. For example:

- past experience with the supplier;
- reasonably be expected to be complying with Standards 3.2.2 and 3.2.3 and have Council inspections;
- reasonably be expected to be PIRSA or Dairy Authority accredited;
- your business has conducted inspection of suppliers premise and processes for food safety management (**Note:** this is not required by the food safety standards);
- supplier has a food safety system (HACCP, ISO, SQF, industry system etc);
- other.

If your facility regularly purchases food from various retail food outlets such as supermarkets and local shops (for example, to take advantages of specials, in an emergency, or because of the transient nature of your operation) you may list these businesses as one supplier: 'retail food suppliers'. It is not necessary to list details for all retail food suppliers, but those most frequently used may be listed in greater detail.

Receiving food from unlisted suppliers

Potentially hazardous foods and high Listeria risk foods should not be received from unlisted (non-retail) suppliers and should either be returned to the supplier, quarantined until the food's safety can be verified by the supplier or thrown out.

Foods that are not potentially hazardous may be received from an unlisted supplier per food receipt control (section 8.1) and accepted if in compliance. However, further orders should not be accepted from this

supplier until the manager is confident of the supplier's ability to provide safe food and the supplier is added to the supplier list.

Listeria risk

The Department of Health recommends that hospitals that purchase ready to eat Listeria risk foods from suppliers ensure that these suppliers have appropriate Listeria management. Hospitals may determine how this is achieved. The method recommended by the Department of Health is for hospitals to purchase ready to eat Listeria risk foods from suppliers with a food safety system based on HACCP principles, verified by second or third party audit and that addresses Listeria risk. The supplier would provide the hospital with a written statement from their auditor that in effect says "Listeria risk is being effectively managed by the supplier". This may include suppliers of:

- precooked cold chicken that will be provided to patients without further cooking; and
- pre-prepared or pre-packaged ready to eat fruit, salad vegetables and salads that will be consumed raw.

The Department of Health recommends that ready to eat meat be purchased in whole units and sliced in-house. Hospitals should **not purchase pre-sliced ready to eat meats**. Meat suppliers are regulated and audited for food safety by the SA Government Meat Hygiene Program. As such it is not necessary to obtain evidence of Listeria management from these suppliers

Note: The alternative to purchasing ready to eat Listeria risk foods is to purchase the raw foods and process in-house.

Other high risk Listeria foods that are not an important part of a healthy diet or can be easily substituted for safer alternatives should not be purchased for supply to patients unless they will be thoroughly cooked. These foods include soft cheeses, pate, uncooked fermented meats, raw sprouts, raw oysters and raw fish. Soft serve ice-cream should also not be purchased for supply to patients.

Receiving food donations

The hospital may accept food donations that are not potentially hazardous such as whole fruit and vegetables, biscuits, cake, bread and other commercially packaged shelf stable products in accordance with the receiving control (for example, visual inspection and a common sense approach).

The hospital may only accept donations of potentially hazardous foods from commercial suppliers that are on the supplier list.

Purchasing and donations statement

The hospital will only purchase from food suppliers on the supplier list.

The hospital will not:

- purchase potentially hazardous food from non-commercial or backyard operators,
- purchase foods for patients that are identified in this program as unsuitable unless the foods are cooked onsite before serving,
- receive donations of potentially hazardous foods from non-commercial suppliers, or
- purchase high-risk Listeria foods for patients unless suppliers of these foods have a food safety system based on HACCP principles and provide a statement from their auditor about effective management of Listeria, or they are accredited by the PIRSA Meat Hygiene Program. However, pre-sliced ready to eat meats will not be purchased.

The manager or delegate will check the purchasing requirements are being followed when conducting internal assessment.

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7.3 Cleaning and sanitising (3.2.2 c19, c20)

Effective cleaning and sanitising reduces the potential for food poisoning bacteria to grow, pests to be attracted and cross contamination.

There should be no accumulation in food handling areas and on fixtures, fittings and equipment, of garbage, recycled matter and food waste (except in designated areas), dirt, grease or other visible matter that may contaminate food. Eating and drinking utensils and food contact surfaces must be in a clean and sanitary condition prior to use.

How to clean and sanitise: six steps

1	Pre-clean	Remove dirt and food by sweeping, scraping, wiping or rinsing with water.
2	Wash	Use warm water and detergent. Soak if necessary.
3	Rinse	Rinse off detergents and any remaining food or dirt.
4	Sanitise	Sanitise to eliminate/reduce micro-organisms to safe levels.
5	Final rinse	Rinse off sanitiser (if necessary).
6	Dry	Air dry, use a single use towel or clean tea towel (that is used for this purpose only).

Items that must be sanitised:

- eating and drinking utensils, including cutlery, crockery, cups and glasses;
- surfaces that will come into contact with food and are likely to contaminate it, including cutting boards, mixing bowls, storage containers, thermometers, bench surfaces and similar equipment;
- equipment does not need to be sanitised if it will exceed 75°C during use, including pots and pans, ovens and oven trays, and other similar items. These items must be adequately cleaned and if used for cold preparation, must be sanitised.

Methods of sanitising

- **Chemical:** use 5 ml of domestic bleach (4% chlorine) per litre of warm water (equals 200 ppm) and allow a minimum of 30 seconds contact time for immersions and 5 minutes for spray, **or** other chemicals as recommended by the hospital's chemical supplier/manufacturer for use in food production environments, applied per the supplier's instructions;
- **Heat:** immerse equipment in clean water at 77°C. Spray bottles of hot water are not effective. This method requires consideration of the OHS&W risks; and
- **Dishwasher:** most commercial dishwashers will sanitise by using heat or chemicals. Domestic dishwashers generally have a sanitise cycle. Check with your manufacturer or chemical supplier. If your dishwasher heat sanitises then a regular check should be conducted and recorded to ensure the temperature is adequate (this may be part of your premises and equipment support program: see section 7.4).

For further information regarding cleaning and sanitising refer to Safe Food Australia appendix 4 available at http://www.foodstandards.gov.au/_srcfiles/Appendi3.pdf

The cleaning and sanitising schedule

A cleaning schedule is a live document that will assist in making sure that an appropriate level of cleanliness is maintained and tasks are not inadvertently missed.

A cleaning schedule can be developed a number of ways. Choose a style that suits your business and is easy for food handlers to use and follow. Keep it as simple and user friendly as possible.

It is important to make your schedule practical. Tasks that are completed because of necessity and will be obvious to an auditor do not need to be checked off by staff, for example, putting dishes through the dishwasher after each meal. The schedule should focus on tasks that are not routine and may be overlooked if not allocated a time and person. The schedule may also outline which tasks are 'priority tasks' that must be completed to ensure food safety. This will assist on busy days or if short-staffed.

Some approaches are:

- all tasks listed for an area;
- tasks grouped according to frequency; or
- tasks grouped according to person responsible.

Position the cleaning schedule in an area that is regularly and easily accessed or place individual sections of the schedule in the area concerned. The schedule may be completed by food handlers or supervisors as tasks are completed or at the end of each shift or week.

An example is attached at record 5

Elements of a cleaning schedule

- Type of activity and location.
- Frequency of cleaning and sanitising (where required):
 - after use: food contact surfaces, all equipment that comes in contact with food,
 - daily: floors, dishwasher, plating line, kitchen food trolleys,
 - weekly: refrigerators and cool rooms, food delivery trolleys,
 - monthly: dry store, freezer, drains, delivery area,
 - other.
- Who will undertake the activity: make one position or person accountable for each task;
- Area to demonstrate the activity has been completed; and
- Review by manager or delegate.

Cleaning and sanitising statement

The hospital will maintain food handling areas and equipment in a clean and sanitary condition as required by establishing a cleaning schedule for food handling areas.

Food handlers will tick or initial tasks on the cleaning schedule as completed.

The manager or delegate will check that the cleaning schedule is being followed and completed when conducting internal assessment.

Authorised by managerDate

7.4 Premises and equipment

Food premises, fixtures, fittings and equipment must be in working order and a good state of repair. The hospital must have a temperature measuring device that is accurate to $\pm 1^{\circ}\text{C}$. Pests and animals must be excluded from the premises as much as is practical.

Maintenance and calibration (3.2.2 c21, c22)

The hospital should review food handling areas, fittings, fixtures and equipment crucial to the delivery of safe food and document maintenance and calibration requirements. Some hospitals may prefer to record maintenance and calibration separately. The calibration frequency will be determined by the manager but must be at least annual.

The manager should develop procedures to ensure food remains safe in event of key equipment failure, for example, refrigerator/cool rooms break down.

Calibrating temperature measuring devices (thermometers)

- Use in accordance with manufacturer's procedures.
- Calibration may be by organisations accredited to calibrate equipment, or in-house using the ice / boiling water method.

Ice (to check the accuracy of the temperature measuring devices at 0°C):

- Prepare a container of iced water (at least 60% ice).
- Stir well and allow the mixture to stand for 5 minutes.
- Immerse the thermometer into the water and allow the reading to stabilise.
- Repeat several times.
- The reading should average 0°C or within $\pm 1^{\circ}\text{C}$. If the thermometer reads more than $\pm 1^{\circ}\text{C}$ it must be recalibrated, serviced or replaced. Or if the discrepancy can be made clear on the equipment, it may be used but the user must adjust the reading by the discrepancy for each use.

Boiling Water (to check the accuracy of the temperature measuring devices at 100°C):

- Boil some tap water, keeping it at a rolling boil.
- Immerse the thermometer into the water and allow the reading to stabilise.
- Repeat several times.
- The reading should average 100°C or within $\pm 1^{\circ}\text{C}$. If the thermometer reads more than $\pm 1^{\circ}\text{C}$ it must be recalibrated, serviced or replaced. Or if the discrepancy can be made clear on the equipment, it may be used but the user must adjust the reading by the discrepancy for each use.
- Record the average readings for both methods on Record 7: Maintenance and calibration

Once a portable temperature measuring device has been calibrated it can be used to calibrate fixed devices:

- Place the portable temperature measuring device in a cool room or refrigerator overnight.
- Record and compare the portable temperature measuring device reading with cool room fixed thermometer reading in the morning.
- If the fixed temperature measuring device reads more than $\pm 1^{\circ}\text{C}$ it may be recalibrated, serviced or replaced. Or if it can be made clear on the equipment the user must adjust the reading by the discrepancy then the device can continue to be used.

Note: Fixed temperature measuring devices (such as in a cool room etc) may be checked by service people when they conduct their regular service. As part of their report they will need to provide a written statement that affirms the temperature measuring device is accurate to $\pm 1^{\circ}\text{C}$.

Animals (3.2.2 c24)

Live animals (pets) must be excluded from food handling areas.

Pest control (3.2.2 c24)

A preventative approach to pest control is required.

The control of pests may be through:

- adherence to good food handling practices, cleaning requirements and preventative controls such as screens on windows, electronic insect zappers, cockroach and mouse baits; or
- contracting a licensed pest control business.

Under either method it is important to record:

- any pest activity: when and where pests have been sighted;
- any action taken to eliminate pests; and
- details about baits: type, location, date placed, storage, method of disposal.

If a licensed pest controller is contracted, request the above information and a written report for each visit. These records should be analysed and filed ready for audit. Further record keeping should only be required for pest activity.

If pest control is managed in-house, preventative measures may be documented on Record 8: Pest control.

Dishwashers (3.2.3 c13 (3))

Dishwashers are usually operated after every meal to sanitise eating and drinking utensils and other food contact equipment such as cutting boards. As such food handlers that routinely operate dishwashers are likely to recognise when the unit is not operating properly and must report any problems or concerns about the dishwasher operation to their manager immediately.

In addition for commercial dishwashers, the manager must organise for the temperature of the sanitise cycle to be checked and recorded to ensure it is adequate. The manager will determine the frequency of the checks (frequent enough for the business to have confidence that the dishwasher is reaching the required sanitise temperature, for example, 3 to 6 monthly) with consideration of the dishwashers history, age and workload. The checks may be performed by food handlers, maintenance personnel or a chemical company depending on the dishwashing unit and circumstances. Checks may be recorded on Record 7: Maintenance and calibration.

Rainwater (3.2.3 c4 (2, 3))

Drinking water is regarded as a food and as such must be acceptable for human consumption (that is, potable). Some businesses use rainwater for drinking and food preparation. Using rainwater is acceptable as long as precautions are taken to ensure its potability. The national *Guidance on the use of rainwater tanks* provides information on measures that may be taken to ensure and verify rainwater acceptability. This document is available on the Department of Health, Environmental Health Service website at <http://www.dh.sa.gov.au/pehs/environ-health-index.htm> and click on 'Drinking water.'

Premises and maintenance statement

Maintenance and calibration

The hospital will maintain the premises, fixtures, fittings and equipment in working order and a good state of repair.

The manager or other delegated staff will:

- check that premises and equipment are maintained in good condition when conducting internal assessment,
- require food handlers to report any issues with equipment that may impact on food safety as soon as recognised,
- develop procedures to ensure food remains safe in event of key equipment failure.

The manager or other delegated staff will calibrate temperature measuring devices by: *(tick one)*

- conducting internal calibration: *(at least annually)*
and recording the results on : *(example Record 7)* or
- contracting a qualified business.

Pest control

The hospital will exclude pests and animals from the premises as much as reasonably possible by: *(tick one)*

- developing internal pest control procedures
- contracting a licensed pest controller.

All food handlers will record pest activity on: *(example Record 7)*
and report the activity to their manager.

Dishwashers

The manager will organise for the temperature of the dishwasher sanitise cycle to be checked and recorded on

.....*(example Record 7)* every (frequency)

Rainwater *(tick one)*

- The hospital does not use rainwater for drinking or food preparation.
- The hospital does use rainwater for drinking or food preparation and ensures and verifies its acceptability by:

.....

.....

.....

.....

.....

Authorised by managerDate.....

7.5 Food recall (3.2.2 c12)

Hospitals may be involved in food recall in two ways.

1. Instigating food recall of foods sold to other businesses

Hospitals that produce food and sell that food to other businesses who on-sell it to their customers must have a mandatory written food recall system to manage the recall of unsafe food. If the food your hospital produces is not sold by your customers, that is, it is consumed by your customer, you do not require a food recall plan. A simple recall plan is required for hospitals that sell to aged care facilities, Meals on Wheels or other organisations.

A simple recall plan may contain the following information:

- the name or names of the person in your hospital that will be responsible for conducting the recall;
- up-to-date contact details for the SA Department of Health, Environmental Health Service, Food Section (listed inside front cover of this template);
- up-to-date contact details for customers that sell your product and the most appropriate method of contacting them;
- a checklist of the information your hospital would provide to the customer including:
 - name and precise description of the food,
 - reason for recall,
 - what the customer should do with the recalled food, for example, return, hold, discard etc, and
 - your contact details.

Hospitals required to develop a food recall system should refer to the SA Department of Health Food Industry Bulletin No 3/03 titled *Food recall plan for small business* and the FSANZ *Guide for writing a food recall plan and conducting a food recall*.

2. Receiving food recall notifications from food manufacturers, wholesalers and importers

This component is optional. Hospitals should have a procedure for managing recall notifications.

When notified of a recall the manager or delegate should check if this food is stocked (for example, check product, batch number, use by date etc):

- if not stocked, this should be noted on the recall notice and the notice filed; or
- if stocked, the product should be withdrawn from use and quarantined for return or disposal. This should be noted on the recall notice and the notice filed.

Food recall statement

(Tick one)

- The hospital does not require a food recall plan.
- The hospital does require a food recall plan. The manager will develop a food recall plan and attach the plan as an appendix.

The manager or delegate will check food recalls received and take action to control recalled foods. Where action is taken it will be recorded on the recall notice and the notice filed.

Authorised by managerDate

7.6 System and end product non-conformance

A recording system for non-conformances may assist to improve food safety outcomes. Non-conformances should be reviewed during the food safety program review (discussed in section 9).

Non-conformances may be:

- process failure, for example, equipment not cleaned as required, product from unlisted supplier;
- unsafe/unsuitable product is produced, contamination by foreign object, violation of time/temperature controls or similar;
- customer's complaint or adverse reactions;
- significant quantity of a food is returned indicating a problem with the product; or
- any other issue pertaining to food safety or the food safety program.

The hospital may already have a procedure; it may develop one or adopt this simple procedure:

- All non-conformances will be directed to the manager;
- The manager or delegate will complete details on Record 11: Non-conformances;
- If required the manager or delegate will direct an investigation, record the findings and outcomes, and advise relevant stakeholders.

System and end product non-conformance statement

The hospital will record non-conformances and resolutions pertaining to food safety or the food safety program that may be valuable during the food safety review on

..... (example Record 11)

This record will be reviewed at the food safety program review (see section 9).

Authorised by managerDate

7.7 Internal verification

Verification is the gathering and recording of proof to confirm effectiveness and/or compliance. Internal verification or assessment is used to confirm that the food safety program is effective, is being followed and records are being completed.

Individual hospitals may determine the complexity and detail of internal verification. The suggested method is to conduct regular internal assessments to measure compliance and effectiveness.

Other methods (that are not required by this template, or the Standard, but could be used) include:

- product testing, for example, microbiological testing of a sample of products; or
- environmental testing, for example, swabbing a food contact surface to test for presence of bacteria or protein residues.

Internal assessments can be developed and conducted in a number of ways. Choose an approach that suits your hospital. Keep it as simple and user friendly as possible.

Some approaches to internal assessment are:

- Check all food safety requirements for a particular process and check different processes each week/month etc;
- Check all food safety requirements for the entire food safety program at one time, for example, every 3 or 6 months;
- Check on essential food safety requirements more frequently than non-essential requirements, for example, the slicer is checked for cleanliness weekly, the ovens are checked for cleanliness 6-monthly;
- Check only essential food safety requirements.

In preparing an internal assessment it is important to consider your hospital's food safety hazards, and how controls, support programs and procedures aim to prevent, eliminate or reduce these hazards to a safe level.

Record 12 provides a basic layout for an internal assessment. The example suggests some key areas that should be addressed but is not comprehensive. The food safety team, possibly with input from your food safety auditor, should develop a document and procedure that is site specific. Remember to include the checks that you have agreed to complete (in the statement boxes) to confirm support programs are being adhered to, for example, checking that equipment is maintained, cleaning schedule is being followed etc.

Internal assessment statement

The hospital will confirm that the requirements of the food safety program are being followed by conducting an internal assessment every (*frequency, month/quarter*).

The manager or delegate will conduct the internal assessment and complete.....
(*example Record 12*) and take remedial action.

Authorised by managerDate

8. Controls

Background

Controls prevent, eliminate or reduce a food safety hazard to an acceptable level. The controls in this template are an extension of the requirements of the food handling fundamentals in section 6. That is, preventing, eliminating and reducing food safety hazards through time and temperature control of potentially hazardous foods, maintaining good food handler health and hygiene and following good food handling practices. Each key activity (as identified on your process flow diagram) has a control, monitoring, corrective action and records. Some of the records are relevant for more than one control.

Using the controls

The hospital must identify and document controls, monitoring, corrective action and records. The template offers a format (control tables) and provides generic examples. The hospital must assess these examples and amend if they are not appropriate or additional information is required. Information needs to be inserted in the monitoring part of the control tables. If amending the food safety program electronically then type this information in to the control tables. If writing the information into the food safety program use the area provided below each control.

Controls: The controls for each key activity describe the action taken to control food safety hazards. The business must assess each of the generic controls in this template to determine if it is appropriate and make amendments or additions if required.

Monitoring of controls: Monitoring of controls is the regular checking that the control measure is effective. The hospital is seeking evidence that the control is effectively preventing, eliminating or reducing a food safety hazard to an acceptable level. Monitoring has four components: what, when, who and how.

- **What:** The hospital needs to determine ‘what’ it will monitor. For example the hospital may monitor the temperature of cooked food, or the temperature of refrigeration units, or staff compliance with the food handling fundamentals, or the physical appearance of foods received. The template provides examples and these may be appropriate for the hospital, or other methods of monitoring may be more suitable. The hospital needs to assess the monitoring examples in the template to determine if they are appropriate. If amendments or additions are required enter this information into the appropriate control;
- **When:** The hospital must determine ‘when’ and how often monitoring will be conducted. The template does not determine this, other than to say often enough for the hospital to have confidence that the control is effective. This is because each hospital varies and businesses have different levels of risk tolerance. The hospital must identify when and how often monitoring will be conducted and enter this information into the appropriate control;
- **Who:** The hospital must identify ‘who’ will undertake the monitoring. Again this will vary depending on the hospital. The hospital must insert this information into the appropriate control;
- **How:** The hospital needs to identify ‘how’ the monitoring will be conducted. The template provides some examples of how monitoring may be conducted. For example by measuring the temperature of a sample of food deliveries, or, by conducting internal assessment. The hospital needs to assess the examples to determine if they are appropriate. If amendments or additions are required enter this information into the appropriate control.

Corrective action: If monitoring of a control identifies that a hazard is not under control then the hospital must take action to ensure the situation is corrected. The template provides examples of corrective action. The hospital needs to assess the examples to determine if they are appropriate. If amendments or additions are required enter this information into the appropriate control.

Records: The hospital must keep evidence of the monitoring of control and corrective actions for auditing. It is valuable to link each control with relevant records keeping. The template provides examples of records.

Specific information about the example controls

Receipt

The Food Safety Standards require potentially hazardous foods to be received **at 5°C or below** unless the supplier can demonstrate that the time and temperature will not adversely affect the microbiological safety of the food.

Although pasteurised milk and some pasteurised dairy products are considered potentially hazardous, it is not necessary to temperature check pasteurised dairy products that are hygienically sealed. These products will spoil before they become unsafe.

Storage

Domestic fridges are best checked following quiet periods, for example, first thing in the morning. Readings during busy periods where the fridge is opened and closed regularly may not give a true indication of the average temperature. The temperature measuring device should be placed in a glass of water in the middle of a domestic fridge.

The Department of Health recommends ready to eat Listeria risk foods be stored for a maximum of 24 hours unless:

- frozen;
- in unopened hygienically sealed packaging (for example, unopened whole ham or chicken loaf); or
- the hospital has documented sound scientific evidence that the food can be stored longer without adversely affecting the microbiological safety of the food. (Some suppliers may be able to provide this information).

Thawing

Thawing potentially hazardous foods in the fridge is generally accepted as safest practice. However, there are occasions when potentially hazardous food needs to be thawed quickly. Food Safety Standards do not prohibit thawing of food outside of temperature control or in the microwave but care must be taken to ensure the time that these foods are between 5°C and 60°C is limited. Frozen potentially hazardous foods that are thawed out of temperature control should be either cooked or consumed within 4 hours of being removed from refrigeration.

Preparation

During preparation it is essential that basic food handling fundamentals (section 6) are followed. Sandwiches and salads containing potentially hazardous foods and other ready-to-eat potentially hazardous foods such as some cold sweets require careful handling and temperature control because there is no pathogen destroying cooking step.

The Department of Health recommends that:

- once the packaging of bulk ready to eat meats is opened, they are sliced and either used within 24 hours. or frozen in portion packs; and
- fruit and vegetables to be eaten raw, which are not peeled by the patient (or carer) for immediate consumption, be thoroughly washed under running water before use.

Modified texture foods that are potentially hazardous require careful handling and application of time and temperature controls. These products are at greater risk of contamination because:

- The process of texture modifying involves additional handling of cooked food and additional equipment;
- Foods are often cooked and cooled before modification which requires careful time and temperature controls;

- The temperature of hot food reduces, and the temperature of cold food increases during modification, potentially subjecting the food to temperatures between 5°C and 60°C where pathogens and spores, if present, may grow; and
- The process of modification will redistribute pathogens throughout the entire product.

Controls for the preparation of texture modified foods are the same as for all potentially hazardous food, but greater care is required. Particular care is required to ensure equipment used for texture modification is in a clean and sanitary state before use and food temperature is controlled.

Cooking and reheating

Thorough cooking of potentially hazardous foods to 75°C, or greater, destroys pathogens. Potentially hazardous cooked foods should be checked to ensure thorough cooking to 75°C or greater. Foods that are subjected to sustained boiling, simmering or steaming do not need to be checked because the temperature clearly exceeds 75°C.

To check if potentially hazardous cooked foods are thoroughly cooked, temperature check the centre of the food or visually check by cutting open the food and inspecting (no pink).

Potentially hazardous foods that will be reheated and held hot, particularly texture modified foods must be reheated to 60°C to avoid pathogen growth.

Cooling

While cooking destroys pathogens it does not destroy some pathogenic spores. The spores may germinate at temperatures between 5°C and 60°C and during the germination process produce a toxin. When the food is reheated to more than 60°C the newly germinated pathogen is destroyed but the toxin is not destroyed by heat and remains, potentially causing illness.

Potentially hazardous cooked foods that are cooled for later use must be cooled rapidly to ensure pathogenic spores do not germinate. To speed cooling, divide potentially hazardous hot foods into smaller portions (for example, cool in several containers) or stir occasionally during cooling. Hot foods that are to be cooled should not be placed in the fridge while steaming hot as this may increase fridge temperatures. Instead hospitals may allow hot foods to cool out of the fridge until the steam dissipates or the temperature falls to 60°C and then place the food in the fridge or cool room.

Cook-chill systems

Hospitals that operate a cook-chill operation must ensure cooking, cooling and reheating of potentially hazardous foods as outlined in the cooking and reheating, and cooling control.

8.1 Receipt (3.2.2 c5)	Potential hazards (refer section 4) Microbiological, physical and chemical.	Authorised by manager Date	
Control	Monitoring of control	Corrective actions	Record
<p>Assess food received to ensure only safe and suitable food is accepted (within the hospital's control) by:</p> <ul style="list-style-type: none"> • sensory checking all foods received • checking the temperature of a sample of potentially hazardous foods received. <p>(Note: not required for retail purchases.)</p>	<p>What: Monitor food deliveries to ensure:</p> <ul style="list-style-type: none"> • packaging is undamaged and there's no signs of contamination • foods are within use-by dates • frozen food is received hard frozen • the temperature of a sample of deliveries of potentially hazardous foods are at or below 5°C. <p>When: Depending on the business, but often enough to have confidence that food received is safe and suitable. Suggest: each day that potentially hazardous foods are delivered.</p> <p>Who: Manager or delegate.</p> <p>How: By:</p> <ul style="list-style-type: none"> • assessing all food deliveries as they are unpacked and recording on Record 2 • measuring the temperature of a sample of potentially hazardous food and recording on Record 2. 	<p>The hospital will:</p> <ul style="list-style-type: none"> • reject and return foods to the supplier that: <ul style="list-style-type: none"> - are in damaged packaging and likely to be contaminated, or - have expired use-by dates, or - are potentially hazardous and are above 5°C, unless the supplier can demonstrate that food safety has not been adversely affected. • contact the supplier to advise that potentially hazardous foods must be delivered at 5°C or below • change suppliers if potentially hazardous foods are consistently delivered above 5°C. 	<p>Direct record</p> <p>Record 2: Food receipt or similar (for example, on purchase orders, receipts, invoices or other internal system)</p>

Record the details of variations to the above controls or additional controls.

8.2 Storage (3.2.2 c6)	Potential hazards (refer section 4) Microbiological, physical and chemical	Authorised by manager Date	
Control	Monitoring of controls	Corrective actions	Record
<p>Food is stored so that it does not become unsafe by:</p> <ul style="list-style-type: none"> storing all food in clean, pest free areas storing potentially hazardous food under temperature control minimising the time food is in storage (stock rotation) limiting the time that Listeria risk foods, processed on-site, are stored to 24 hours. 	<p>What: Monitor</p> <ul style="list-style-type: none"> the temperature of refrigerator units to ensure that food is stored at or below 5°C freezers to ensure that frozen food is stored hard frozen food storage areas to ensure they are clean and free of pests, and food stocks are rotated the time fresh Listeria risk foods are stored <p>When: Depending on the business but often enough to have confidence that food is stored safely. Suggest:</p> <ul style="list-style-type: none"> refrigerator units: daily or often storage areas and stock rotation: monthly or similar <p>Who: Manager or delegate</p> <p>How: By:</p> <ul style="list-style-type: none"> manually or electronically checking and recording the temperature of fridges and recording on Record 3 conducting internal assessment of food storage areas and recording on Record 12 	<p>If fridge temperature is above 5°C:</p> <ul style="list-style-type: none"> Check the obvious: plugged in and turned on, thermostat gauge is set appropriately, door has been closed. Check again in 30 minutes. If not getting colder advise manager or delegate or organise the fridge maintenance person to repair. Assess the temperature of some potentially hazardous food using a temperature measuring device. If food is above 5°C assess its safety. If in doubt, throw it out! If ok move to another fridge or use. <p>If storage areas are not clean or there is pest activity discuss with food handlers and if necessary adjust cleaning schedule.</p> <p>If food exceeds used by date or Listeria risk food is beyond 24 hour period discard.</p>	<p>Direct records</p> <p>Record 3: Storage temperatures</p> <p>Record 12: Internal assessment</p> <p>Associated records</p> <p>Record 5: Cleaning and sanitising schedule</p> <p>Record 8: Pest control</p>

Record the details of variations to the above controls or additional controls.

8.3 Thawing (3.2.2 c7)	Potential hazards (refer section 4) Microbiological, physical and chemical	Authorised by manager Date	
Control	Monitoring of controls	Corrective actions	Record
<p>Potentially hazardous food is thawed so that it doesn't become unsafe by:</p> <ul style="list-style-type: none"> thawing under refrigeration if thawed out of temperature control being consumed or cooked within 4 hours of being removed from refrigeration. 	<p>What: Potentially hazardous foods thawed under refrigeration will be controlled by step 8.2 Storage. When other methods are used the food should be monitored to ensure that:</p> <ul style="list-style-type: none"> The time removed from temperature control and time food is cooked or consumed is under control <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> That a standard process (i.e. documented process timings) that has been validated is used <p>When: Every time potentially hazardous food is thawed out of refrigeration. Who: Manager or delegate. How: Recording times or the use of a validated standard process on Record 6.</p>	<p>Potentially hazardous food thawed out of temperature control and not cooked or consumed within 4 hours will be discarded.</p>	<p>Direct record Record 6:</p> <p>Associated records Record 3: Storage temperatures</p>

Record the details of variations to the above controls or additional controls.

8.4 Preparation (3.2.2 c7)	Potential hazards (refer section 4) Microbiological, physical and chemical	Authorised by manager Date	
Control	Monitoring of controls	Corrective actions	Record
<p>Ensure food does not become unsafe during preparation by:</p> <ul style="list-style-type: none"> • adhering to time and temperature control of potentially hazardous foods • adhering to food handler health and hygiene • maintaining good food handling practices. • washing fruit and vegetables that will be eaten raw • slicing ready to eat meats and using within 24 hours or freezing. 	<p>What: Monitor adherence with the controls for:</p> <ul style="list-style-type: none"> • the time/temperature of potentially hazardous foods (fundamental 6.1) • the health and hygiene policy (fundamental 6.2) • good food handling practices (fundamental 6.3) • washing of fruit and vegetables control • sliced ready to eat meats control <p>When: Depending on the business but often enough to have confidence that food is prepared safely. Suggest: Weekly.</p> <p>Who: Manager or delegate.</p> <p>How Recording times or the use of a standard process that has been validated on Record 6.</p>	<p>Discard any potentially hazardous food that has been between 5°C and 60°C for > 4 hours and any food suspected of being unsafe.</p> <p>Discard food that may have been exposed to contamination through failure to follow preparation controls.</p> <p>Provide additional skills and knowledge for food handlers who are unclear about the food handling fundamentals and additional Listeria controls.</p>	<p>Direct record</p> <p>Record 6 Adequate Cooking</p> <p>Associated records</p> <p>Record 5: Cleaning and sanitising schedule</p>

Record the details of variations to the above controls or additional controls.

8.5 Cooking and reheating (3.2.2 c7)	Potential hazards (refer section 4) Microbiological	Authorised by manager Date	
Controls	Monitoring of controls	Corrective actions	Record
<p>Eliminate pathogens by adequately cooking and reheating potentially hazardous food.</p> <p>Note: Foods that are boiled or steamed (stews/casseroles, rice, soup, gravy etc), or are not potentially hazardous (bread, scones, cakes, vegetables, stewed fruit, jelly) do not require checking.</p>	<p>What: Monitor:</p> <ul style="list-style-type: none"> the temperature to ensure it reaches 75°C or above, or centre physical appearance (no pink) of potentially hazardous cooked foods that do not undergo sustained boiling, simmering or steaming the temperature of reheated potentially hazardous food that will be held hot (60°C or above) the use of and adherence to recipes <p>When: Depending on the business but often enough to have confidence that:</p> <ul style="list-style-type: none"> potentially hazardous foods are fully cooked reheated potentially hazardous food to be held hot, are reheated to 60°C or above. Suggest: daily when potentially hazardous foods are cooked or re-heated recipes during internal assessment <p>Who: Food handlers for temperature and visual checks. Manager or delegate for recipes.</p> <p>How: By:</p> <ul style="list-style-type: none"> using a temperature measuring device or cutting open 2 or 3 units of a cooked food and recording on Record 6 asking cooks if the recipe was followed and is accurate during internal assessment and recording on Record 12 	<p>If the temperature is not reached or the food is not cooked thoroughly then continue until thoroughly cooked and the safety of the food is assured.</p> <p>Discard product if it is not reheated to 60°C or above in 2 hours and review reheating procedures/equipment.</p> <p>If a standard recipe fails to deliver adequately cooked food check that equipment is operating correctly and/or review and re-test the recipe.</p>	<p>Direct records</p> <p>Standard recipes/ procedure for cooking potentially hazardous foods (if being used as a record).</p> <p>Record 6: Adequate cooking or Temperatures may be recorded on the recipe or menu, data logged, entered into PDA or other method as long as it can be filed for an auditor to review if required.</p> <p>Record 12: Internal assessment</p>

Record the details of variations to the above controls or additional controls.

8.6 Cooling (3.2.2 c7)	Potential hazards (refer section 4) Microbiological, physical and chemical	Authorised by manager Date	
Controls	Monitoring of controls	Corrective actions	Record
<p>Cool potentially hazardous food (for use later) so that it does not become unsafe by cooling rapidly from:</p> <ul style="list-style-type: none"> • 60°C to 21°C within 2 hours, and • within a further 4 hours from 21°C to 5°C 	<p>What: Monitor the temperature relative to time of potentially hazardous cooked foods being cooled for later use.</p> <p>When: Depending on the business but often enough to have confidence that potentially hazardous food that is cooled for use later does not become unsafe. Suggest: daily when potentially hazardous foods are cooled.</p> <p>Who: Manager or delegate.</p> <p>How: By using a temperature measuring device or data logger to assess the temperature after cooking. When the food is 60°C note the time on Record 6 and return after 2 hours, record the temperature, and return again after a further 4 hours and record the temperature.</p> <p>Note: once food reaches 60°C it should be refrigerated.</p>	<p>Discard potentially hazardous food that is not cooled within the cooling requirements.</p> <p>If food isn't cooling quickly enough, for future batches:</p> <ul style="list-style-type: none"> • divide food into small portions: 2 or 3 containers • stir occasionally to assist heat to dissipate, for example, after 1 hour of cooling 	<p>Direct records</p> <p>Record 6: Adequate cooking</p> <p>or</p> <p>Temperatures may be recorded on the recipe or menu, data logged, entered into PDA or other method as long as it can be filed for an auditor to review if required.</p>

Record the details of variations to the above controls or additional controls.

8.7 Transport (offsite) (3.2.2 c10)	Potential hazards (refer section 4) Microbiological, physical and chemical	Authorised by manager Date	
Controls	Monitoring of controls	Corrective actions	Record
<p>Food is transported so that it does not become unsafe by:</p> <ul style="list-style-type: none"> protecting all food from contamination by packaging or covering adequately transporting potentially hazardous food so that it is 5°C or below or 60°C or above. Note: potentially hazardous foods may be transported without temperature control within the 2 hour to 4 hour guidelines (see section 6). 	<p>What: Monitor:</p> <ul style="list-style-type: none"> the temperature of potentially hazardous food or the time potentially hazardous food is not under temperature control during transport food handlers adherence with the food handling fundamentals that food is protected from contamination <p>When: Depending on the business but often enough to have confidence that food that is transported does not become unsafe. Suggest: Daily when potentially hazardous food is transported off site.</p> <p>Who: Manager or delegate.</p> <p>How: By:</p> <ul style="list-style-type: none"> using a temperature measuring device or data logger to assess the temperature at dispatch and arrival and recording on Record 9 using a standard process that has been validated recording the time of dispatch and arrival on Record 9 assessing food handlers and the protection of food during transport during internal assessment and recording on Record 12 	<p>Refrigerate or consume potentially hazardous foods that are between 5°C and 60°C for less than 2 hours.</p> <p>Consume potentially hazardous foods that are between 5°C and 60°C for greater than 2 hours but less than 4 hours.</p> <p>Discard potentially hazardous foods that are between 5°C and 60°C for > 4 hours.</p> <p>Review the relevant transport procedure.</p>	<p>Direct records</p> <p>Record 9: Transport temperatures</p> <p>or</p> <p>Temperatures may be recorded by data logger, or PDA or other method as long as it can be filed for an auditor to review if required.</p> <p>Record 12: Internal assessment</p>

Record the details of variations to the above controls or additional controls.

8.8 Service and delivery (onsite) (3.2.2 c7, c8, c9)	Potential hazards (refer section 4) Microbiological, physical and chemical	Authorised by manager Date	
Controls	Monitoring of controls	Corrective actions	Record
<p>Ensure food does not become unsafe during service and delivery by adhering to food handling fundamentals for:</p> <ul style="list-style-type: none"> time and temperature control of potentially hazardous foods food handler health and hygiene good food handling practices 	<p>What: Monitor:</p> <ul style="list-style-type: none"> control for time/temperature of potentially hazardous foods is adhered to (fundamental 6.1) food handlers adhering to the health and hygiene policy (fundamental 6.2) good food handling practice is being followed (fundamental 6.3). <p>When: Depending on the business but often enough to have confidence that food does not become unsafe during service and delivery. Suggest: Monthly.</p> <p>Who: Manager or delegate.</p> <p>How: by recording the time/temperature of meals on Record 9 or by using a standard process that has been validated.</p>	<p>Discard any potentially hazardous food that has been between 5°C and 60°C for > 4 hours and any food suspected of being unsafe.</p> <p>Discard food that may have been exposed to contamination through failure to follow good handling practices.</p> <p>Provide additional skills and knowledge for food handlers that are unclear about the food handling fundamentals.</p>	<p>Direct record</p> <p>Record 4: Food handler skills and knowledge</p> <p>Record 9: Transport Temperatures</p> <p>Associated records</p> <p>Record 12: Internal assessment</p>

Record the details of variations to the above controls or additional controls.

9. Food safety program review (3.2.1 c3)

The food safety program must be reviewed at least annually to ensure its adequacy. An adequate food safety program would cover all the hospital's food handling operations, incorporate any recent changes and would be effective. The business is ultimately responsible for the adequacy and effectiveness of the food safety program.

When conducting a review the hospital should consider:

- the bigger picture: are there any processes, products or hazards that have been overlooked?
- any changes to food production processes or products;
- any changes to the Standards, industry practices or fundamental science that require adjustment to the food safety program;
- results of internal verification and external audit /inspection;
- system or end product non-conformances; and
- customer complaints.

Remember this is about the completeness/adequacy of the food safety program, not compliance with the food safety program (the external auditor will assess compliance with both the food safety program and legislation).

Review of the food safety program may be recorded on Record 10.

10. External audit

The food safety program must be audited by a Department of Health approved food safety auditor who is independent of the hospital. The Department of Health will audit public hospitals, private hospitals will be able to choose an approved Department of Health auditor from the website.

Private food safety auditors provide a service but do not have regulatory authority to enforce legislation or standards. The local Council and Department of Health retain regulatory authority. Food safety auditors do have obligations under the *Food Act 2001*. Some of these are:

- to report in writing to Council or Department of Health the results of a regulatory audit within 21 days;
- to report as soon as possible, but within 24 hours, any serious or imminent risk to the safety of food intended for sale or significant unsuitability as soon as it comes to the auditor's attention;
- to carry out any necessary follow up action to check if action has been taken to remedy any deficiencies identified in an audit; and
- to determine audit frequency within the hospital's classification range.

The ability to determine audit frequency is intended to reward good audit performance with reduced audit frequency (and therefore less cost) and deter poor audit performance with increased audit frequency (greater cost).

The hospital must retain all audit reports for four years. They must be available upon request to a food safety auditor who audits the food safety program or a local Council or Department of Health authorised officer (3.2.1 c4).

11. Records (3.2.1 c5)

The forms included in this template (and information within the forms) are examples. Standard 3.2.1 requires that records demonstrate action taken and compliance with the food safety program. **You may use any method**, including other forms or variations of any of these or others, electronic logging, personal digital assistants etc, **as long the record demonstrates action taken or compliance** with the food safety program and is available to your food safety auditor.

The key with record keeping is to:

- keep records to a minimum: only record information that is required or will be useful;
- be creative: develop recording methods as part of your current food operations or on existing documentation (for example, record receiving temperatures on purchase orders or invoices, or cooking temperatures on the weekly menu);
- make it clear and easy for the recorder (food handlers: talk to them about what works);
- develop processes to ensure completed records are collected, reviewed and filed ready for audit in a timely manner, and ensure replacement forms are readily and immediately available;
- avoid recording the obvious;
- use abbreviations where possible; and
- discuss with your auditor: required information, methods and appropriateness of records.

Remember records must demonstrate compliance with your food safety program and be available to your food safety auditor.

Record 2: Food receipt

Procedure: The hospital will check a sample of food deliveries:

- Potentially hazardous foods will be checked to see if the temperature is at 5°C or below.
- Frozen goods will be checked to confirm foods are received hard frozen.
- Non-potentially hazardous foods (dry goods, fruit and vegetables etc) will be checked for signs of contamination, damaged packaging or expired dates.

Not required for retail purchases

Date	Supplier and type of goods	Checks (tick = visual and ok)	Corrective action / comment (if required)	Received by
	e.g. BC – meat	Mince 7°C Chicken thigh 4°C	Mince accepted but contacted supplier to advise needs to be below 5°C in future. Supplier advised that it had been minced that morning due to operational requirements, and that they would ensure that future deliveries were received at the correct temperature Refrigerated immediately	WL
	e.g. SG – F & V	✓		WL

Reviewed by managerDate:.....

Record 3: Storage temperatures

Storage procedure: check the fridge temperature each day and record. If above 5°C check again in 30 minutes. If not getting colder move potentially hazardous food to another fridge (or put into freezer if still cold) and advise manager.

Hot holding procedure: check the temperature of hot storage/bain-maries each day (or frequency determined by manager) and record. If below 60°C check power and settings and check again in 30 minutes. If still below 60°C advise manager and take action to ensure food safety is not compromised.

Example

Month...Feb XX...	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
Cool room 1	5°	9°	5°																												
Cool room 2	3°	3°	3°																												
Salad fridge	3°	3°	3°																												
Freezer	-15°	-17°	-9°																												
Check by	WL	BP	DH																												
Bain-marie 1	73°	73°	73°																												
Bain-marie 2	65°	63°	66°																												
Hot display n/a	-	-	-																												
Check by	WL	BP	DH																												
Corrective action	2/2 Fridge 1: 9°; checked again after 20 minutes still 9°; put food into fridge 2, threw out milk, advised manager, maintenance person to fix. BP																														

Reviewed by manager:Date:.....

Record 5: Cleaning and sanitising schedule

Note: this is an example only and is not comprehensive. Hospitals must develop a schedule that is specific to the requirements of the organisation.

Food handlers will after every session:

- clean and sanitise the service area
- empty, clean and refill bain-maries
- wash and store dishes and utensils
- mop the floor around the service area and dishwasher.

Procedure: food handlers are to initial tasks as completed or at the end of their shift. Please advise your supervisor if you were unable to complete a scheduled task. These tasks are essential to maintain food safety and should be completed at the frequency determined.

Month Week 1 2 3 4 5

Task	Person	Frequency	Completed: tick or initial							
			M	T	W	T	F	S	S	
Area: salad prep area										
Clean and sanitise food preparation benches	Food assistant 1	Daily after lunch								
	Food assistant 4	Daily after dinner								
Clean salad fridge.	Cook 2	Weekly on Thursday								
Clean and sanitise meat slicer	Food assistant 1	After every use								
Mop floors.	Late shift 1	Daily								

Task	Person	Frequency	Completed: tick or initial							
			M	T	W	T	F	S	S	
Area: dishwashing area										
Dishwasher temp. check	Food assistant 6	Daily on first run								
Clean dishwasher.	Food assistant 6	After each session								
Mop floors.	Cook 2	Daily								
Clean behind dishwasher.	Food assistant 6	Monthly: first Tuesday of month								

Reviewed by manager: Date:.....

Record 6: Adequate cooking

Procedure:

- Temperature check or visually check potentially hazardous cooked foods that **do not** undergo sustained boiling, simmering or steaming; and
- Check that potentially hazardous cooked foods that are cooled for consumption later are cooled rapidly.

Foods that are boiled or steamed (stews/casseroles, rice, soup, gravy etc), or are not potentially hazardous (bread, scones, cakes, vegetables, stewed fruit, jelly etc) do not require checking. Foods such as rissoles, meatloaf, rolled roasts, crumbed and filled chicken or meat should be checked to ensure they are fully cooked.

Note: The manager will determine the frequency of temperature checks (every meal, one per week, one week per month etc).

Month

Date	Food	Check (Tick: visual and ok)	Corrective action	By
	e.g. rissoles	✓ cut open 3, no pink		BP
	e.g. chicken Kiev	checked 65°C ✓ 78°C after 15 minutes: ok	Not fully cooked, back in oven for 15 minutes, adjusted standard recipe	BP
	e.g. chicken roast with stuffing	80°C		BP
	e.g. chicken curry for next day, cooled	79°C 20°C after 2 hours 4°C after 6 hours		BP
	e.g. thaw extra beef schnitzels (due to late admissions)	at ambient temperature 08.00 a.m. – removed from freezer 10.30 a.m. - cooked		BP
	e.g. sandwich fillings	Removed from coolroom 9.30 a.m. Returned to coolroom 10.45 a.m.		

Reviewed by manager: Date:

Record 8: Pest control

Activities to prevent pests

Procedure: record routine activities undertaken to prevent pests.

Action	Frequency	By
Place cockroach baits behind dishwasher and in dry store.	Replaced every 8 weeks	TN
Follow cleaning and sanitising schedule.	Ongoing	TN

Pest activity

Procedure: record any pest activity and the action taken.

Date	Pest activity	Action and result	By
	Mouse seen in dry store	Placed mouse baits in dry store or contact pest controller. Checked dry goods for damage and harbourage. Checked that all opened food is in sealed containers. Organised additional clean in dry store. Mouse not seen again.	TN
	Cockroach in kitchen cupboard	Sprayed with insect spray and removed. Replaced cockroach baits. Organised clean of cupboard.	TN

Reviewed by manager: Date:.....

Record 9: Transport temperatures

Procedure: record the temperature and time of a sample of potentially hazardous food before dispatch and at receipt.
If foods are between 5°C and 60°C advise manager.

Month

Dispatch						Receipt			
Date	Food	Going to	Time	Temp	By	Time	Temp	Corrective action	By
21/10/04	Meal trolley	Gawler site	10.40	65°C	WL	11.40	61°C		TN
22/10/04	"	"	10.20	70°C	WL	11.40	64°C		TN

Reviewed by manager:Date.....

Record 10: Review of food safety program

Procedure: review the food safety program at least annually by assessing and making any necessary adjustments to the food safety program.

Tick as reviewed

- the accuracy of the flow chart
- internal assessment results
- the non conformance records
- external audit results
-

Review date

Findings	Action	By
For example: review identified regular problem with pests. The hospital has decided to contract a licensed pest controller.	This was noted in section 7.4.	AH
For example: change in the business has resulted in more foods being cooked, cooled and reheated. There was no record of cooling temps. External auditor advised the cook that she should check cooling temperatures more often unless the standard procedure has been validated.	The cook will increase the frequency of checks to give assurance that the safety of the food is not compromised.	AH

Reviewed by manager: Date:

Record 11: Non-conformance

Procedure: record any non-conformance and resolution that impact on food safety or the food safety program.

Date	Non-conformance	Investigation and resolution	By
	For example: standard recipe for cooking sausage rolls did not result in them being fully cooked.	Discussed with cook. Tested the standard recipe and increased cooking time by 15 minutes.	TN
	For example: string in spinach.	Removed and replaced. Advised manager. Discussed with cooks. Requested supplier provides spinach in no-tie bags.	TN
	For example: regular sightings of cockroaches in the kitchen.	Contracted licensed pest controller.	TN
	For example: slicer not cleaned; identified through review of records.	Short of staff and missed by food assistant 1. Discussed with food assistants that this task must be completed as per schedule. Put on agenda for staff meeting. Note on daily white board. Late chef to check that the slicer is cleaned each shift.	

Reviewed by manager: Date:

Record 12: Internal assessment

Note: *this is an example only and is not comprehensive. Facilities must develop an assessment schedule that is specific to the requirements of the organisation.*

Procedure: assess that the controls, support programs and fundamentals are effective and complied with through observation, document review, process walk-through and trace-back, equipment and product inspection, discussion with food handlers, and any other appropriate method.

Assessment date

Conducted by

Area	Yes/no	Observations/comments	Follow up (tick)
Purchasing			
Is food only purchased from listed suppliers?			
Suppliers of high-risk Listeria risk foods have provided evidence of Listeria controls?			
Receiving			
Are products received in compliance with receiving controls in control 8.1?			
Are temperatures of a sample of potentially hazardous foods recorded as required by control 8.1?			
Is corrective action taken if temperatures are between 5°C and 60°C?			
Storage			
Are temperature checks recorded on hot and cold storage units as required by storage control in control 8.2?			
Are dry storage areas clean?			
Preparation, cooking and reheating			
Are procedures to minimise the time sandwiches and salads are out of refrigeration being followed?			
Do the procedures result in sandwiches and salads (and fillings) being out of refrigeration for less than 2 hours?			
Is thawing conducted in compliance with the thawing controls in control 8.3?			
Are standard recipes accurate and followed?			
Are temperatures recorded and corrective action taken if non compliant?			
Is food reheated rapidly (< 2 hours)?			

Area	Yes/no	Observations/comments	Follow up (tick)
Cooling			
Are procedures for cooling potentially hazardous foods being followed?			
Do the cooling procedures result in compliance with control 8.6 (cooled from 60°C to 21°C within 2 hours; and 21°C to 5°C in the next 4 hours)?			
Transport			
Is the procedure for transporting food being followed?			
Are transport records being completed?			
Service and delivery			
Are food handlers following personal hygiene requirements?			
Are food handlers following good food handling practices?			
Cleaning and sanitation			
Are food contact surfaces cleaned and sanitised as per the cleaning and sanitising schedule?			
Premises and equipment			
Are pests absent?			
Is equipment maintained?			
Have temperature measuring devices been calibrated?			
Health and hygiene of food handlers			
Are food handlers aware of their legal obligations if sick?			
Are food handlers following the personal hygiene policy?			

Summary of internal assessment

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Reviewed by manager:Date:.....

12 Appendices

12.1 Food poisoning bacteria

The contamination of food with food poisoning and toxin producing pathogens, and subsequent growth of these pathogens is the primary food safety hazard. Understanding more about key microbiological pathogens will assist you to develop appropriate controls.

Salmonella	
What is it?	A bacterial infection of the bowel.
Where is it?	It occurs naturally in the gut of animals and may be present in foods of animal origin, especially unpasteurised milk, raw meat and poultry and dirty or cracked eggs.
Where does it grow?	It has the potential to grow on any potentially hazardous food or surface that has been contaminated. It grows very slowly below 10 °C and is almost dormant below 5°C, and it is destroyed at temperatures above 75°C.
How is it spread?	Contamination commonly occurs when a food handler transfers bacteria from raw poultry or meat to food that won't be cooked, such as salad vegetables, through hand contact or failure to properly clean and sanitise equipment such as chopping boards or knives. Undercooked poultry and meat, especially mince and sausages, can also result in the ingestion of live Salmonella. Persons who are suffering diarrhoea caused by the bacteria are a further important source of contamination. Huge numbers of the bacteria can be excreted and even careful hand washing may not remove them all; low numbers can be infective.
How long to incubate?	Incubation time is typically 12 to 36 hours but can range from 6 to 72 hours.
Who is at risk?	All ages are susceptible but symptoms are most severe in the elderly, infants, and those with deficient immune systems.
What are the symptoms?	Diarrhoea, fever, headache, nausea, vomiting and abdominal cramps.
How is it managed?	<ul style="list-style-type: none"> • Good food handling and hand washing practices especially where raw animal products are handled. • Thorough cooking of poultry and minced beef products. • Only purchase clean, uncracked eggs from a reputable supplier and store them at a cool temperature (less than 15°C) or in the fridge. • Exclude infected food handlers and take extra care on return to work.

Campylobacter	
What is it?	A bacterial infection of the bowel.
Where is it?	It is most frequently associated with consumption or handling of raw or undercooked poultry. Also acquired from unpasteurised milk, contaminated water or handling/contact with infected animals and their faeces.
Where does it grow?	It doesn't grow in food but is transferred through cross contamination from raw poultry and meats to other foods.
How is it spread?	Cross contamination of ready-to-eat food from cutting boards, knives and handling of raw poultry and meats. Very small numbers can cause illness in humans (e.g., one drop of juice from a raw chicken).

How long to incubate?	It usually incubates in 2 to 5 days but can range from 1 to 10 days.
Who is at risk?	All ages are susceptible but symptoms are most severe in infants, young adults, the elderly and those with deficient immune systems.
What are the symptoms?	Diarrhoea (sometimes bloody), fever and abdominal cramps. Vomiting is not common.
How is it managed?	Thorough cooking of raw poultry products. Avoid cross contamination especially if handling raw poultry or meat by sanitising cutting boards and knives, and following good food handling practices, personal hygiene and hand washing. Exclude infected food handlers and on return to work take extra care with hand washing and personal hygiene.

Listeria	
What is it?	A bacterial infection that is rare but serious.
Where is it?	It is a naturally occurring pathogen that has been isolated in healthy animals and humans, soil and vegetation.
Where does it grow?	It can grow at very low temperatures (1°C), can survive freezing, is resistant to high salt levels and can grow in modified atmosphere and vacuum-packed products. Foods that support the growth of Listeria include cold meats and chicken, pre-prepared and pre-packaged salads, chilled seafood, soft and surface ripened cheese, pate, ice cream and unpasteurised dairy products.
How is it spread?	Infection usually results from eating contaminated food.
How long to incubate?	Varies from 3 to 70 days
Who is at risk?	Newborn babies, the elderly, those with deficient or suppressed immune systems and pregnant women.
What are the symptoms?	Diarrhoea (sometimes bloody), fever and abdominal cramps. Vomiting is not common.
How is it managed?	For the general population follow the food handling fundamentals in section 6: <ul style="list-style-type: none"> • Store potentially hazardous foods and high-risk Listeria foods at 5°C or less. • Avoid cross contamination by following good food handling practices, personal hygiene and hand washing. • Exclude infected food handlers. For at risk groups high-risk Listeria foods: <ul style="list-style-type: none"> • that are an important part of a healthy diet such as raw fruit and vegetables and cold meats and chicken require extra care. Thoroughly wash fruit and vegetables that will be eaten raw, use cold meats and chicken that has been cooked during production and consume it within 24 hours of cooking or opening the packaging. • that aren't an important part of a healthy diet, such as soft and surface ripened cheeses, pate, soft serve ice cream, chilled seafood and unpasteurised dairy products should be avoided. Where a doctor has advised that a person is very high Listeria risk all high-risk Listeria foods should be avoided.

E coli	
What is it?	A bacteria commonly found in the intestinal tract of healthy people and animals. Most strains are harmless but some are highly infectious and may cause severe disease by releasing a toxin (shiga toxin) although this is rare.
Where is it?	Cattle and sheep are considered the main source but any food exposed to faecal contamination may harbour the bacteria.
Where does it grow?	Grows best at body temperature. Very small infective doses (as low as 10 cells) can cause illness. Foods implicated in E coli infections include undercooked mince, uncooked meat products such as mettwurst, vegetables especially if consumed raw, and unpasteurised milk.
How is it spread?	Infection usually results from eating contaminated food. Can be spread by person to person through diarrhoeal stools and poor hygiene.
How long to incubate?	Varies from 3 to 8 days but can be longer.
Who is at risk?	All ages are susceptible but consequences are more serious in children
What are the symptoms?	Severe diarrhoea often with blood. Approx 5% of cases can result in kidney failure and damage to other organs.
How is it managed?	<ul style="list-style-type: none"> • Cook or pasteurise all animal products (meat and dairy). • Wash fruits and vegetables if to be consumed raw. • Avoid cross contamination by following good food handling practice, personal hygiene and hand washing. • Cook all minced beef and hamburger thoroughly. • Store potentially hazardous foods at 5°C or less. • Exclude infected food handlers.

Staphylococcus Aureus	
What is it?	A bacterium that is mainly associated with the nasal passage, throat and skin of people.
Where is it?	About half the population carry these bacteria. While it is readily killed by proper cooking it produces a toxin that is very tough and will survive most cooking practices.
Where does it grow?	It has the potential to grow on most potentially hazardous foods. Fortunately it needs quite high temperatures for growth and toxin production (>10 °C) and large numbers to produce enough toxin to cause illness.
How is it spread?	The main means of contamination is from the hands of carriers or wounds on the skin.
How long to incubate?	Doesn't incubate because the toxin, not the bacteria, causes the illness. Illness usually follows 2 to 4 hours after consumption of toxin-containing food.
Who is at risk?	All ages are susceptible but symptoms are most severe in infants, young adults, the elderly and those with deficient immune systems.
What are the symptoms?	Vomiting that can be accompanied by diarrhoea.
How is it managed?	Good personal hygiene and ensuring temperature control of potentially hazardous foods.

Spore forming pathogens	Bacillus cereus Clostridium perfringens
What is it?	Pathogenic organisms that can produce food poisoning toxins.
Where is it?	Spore forming organisms are widely distributed in the environment and frequently occur in the intestines of humans and animals. They can produce heat resistant spores that can release a food poisoning toxin into the food.
Where does it grow?	Grows best at body temperature although some strains of bacillus cereus can grow slowly at refrigerated temperatures. A wide variety of foods have been implicated. Cooked rice, pasta and other starchy foods are commonly associated with food poisoning from toxin release. Other ideal foods include meats, milk and cheese, vegetables, cooked fish, sauces, puddings, soups, casseroles, pastries and salads. Food that is cooked and cooled inadequately.
How is it spread?	Infection usually results from eating contaminated food. When a product is cooked (> 60°C) the organism is destroyed but the spores remain. If the product remains at ambient temperatures the spores can germinate, grow and through this process produce a toxin. When the product is reheated the organism is again destroyed but the toxin remains, potentially causing illness. Fortunately large numbers of the bacteria are needed to produce enough toxin to cause illness.
How long to incubate?	Doesn't incubate because the toxin not the bacteria causes the illness: <ul style="list-style-type: none"> • <i>B. cereus</i>: usually rapid onset 1 to 5 hours but can be up to 15 hours • <i>C. perfringens</i>: usually 6 to 15 hours.
Who is at risk?	All ages are susceptible but symptoms are most severe in infants, young adults, the elderly and those with deficient immune systems.
What are the symptoms?	<ul style="list-style-type: none"> • <i>B. cereus</i> toxin: acute nausea and vomiting. • <i>C. perfringens</i>: watery diarrhoea, abdominal cramps and pain.
How is it managed?	<ul style="list-style-type: none"> • Cool and reheat potentially hazardous foods rapidly. • Avoid cross contamination by following good food handling practice, personal hygiene and hand washing. • Store foods that harbour or support the growth of spore-formers at 5°C or less. • Do not store pre-cooked foods under temperature control for long periods.

12.2 Glossary

Approved food safety auditor

An auditor approved by the SA Department of Health or equivalent interstate body to audit food safety programs.

Calibration

Calibration is the process of checking that measuring equipment is working effectively and correcting/adjusting the equipment if it is not doing so. For a thermometer, it is making sure that it is measuring temperatures accurately (within +/- 1 °C).

Clean

Means clean to touch, free from visible foreign matter, and free from objectionable odour.

Contamination

The introduction or occurrence of a biological or chemical agent, foreign matter or other substance that may compromise food safety or suitability. These agents are referred to as contaminants.

Control

Any method that prevents, eliminates or reduces a hazard to an acceptable level.

Corrective actions

The action to be taken when monitoring indicates that a control is not being met.

Food handler

A person who engages in the handling of food, or who handles surfaces likely to come into contact with food.

Food safety program

A written document that systematically identifies food safety hazards, controls, means of monitoring controls and corrective actions. Records demonstrate program compliance.

Handling of food

Receiving, storing, transporting, thawing, preparing, cooking, reheating, packing, cooling, and serving of food.

Hazard Analysis Critical Control Point (HACCP)

HACCP is system for managing hazards and is the basis for Standard 3.2.1 Food Safety Programs.

Hazards

A substance or foreign agent that has the potential to cause food to be unsafe, i.e., it can cause illness or injury. Hazards are classified as biological, chemical and physical.

Micro-organism

Organism not visible to the unaided eye, for example, bacteria, viruses and some fungi and parasites.

Monitoring

A planned series of observations and measurements of process controls implemented to ensure controls are effective.

Pathogen

An agent that causes disease, especially a living micro-organism such as a bacterium or virus.

Potentially hazardous foods

Any food that must be temperature controlled (generally below 5°C or above 60°C) to prevent the growth of micro-organisms or the formation of toxins. Generally potentially hazardous foods include dairy products, ready-to-eat prepared fruit, vegetables, sprouts, cooked grain products, meats, poultry, fish and shellfish, and any food made up of these foods.

Process Validation

Obtaining documented evidence that demonstrates that a specific process will consistently provide safe food. (e.g. published scientific findings or in-house trials)

Ready-to-eat food

Food that is ready for consumption and will not undergo further processing.

Review

The process of examining the food safety program to ensure its adequacy. The review focuses on the ability of the program to control the hospital's food safety program, not food handler compliance with the program.

Sanitise

The process of destroying disease producing micro-organisms or reducing them to a safe level.

Toxins

Toxins are poisonous substances formed by some micro-organisms and may not be destroyed by cooking.

Verification

Gather evidence to prove that the requirements of the food safety program are being fulfilled (e.g. reviewing of records or internal assessment)

12.3 What to do if you suspect food poisoning

If you believe the hospital food service or a particular food served by the hospital may be responsible for causing food poisoning:

- Advise people displaying symptoms to seek medical advice. In most cases hospital clients will already be provided medical attention but visitors or staff may require attention. Faecal samples may assist with an investigation.
- Contact your local Council environmental health officer or the SA Department of Health, Environmental Health Service, Food Policy and Programs Branch.
- Keep suspect food wrapped in the fridge (preferably not the freezer) and retain any packaging or containers as it may assist an investigation