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Therapeutic Kitchen Procedure

Introduction and Aim

The aim of the Procedure is to ensure a means of assessment, treatment and practice within a controlled environment to promote recovery, assess function and engage service users in meaningful activity.

Objectives

- To work towards the recovery model in providing opportunities to learn, maintain and improve ADL skills in a safe and supervised environment
- To promote healthy eating and educational opportunities for service users
- To minimise food handling risks

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts and service users and carers accessing the kitchens for therapeutic or assessment purposes.

Equality Impact Assessment

An Equality Impact Assessment has/has not been completed. Not required for procedural guidance

Health Impact Assessment

A Health Impact Assessment (HIA) has not been completed

Documents to read alongside this Procedure

HCPC Standards of Proficiency Occupational Therapists (2013)
COT – Code of Ethics and Professional Conduct (2012)
COT – Professional Standards for Occupational Therapy Practice (standard 5) (2011)
Cardiff and Vale UHB Health and Safety Policy (2012)
Incident, Hazard and Near Miss Reporting Policy (2012)
Mental Health Clinical Risk Assessment and Risk Management Policy (2012)
Counter Fraud and Corruption Policy (2011)
Control of Substances Hazardous to Health (COSHH) Procedure (2011)
Inpatient Nutrition and Catering Policy (2014)
Infection Control Standard Precautions Procedure (2014)
Legionella Policy (2011)

Approved by

Mental Health Policy Group
Mental Health Clinical Board Quality & Safety Committee

Accountable Executive or Clinical Board Director

Mental Health Clinical Board

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	7/4/2016	16/06/ 2016	New document

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Therapeutic Kitchens Procedure within Hafan Y Coed Adult Mental Health Unit, UHL

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1. INTRODUCTION

The Therapeutic kitchens are located within the Adult Mental Health Unit (AMHU) Hafan Y Coed, UHL and are accessed by service users from Adult Acute, Rehabilitation and Repatriation, Low Secure, Addictions and Neuropsychiatry units. Service users must be accompanied at all times by a staff member who holds a Level 2 Food Handling Certificate. The procedure aims to ensure the safety of staff and service users accessing the kitchen while creating a therapeutic environment.

All members of the Occupational Therapy and Nursing Service have a duty to ensure that all reasonable steps are taken to ensure the health, safety and welfare of all persons within the service (*COT Standards of Conduct, Performance and Ethics 2016, NMC: The Code 2015*). The purpose of the Therapeutic Kitchens is primarily for assessment, therapy and rehabilitation, the running of which should be guided by the principles and duties contained within the COT Code of Ethics and HCPC standards or NMC Code. The procedure is required to ensure financial probity and the safe running of the Therapeutic Kitchens within the Code and Standards.

2. SCOPE

The procedure applies to all staff accessing the Therapeutic Kitchens at Hafan Y Coed, UHL. The OT staff includes Occupational Therapists and their support staff, Occupational Therapy students and the Operational Head Occupational Therapist acting as Line Manager for the Occupational Therapy staff. The procedure also applies directly to nursing staff and their support staff, dieticians or specialist therapists using the Therapeutic kitchens on wards or in therapy areas.

3. AIMS AND OBJECTIVES

The Therapies Directorate and the Mental Health Clinical Board have a commitment to working towards the Recovery Model and therapeutic kitchens support this by offering the opportunity to learn and build on activities of daily living in a safe and supervised environment. The aim is to provide a means of assessment, treatment and practice within a controlled environment to promote recovery, assess function and engage service users in meaningful activity.

4. RESPONSIBILITIES

4.1 Managers

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The Operational Line Manager has a responsibility to ensure that the procedure is reviewed and that audit cycles are completed within the given time-scales. The manager should also ensure that clear reporting structures are in place and that any incident forms are acted on promptly.

The audit cycles include:

- Legionella monitoring
- Cleaning and maintenance
- Storage of low to high risk foods
- Temperature charts for refrigerators and freezers
- Hazard Analysis Critical Control Points (HACCP)
- Storage of items subject to COSHH

4.2 Operational Staff

All staff engaged in the operation of the therapeutic kitchens are responsible for following the procedure and reporting any issues or incidents promptly to their line manager. Supervisors are to ensure that new staff are apprenticed, appraised of the procedure and supervised as indicated in the UHB and local policies / procedures. At least one member of staff with a current level 2 ROSPA accredited Food Handling qualification must be present during any activity in the therapeutic kitchen.

5. RESOURCES

5.1 Staff

Cover arrangements need to be made by the operational staff using the kitchen to ensure the consistent, safe operation of the service and conducting of the necessary procedures (e.g. recording of refrigerator and freezer temperatures).

5.2 Finances

Comestibles for OT assessment and treatment are funded through petty cash from the wards with the exception of locality treatment wards and the Crisis Assessment Ward which is funded through the OT department. Stock items and cleaning products are funded through OT budget for the kitchen in the Therapies Hub but all other units are funded from the ward budget. Some foodstuffs may be available from the kitchens, where local agreements have been reached with Operational Services.

The necessary items for cooking purchased via the Occupational Therapy department / ward budget and can only be purchased with the prior agreement of the budget holder.

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6. TRAINING

New staff are inducted by shadowing existing staff. The new staff member must be made aware of the existing procedures by the supervising Occupational Therapist or Nursing staff. All staff using the Therapeutic kitchens should have a current level 2 Food Handling ROSPA accredited certificate and records must be held centrally for inspection. Certificates are valid for 3 years.

7. IMPLEMENTATION

The service is operational and accompanying paperwork is held within the Appendices of this procedure. The day to day operational procedures are outlined below.

8. RISK MANAGEMENT

Within the therapeutic kitchen environment, risk assessment is required to ensure the management of environmental and food handling hazards likely to cause harm to staff, service users or carers. These are listed below:

- General Hazards
- Hygiene
- Purchase of food items and equipment
- Storage of Food
- Food Preparation
- Cooking
- Cooling
- Re-heating
- Food consumption
- Cleaning and Maintenance
- Safety, security and management of sharps
- Disciplinary Procedures

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9. GENERAL HAZARDS

Food Contamination (microbial, chemical, foreign bodies) Injury to staff, service users and carers

- 9.1 Managers are responsible for ensuring the Therapeutic Kitchens Procedure is included in the induction of all new staff, including temporary staff and students who may have access to the kitchens.
- 9.2 Managers will ensure all relevant new staff receive ROSPA approved Level 2 Food Hygiene training and have a valid certificate before any involvement in food handling activities. Certificates are valid for 3 years.
- 9.3 A copy of the Level 2 Award in food Safety in Catering Course book 'Food Safety – First Principles' must be available for easy reference.
- 9.4 It is the responsibility of the member of staff using the kitchen to ensure that the Therapeutic Kitchen procedures are followed throughout each session as outlined in the document.
- 9.5 Smoking is strictly forbidden in the kitchen area.
- 9.6 Chewing gum, consuming foods and beverages not prepared in the kitchen should not be allowed in the kitchen area to limit cross contamination.
- 9.7 The level of supervision in the kitchen must correspond to the assessed level of risk within the service user's care and treatment plan. The nature of the assessment and type of foods to be prepared must also reflect the service user's needs and abilities. Where staff are in doubt as to the service user's capabilities, they should aim to use low risk foods and keep the assessment simple.
- 9.8 Whenever the kitchen is in use doors must be unlocked and unobstructed for easy access and evacuation in an emergency.
- 9.9 If staff are in any doubt as to the suitability of any food prepared during the session due to shortcomings in handling procedures etc they should ensure that the food is not consumed.
- 9.10 Staff should check whether or not the service user has a food allergy/intolerance when planning the session and take appropriate action. They should consult the UHB's Nutrition and Dietetic Department for advice if necessary.

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9.11 Houseplants (including herbs) and pets are not allowed in the kitchen.

9.12 staff must ensure they adhere to the UHB's Uniform Policy.

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10. HYGIENE

Contamination hazard (microbial, chemical, foreign bodies, infected persons)

Contamination hazards will be controlled or eliminated by the following measures:

- 10.1 All service users, staff or carers involved in food handling and preparation must wear disposable PVC aprons to be disposed of after each meal preparation.
- 10.2 Staff are to ensure that hand-washing basins are used for hand washing only using liquid soap and paper towels.
- 10.3 All service users, staff and carers must wash their hands thoroughly prior to food preparation, after handling rubbish, using the toilet, after handling eggs, when changing from raw to cooked products or where indicated by food safety guidance (for example after sneezing or blowing nose).
- 10.4 Staff, service users or carers with a condition that may contaminate food must be excluded from any food preparation session. Such conditions may include sickness, diarrhoea, ear infections, skin conditions (boils, scaling, discharging or septic wounds, cold sores or colds).
- 10.5 Staff with any of the listed conditions should report to their manager, who will advise according to the local policy.
- 10.6 Supervising staff should liaise with infection control prior to service users with a known infection accessing the therapeutic kitchen.
- 10.7 All cuts, burns and sores should be covered with a blue waterproof dressing. A supply should be available within the therapeutic kitchen.
- 10.8 Service users presenting with significant salivation must be restricted to preparing or handling their own foods. Careful supervision to ensure this restriction is advised when involving these service users in group sessions. This will be conducted mindfully with the UHB values.
- 10.9 Work surfaces must not be sat on.
- 10.10 Paper towels should be used in preference to tea towels, although these can be used where there is a therapeutic reason (to replicate the home environment). If tea towels are used these must be laundered on a hot washing cycle after each session.
- 10.11 Waste bins must be labelled according to local waste management policy and emptied at least daily by the last staff member to use the kitchen.

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10.12 The use of washing machines should be restricted within the therapeutic kitchen. Due to contamination risks from dirty laundry, washing machines must only be used for kitchen laundry e.g. oven gloves.

10.13 Stock, equipment or cleaning products not used for kitchen activities are not to be stored in the therapeutic kitchen to minimise any food hygiene hazards.

10.14 The staff member using the therapeutic kitchen is responsible for ensuring the environment is left in a clean, tidy and hygienic state with all equipment and food stored correctly and ready for the next session.

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11. PURCHASE OF FOOD ITEMS AND EQUIPMENT

Contamination hazard (microbial, chemical, foreign bodies)

Contamination hazards will be controlled or eliminated by the following measures:

- 11.1 Ingredients can normally be obtained from the catering department. However, therapeutic practice may involve purchasing items from external suppliers. Where possible this purchase should be from a reputable supplier (such as supermarket chains) to provide a clear audit trail if required.
- 11.2 When purchasing items from a smaller supplier, staff must ensure that the premises selling food items are doing so in a way that ensures:
 - a) Financial viability for the UHB
 - b) Freshness of produce
- 11.3 Adequate food handling principles (separation of raw and cooked meats, shelf life clearly labelled, absence of pests or cross contamination risks, refrigeration equipment working correctly, food packaging intact) need to be adhered to.
- 11.4 Tinned food must be checked to ensure the cans are not rusted, dented, damaged or blown.
- 11.5 Where there is any doubt regarding the above, staff must ensure that the food is not consumed.
- 11.6 Where service users or carers have a known food allergy / intolerance, staff must carefully check the labels on any food being purchased for preparation.
- 11.7 Lion Brand eggs must be used as they are date stamped.
- 11.8 When purchasing frozen or chilled goods, staff must ensure that the food is transported directly and promptly to the kitchen and stored appropriately. Any concern or delay (such as defrosting on the return route or concern about the integrity of the packaging) compromising food hygiene must result in the food not being consumed.
- 11.9 Staff must ensure that during transportation of food, raw and cooked products are stored and wrapped separately to reduce the risk of cross contamination. Any raw meats must be carried in separate plastic bags. These bags must be disposed of after single use to prevent cross-contamination.
- 11.10 All food should be stored and labelled in concordance with **Appendix A Storage Information for High and Low Risk Foods.**

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12. STORAGE OF FOOD

Growth of pathogenic and spoilage bacteria and fungus Contamination (microbial, chemical, foreign bodies)

These hazards will be controlled or restricted by the following measures:

- 12.1 Staff must ensure that foods prone to bacterial growth are stored in the refrigerator or freezer. Refrigerated high-risk foods must not be stored for longer than 24 hours.
- 12.2 Food handling rules must be followed in refrigeration:
 - 12.2.1 Cooked foods must be stored above raw foods
 - 12.2.2 All foods must be covered or stored in plastic airtight containers
 - 12.2.3 All food for storage must be labelled with a time and date.
 - 12.2.4 The refrigerator temperature must be checked each working day using a working thermometer. This must then be recorded on the Refrigeration Checklist (**Appendix B1**). This should be conducted on the first opening of the refrigerator. The temperature must be between 1 and 4 degrees centigrade. If the temperature is above or below this temperature range the refrigerator must be re-checked in 1 hour, if the temperature continues to be outside the range of 1-4 degrees centigrade the thermostat must be adjusted to bring into the accepted range. Following adjustment of the thermostat, hourly checks must be conducted until the temperature is reached.
 - 12.2.5 Refrigerators that are incapable of operating between 1-4 degrees centigrade must be reported to Estates Department for repair. If temperature control cannot be maintained, the refrigerator unit must be disposed of and replaced. Any food items should be disposed of if the temperature has remained above the safe operating range.
 - 12.2.6 Hot foods must be cooled within one and a half hours in a cool place prior to being placed in the refrigerator or freezer.
- 12.3 Freezer temperature must be within the range of -18° to -25° .
 - 12.3.1 Freezer temperature must be checked on each working day and recorded on the Temperature checklist (**Appendix B2**).
 - 12.3.2 Staff must follow the manufacturer's guidelines for frozen food. Fresh food must be labelled and dated for use within one month of freezing.
- 12.4 Airtight containers are to be used for dry food and these are checked weekly using the Therapeutic Kitchen Checklist (**Appendix C**). Any foods past expiry date or without label are to be disposed of.

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- 12.5 Tinned food must not be stored in the refrigerator. Any foods leftover from tins must be transferred into airtight containers for storage in the refrigerator, these must be labelled with use by date.
- 12.6 Vegetables should be stored in a cool, dry, ventilated area.
- 12.7 Fruit and vegetables stored in the refrigerator must be stored in a salad box. After preparation these must be labelled and discarded after 24 hours if unused.
- 12.8 Eggs can be stored on the shelves or in the refrigerator. Frozen egg must only be refrigerated by manufacturer's guidelines if fresh eggs are unavailable.
- 12.9 Cling film must not be used for covering foods with high fat content.
- 12.10 Staff food should not be stored in the therapeutic kitchens.
- 12.11 If there are any doubts or concerns about foodstuffs, these must be disposed of immediately.
- 12.12 Tea, coffee, sugar must be stored in appropriate containers rather than sugar bowls or other open containers.
- 12.13 Convenience foods should be stored according to manufacturer's instructions.

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13. LOCAL PROCEDURES

13.1 On entering the therapeutic kitchens any service users should be made aware of the fire procedures. All fire actions and regulations must be clearly displayed. All fire equipment must be within date of inspection by the fire officer and any electrical equipment over 2 years old must have a valid, in date PAT test.

13.2 COSHH files need to be updated for any product used for cleaning within the therapeutic kitchen. COSHH information must be clearly displayed on the walls where required.

13.3 Health and Safety Risk assessments are undertaken and maintained in files, updated and reassessed when there is any change to the operating procedures. Risk assessment needs to be undertaken for the use of any electrical or mechanical equipment used for activities of daily living prior to use.

13.4 Clinical risk assessment is to be reviewed by all staff prior to service users accessing the therapeutic kitchens.

13.5 To minimise the risk of Legionella, the water taps must be run for 3 minutes 3 times a week. A written and signed record (Appendix 5) is kept in the therapeutic kitchen to ensure compliance. This is to be signed off on a monthly basis by the Operational Manager.

13.6 A cleaning checklist will be developed with the support of the Occupational Therapy department on transfer to Hafan Y Coed and located on the kitchen door and is to be signed when tasks are completed. This is to be signed off by the Operational Manager on a monthly basis to ensure compliance.

13.7 Refer to the Pinpoint guidance for raising alarms within the kitchen.

13.8 Within the Low Secure and PICU kitchens, a kitchen inventory is to be kept of all equipment, crockery and cutlery and checked before and after each use of the kitchen. A signature is required to indicate that the checks have been carried out and actions taken in the event of missing items.

13.9 Storage of sharps, crockery and cutlery storage may vary following 6 month review of the Therapeutic Kitchens procedure. Until review allows for changes in protocol all therapeutic kitchens including the Therapies Hub, Rehabilitation and Recovery, Addictions, Neuropsychiatry units will adhere to the same procedure that all crockery, cutlery, sharps and glass

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jars / containers are to be locked in cabinets. Any glass items in refrigerators will need to be decanted into plastic containers and the glass removed from the kitchen area to maintain a consistent level of safety.

13.10 Within all therapeutic kitchens, all crockery, cutlery and sharps kept in locked drawers are to be counted using the kitchen inventory after each use of the therapeutic kitchen.

13.11 In the even of missing sharps or hazardous items (such as rolling pins, glass containers or locally agreed restricted kitchen items) the following actions should be taken:

- 13.11.1 Alert Ward Manager or Deputy,
- 13.11.2 Thorough search of the kitchen area to include waste bins, drawers, inside of ovens, refrigerators, freezers, microwaves and washing machines.
- 13.11.3 If the kitchen is located in an area accessed by multiple wards (eg Hub Therapeutic Kitchen), there must be immediate escalation to the shift coordinator to ensure all areas are informed of the potential risk.
- 13.11.4 E-datix form to be completed.
- 13.11.5 Restrict further access to kitchen and ensure all drawers are locked pending a review of security by senior staff.
- 13.11.6 Follow any local risk management plan for searching ward and escalation actions.

13.12 Positive risk taking as part of a rehabilitative or assessment process may involve unlocking drawers in advance to allow service users to experience a kitchen environment without restriction as they would in the home environment. Positive risk taking decisions should be evidenced in the care plan / clinical record where such actions are taken in support of the recovery process.

14. PREPARATION HAZARDS (Contamination of foods, growth of food poisoning bacteria)

Hazards will be controlled and/or eliminated by the following practical measures:

- 14.1 Plastic disposable aprons should be worn by all staff and service users who are involved in food handling and preparation.

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- 14.2 Care must be taken to ensure all kitchen utensils/equipment are clean and in a good state of repair before use and returned clean to the correct place of storage after use.
- 14.3 All utensils must be cleaned thoroughly between the preparation of raw and cooked food.
- 14.4 Colour-coded chopping boards should be used
- 14.5 Root vegetables, salads, fruit, fresh herbs must be thoroughly washed before use.
- 14.6 Frozen food needs to be defrosted thoroughly according to manufacturer's recommendations. Ensure the liquid does not contaminate other foods.
- 14.7 Do not use cracked, damaged eggs.
- 14.8 During preparation and handling, suitable precautions need to be taken to ensure that other foods are not contaminated by eggs. Ensure hands are washed thoroughly after handling.
- 14.9 Work surfaces must be cleaned when required and always between the preparation of raw and cooked food.
- 14.10 Staff must not prepare or cook food for their own consumption in a therapeutic kitchen.

15. DISTRIBUTION

These procedures will be made available on the UHB intranet.

16. REVIEW

These procedures will be reviewed yearly or earlier if required by changes or audit recommendations.

17. APPENDICES

- Appendix A:** Storage Information for High and Low Risk Foods.
- Appendix B:** B1 Daily Refrigerator Temperature Checks
B2 Daily Freezer Temperature Checks
- Appendix C:** Therapeutic Kitchen Checklist
- Appendix D:** Legionella Usage Evaluation Procedure



Legionella - Usage
Evaluation Procedure

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APPENDIX A STORAGE INFORMATION FOR HIGH AND LOW RISK FOODS

Definitions

High risk food: high protein foods to be consumed without further processing e.g. products containing:

- meat,
- poultry,
- egg and egg products,
- fish,
- milk and dairy products,
- cooked rice.

Low risk food: foods that do not readily support the growth of pathogenic bacteria e.g.:

- dried goods,
- cakes (not filled with cream),
- biscuits and confectionary.

Shelf life

The dates and manufacturers' instructions on storage and shelf life conditions must be observed. The following is general guidance where packaging is not available:

Food type	Recommended shelf life	Storage conditions
Biscuits	2 wks by sell-by date	Dry, cool cupboard
Baking powder	1 yr unopened, 3 mths opened	Dry, cool cupboard
Butter	1 month	Refrigerate below 4° C
Cake mixes	1 yr unopened. 1 mth opened	Dry, cool cupboard
Cheese	1 week	Refrigerate below 4° C
Chocolate	1 year unopened.	Use Dry, cool cupboard
Fruit- dried	1 yr unopened, 1mth opened	Dry, cool cupboard
Fruit-fresh (unprepared)	7 days,	Dry, cool cupboard
Fruit-fresh (prepared)	7 days	Refrigerate below 4° C
Margarine	1 month from opening	Refrigerate below 4° C
Meat	24 hours	Refrigerate below 4° C
Oil	18 months	Dry, cool cupboard
Pasta (dried)	1 year	Dry, cool cupboard
Sauces (ketchup)	1 year	Dry, cool cupboard
Sugar	2 year	Dry, cool cupboard

**APPENDIX B1
DAILY REFRIGERATOR TEMPERATURE CHECKS**

FRIDGE LOCATION..... MONTH.....YEAR.....

DATE	TEMPERATURE BELOW 5°C (TICK)	TEMPERATURE ABOVE 5°C (TICK)	SIGNATURE	CLEANED	SIGNATURE

ON COMPLETION: FORM TO BE SENT TO:
OCCUPATIONAL THERAPY CLINICAL LEAD,
THERAPIES HUB, HAFAN Y COED



**APPENDIX B2
DAILY FREEZER TEMPERATURE CHECKS**

FREEZER LOCATION..... MONTH..... YEAR.....

DATE	TEMPERATURE BELOW -18°C (TICK)	TEMPERATURE ABOVE -18°C (TICK)	SIGNATURE	CLEANED OR DEFROSTED	SIGNATURE

**ON COMPLETION: FORM TO BE SENT TO:
OCCUPATIONAL THERAPY CLINICAL LEAD,
THERAPIES HUB, HAFAN Y COED**

**APPENDIX C
THERAPEUTIC KITCHENS CHECKLIST TO BE COMPLETED WEEKLY**

KITCHEN LOCATION..... MONTH.....YEAR.....

DATE	DISPOSE OF ITEMS WITH NO DATES OR EXPIRED DATES	1. DRAWERS LOCKED ON ARRIVAL 2. SHARPS COUNT 3. CUTTLERY COUNT 4. UTENSIL COUNT 5. CROCKERY / GLASS 6. FOODS STORED AND LABELLED CORRECTLY	KITCHEN USED LESS THAN 3 TIMES IN 7 DAYS?*	COMMENTS / ACTIONS	SIGNATURE
			LEGIONELLA FLUSHING REQUIRED		

**ON COMPLETION: FORM TO BE SENT TO:
OCCUPATIONAL THERAPY CLINICAL LEAD,
THERAPIES HUB, HAFAN Y COED**