

Rules for Food Brought in by Visitors



FOOD PROTECTION CONNECTION



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When I am elderly and living in a nursing home, I want my friends and family to be able to bring me homemade food and treats when they visit. Are they permitted to bring fresh-baked muffins, a crock of their special recipe chili, a zesty cracker spread, or other foods? What are the responsibilities of long-term care facilities with regards to residents receiving food brought in by relatives and friends, or food brought in by the residents themselves?

There are lots of safety rules concerning foods stored, prepared, and served by the nursing home; however, there are very few rules regarding how to handle foods brought in by visitors. Residents could be at risk if this

outside food was not prepared, transported, or stored safely. How should residential settings control this risk?

Foods coming in from personal home kitchens are most perilous. The general consumer is not well-versed in proper food safety principles and typically practices what they were taught for generations, often erroneously. Although not completely free from risk, foods prepared in regulated retail or foodservice facilities should be generally safer.

It is highly recommended that long-term care facilities have written standard operating procedures (SOPs) for

Continued on page 2



Continued from page 1

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these situations. SOPs are step by step practices for staff to ensure they are following the rules of the facility and any regulatory requirements.

When writing SOPs for this scenario, remember that the facility did not make this food, nor did it transport this food to the facility for the resident; therefore, the facility's primary concern should be to not only protect the resident, but to safeguard other residents from potential contamination as well. Setting 'rules' in a residential care setting such as a nursing home can be tricky, as we don't want to stifle the free will and rights of residents, but we do want to protect them from potential harm when we can.

Following are SOPs to consider for foods brought into facilities by residents or their guests:

- Always check with your regulatory agency to determine if there are any regulations or considerations that must be implemented for a resident's personal food items.
- Never allow personal food that enters the facility from the outside to enter the regulated kitchen. Laws in most states prohibit this.
- Allow residents to store their food in their personal room refrigerators if they are available. If personal refrigerators are not permitted or available, have a community refrigerator in a common-use area, but not in the facility's kitchen or common dining/buffet areas.
- Affix a thermometer to the inside of the refrigerator so the temperature of the unit can be verified and monitored. Refrigerators should hold food at 41°F or below; freezers at approximately 0°F.
- Have family or facility employees/aides label the food container with the date it was brought into the facility, and the name/room number of the resident receiving it. Even a food container in a private room can make its way out into the general



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community if the resident wants to share their goodies with friends.

- As a rule, discard time/temperature control for safety (TCS) food within seven days from the date it was made. Extending this time could result in Listeria contamination.
- Monitor refrigerators for foods that are beyond their seven-day date marking and discard. Do

Continued on page 3

not take containers into the regulated kitchen to clean them. Clean in an alternate location.

- If TCS food is seen sitting outside of the refrigerator, ask the resident if they recall when they last ate the food. If this time cannot be definitively determined, explain to the resident that the food may now be unsafe to eat and discard the food.
- If a common refrigerator is being used for all residents, it's recommended that you have bins that the resident's food can be put into and labeled appropriately. This will prohibit spillage or leakage from one person's food to that of another.
- Most foods brought into a residential facility are going to be leftovers or time/temperature controlled for safety (TCS) foods. As such, foods are typically immediately consumed when removed from the refrigerator and not hot held for any period of time; therefore, leftovers could be reheated to any temperature. If there are questions about the safety of the leftovers it is recommended to reheat any TCS food to 165°F before consuming.

There are certainly challenges in residential living units. Supporting the right of residents to eat the type and kinds of food they wish is one of those challenges. How dare we deny Mr. Smith his rare steak or over easy runny eggs! When it comes right down to it, Mr. Smith can eat what he wants when he has a day excursion or his family brings him a birthday meal. Education is the key. Educate the resident and his family about making safe food choices. Invite a food safety expert to visit the facility to discuss with residents the importance of making good choices when they eat out. Request that their family and friends join in the discussion as well, as they can help their loved ones make safe food choices. Many people simply do not know that certain foods or preparation styles could be harmful to them.

Residents in nursing homes and similar residential living centers and institutions are considered Highly Susceptible Populations (HSPs). HSPs are those individuals whose immune systems are compromised due to age (very young or elderly), illness, medications and/or medical treatments. A highly susceptible person is much more likely to become ill from

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contaminated food than the average healthy individual. With HSPs, it takes much less contamination (i.e. bacteria load) to become ill, the illness is usually much more severe and can even cause death. For these reasons we must take food safety very seriously when dealing with HSPs.

As a reminder, there are several “don’ts” with HSPs. Each of the following items is considered high risk and has been associated with foodborne illnesses in the past.

Do not serve or offer:

- Raw animal foods, including raw marinated fish, raw molluscan shellfish, steak tartare.
- Animal foods not cooked to the minimum required temperatures, such as lightly-cooked fish, rare meat, soft-cooked shell eggs, and meringue.
- Raw seed sprouts.
- Unpasteurized juices.

SUMMING IT UP

Use common sense and science-based safety practices to protect your clients from foodborne illness. Establish SOPs to help ensure that the meals and treats brought to your residents from loved ones, or the leftovers that residents bring home after dining outside the facility, are safe for them and for your facility population as a whole. **E**

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1. An 'HSP' is:
 - A. A Highly Suspicious Population
 - B. A Highly Susceptible Population
 - C. A Healthy Spirited Population
2. Refrigerators should be held at or below:
 - A. 45°F
 - B. 38°F
 - C. 41°F
3. It is a good practice to label all food in a resident's or common refrigerator with:
 - A. The resident name, room number, and the food's date of entry into the facility
 - B. The resident's name and birthdate
 - C. The ingredients that are in that specific food
4. All refrigerators should have:
 - A. The manufacturer's model number known by all staff
 - B. Storage on the door
 - C. An affixed working thermometer
5. HSPs should not consume:
 - A. Pasteurized in-shell raw eggs
 - B. Soft cooked shell eggs
 - C. Liquid pasteurized scrambled eggs
6. SOPs are:
 - A. Standard Operational Processes
 - B. Similar Operating Procedures
 - C. Standard Operating Procedures
7. An SOP should
 - A. Be written for all institutional residential settings describing how to handle foods brought into the facility by the resident or their family or friends
 - B. Describe specifically how to talk to the resident about their food choices
 - C. Prepare a resident to make safe food choices

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