

Possible health risks from contaminated foods in hospital kitchens can be minimised through suitable measures

BfR opinion No 019/2016 upon consultation with the RKI, 5 July 2016

Hospitals cater for groups of persons who are especially sensitive to food-borne infections. This includes people whose immune defences are weakened due to severe primary diseases or medication as well as babies, toddlers, the elderly and pregnant women. Hygiene management in hospital catering must therefore go beyond the normal measures of communal catering. Hospital kitchens can play a role in the spread of pathogens within hospitals, although it is impossible to quantify the precise extent of this role.

The Federal Institute for Risk Assessment (BfR) and the Robert Koch Institute (RKI) have jointly developed measures and practical recommendations aimed at preventing the possible spread of pathogenic and antimicrobial-resistant bacteria via hospital kitchens. These measures and recommendations take into account all potentially relevant sources and transmission pathways. Measures that offer protection against contamination of food with pathogenic bacteria also prevent contamination with resistant bacteria.

Thus bacteria can, for example, enter hospital kitchens via raw food. Raw poultry meat, minced meat, raw pork and game meat and raw eggs are particularly likely to carry such pathogens although this also applies to plant-based foods such as sprouts, seedlings and fresh herbs.

As part of hazard analysis, the hospital management is to critically examine all workflows from the receipt of goods to the disposal of food scraps. Where required, own check measures and personnel training in hospital kitchens will be adjusted. Thus, for example, on the wards the food is often not dispensed by staff specially trained in food science but by nursing staff. Nor is there a clear separation between food distribution and nursing activities in many cases. The return of crockery and other items from infectious areas is a further possible entry for pathogens into the hospital kitchen.

Provided that hospital kitchens observe the necessary rules of personnel and kitchen hygiene, the risk for patients is largely determined by the question of whether or not the food is sufficiently heated before being given to patients. In addition, the risk for patients can be minimised by a risk-oriented selection of the catering food, risk-adjusted limitation of the food selection made available in the wards, and the absence of self-service at ward buffets. Equally, in terms of cleaning and servicing works and the utensils used for them, a strict separation must be made between the wards and the kitchen area.

Both the hospital kitchen staff and ward personnel should be aware of the possible risks and the responsibility that they bear. It therefore makes sense to provide training sessions at the workplace on a regular basis which also impart knowledge about the protection against spreading pathogenic and antimicrobial-resistant bacteria via food.

The full version of this BfR Information is available in German on <http://www.bfr.bund.de/cm/343/moegliche-gesundheitliche-risiken-durch-kontaminierte-lebensmittel-in-krankenhauskuechen-koennen-durch-geeignete-massnahmen-minimiert-werden.pdf>

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