

Prevention of Food Poisoning in Hospital Patients

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SUMMARY

Bacteriological investigations of raw and cooked foods and of food handlers in abattoirs, food factories and hospital kitchens show that they are potential sources of food poisoning organisms. The use of reheated (reconstituted) frozen foods is recommended as an ideal means of preventing food poisoning among hospital patients.

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A number of food poisoning outbreaks in hospitals have been recorded in South Africa.¹⁻³ In order to prevent such outbreaks in the Tygerberg Hospital a comprehensive investigation into all possible sources of food poisoning has been carried out. The investigation covered the bacteriological testing of all raw food supplied to the hospital, the same food after normal cooking, and after subsequent freezing and 'reconstitution' by reheating. In addition, tests were carried out on abattoir, food factory and kitchen personnel.

Bacteriological testing was confined to identifying the pathogenic bacteria present in each sample. Only those organisms recognised as being the cause of food poisoning are referred to.

MATERIALS AND METHODS

Raw Foods

The types of food, the number of specimens examined and the organisms isolated, are shown in Table I. The heaviest contamination occurred in the beef carcasses and beef portions.

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Beef carcasses: 5,8% of specimens from beef carcasses gave a growth of *Salmonella*, and 6,2% *Cl. welchii*.

The *Salmonella* strains were: *S. muenchen* 2; *S. reading* 2; *S. sandiego* 1; *S. johannesburg* 4; *Salmonella* group O 1; *Salmonella* group G 1; and *Salmonella* group H 1.

Beef portions: These showed a high degree of infection with food poisoning organisms. The possibility of the meat becoming infected with these organisms during transport from the abattoir, subsequent handling, and cutting up in the butcher's shop must be considered.

A single inspection of the premises of one of this hospital's meat contractors, where swabs were taken from equipment, etc., showed the presence of *Cl. welchii* and pathogenic *E. coli* on the butcher's block, bandsaws, and the overalls and hands; *Cl. welchii* on the scale, and *Staph. aureus* and pathogenic *E. coli* on the knife.

In addition, a survey of the corned beef pickling barrels in the Divisional Council area of the Cape revealed that of 119 samples taken, 3 were positive for *Salmonella*; 10 for *Cl. welchii*; and 3 for *Staph. aureus*. The extent of the contamination of other raw foods with food poisoning organisms is shown in Table I.

Food Handlers in the Abattoir, Food Factory and Hospital Kitchens

Stool samples and swabs from throats, hands and clothing were examined. The findings are shown in Table II. It appears very likely that some of the organisms found on the meat supplied were derived from human sources.

From Table II it is evident that there is a daily introduction via raw food into the hospital kitchens of pathogenic organisms which are capable of giving rise to food poisoning.

Thorough heating for a sufficient length of time should destroy all vegetative forms of bacteria even in heavily infected food. Samples of food cultured immediately after cooking showed, in some instances, that either the temperature reached, or the length of time the food was heated, was insufficient to destroy all pathogenic organisms present.

TABLE I. ORGANISMS FOUND IN RAW FOODS

	Beef carcasses	Beef portions	Mutton	Chicken	Beef offal	Pork	Meat mince	Sausage	Fish	Vegetables
No. of specimens	207	197	64	102	62	48	16	22	60	503
<i>Salmonella</i>	12	13	—	—	5	1	—	1	1	—
<i>Cl. welchii</i>	13	23	—	2	2	1	—	—	—	—
Pathogenic <i>E. coli</i>	—	23	2	6	3	1	—	1	—	—
<i>Staph. aureus</i>	3	3	2	4	2	—	1	—	—	9

2. The staff are lectured on food hygiene and the absolute necessity for the clean handling of food.

3. The central kitchen used for the production of frozen foods and the ward kitchens for the feeding of patients are supervised by qualified dietitians who are responsible for the enforcement of hygienic handling of all food.

4. Use is made of the agar syringe modification⁶ of the Ten Cate agar sausage technique, to check on the efficacy of cleaning of all utensils and working surfaces and as a means of demonstrating to the staff the absolute necessity of good hygiene.

5. Random samples of raw foods and of all cooked foods are taken daily for bacteriological control.

DISCUSSION

There is no doubt that the feeding of heated bacteriologically satisfactory frozen foods immediately after heating, is a practical and effective means of preventing food poisoning. It allows for sufficient time to carry out all the bacteriological tests before use. As the frozen food is heated for a short time to a high temperature (80°C), and then fed almost immediately, very little time is given for multiplication of any pathogenic contaminants. Thus the danger from the human carrier is virtually eliminated. It is a rule in this hospital that all left-overs are discarded.

The success of this method has so far been borne out in practice. Since its institution no outbreaks of food poisoning have occurred in the wards. In those sections of the hospital using food prepared by conventional

methods of cooking and direct feeding after cooking, a number of small food-poisoning outbreaks have occurred. In the two kitchens supplying conventional food, the precautions taken are the same as those described for the central kitchen, except that the food is not frozen and then reheated before use. The possibility of infection of food by the human carrier, either directly or indirectly, and the multiplication of the contaminating organisms while the food is kept warm during serving, is thus not eliminated. Unlike the wards, where each container holds only 4-10 portions, the containers here are large and hold approximately 20-40 portions. When there is a delay some of the food may be held for more than an hour. No containers are re-used until thoroughly cleansed, but with the type of labour available this system could break down. Every attempt is made while serving to keep the food at a high temperature (approximately 80°C), but constant supervision is necessary to enforce this.

The major objection to the use of the frozen food system is that it is more expensive due to the costs added by rapid freezing, freezing rooms, reheating, and disposable containers.⁵ The cost of hospitalisation of a patient in this hospital is estimated at ± R30/day. The additional period in hospital following an attack of food poisoning is usually about 2 days. In our opinion the extra cost of the frozen food system is more than offset by the elimination of food poisoning among patients.

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