# Purpose

1.1 To ensure all the necessary steps are taken as to limit the risk of product contamination in case of human injuries.

# Scope

2.1 This procedure applies to all personnel working inside the food facility.

# Responsibility

3.1 [Name of Personal Responsible]

# Definitions

|  |  |
| --- | --- |
| **None** |  |

# Instructions and Guidelines

## 5.1 Plasters

5.1.1 The dedicated responsible person shall in the case of a cut on the hands, treat the injured and issue a plaster and glove/s to the person.

5.1.2 He/she will keep records of the injury/incident on the incident form as well as the plaster records and the person issued with a plaster will report back to the dedicated responsible person at the end of the working day.

## 5.2 Injury

5.2.1 All injuries must be reported to [Name of Personal Responsible] and he/she will record the detail of the injury on the injury incident form.

5.2.2 The injured person will receive or be sent for the necessary treatment and will not be allowed to come into contact with any open product or areas where cross contamination between product and human may occur.

## 5.3 Blood Spillage

5.3.1 In the unlikely event of a blood spillage in any parts of the processing facility (processing, packaging, storage areas) all activities in that specific area will be stopped.

5.3.2 The area and all food and packaging materials that could possibly be contaminated will be isolated.

5.3.3 The cause of the incident will be investigated and the area inspected for food safety risks.

5.3.4 Personnel movement in the affected areas will be restricted. Records of product production codes and quantities will be logged for reference on the incident form.

5.3.5 All cleaning equipment used to remove and clean the blood spillage shall be immediately disposed and or treated.

5.3.6 The affected areas will be inspected after cleaning and sanitation has been completed, to ensure a food safe environment.

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| --- | --- | --- |
| **Executive Manager: [Name]** | **Date** | **Signature** |
|  | DD-MM-YYYY |  |