

HYGIENE ANALYSIS OF FOOD HANDLERS AT MALAHAYATI ISLAMIC HOSPITAL

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Disubmit: 24 Mei 2024

Diterima: 24 September 2024

Diterbitkan: 01 Oktober 2024

Doi: <https://doi.org/10.33024/mahesa.v4i10.15367>

ABSTRACT

Hospital food management is a series of activities starting from menu planning to distributing food to patients. Providing food in hospitals is an activity that is under the responsibility of the Nutrition Installation. In carrying out his duties, a food handler in a nutrition installation must always maintain personal hygiene so that the cleanliness and quality of the food served to patients is maintained. This study aims to determine the description of the hygiene of food handlers at the Malahayati Islamic Hospital. The method used in this research is qualitative with a description method. The informants in this research were 10 people, cooks and waiters at Malahayati Islamic Hospital. Based on the results obtained, it was found that the implementation of food handler hygiene at RSI Malahayati Medan was included in the good category, with a percentage of 93%. However, in practice, there are still food handlers who do not use PPE (Personal Protective Equipment) when serving food. The implementation of food handler hygiene at the Malahayati Islamic Hospital does not fully meet the standards of the Regulation of the Minister of Health of the Republic of Indonesia Number 1096/Menkes/Per/VI/2011.

Keywords: Food Handler, Hospital Food Management, Hygiene

INTRODUCTION

Hospital is a health service institution that provides plenary individual health services that provide inpatient, outpatient, and emergency services. Each hospital has facilities and infrastructure that support health services, one of the facilities and infrastructure of the hospital is the existence of nutritional installations. Nutrition installation is one of the important service facilities in hospitals, starting from planning, providing, organizing to distributing food to patients. Feeding is intended to achieve the suitability of the

patient's diet so as to achieve patient recovery, prevent complications, reduce patient morbidity and mortality. Food served at the nutritional installation can be consumed well by patients, so good quality food is needed, has a good taste, clean, safe and not harmful to health and in accordance with the patient's diet.

Food administration is an integrated system activity, related to one another. Institutional and industrial food management is an integrated program consisting of planning, procuring, storing,

processing food ingredients and serving or serving food on a large scale. Hospital food management is a series of activities ranging from menu planning to food distribution to patients. Food administration activities are part of Hospital Nutrition installation activities to meet nutritional intake in patients (Srinawati, 2018).

The implementation of food in hospitals is carried out with the aim of providing food of good quality, the amount according to needs and decent and adequate services for patients in need. The quality of good nutrition services will affect the quality indicators of hospital services. The better the quality of hospital nutrition services, the higher the patient's recovery rate, the shorter the length of hospitalization and the smaller the cost of hospital treatment (Srinawati, 2018).

Food handlers are a very important part of food safety, because food handlers can carry contaminants or transmit diseases directly to food that is being processed through dirty hands, nails, hair, clothes. Poor food handler habits can increase the risk of direct contamination of food and beverages. This behavior can cause food safety problems and be a contributing factor in the spread of foodborne disease (Yunawati & Caesar, 2023).

The behavior of food handlers in hospitals is very important in maintaining the cleanliness and quality of the food served to patients. Food handlers must pay attention to sterilization of foodstuffs and work equipment and maintain personal hygiene by washing hands before activities, using clean clothes, and gloves to avoid transferring pathogens into food (Anita et al, 2023).

Hygiene is a health effort by maintaining and protecting

individual hygiene, for example washing hands, disposing of damaged parts of food to protect the integrity of food as a whole. Personal Hygiene (personal hygiene) is personal hygiene carried out to maintain cleanliness and health of oneself both physically and mentally. Personal hygiene is the first step in realizing personal health because a clean body minimizes a person's risk of contracting a disease, especially diseases associated with poor personal hygiene (Haswita & Sulistyowati, 2019). Personal hygiene is a mirror of the success of each individual, leading to habits and personal hygiene. To maintain personal hygiene in everyday life, you must always try to prevent the arrival of diseases that can interfere with health.

Food handler hygiene requirements according to PGRS Ministry of Health 2013, namely:

- a. Health Conditions
Does not suffer from easily transmitted diseases: cough, cold, influenza, diarrhea, other infectious diseases.
- b. Maintain personal hygiene such as, bathing regularly with soap and clean water, brushing teeth with paste and toothbrush regularly, at least twice a day, namely after eating and before going to bed, getting used to cleaning the nostrils, ear holes, and between fingers regularly, washing hair/shampooing regularly twice a week, and hand hygiene: nails cut short, Nails are not polished or cuckoo, wound-free.
- c. Hand washing habits such as, before touching or handling food, before handling eating utensils, after coming out of the toilet or restroom, after mixing raw materials such as meat, fish, vegetables and others, and after doing other jobs such as

- shaking hands, driving vehicles, repairing equipment, holding money and others.
- d. The behavior of food handlers in carrying out food handling service activities such as, not scratching hair, nostrils or between fingers / nails, not smoking, covering the mouth when sneezing or coughing, not spitting carelessly in the food processing room, not combing hair carelessly especially in the food preparation and processing room, not holding, taking, moving and tasting food directly by hand (without tools), and do not eat sweets and the like when processing food.
 - e. The appearance of food handlers such as, always clean and tidy, wearing aprons, wearing headgear, wearing non-slippery footwear, not wearing jewelry, and wearing gloves, if needed.

Based on preliminary observations made by researchers at the nutrition installation of Malahayati Islamic Hospital, it was still found that food handlers did not always wash their hands before work. Unkind behavior such as wearing jewelry, talking during work is still often done. Sometimes food

handlers also do not use PPE (aprons, head coverings, masks and gloves) during the food processing process, and there is still a lack of hygiene application in the food processing process.

Based on the description of this background, researchers are interested in conducting this study with the aim of knowing the hygiene picture of food handlers at Malahayati Islamic Hospital.

METHOD

The type of research used in this study is qualitative research with a description method. This study was conducted to obtain more in-depth information about the hygiene of food handlers at Malahayati Islamic Hospital to 10 food handler workers. The informants in this study were cooks and waiters at Malahayati Islamic Hospital.

RESULTS AND DISCUSSION

From the results of research conducted on 10 food handlers in the nutrition installation room of Malahayati Islamic Hospital, it is known:

Tabel 1

No	Name Handlers	Persentase Higiene	Percentage Hygiene
1	Handlers 1	100 %	Good
2	Handlers 2	95 %	Good
3	Handlers 3	100%	Good
4	Handlers 4	95 %	Good
5	Handlers 5	95 %	Good
6	Handlers 6	80 %	Good
7	Handlers 7	100 %	Good
8	Handlers 8	95 %	Good
9	Handlers 9	70%	Less
10	Handlers 10	100%	Good
TOTAL		93%	

Total Score : $\frac{100+95+100+95+95+80+100+95+70+100}{10} = 93\%$

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After conducting research, it was found that from 10 food handlers, the percentage of food handlers' hygiene level was 93% (Good). But in its application, there are still some food handlers who do not apply personal hygiene when processing and serving food.

Food handler hygiene is personal hygiene and health of food handlers in food processing which greatly determines the quality and safety of the food produced, because food handlers are one of the factors that can contaminate foodstuffs.

a. Use of PPE

Food handlers are one of the contributors to food contamination. One of the efforts to overcome food pollution is that food handlers must use personal protective equipment (PPE). The results of the study were conducted by observation and interviews with cooks and waiters at the RSI Nutrition Installation. Malahayati found that many workers have fulfilled the rules for wearing PPE while working. However, there are also some workers who still do not implement the complete use of PPE.

PPE changes are also very important to do to maintain the hygiene of the food served. But the reality on the ground, not all workers change PPE. There are several reasons that cause workers not to change PPE. Like officers feel that the PPE used is still suitable for use, takes time in changing PPE, and to save time.

The implementation of hygienic and healthy food is the basic principle of food administration in hospitals. In achieving and implementing worker hygiene at the Nutrition Installation, which will affect the

quality of patient food, as well as efforts in the context of providing labor protection, it is necessary to apply the use of personal protective equipment (PPE) to food processing personnel in hospitals.

Personal Protective Equipment (PPE) is mandatory for food handlers. PPE used by food handlers is head coverings, masks, aprons, gloves, safety shoes. PPE is useful for protecting food handlers while working, maintaining food safety and also preventing food contamination from food handlers to food processed and served to patients.

b. Washing hands with soap before work

Hand washing or maintaining hand hygiene is a follow-up in keeping food from foreign contamination such as bacteria and viruses. Hands should always be washed before work, after handling raw, dirty and contaminated foodstuffs, after going from the restroom, after scratching, coughing, sneezing, after eating and smoking. This is in line with the application of personal hygiene conveyed by key informants that there is an application of hand washing activities before and after the process of processing and serving food.

In carrying out his obligations as a food handler at a nutrition installation, a handler is required to apply personal hygiene, especially in hand washing activities as a form of prevention and protection of contamination of food. Based on the results of the interview, it shows that there are still respondents who have not applied hand washing with soap either before or after work. According to

WHO, one of the principles that must be implemented for food safety is to wash hands as often as possible. In an effort to nourish food, there are four factors that need to be considered, namely food, equipment, place, and people. The human factor has a big role because humans are the energy that manages all food. Hand hygiene as a source of contaminants that are quite influential on the cleanliness of food handled needs to be considered, especially in food handlers.

c. Does not lengthen nails

The results of research that has been conducted at the Nutrition Installation of Malahayati Islamic Hospital found that food handlers have met the requirements for nail hygiene and food handlers have cut their nails. Nail examination of food handlers at the Nutrition Installation of Malahayati Islamic Hospital is always carried out once a week by a nutritionist.

In performing his duties as a food processor and presenter in a nutrition installation, a food handler is prohibited from lengthening nails. This can increase bacterial contamination of food, such as *Escherichia coli* bacteria. In line with research conducted by Hapsari et al. (2018) who conducted research at a private hospital nutrition installation in Yogyakarta. It is explained that all food handlers do not have long nails and always maintain hand hygiene.

Although in food processing using gloves, food handlers must still cut nails and maintain nail hygiene. Long nails can risk tearing gloves, resulting in direct contact with food. Food provided at the Nutrition

Installation is food for patients, therefore the food must be of good quality, clean, safe, and not harmful to health so as to improve the patient's health status.

d. Not talking at work

Based on research conducted at RSI Malahayati, all food handlers only speak as necessary. Speaking at work, or while serving food is not allowed because it can make food contaminated through *dropped* or saliva of food processors. Although sometimes food processors wear masks when talking, it is possible that the mask will get wet because they continue to talk to their colleagues. This will cause *dropped* or saliva can enter the food. Moreover, if food processors do not wear masks, it will be very easy for the food to be contaminated.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 1096 / Menkes / PER / VI / 2011 states that the behavior of food workers when working or handling food includes not smoking, eating or chewing, not wearing jewelry except wedding rings, always washing hands before work, after work and after leaving the bathroom, always wear the correct work and protective clothes and always wear clean clothes, Not talking much and keeping your mouth shut every time you cough or sneeze, stay away from food or leave the room. Safe food is one of the important factors to improve the degree of human health. Therefore, nutritional value and cleanliness must be maintained.

Food safety is defined as the efforts needed to prevent

food from possible biological, chemical contamination that interferes with health, and harms and endangers human health. So, processed food must be sterile or clean from all contamination. Especially food for patients in the hospital, must be really clean and food safe, because patients have contracted the disease so the food eaten by patients must be clean so that the healing process is fast.

e. Health Check

One of the main requirements for food handlers is to have good health. For this reason, it is necessary to hold regular health checks regularly. But in reality there are still many agencies that have not implemented periodic checks on their workers. Based on the results of interviews that have been conducted, it shows that Malahayati Islamic Hospital has implemented regular routine health checks on food handlers at the nutrition installation of RSI Malahayati.

In an effort to prevent food-borne transmission of the disease, food processing workers in hospitals need to do health tests, especially blood tests and chest X-rays to see the health of their lungs and respiratory tract. The medical test should be repeated every 6 months to check the health of workers regularly.

Food handlers must have a healthy physique and body, not suffer from infectious diseases such as typhus, cholera and tuberculosis. Every employee must have a medical examination book. There are groups of people with diseases that should not be involved in food handling, namely people with respiratory tract infections, digestive diseases and

skin diseases. These three types of diseases can cause the transfer of disease to others through food processed or served by sufferers. For this reason, it is necessary to carry out regular health checks.

CONCLUSION

Based on the results obtained, it was found that the application of food handler hygiene at RSI Malahayati Medan was included in the good category, with a percentage of 93%. However, in its application, there are still food handlers who are lacking in applying PPE (Personal Protective Equipment) when serving food. The implementation of food handler hygiene at Malahayati Islamic Hospital has not fully met the standards of the Regulation of the Minister of Health of the Republic of Indonesia Number 1096/Menkes/Per/VI/2011.

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