

# SIW

**Theme:** Medical control over organization and full value of individual nutrition and nutrition.

Done by: students of 345 GM

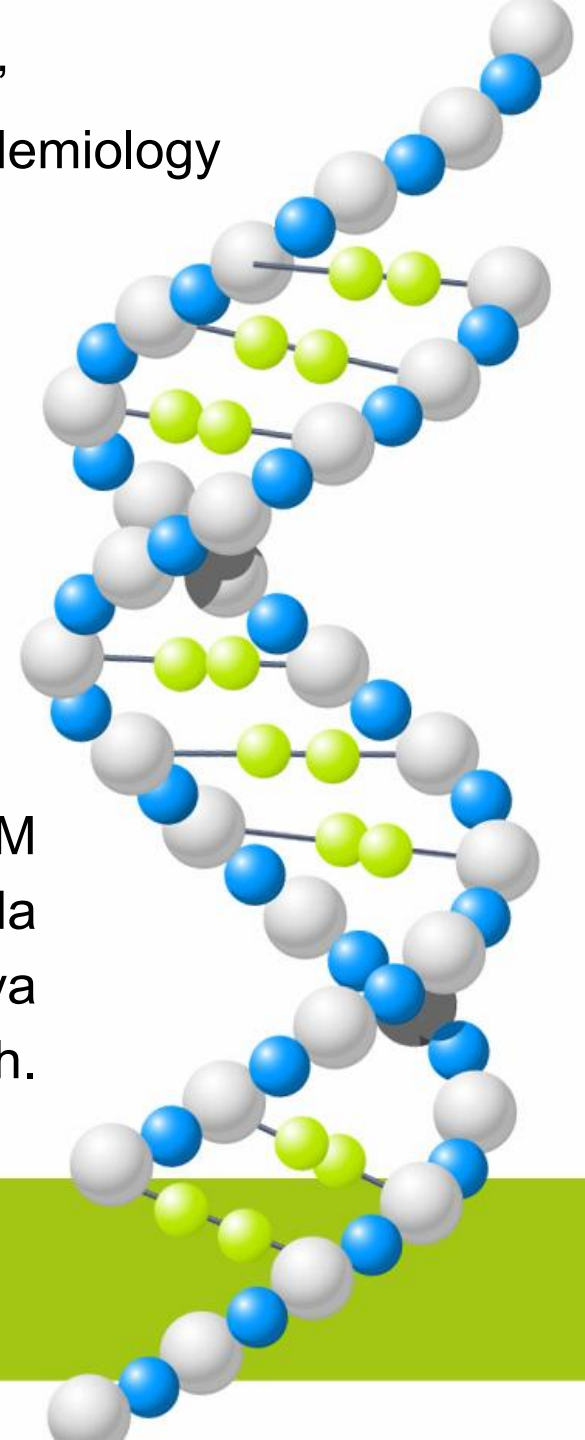
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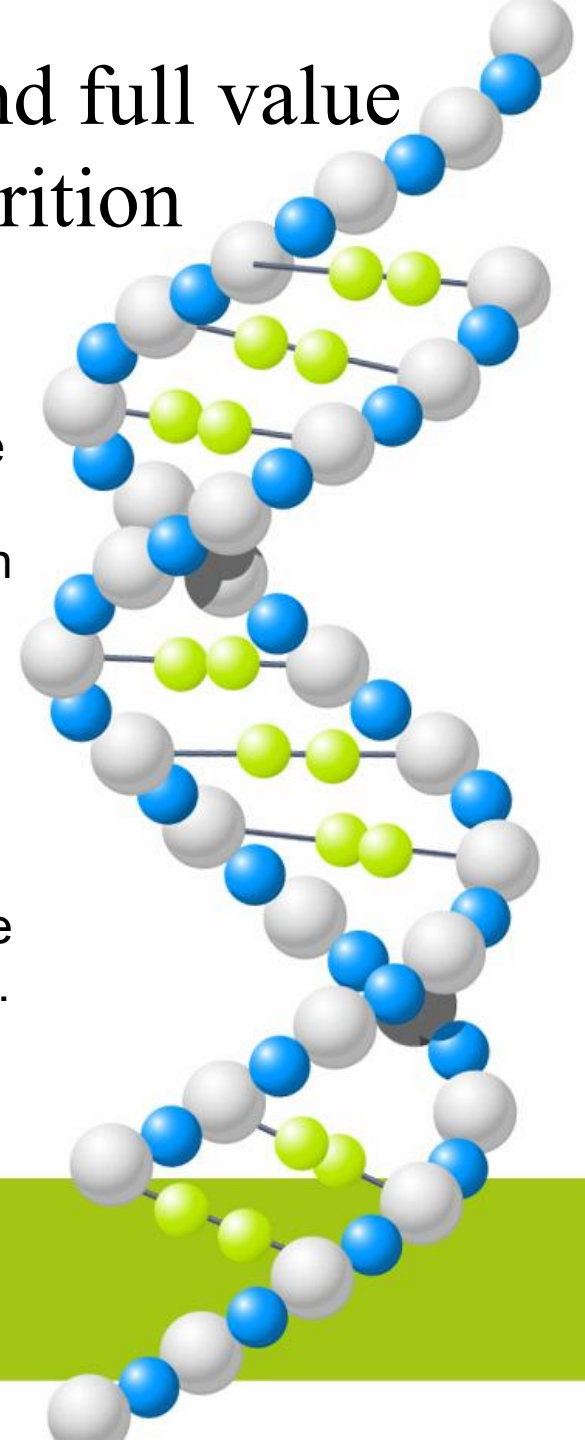


Astana 2017



# Medical control over organization and full value of individual nutrition and nutrition

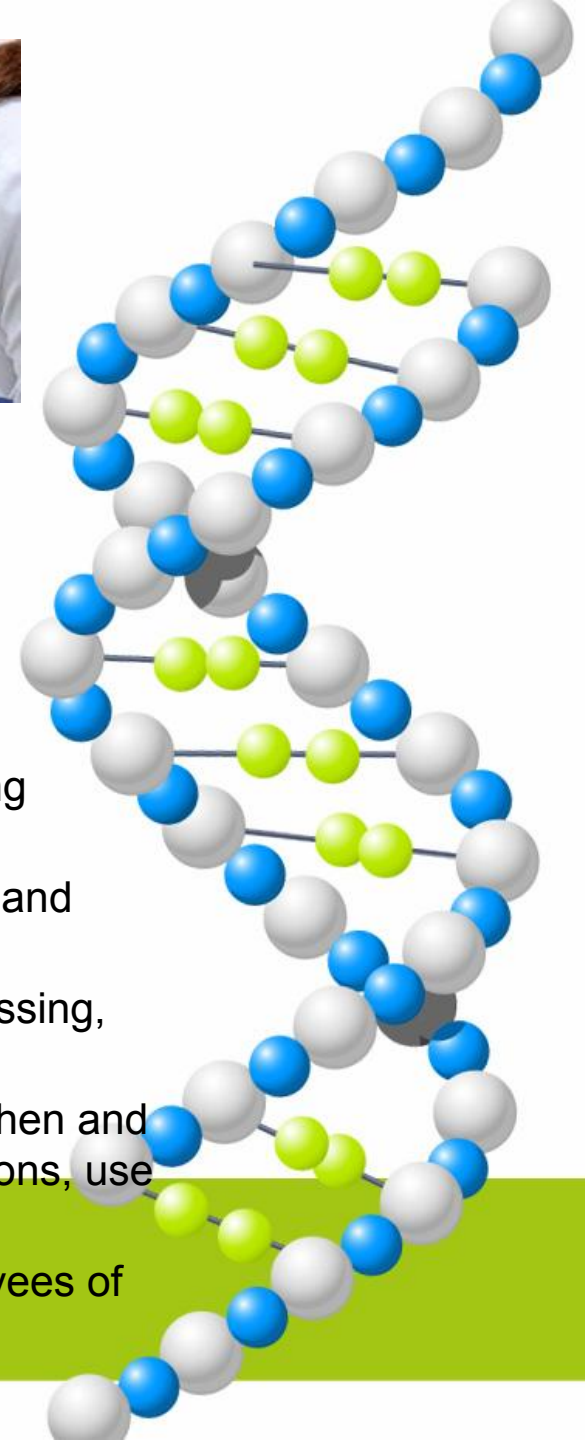
- Nutrition is a major determinant of human health. The catering organization is linked to the type of institution (kindergarten, school, production facility, field camp, medical and preventive institutions, army and others), the number of people and the length of their stay in the institution. In most cases, health-care workers take part in the catering services and provide medical supervision to prevent nutritional diseases.
- It is useful to place kitchen on the last floors of a hospital, sanatorium or kindergarten, or in a separate block of the block system, so that the smell of food does not reach the work premises or the places where people find that smell.



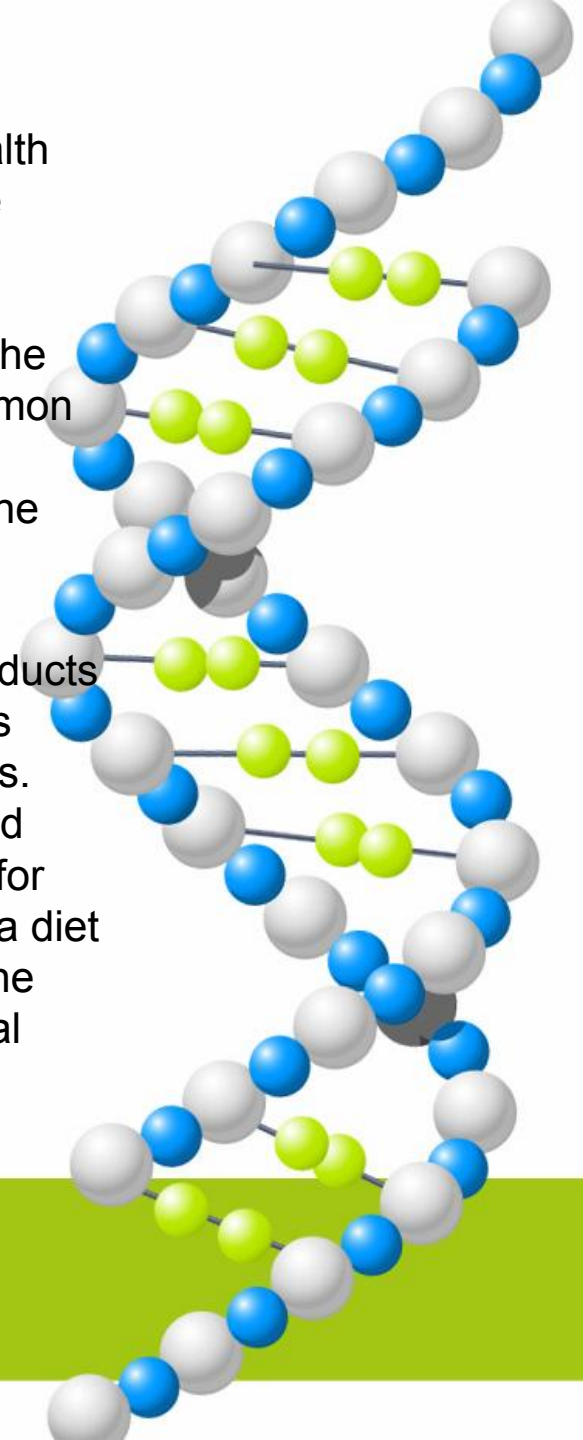


In the medical control of nutrition pay attention to:

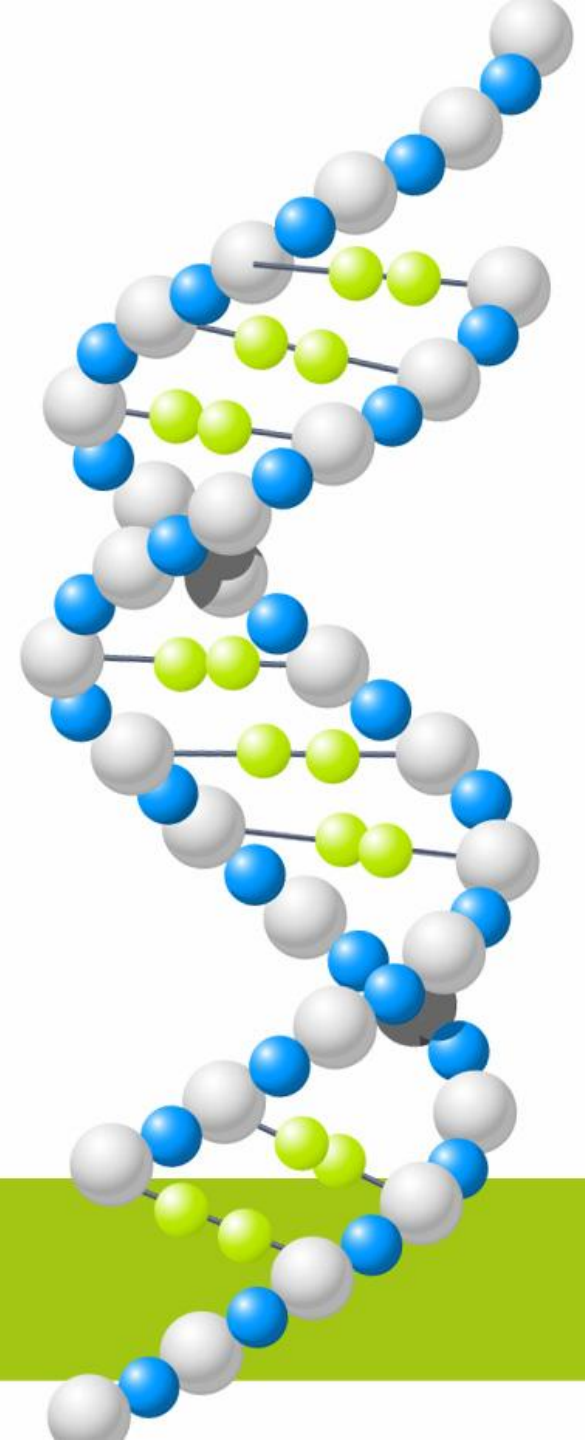
- on the system of water supply and sewage systems;
- efficiency of mechanical ventilation;
- sufficient refrigeration equipment
- availability of technology equipment for the separate shredding of raw and finished products;
- sufficient quantity of kitchen equipment (boards, cutting knives), storage and proper use;
- the clarity of the marking of the harvesting equipment and detergents, where they are stored on the kitchen;
- the accuracy of the technological process, food processing, modern their norms and requirements;
- health status of the casualty (daily cleaning of the kitchen and all ancillary spaces, compliance with washing regulations, use of detergents only);
- on the timeliness of the change of uniforms by employees of the casualty



- The nutritional assessment, which is one of the main tasks of health control of nutrition, is to determine the quantitative and qualitative adequacy (conformity) of the Diet of individuals or organized Collectives to their physiological needs for energy and nutrients, balanced diet, nutritional status and food selection. The study of the actual power is conducted in a variety of ways, but the most common use is the design method for the distribution menu, the individual nutrition assessment for the food status use different indicators, the laboratory method.
- A calculation method is performed on the distribution menu. Determine the utility and content of essential foodstuffs in the products and meals specified in the menu-distribution, separately for meals and, in general in 24-hour with using of “Food Composition” tables. Then establish compliance of the actual chemical composition and power value of ready dishes according to the need for feedstuffs for the faces of the studied group, define balance of a diet, estimate a diet and completeness of grocery set. This type of analyse is one of the simplest and most widely used practices in hygienists and medical practitioners to evaluate both collective and individual meals.

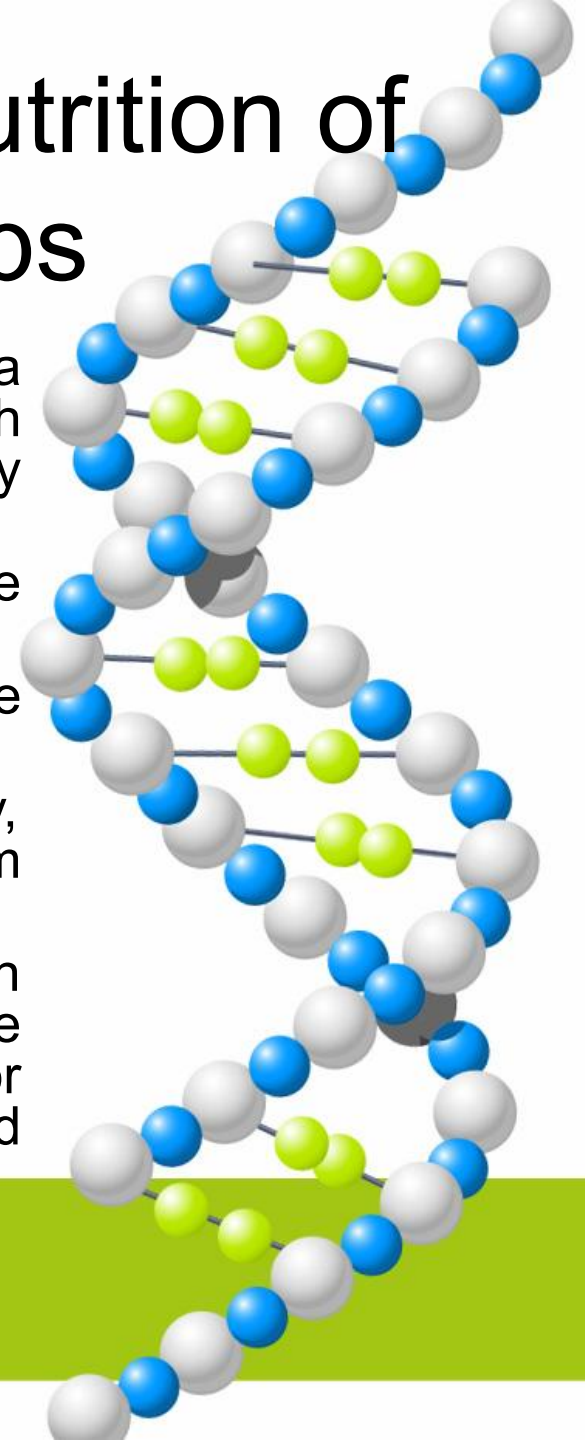


- However the calculation method is insufficiently exact also the periodically data received by means of it have to be exposed to the laboratory analysis of diets. The laboratory method consists of a chemical determination of the caloric intake of the finished dishes and the contents of the essential foodstuffs. Definition of the chemical composition and power value of dishes carry out SEU in organized collectives in a planned order at least 1 time a quarter and also when there are suspicions on shortage of raw materials or a deviation from the mass of an exit of the dish provided by the menu apportion.



# Medical control over nutrition of population groups

- Location of the hospital's food units in a separately standing building or building, which is connected to the main parts of hospital by ground and underground passages.
- Place food units on the upper floors, so that the smells of food will not reach the ward rooms.
- The area around the kitchen should be landscaped and kept clean and asphalted
- Platform for garbage containers are necessary, located at a distance no closer than 20m from the windows and doors of the kitchen.
- Rational planning includes sufficient provision of people with seats. When there is a shortage of seats, there is a significant loss of working or free time, labor discipline is violated, and sometimes this leads to a violation of the diet.

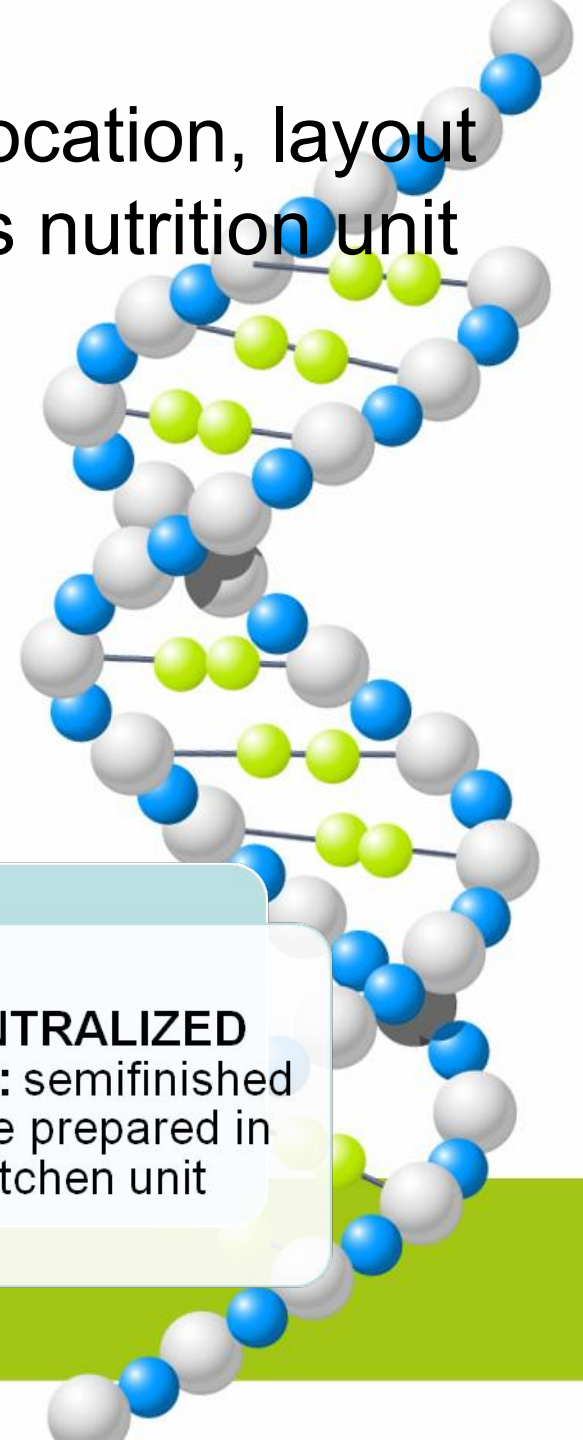


# Hygienic requirements for the location, layout and equipment of the hospital's nutrition unit

## COOKING SYSTEMS IN HOSPITALS

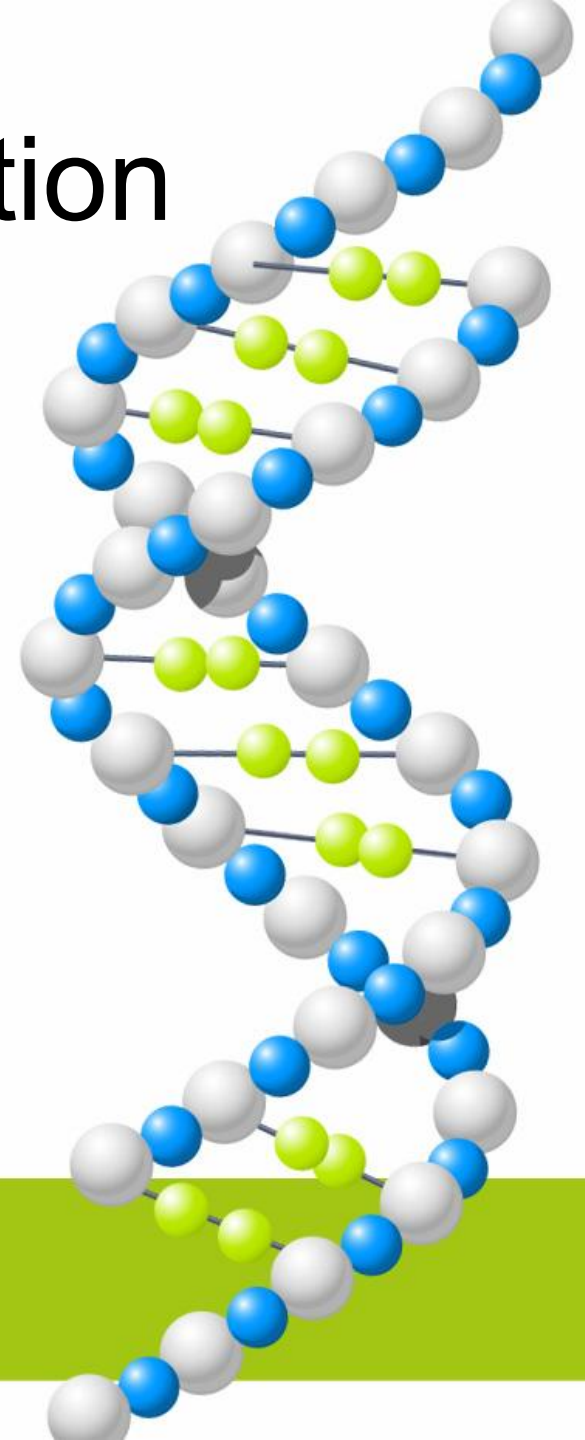
**CENTRALIZED SYSTEM:** food is prepared in the food unit, and then transported to the departments

**DECENTRALIZED SYSTEM:** semifinished items are prepared in the kitchen unit



# Food transportation

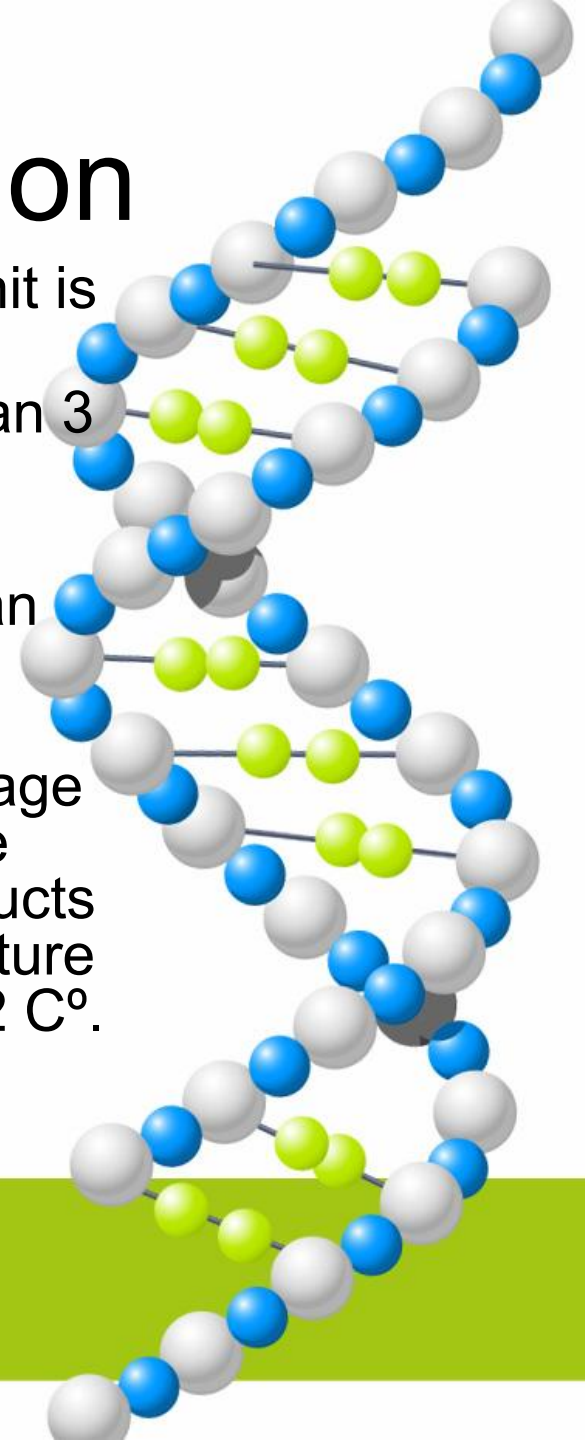
- Perishable products are transported in refrigerators.
- The packaging in which the products are transported must be clearly marked (accompanying documents, which indicate the date of production, shelf life, storage conditions)
- Organoleptic evaluation: products' brokerage + corresponding entry is made in the journal of products. Conducted by the head of hospital, cook and dietician.
- Accepted products are stored in warehouses. It include unloading sites, refrigerated chambers for separate storage of meat, fish, dairy products, vegetables, fruits and greens, uncooled storerooms for storing bread and dry foods.





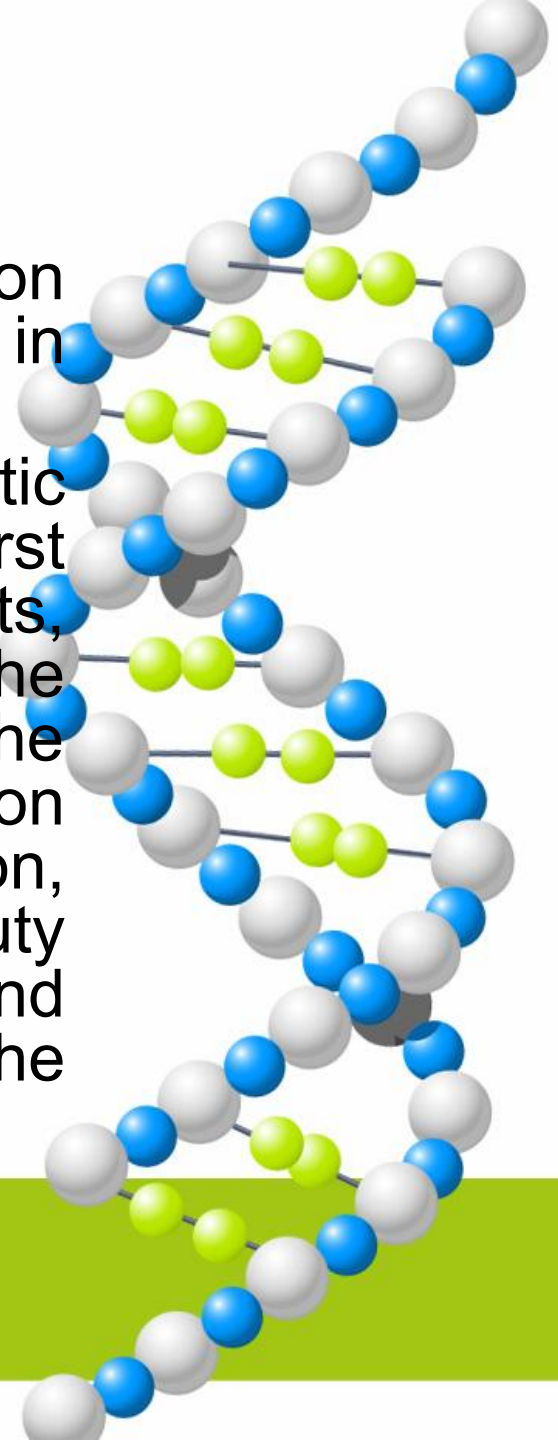
# Food preservation

- Long-term storage of food at the food unit is not allowed.
- Perishable products do not last more than 3 days.
- Milk is delivered daily.
- A stock of butter should last no more than 10 days.
- Perishable products are stored in cold rooms. The temperature in the cold storage rooms for storing most products must be within  $+ 2 + 8\text{C}^{\circ}$ . Raw and finished products must be stored separately. The temperature in small chambers should not exceed  $+2\text{ C}^{\circ}$ .



# Organization

- The medical worker of this institution makes a daily menu-layout in accordance with rations.
- In the treatment-and-prophylactic establishments (ЛПУ), the dieter first makes portions of the diet for patients, signs them with the head of the department. Then the dieter of the treatment and prophylactic institution compiles a consolidated hospital portion, which is signed by a dietitian, deputy chief physician in the administrative and economic part, and approved by the chief doctor.



# Literature

- <http://all-gigiena.ru/lit/358-medicinskij-kontrol-za-pitanie-organizovannyx-grupp-naseleniya-lechebno-profilakticheskoe-i-lechebnoe-pitanie>
- [https://tengrinews.kz/zakon/pravitelstvo\\_respubliki\\_kazahstan\\_premier\\_ministr\\_rk/zdravoohranenie/id-V030002526/](https://tengrinews.kz/zakon/pravitelstvo_respubliki_kazahstan_premier_ministr_rk/zdravoohranenie/id-V030002526/)
- <https://www.ethicalteapartnership.org/wp-content/uploads/Food-Safety-Module-3-1.pdf>

