

Commercial Kitchens and the Handicapped

By Paul Fairbrook

This article was written in 1985, prior to Colman's passing in December of 2006.

Our son Colman is severely retarded. He is non-verbal, his coordination is poor, and he uses some sign language to communicate. Nevertheless, for the past six years, since he became 16, Colman has worked in the dish room of a residence hall kitchen serving over 1000 students, and has served on the cafeteria line in his high school. What is more, Colman loves it!



Colman and mother

When he comes on weekends from the Hanot Home (a nearby residential facility for mentally retarded young adults), he considers it a great treat to be allowed to work at St. Mary's Dining Room, where he performs a variety of food service jobs. St. Mary's is Stockton's soup kitchen, and over 350 hungry people are served daily. Colman can do every job but cook. He loves to be at the gate to let the people in, he also likes to work at the tray counter, where the diners leave their trays and silverware.

Being allowed to serve at the cafeteria counter is, of course, a special treat. We usually assign him to the dessert station, where it is simple to serve one piece of dessert to each person. Therefore, were it not for the fact that Colman might get bored, perhaps by working an eight hour shift, he is really an ideal kitchen worker.

if young adults like Colman are to work in a commercial kitchen, certain items could be considered when planning such a kitchen, so as to make the work areas

more suitable for handicapped workers the word "handicapped" is a broad one, and for the purpose of this article we may have to limit our idea of whom we might be talking about to those who can see and hear, who have use of their hands and arms, and who can follow verbal instructions, The reader may be amazed to note that relatively little has to be changed to accommodate handicapped workers with such abilities. The main concerns must be their personal hygiene, food preparation and service.

There are a number of steps that can be taken to make the commercial kitchen safe for handicapped workers.

- All the hot water faucets should be color coded.
- Building temperature of hot water should be 120 degrees F, with hot water boosters used to bring the rinse temperature of the dish machine to the required levels (180 degrees F for ordinary machines, 140 degrees F for "low temp" machines with chlorine rinse)
- All the potentially dangerous pieces of food services equipment (e.g. slicers, choppers, mixers, knife racks) should be concentrated in one work area where access is restricted to only those who can safely operate them.

To maintain high standards of sanitation and personal hygiene, continuous efforts must be made by the supervisors to focus the workers' attention to these important areas. This includes always washing their hands after going to the toilet and before touching any food, and doing so thoroughly with soap and warm water. It includes wearing clean uniforms, aprons and hair coverings, using kitchen towels, utensils to pick up and serve food and cleaning one's work area constantly. Such instructions can come not only verbally, but also by the use of videotapes, training films and large posters with clear and easy-to-understand illustrations. A brief, daily



In memory of Colman

continued from page 20...

sanitation routine, including perhaps an inspection by the supervisor of all the workers before they start their shifts may be just the thing. Retarded young people like and understand repetitive and routine acts, and can learn good sanitary habits easily through examples and constant reminders, even if they don't fully understand their significance.

There are many areas in a commercial kitchen, where handicapped workers can be very effective; salad and vegetable preparation, serving on the cafeteria line, keeping the dining room clean, and filling the silverware and other containers in the cafeteria. One important aspect in planning the kitchen is to remember to keep each product department somewhat separate from the others. This is good planning not only for the handicapped, but also for the regular workers. The more "open" the kitchen, the more noise, the more confusion, and the more distraction occurs. Separation can be accomplished through the judicious placing of pot racks, reach-in refrigerators, sinks and work tables, and, where practical, even 50" high sub walls.

The only area where workers in wheelchairs would have difficulty would be in the dish and pot rooms, where the dish tables and pot sinks are 34 to 36-inch height are too high for easy reach. Since lowering the dish machine and tables could make it cumbersome for the ambulatory workers who would have to stoop too low to perform efficiently, we would probably assign wheelchair workers to other stations in the kitchen where several low work tables could be placed to accommodate them. Ambulatory handicapped workers, however, can easily master the dish room (washing pots is a little more difficult) and can do so safely and efficiently. In order to enable those in wheelchairs to use the refrigerators, we would recommend sliding doors or sliding windows in addition to the conventional hinged type, for both reach in and walk in boxes. The storeroom would have to be organized and perhaps marked with a product label on each shelf, so that the workers can recognize the item by the label picture rather than the printed word.

The cooks' area is one which, similar to the one containing the dangerous equipment mentioned earlier, will require a high ratio of supervision to workers, and only some of the handicapped workers will be able to work there. Following recipes requires abilities which normally only high functioning retarded possess; others whose handicap may be only physical might be ideal for such a job.

However, even here in the cooks' area there are many routine tasks which a retarded worker can learn (e.g. cooking vegetables and potatoes, working the griddle, ect.) Using visual clues to help the workers can be most helpful, hanging a kitchen towel on the handle of any oven in use, for example, is an effective way of alerting the workers that the oven is hot!

Last, but certainly not least important is the bake shop. This, too, is an ideal place for handicapped workers to work. Forming and rolling dough, and even using the mixer and sheeter can be taught fairly easily. One should be careful about letting them fry donuts, unless they are sufficiently aware of their surroundings that they respect and understand the danger of hot grease. They certainly can dip the finished donuts in frosting, make cookies, decorate cakes and do all kinds of "fun" things.

To sum it all up, a kitchen that is designed to be safe and sanitary for normal people, the slip proof quarry tile, washable walls and ceilings, hand sinks, modern efficient equipment, and enlightened, qualified supervision is also a good place for physically and mentally handicapped persons. If the supervisors use common sense, repetitive training, rigid insistence on safe and sanitary procedures, regardless of the worker, and maintain high standards of food preparation and service, then the handicapped worker will not only fit right in but will, in fact, be an asset in the work force. It is important for the supervisor to respect the handicapped worker for what he or she knows, and to recognize the fact that each can learn, even if at a slow pace. If supervisors accept them fully as an integral part of the work force then they will have happy workers, eager to come to work, to follow orders, and to become productive members of society. If you don't believe it, just watch our Colman the next time you visit St. Mary's dining room.

