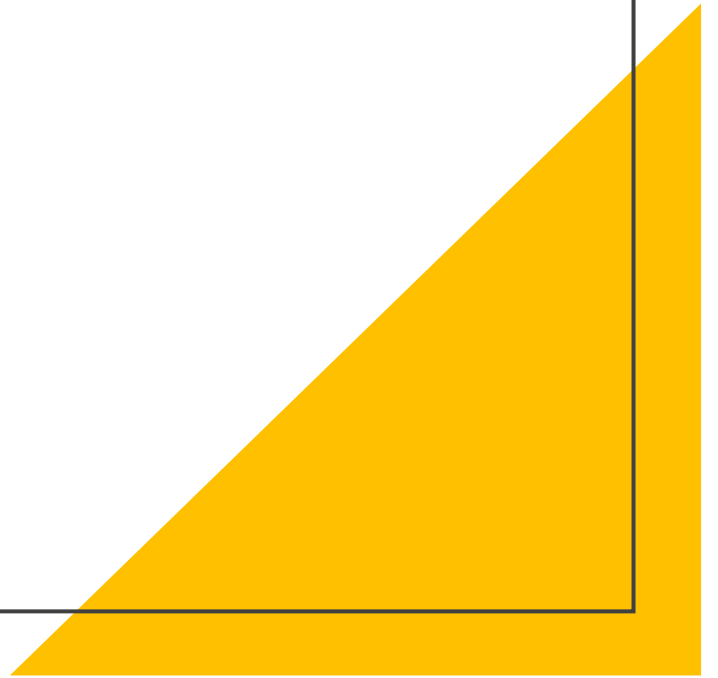


Food Safety and the Role of the IP

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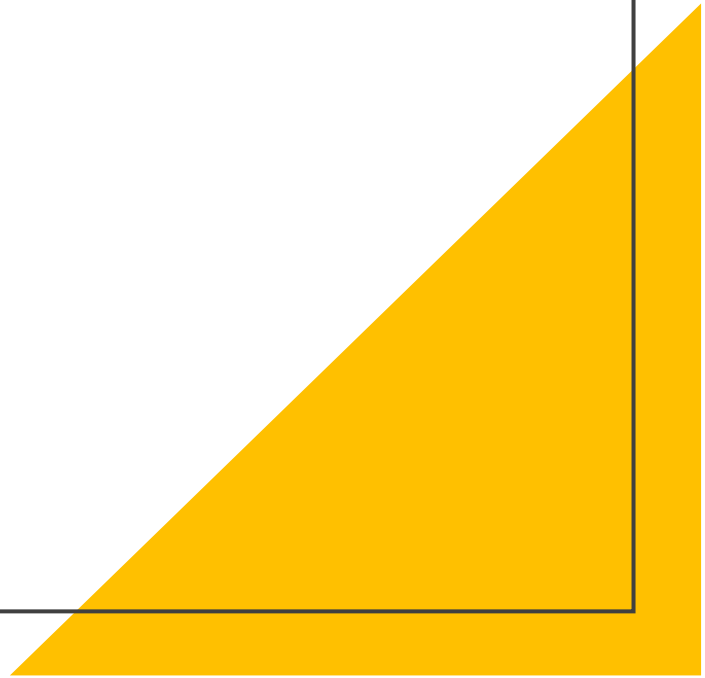
Why are we here?

What are the objectives?

- To help prevent foodborne illness (1 in 6 each year)
- Protect High risk Populations

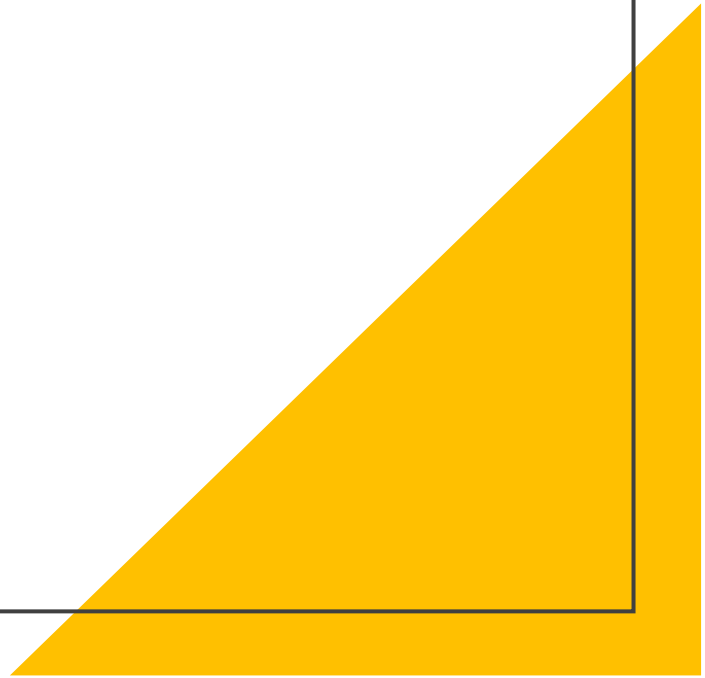
Class 4 Food Service Establishments

- Food safety in high risk populations
- Why is it important?
- Local health inspection frequency for Class 4



Common Causes of Foodborne Outbreaks:

- Holding temperatures
- Cooking temperatures
- Personal Hygiene
- Cross contamination
- Unsafe food sources



Some Facts:

- Per Centers for Medicaid and Medicare (who determine the regulations for LTC) has noted that F812 tag Food Procurement, Store/Prepare/Serve-Sanitary is ranked as the most frequently cited deficiency in Standard Surveys so far for the 2023 fiscal year. F812 has been cited in 39% of these surveys.

Standard Surveys FY 2023

Rank	Tag #	Tag Description	% Surveys Cited
1	F812	Food Procurement, Store/Prepare/Serve Sanitary	39.00%
28	F804	Nutritive Value/Appear, Palatable/Prefer Temp	6.80%
39	F803	Menus Meet Resident Nds/Prep in Adv/Followed	5.30%
59	F814	Dispose Garbage and Refuse Properly	3.20%
68	F806	Resident Allergies, Preferences, Substitutes	2.70%
70	F805	Food in Form to Meet Individual Needs	2.60%
74	F801	Qualified Dietary Staff	2.50%
87	F802	Sufficient Dietary Support Personnel	1.60%
88	F809	Frequency of Meals/Snacks at Bedtime	1.60%
89	F808	Therapeutic Diet Prescribed by Physician	1.50%
102	F813	Personal Food Policy	1.10%
105	F810	Assistive Devices - Eating Equipment/Utensils	1.00%
108	F800	Provided Diet Meets Needs of Each Resident	0.90%
142	F807	Drinks Avail to Meet Needs/Prefs/Hydration	0.30%
169	F811	Feeding Asst/Training/Supervision/Resident	0.10%

Source of Contamination	Primary Agents of Concern	Primary Control Strategies
Hazards that are likely to occur - strategies that must be in place to prevent foodborne illness.		
Eggs, raw or unpasteurized	• Salmonella	• TCS • Cook to proper temperature Prevention of cross-contamination to ready-to-eat foods
Poultry, raw	• Campylobacter • Salmonella	• TCS • Cook to proper temperature Prevention of cross-contamination to ready-to-eat foods
	Clostridium perfringens	• TCS • Cook to proper temperature
Meat, raw	• E. coli O157:H7 • Salmonella • Campylobacter	• TCS • Cook to proper temperature Prevention of cross-contamination to ready-to-eat foods
	Clostridium perfringens	• TCS • Cook to proper temperature
Infectious food workers	• Norovirus • Hepatitis A virus • Shigella • Salmonella	• Exclusion of infectious food workers • Proper hand-washing procedures Avoid bare-hand contact with ready-to-eat foods
	Staphylococcus aureus	• TCS • Proper hand-washing procedures Avoid bare-hand contact with ready-to-eat foods
Hazards that may occur as a result of adulteration of food products, and for which good food handling practices are needed to minimize the potential for foodborne illness transmission.		
Fruits and vegetables, fresh	• E. coli O157:H7 • Salmonella • Norovirus • Hepatitis A virus • Shigella	• Wash prior to use (unless pre-washed) Keep cut and raw fruits and vegetables refrigerated
Ready-to-eat meat and poultry products	Listeria monocytogenes	• Proper refrigeration during storage
Pasteurized dairy products	Listeria monocytogenes	• Proper refrigeration during storage
Ice	• Norovirus	Cleaning and sanitizing the internal components of the ice machine according to manufacturers' guidelines

Ill Food Workers

- **Goal:** Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., or Shiga toxin-producing Escherichia coli (STEC), nontyphoidal Salmonella or Hepatitis A Virus.

Ill Food Workers

- Food employees shall notify person in charge any onset of the following symptoms, either while at work or outside of work, including the date of onset and is not allowed to work:
 - (a) Vomiting
 - (b) Diarrhea
 - (c) Jaundice
 - (d) Sore throat with fever
 - (e) A lesion containing pus such as a boil or infected wound that is open or draining

FORM 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**
- 2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.**
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____


Undiagnosed Symptoms

- -Food workers who have vomited or had diarrhea within the last 24 hours are likely to spread illness through food they prepare. Employee to stay home.
- - **Undiagnosed** vomiting and diarrhea = exclude **24 hours** after symptoms have stopped.
- - Jaundice could be a sign of a Hepatitis A infection. If a food worker has jaundice, report the symptom to the local your health department. Employee to stay home.
- -If an employee reports a sore throat with a fever, they may come to work, but they should not work with food or food-contact surfaces.
- -If a food worker has an infected wound, the wound must be appropriately bandaged and covered before the employee can handle food.
- -Highly susceptible populations have a high risk of contracting foodborne illness. Stricter rules for handling employee illness.

Managing Exclusions and Restrictions

- Each diagnosis has a different exclusion time for food workers.
- Notify the local Director of Health (DOH) and exclude the employee. DOH and DPH will determine when they can return.
- If management has reason to suspect an employee has contracted any communicable disease or is a carrier of such disease, then management shall notify the local DOH immediately.
- Food Code has different specifications for all diagnoses.

Outbreaks Within Units

- Importance of obtaining stool samples from the residents to identify the culprit.
 - Part of initial investigation should be traced back to kitchen to determine if there have been any ill food workers.
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Outbreaks within the kitchen

- **Local Health's Role:**

- Interview w/ food service director if there have been any reported ill food workers, discuss exclusion of ill worker policy, hand washing policy, and glove policy.

- Strongly recommend switching to food grade bleach for sanitizing and switching to paper products (plates, utensils etc)

- Food worker interview for each food worker and fax to DPH. Any food worker who refuses to complete interview or provide stool sample cannot come back to work until they do so, because it is an outbreak.

- If DPH requests food worker to provide stool sample, 24-48 hour time frame for kits to be returned.

- Positive samples: exclude food worker until further notice. DPH and local DOH will determine when they can return. Negative samples: do not have to be excluded.

Unauthorized Personnel in Kitchen:

- Only food workers with adequate food safety training are permitted in kitchen. No other employees permitted to hang out in kitchen.
- CNAs considered food workers if distributing food to residents/patients and need to be trained on hand washing, personal hygiene, cross contamination.

What to Look for During Kitchen Audits:

- Hair restraints worn (hair nets required per State DPH)
- Air thermometer in cold holding units reading below 41°F
- TCS (time/temperature control for safety) food out of danger zone
- General cleanliness of facility (floors, walls, ceilings, door gaskets)
- Possible vermin presence under shelving in dry storage room
- Proper hygiene practices of staff
- Using scoop with handles to dispense ice, scoops stored on sanitized surface, beverages not stored in ice machines
- Beverages can only be stored in ice that is not for consumption
- Mold in ice machines – sanitizing frequency
- Cross contamination while ware-washing
- Barehand contact with ready to eat food