

REGION OF OTTAWA-CARLETONREPORTRÉGION D'OTTAWA-CARLETONRAPPORT

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DATE	13 April 2000
TO/DEST.	Co-ordinator Community Services Committee
FROM/EXP.	Associate Medical Officer of Health
SUBJECT/OBJET	FOOD SAFETY IN OTTAWA-CARLETON

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee approve the actions outlined in this report and submit to the Transition Board request for priority approval of the 2.2 FTE funding for Public Health Inspector positions as supported by Deloitte & Touche in their recent Human Services Review.

PURPOSE

This report provides information on current Health Department activities relating to education, prevention, inspection, regulatory and enforcement measures, as well as planned initiatives to expand efforts in preventing food borne illness and illness acquired from other sources.

BACKGROUND

On January 20, 2000, a presentation to the Community Services Committee was made by a concerned citizen relating to a number of areas where the Health Department could increase its activities to further prevent the transmission of pathogenic organisms such as *Escherichia coli* 0157:H7 both through the medium of food and otherwise.

Reference Item 4

Community Services Committee Agenda, 20 April 2000

Cases of illness involving enteric pathogens are amongst the designated communicable diseases which must be reported to the Medical Officer of Health. For the most part, reported cases of these diseases have declined somewhat over the last ten years with two exceptions. A food borne outbreak of shigellosis in August of 1998 in the Region of Ottawa Carleton resulted in a sharp increase in reported cases for that year. This outbreak occurred following the consumption of a meal which included potentially contaminated curled parsley which was also implicated in similar outbreaks in Minnesota, California, Massachusetts and Alberta. An increase in cases of salmonellosis in 1998 was linked to a nation-wide outbreak involving a nationally distributed pre-packaged lunch product. Notwithstanding these events, most reported cases were sporadic in nature and not outbreak associated.

FOOD SAFETY AWARENESS IN SCHOOLS, HOMES AND FOOD PREMISES

Concerns were expressed that the information available to local educational institutions, private homes and food premises pertaining to the prevention of food borne illness and illness acquired from other sources is currently inadequate. It was felt that high priority groups (parents, students, elderly, immunocompromised) have limited access to food safety education and promotion. The lack of a concerted effort to ensure adequate handwashing in schools was also noted.

Food Safety Awareness - Schools - Current Status

For many years, the Health Department has offered food safety training ranging from awareness sessions to certification training for students in grade 7 through post-secondary programs. In 1999, over 800 students at 19 secondary and post-secondary institutions received formal food safety training delivered by Public Health Inspectors.

In following the *Ontario Mandatory Health Programs and Services Guidelines* (December, 1997), the Health Department promotes and offers food safety training to students in Family Studies (grades 10 & 12). While food safety training in schools remains voluntary, a Public Health Inspector, assigned as a school liaison, responds to food safety training requests and provides on-site food safety education as requested. She/he also works with staff from the Child and Adolescent Health Division to promote various initiatives including food safety training both directly and through the Department's Reference Guide for School Staff. The Public Health Inspector also addresses food safety issues and other environmental health issues as needed.

The Medical Officer of Health, Dr. Cushman, participated in the formal launch of the "Fight-Bac" at the Elgin Street Public School on April 13, 2000. This national public education campaign for food safety is sponsored by the Canadian Partnership for Consumer Food Safety Education. The program is designed for children aged five to nine years old, and includes games, skits, songs, and take home material, as well as a web site. The key messages are the importance of regular hand washing and the use of proper food safety practices in the kitchen. The material will serve as a valuable resource to the Health Department in health education activities in the primary schools.

Food premises within the schools are currently inspected routinely in accordance with the Ontario Ministry of Health's mandatory inspection requirements.

Food Safety Awareness - Homes - Current Status

With regards to food safety in the home, training is delivered upon request to any group interested in home food safety. Brochures and informational materials have been developed on issues such as summer food safety. In addition, the Department had developed a comprehensive booklet on home food safety which was widely distributed for a number of years. This was replaced by a similar product provided by the Ministry of Health for the last few years. As this provincial resource is no longer available, we are planning to revise our own booklet as a public resource. Two home food safety related displays are also available for use at community events and retail outlets. These can be borrowed by the public or can be staffed by Public Health Inspectors during community events and were utilised at 2 retail locations in 1999. In addition to the food safety training offered to food handlers, 3 training sessions specific to home food safety were provided in 1999.

In 1995, there was a Public Health Inspector position entirely dedicated to the issue of Home Food Safety. However, funding for this position was later cut due to budgetary constraints.

In 1999, all displays within the Environmental Health Branch were catalogued and included in the Departmental display inventory. As a result, they are more accessible to the general public and can be easily borrowed. A departmental committee is continuing to explore ways to promote the availability of these displays for community use. The Environmental Health Branch staff are also in the process of evaluating the food safety related displays in order to enhance their effectiveness.

The Environmental Health Branch participates in the departmental Nutrition Co-ordinating Committee to ensure that food safety issues are inherent in all promotion encouraging consumption of raw fruits and vegetables. The Branch also participates in a departmental train-the-trainer program involving "Community Food Advisors" some XX volunteers who counsel low income families and multicultural groups on various food related issues including food safety.

Food Safety Awareness- Food Premises - Current Status

The Department offers food safety training to operators of commercial food premises and the community. Hazard Analysis Critical Control Point (HACCP) Audits help address and eliminate or minimise food safety hazards. The Department communicates food safety issues with Food Premises operators in its regular newsletter publication "*Food Matters*". Surveillance of food safety and food handling is ongoing via compliance inspections and response to public concerns.

In reply to the report given by the concerned citizen of some grocery stores in the United States (Winn Dixie, Publix and Kash & Karry) installing plexiglas meat shields to further prevent access to raw meat on display by children, the following information was obtained. According to Mr. Rick Mathas of the Florida Department of Health (phone conversation, February 16, 2000), the Bureau of Food and Meat Inspection within the Florida Department of Agriculture and Consumer Services requires grocery stores

to physically separate species of meats (poultry on top, beef separate from pork). Plexiglas meat shields in raw meat counters and cold display units are not a requirement by state law. Larry Beck, marketing director for Winn Dixie grocery store chain in the Ocala, Florida area indicated that the major purpose of any extra plexiglas installed into their meat display counters would be to improve the cold air circulation on older equipment for more efficient chilling of raw meats.

The current protection for raw meat display in Ontario meets the requirements of Ontario Regulation 562 R.R.O. 1990 as amended by O. Reg. 586/99. Raw meats are required to be displayed separately from other ready to eat meat products to help prevent cross contamination. Currently, there is no requirement for the products to be covered.

Food Premises which prepare and sell raw meats and vegetables are subject to regular inspection by the Department. These premises are assessed in terms of their risk and scheduled for a minimum of 2 or 3 routine inspections per year. In addition, all complaints by the public relating to these premises are investigated promptly by inspection and any remedial action required is followed up consistent with our policy

In 1999, 8,560 visits to the 4,952 premises, including grocery stores, were made by Public Health Inspectors in Ottawa Carleton. These included routine inspections, follow-up inspections, consultations and complaint responses. In addition, approximately 670 participants from food premises attended food safety training in 1999, where a major focus is the prevention of food borne illness.

During the inspection visit, the inspector may use a number of strategies depending on the circumstances. The objective of these strategies is not only to ensure a prompt resolution of any current deficiencies, but also to achieve ongoing compliance in the long term through a collaborative educational approach with the operator. The principles of the self monitoring of critical processes by the operator are discussed in considerable detail. The following strategies are briefly described in terms of their main features and frequency of use.

- **Compliance Inspection:** This inspection is routine in nature and is internally scheduled at a frequency determined by assessing the relative risk of a given establishment using Ministry of Health criteria. Most restaurants and meat retailers would be scheduled for a minimum of 2 or 3 compliance inspections per year. Emphasis is placed on basic compliance with Ontario Regulation 586/99 (Food Premises). In 1999, there were 7,056 compliance inspections completed by Public Health Inspectors in the Region of Ottawa-Carleton.
- **CCP (Critical Control Point) Monitoring:** This process involves the identifying of specific points in the food processing cycle where initiative must be taken to ensure ongoing food safety. An example would be the monitoring of a cooling temperature of a hazardous food to verify that the time/temperature relationship does not encourage bacterial growth. In 1999, there were 2863 occasions where this strategy was used by Public Health Inspectors in the Region of Ottawa-Carleton.

- **Risk Assessment:** This strategy is used whenever a new food premises begins operation and as often as necessary thereafter if a change in status may be necessary. The risk designation (risk 1, 2 or 3), is arrived at by assessing a number of factors relating to menu complexity, population served and compliance history. For example, a food premises preparing food for residents of a nursing home would be considered high risk by virtue of the vulnerability of the clients served. A food premises which had recently changed its menu to include meals which require many processing steps with increased food poisoning risk factors (Critical Control Points) might have its risk category upgraded from medium to high risk. In 1999, this strategy was used 2,487 times in the Region of Ottawa Carleton.
- **Consultation:** The consultation strategy is used to address a specific issue generated by either the operator or the inspector. Examples would include the review of plans for structural changes to a food premises, requests for evaluations of new food items or equipment being considered, attendance at meetings at the request of an operator where our input is necessary and completion of surveys at the request of agencies such as the Ministry of Health. In 1999, there were 1,522 consultation visits to food premises by Public Health Inspectors.
- **Safety Training:** This strategy is used by Public Health Inspectors to educate food handlers and operators in food premises on specific food safety issues which arise during inspections. It is not to be confused with formal food safety training which is also offered on a more structured basis. This strategy was used 1058 times in 1999.
- **Re-inspection:** The two strategies used to correct continuing non-compliance are re-inspection and legal action. Of these two options, the re-inspection process is by far the most cost effective and frequently used. It is based on a policy clearly communicated to the operator by the inspector with a compliance timeline set when the deficiency is first noted. Critical deficiencies, (those if left uncorrected could contribute to food borne illness), are usually followed up within 24 hours unless the operator is able to correct them immediately. For non critical deficiencies, a compliance timeline is set with the operator and a follow-up inspection is made to ensure correction. Should this strategy not result in compliance, legal action will follow. The re-inspection strategy was used 1012 times in 1999.
- **HACCP (Hazard Analysis Critical Control Point) Audit:** This process involves an in depth analysis of several steps in a food preparation process where there is considerable risk potential for food borne illness. During this process, the inspector provides direction to the operator and his/her staff on the remediation of potentially hazardous practices in the processing of a particular food item that could cause food poisoning. In 1999, there were 668 such audits conducted.
- **Legal Action:** If any deficiencies noted are not corrected within the time specified, as verified by re-inspection, a Provincial Offence Notice (ticket or summons) is issued. Tickets are submitted to the Provincial Court for processing and a conviction is registered if the operator pleads guilty, fails to appear, or is found guilty by a judge. Most operators are co-operative and it is not necessary to issue a ticket. All deficiencies are pursued until they are corrected. Failure to comply following the issuance of a ticket will result in further action such as a summons, an order, or in severe cases, closure. The strategy of legal action was used by Public Health Inspectors on 7 occasions in 1999.

It has been departmental practice to inform the Community Services Committee after a conviction is registered against a premise. The following convictions have been obtained since the last such report was submitted on October, 1998:

1. Summons issued: November 24, 1998, International Cheese and Deli Inc., 40 Byward Market, Ottawa, Ontario. Fine \$250.00 (P.O.A. part 1 summons). Infraction: Display hazardous foods at internal temperature between 5 degrees Celsius and 60 degrees Celsius; Ont. Reg. 562/90, Sec. 33.
2. Ticket issued: April 27, 1999, Uptown Market 11, 801 Somerset St. West. Fine \$55.00. Infraction: Operate a food premise maintained in a manner adversely affecting sanitary condition; O. Reg. 562/90 Sec. 11 (a)(ii).

Convictions have yet to be confirmed for any tickets submitted to the Provincial Court for processing in 2000.

Most food premises in Ottawa-Carleton have agreed to conspicuously post a plaque provided by the Health Department indicating that the premises are inspected and that inspection reports are available from the Department by phone request. We endeavour to process report requests for a specific establishment within 24 hours.

Planned Action

Schools

- Develop and distribute information and health curriculum material for students, parents and teachers focussing on safe food handling, current statistics for food borne illness, types and sources of food poisoning, hand washing and when to see a doctor if ill. The Public Health Inspector assigned to schools will initiate and implement new food safety initiatives, utilising a food safety week format when feasible;
- Continue to work with the provincial liaison for family studies (grade 7 to OAC) to standardise the food safety curriculum and evaluation for province-wide application.

Homes

- Re-issue a *Home Food Safety* publication taking into account any new issues of concern arising from this report;
- Work with Public Health Nutritionists promoting healthy eating to ensure that the awareness of food safety issues relating to raw fruits and vegetables is well communicated in all promotional materials and information sessions.

Food Premises

- Require that food premises comply with the food safety training protocol established, but not required, by the Ministry of Health. This can be done as a condition of business licensing in the new City Of Ottawa;
- Target local processors and retailers of fresh ground meat products with an awareness campaign specific to the issue of *E coli* food poisoning and its prevention. Develop food safety tips in tear off sheet format to be placed at point of purchase retail meat and produce outlets highlighting proper handling and cooking methods to avoid food borne illness. This should be accompanied by the availability of plastic bags such as those currently available in produce sections. The use of these bags would further enhance protection for both the purchaser and other shoppers. The Department will continue to investigate other opportunities to ensure food safety at points of sale.
- Include other areas of retail food outlets where cross contamination from raw meats may occur such as check out stations during inspection and education sessions at grocery stores. The provision and regular use of sanitising agents at these locations should be stressed;
- Include in all food safety training a component specific to the particular hazards involved in the processing, preparation and retailing of raw meats, fruits and vegetables.

PETTING FARMS AND PETTING ZOOS

Concerns were raised about the potential risk of disease transmission from animals infected with pathogens such as *E. coli* 0157:H7 being used in petting farms and petting zoos.

Current Status

There are no specific provincial or local inspection protocols. The Department responds to public health issues relating to operations in progress (animal bites, unsanitary conditions, etc.). Investigation of an *E. coli* 0157:H7 outbreak (with 11 confirmed cases, 155 possible cases, 2 hospitalizations and no deaths) in the Middlesex-London Health Unit prompted the Ontario Ministry of Health to form a working group to develop standards and protocols for operators of animal exhibitions and agricultural fairs. The working group, which consists of representatives of the Ontario Ministry of Health, the Ontario Ministry of Agriculture and Rural Affairs, the Ontario Farm Animal Council and the Middlesex-London Health Unit began meeting in February, 2000 and hopes to have guidelines available for the 2000 fall fair season.

Planned Action

- Approach local stationary petting farms with an information package using provincial, Middlesex-London and local materials to raise awareness in the prevention of animal related illness.

- Raise public knowledge and awareness in the prevention of zoonosis (diseases of animals which affect humans) in petting zoos and animal environments by producing and providing educational and informative materials targeting teachers and parents as well as media releases when needed.
- Require inspections of all petting farms and zoos by Public Health Inspectors as a condition of licensing to operate in the new City Of Ottawa.

CONSUMPTION OF APPLE CIDER

The availability of unpasteurized juices and cider at commercial outlets was mentioned as a potential source of foodborne illness.

Current Status

According to the Canadian Food Inspection Agency (CFIA), there are currently 27 established commercial juice processors in eastern Ontario, one of which is located in Ottawa-Carleton. We have been advised that this establishment is inspected yearly by the CFIA which ensures compliance with the *Code of Practice for the Production and Distribution of Unpasteurized Apple and Other Cider in Canada*. A Hazard Analysis Critical Control Plan (HACCP) may be developed for processing operations to help control the process and minimise safety hazards. This health department informs CFIA of new commercial processors.

Planned Action

The Health Department supports the Ontario Ministry Of Health's recommendation to CFIA that mandatory pasteurisation be a requirement for all commercial processors. The current code of practice is considered inadequate by both the Ministry and the Department. While there has been no recognised outbreak of enteric disease related to unpasteurised apple cider in Ottawa- Carleton, the potential exists and the consequences can be serious. Due to an increasing awareness of unpasteurised juices and cider as a source of food borne illness, proposed improvements include mandatory labelling of unpasteurised juices alerting consumers of the risks it may pose to certain individuals (children, older citizens). Moreover, this Department continues to be of the opinion that pasteurisation or an equivalent treatment is the only way to guarantee a pathogen free product, thereby eliminating the potential for consumer illness.

EARLY DIAGNOSIS OF VEROTOXIGENIC ESCHERICHIA COLI (VTEC) BY PHYSICIANS

The next issue of the Department's *Communicable Disease Report*, sent to all physicians in Ottawa-Carleton, will include recommendations on when to culture diarrhea in order to diagnose this infection as soon as possible. The mailing will also include the Department's latest *Communicable Disease Guidelines for Schools and Child Care Facilities*, which include isolation requirements for all food borne illness which may be spread person to person.

HANDWASHING

It was suggested that the Department should promote handwashing more aggressively in areas such as schools.

Current Status

In 1999, thirty-one infection control sessions were delivered involving approximately 750 participants, where hygiene and handwashing were a major focus. Places such as child care facilities, nursing homes, homes for the aged, retirement homes, schools and homes for special care were involved in these sessions. New hand washing signage was developed in 1999 primarily for the use of high risk premises (hospitals, nursing homes, etc.). This signage is also available to schools and has been used to a limited degree.

Planned Action

The Department is looking to revise its current infection control strategy to better communicate the importance of handwashing to more target groups including health care facilities and schools. This would include the use of specific signage teaching the method of effective hand washing.

PUBLIC CONSULTATION

The Department liaised with the following persons or organisations in order to complete this report:

- Eileen Mattson, concerned citizen;
- Larry Beck, Marketing Director, Winn Dixie Stores, Florida Division;
- Rick Mathas, Food Service Facilities, Florida Department of Health;
- Dr. Chuck LeBer, Senior Veterinary Consultant, Ontario Ministry of Health & Long-Term Care;
- Jim Reffle, Director of Environmental Health, Middlesex London Health Unit;
- Canadian Food Inspection Agency;
- W. Barrie Trevena, Environmental Health Officer, Cornwall England.

FINANCIAL IMPLICATIONS

The full implementation of the planned actions mentioned in this report is contingent upon the Environmental Health Branch receiving approval for 2.2 FTE Public Health Inspectors in 2001 as supported by Deloitte & Touche in their recent Human Services Review. While this funding is not specific to food safety, it would enable the Branch to reinstate food safety resources currently used for mandatory program requirements relating to infection control.

CONCLUSION

The prevention and control of the transmission of enteric pathogens within the Region of Ottawa-Carleton has been, and will continue to be, a priority of the Health Department's Environmental Health Branch. The Branch looks forward to further improving its effectiveness in this role thanks to the constructive input of everyone consulted in the preparation of this report.

Approved by Edward Ellis, MD, MPH, FRCPC