

1. FOOD SAFETY IN OTTAWA-CARLETON

COMMITTEE RECOMMENDATIONS AS AMENDED

That Council approve:

The principle of a grading system for food premises based on food safety; and

That the Health Department consult with interested residents, stakeholders (including the Ottawa Restaurant, Hotel and Motel Association) and health authorities elsewhere and return a report to Community Services Committee by September 2000 indicating how such a system would work, how much it would cost and what criteria to use in setting grades; and

That information be provided on the Region's page in the newspapers to let the public know that they may call 560-1335 with concerns regarding food safety at retail food or restaurant premises; and

That Council contact the Minister of Health to request mandatory food handler training in Ontario and a province-wide food premises rating system.

DOCUMENTATION

1. Associate Medical Officer of Health report dated 13 April 2000 is immediately attached.
2. Extract of Draft Minute, Community Services Committee, 20 April 2000 immediately follows the report and includes a record of all votes.

REGION OF OTTAWA-CARLETONREPORTRÉGION D'OTTAWA-CARLETONRAPPORT

Our File/N/Réf.	
Your File/V/Réf.	RC
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

4. FOOD SAFETY IN OTTAWA-CARLETON
- Associate Medical Officer of Health Report dated 13 April 00

Constable Andy Roach informed Committee that the report deals with current and proposed activities of the Environmental Health Branch in the control of food safety, and the prevention of enteric food borne illnesses. The full implementation of the actions outlined in the report is contingent on the provision of 2.2 FTE food safety positions, as noted in the recent Deloitte & Touche report.

Dr. Ed Ellis, Associate Medical Officer of Health, provided information on the number of cases of Campylobacter, Salmonella, Verotoxin-Producing E. Coli and Shigella, by year, for the region of Ottawa-Carleton, and as compared to other municipalities. Dr. Ellis noted that these bacteria are primarily spread through the fecal-oral route, and is commonly transmitted via unpasteurized milk, poultry, dirty water, and fruits and vegetables originating from unsafe agriculture practices. Dr. Ellis made reference to a salmonella and shigella outbreak as a result of a lunchables product and contaminated parsley. He added that the statistics do not always reflect the complete picture, giving the example of the Middlesex London figures which were reported prior to an extensive outbreak related to petting zoos. Suspected cases of food borne illness are also not reflected in the numbers.

Committee Chair A. Munter inquired whether food poisoning is incorrectly diagnosed or unreported, and whether there are any statistics that reflect how closely reporting matches the number of actual cases that occur. Dr. Ellis replied that it would depend on which bacteria was involved, adding that an individual has to be ill enough to visit a doctor, and a doctor has to be impressed enough to order a stool sample, in order to confirm the presence of bacteria. He indicated that many cases of salmonella are probably not being recognized, however when symptoms are severe, verotoxin producing e. coli is often detected. Dr. Ellis indicated that literature will be sent to doctors in the near future advising what signs to look for, when to order stool cultures and when to report symptoms.

In response to a question from Councillor D. Holmes, Constable Roach indicated that there were approximately 400 complaints last year to the food health line, ranging from problems dealing with cleanliness to reports of illness.

In reply to an inquiry from Chair Munter, Constable Roach indicated that most restaurants post a plaque which lists the Health Department number. Dr. R. Cushman, Medical Officer of Health, added that the public perception of one of things the health department does is

Extract of Draft Minute
Community Services Committee
20 April 2000

restaurant inspection, so they know who to call. He advised that the Department also gets calls from physicians reporting suspected cases.

Chair Munter referenced the action plan outlined in the report, and questioned whether these items are dependent on the 2.2 FTE being added, or are there available resources in this years budget to proceed immediately on some of the recommendations. Constable Roach responded that the Health Department has begun to work on some of the initiatives outlined in the report, and are moving forward on the health education issue, designed to raise awareness in restaurants, homes and in the grocery stores.

In reply to a query from Chair Munter concerning the proposal to require safety training as a condition of licensing in the new city, Constable Roach indicated that the Department offers a food handlers program in house on a monthly basis as well as on site where numbers warrant.

In response to an inquiry from Chair Munter, Constable Roach noted that although not required by law, the Department works on the assumption that training is necessary, and requirements are such that food premises with more than three food handlers must have one that is certified, although if there are less than three it is not required.

Chair Munter asked what proportion of food premises meet this food safety protocol. Constable Roach advised that it is difficult to determine exact numbers as employees in the food industry are often transient, although estimated that not more than half of the food handlers in restaurants are trained.

Councillor A. Loney queried whether the Region presently has the authority to enforce posting of the plaque. Constable Roach noted that he is uncertain whether there is the authority to require it be posted, but does not know of any establishment refusing to do so.

Dr. Ellis commented that the majority of reported cases of food poisoning are not related to restaurants, but result from contact with the bacteria in home use.

Councillor D. Holmes questioned how the Department intends to impose mandatory food handling training as a condition of licensing. Constable Roach noted that the Health Department currently has an arrangement with some municipalities for signing authority on food premises licenses, which provides some leverage to ensure that when food premises begin operations they are in compliance with the training requirements.

Extract of Draft Minute
Community Services Committee
20 April 2000

Constable Roach clarified that presently that there is no follow-up with licensing if an establishment is charged.

Ms. Eileen and Mr. Jim Mattson made reference to her presentation to Committee in January where she made several recommendations on food safety. She noted that she has read the report, and would like to commend Committee and the Health Department for the positive action that is outlined. She noted that with a combined total of over 400 cases of food borne illness last year in Ottawa-Carleton, it is clear that action is necessary. She noted that licensing food workers will benefit both the public and the restaurant industry. She suggested that food safety and food handling information be distributed to all households, schools and businesses as well as the restaurant industry.

Ms. Mattson stated that the public has a right to know about safety infractions by food establishments, including grocery stores, and suggested that reports be placed on-line for access by the public. She suggested that colour coding could be used to rate restaurants as a result of food inspections, providing the example of green for A, yellow for B and red for a failed inspection. She noted that this would help the food industry maintain minimum standards and inspire restaurants to achieve these grades. Ms. Mattson suggested that grocery stores be required to implement safety measures for cross-contamination such as meat shields, provide anti bacterial wipes at meat displays, and wipe down conveyer belts at cash registers.

In reply to an inquiry from Ms. Mattson, Constable Roach noted that it is a challenge to address the issue of unpasteurized apple cider, as it is legal, although the Department will focus on informing the public of the risks. Dr. Cushman advised that there is only one producer of apple cider locally, although there are a number in Eastern Ontario.

Chair Munter commended Mr. and Mrs. Mattson for their leadership on this issue. He suggested that there should be a review of the proposed recommendations in order to determine the status in 12 months. Dr. Cushman commented that the Mattson's work has benefited the community, and they have provided valuable information and suggestions to staff. Staff will investigate the issue of authority under by-law to require food handling training as a condition of licensing.

Ms. Mira Shane, resident of Metcalfe Street, informed Committee that she was a victim of salmonella poisoning in 1991, which left her sick at home for 10 days before she was hospitalized for 10 days. Ms. Shane suggested that the Health Department has an opportunity to provide the public with information that when they enter a restaurant it has been recently

Extract of Draft Minute
Community Services Committee
20 April 2000

inspected, and what grade was received. She noted that there should be additional publicity on what number to call with a complaint or concern.

Chair Munter suggested that there should be a highly visible posting in a restaurant with a number to call, similar to the sticker in the back seat of taxi cabs noting a number to call with complaints. Ms. Shane concurred.

Mr. Tom Kroeger, President of the Ottawa-Carleton Restaurant, Hotel and Motel Association, informed Committee that the Association members have a good relationship with the Health Department, and commended the Department for their regular inspections of food establishments. He noted that the Association encourages all members to post the plaque in a visible place. He commented that the proposal for a grading system has caused some concern, as the fact that restaurant doors are open means that establishments have complied with the requirements. He explained that although there could be more education and training for food handlers, the implementation of a food grading system in other areas, such as California, has caused serious problems.

Mr. Kroeger advocated increasing fines, and shutting down establishments when they do not comply. He noted that most instances of food borne illness occurs in the home, and noted that it is impractical to implement requirements in grocery stores, street vendors or cafeterias. Mr. Kroeger noted that the Association will assist in any way possible.

In response to a question from Chair Munter, Mr. Kroeger noted that it is difficult to determine the number of trained workers in the restaurant industry, as there are many seasonal workers, as well as highly skilled professionals who don't have the food handling course but are knowledgeable in food handling requirements.

Councillor W. Byrne commented that restaurants may embrace the rating system and aspire to achieve an "A" rating, in order to attract more clientele, similar to the Canadian Automobile Association (CAA) rating system. Mr. Kroeger replied that the industry has some concerns about the possible subjectiveness of a rating system. He noted that the Association would have to review a detailed proposal, including measures that could be taken to correct ratings. In response to a question from Councillor Byrne, Mr. Kroeger clarified that the Association has not discussed and does not have a position on the CAA rating system.

In reply to a query from Councillor D. Holmes concerning the subjectiveness of the rating system, Mr. Kroeger commented that as a result of human nature, inspectors could provide different ratings that may cause financial difficulties for some establishments. He noted that a

Extract of Draft Minute
Community Services Committee
20 April 2000

rating system should be weighed against whether it will actually result in cleaner restaurants or fewer few food poisonings.

In response to a question from Councillor A. Loney, Mr. Kroeger noted that there are approximately 1700 food services establishments in Ottawa-Carleton, with the Association representing 400-500 restaurants. Councillor Loney inquired why more restaurants are not members. Mr. Kroeger noted that simple apathy is the reason, as all establishments benefit from the lobbying of the Association. Councillor Loney suggested that restaurants that have worked at hard at maintaining standards may embrace the rating system as it would benefit them versus those restaurants that have done the minimum required to avoid being charged.

Chair Munter stated that he understands the reservations about the California system, however is hopeful that the Association will be involve itself in the discussion of developing the rating system. He added that based on present standards, approximately 95% of existing restaurants would get an "A" rating. Mr. Kroeger questioned whether groups such as caterers, butcher shops, grocery stores and food vendors would be included in the rating system. Chair Munter commented that inspection forms were changed in recent years to a check list type of document, to encourage a more uniform report.

Ms. Arlene Moke, resident of Cooper Street, informed Committee that there is a restaurant that backs on to her property which has been inspected a number of times, although problems with grease, garbage and cleanliness continue to be a problem. She noted that she has the names of a number of restaurants that have definite food and health violations. She has a bill to present to the Health Department for reimbursement of cleaning costs for her vehicles from grease sprayed from a nearby restaurant, after the food inspector approved the establishment. Ms. Moke stated that she has also had to deal with Property Standards Officers, who do not liaise with the Health Department on this issue. She suggested that there should be consistent and mandatory guidelines that must be met. Ms. Moke also expressed concern about street vendors who handle money and serve food without wearing rubber gloves.

Chair Munter assured Ms. Moke that one of recommendations in the report is that in order to get a business license, employees of food service industry must have mandatory food handling training course.

Chair Munter read a number of amending motions into the record for discussion by Committee.

Councillor Holmes noted that she is aware of a number of ongoing and serious health issues at local restaurants that are not presently being addressed by existing regulations. Although the

Extract of Draft Minute
Community Services Committee
20 April 2000

majority of restaurants are doing an excellent job, she made reference to specific restaurants where several dead bodies of rats were found behind the stove or where a whole kitchen had to be replaced. Apparently the food inspector was questioned as to how such an extreme condition developed, and the answer was that the situation only occurred recently. Councillor Holmes noted that she recently received a call from Somerset Heights BIA because a restaurant is spewing grease out of a vent over 30 feet onto cars, and she has been reporting this particular problem to the Health Department since May 1995.

Councillor Holmes expressed concern about garbage behind restaurants. She noted that this is having a serious affect on the quality of life for nearby residents and businesses. She indicated that municipal property standards staff and regional waste disposal employees do not liaise on these issues.

Councillor Holmes noted that if the public perception is one of lack of cleanliness at restaurants, it will affect business. She noted that Saskatchewan, Alberta and Nova Scotia have mandatory food handling programs, and urged Committee to petition Ontario to implement the same. She noted that it is incumbent on Council to provide the public with an assurance of safety and cleanliness when they eat at a restaurant.

Councillor Loney stated that the imposition of fines should be acted upon immediately. He noted that this will cover more of the costs of inspection services, and a low fine sends a message that there are no consequences for not meeting regulations. He indicated that he believes people should be rewarded for doing a good job. He suggested that inspections be conducted on a regular basis, with the date posted and an annual requirement for renewal. There has to be randomness to the inspections as well, and all types of food premises should be included.

Councillor Byrne commented that it would be preferable to implement something prior to the summer season, when outdoor service tends to increase cases of food poisoning. She noted that the rating system could be beneficial to the restaurant industry. Councillor Byrne referred to an article on the impact of the rating, and how restaurateurs were in favor of the system once established. She added that input of all the stakeholders will be valuable.

Councillor M. McGoldrick-Larsen inquired what the cost to the Health Department is to lay a charge of \$55. Constable Roach replied that this would depend on whether court costs are involved, as well as the number of visits required prior to issuing the ticket. He added that these visits are often valuable in providing information. Councillor McGoldrick-Larsen noted that this fine is lower than a parking ticket, although it involves the health of members of the community.

Extract of Draft Minute
Community Services Committee
20 April 2000

She noted that protection of the public health is paramount and working with stakeholders and increasing education are important parts of developing an effective strategy. She suggested that stickers could be placed in bathrooms in restaurants to encourage handwashing, adding that follow-up is crucial.

Moved by D. Holmes

That Community Services Committee and Council endorse the principle of a grading system for food premises based on food safety; and

That the Health Department consult with interested residents, stakeholders (including the Ottawa Restaurant, Hotel and Motel Association) and health authorities elsewhere and return a report to Committee by September 2000 indicating how such a system would work, how much it would cost and what criteria to use in setting grades; and

That information be provided on the Region's page in the newspapers to let the public know that they may call 560-1335 with concerns regarding food safety at retail food or restaurant premises; and

That Regional Council contact the Minister of Health to request mandatory food handler training in Ontario and a province-wide food premises rating system.

CARRIED

Moved by A. Munter

That the Health Department and Legal Services staff report back to Community Services Committee as soon as possible with the feasibility of increasing fines for food safety violations so they act as a greater deterrent and more closely recover the costs involved in prosecuting infractions.

CARRIED

Extract of Draft Minute
Community Services Committee
20 April 2000

Moved by A. Munter

That Health Department and Legal Services staff prepare the required policies and procedures to allow the new City of Ottawa to ensure food premises comply with the Ontario government's food safety training protocol, as part of the business licensing process; and

That this work be completed by December 31, 2000 in order that the new City can move expeditiously to implement this licensing condition.

CARRIED

Moved by A. Munter

That the Health Department report back in 12 months on its progress in implementing the food safety action plan.

CARRIED

That the Community Services Committee approve the actions outlined in this report and submit to the Transition Board a 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.

CARRIED