

Food Safety Protocol, 2016

Population and Public Health Division,
Ministry of Health and Long-Term Care

May 2016

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1, 2} Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

The purpose of this protocol is to assist in the prevention and reduction of food-borne illness by providing direction to boards of health on the delivery of local, comprehensive food safety programs, which include, but are not limited to:

- Surveillance and inspection of food premises;
- Epidemiological analyses of surveillance data;
- Food handler training and certification; and
- Timely response to:
 - Reports of food-borne illnesses or outbreaks;
 - Unsafe food-handling practices, food recalls, adulteration and consumer complaints; and
 - Food-related issues arising from floods, fires, power outages or other situations that may affect food safety.

Regulations under the HPPA which are relevant to this protocol include:

- O. Reg. 562 (Food Premises);
- O. Reg. 568 (Recreational Camps); and
- O. Reg. 554 (Camps in Unorganized Territories).^{2, 3, 4, 5}

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

| Standard | Requirement |
|-------------|--|
| Food Safety | <p>Requirement #1: The board of health shall conduct surveillance of:</p> <ul style="list-style-type: none"> • Suspected and confirmed food-borne illnesses; and • Food premises <p>in accordance with the <i>Food Safety Protocol, 2008</i> (or as current) and the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current).</p> <p>Requirement #3: The board of health shall report Food Safety Program data elements in accordance with the <i>Food Safety Protocol, 2008</i> (or as current).</p> <p>Requirement #4: The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the <i>Food Safety Protocol, 2008</i> (or as current).</p> <p>Requirement #5: The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the <i>Food Safety Protocol, 2008</i> (or as current) by:</p> <ol style="list-style-type: none"> a) Adapting and/or supplementing national and provincial food safety communications strategies; and/or b) Developing and implementing regional/local communications strategies. <p>Requirement #6: The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to:</p> <ul style="list-style-type: none"> • Suspected and confirmed food-borne illnesses or outbreaks; • Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and • Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the <i>Food Safety Protocol, 2008</i> (or as current); the <i>Infectious Diseases Protocol,</i> |

| Standard | Requirement |
|----------|--|
| | <p>2008 (or as current); and the <i>Public Health Emergency Preparedness Protocol, 2008</i> (or as current).</p> <p>Requirement #7: The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the Food Safety Protocol, 2008 (or as current); and all other applicable Acts.</p> |

Operational Roles and Responsibilities

1) Surveillance and inspection

Inventory of food premises

- a) The board of health shall maintain a current inventory or inventories of all food premises, as defined by section 1 of the HPPA, within the health unit.² In addition to maintaining an inventory of food premises where the board of health has primary jurisdiction, the board of health shall maintain a list of locations and contact information for food premises, whether provincially or federally regulated. Subject to applicable law, this may be accomplished by:
 - i) Accessing inventories of other regulatory agencies, where available;
 - ii) Collecting food premises information through ongoing surveillance within the health unit; and
 - iii) Receiving notification of food premises from operators, regulatory agencies, or other agencies that have a mandate or interest in the premises.

Food safety management system

- b) The board of health shall implement a food safety management system utilizing a hazard identification and risk-based approach for all food premises in the health unit, and shall include, but is not limited to, the following components:
 - i) An annual site-specific risk categorization process to determine the risk level, inspection frequency and any other food safety strategies for the safe operation of the food premises in accordance with the *Guidance Document for the Risk Categorization of Food Premises, 2015* (or as current);⁶

- ii) An inspection process to assess risk of food safety practices and determine compliance with regulation, and provide consultation and education on food handling practices; and
 - iii) A monitoring and evaluation process to annually assess and measure the effectiveness of food safety strategies.
- c) The board of health shall, within each calendar year, conduct routine inspections of all fixed food premises, in accordance with the following minimum schedule:
- i) Not less than once every four months for high-risk food premises;^{*}
 - ii) Not less than once every six months for moderate-risk food premises;[†]
 - iii) Not less than once every 12 months for low-risk food premises; and
 - iv) Seasonal fixed premises that operate for six months or less are to be inspected at least once per calendar year with subsequent re-inspections as required to address compliance issues or to follow-up on complaints.
- d) The board of health shall establish and implement procedures to monitor and inspect, and educate operators of, transient and temporary food premises, including those operating at temporary special events.
- e) The board of health shall incorporate the following components into the food safety inspection process:
- i) Hazard Analysis and Critical Control Point (HACCP)-based principles in assessing safe food-handling practices;
 - ii) Inspection for compliance with regulations;
 - iii) Consultation with food premises management about food safety operations and practices, to minimize hazards; and
 - iv) On-site food safety education and/or promotion of training.⁷
- f) The board of health shall promote among operators of high- and moderate-risk premises the adoption of food safety management strategies, including, but not limited to:
- i) Operational strategies to promote safe food-handling;
 - ii) Hazard analysis of key food items and/or processes;
 - iii) Identification of critical control points (CCPs) for these items and processes;
 - iv) Monitoring strategies to control CCPs to ensure the provision of safe foods; and
 - v) Documentation to record operational strategies.
- g) The board of health shall, upon being notified of or becoming aware of proposed or newly constructed or renovated food premises prior to commencement of operation, assist owners, operators or their agents in becoming compliant with applicable legislation. The board of health shall also provide information about

^{*} Once every four months is defined as one inspection occurring within each four month period of the calendar year, based on fixed dates (January 1 – April 30; May 1 – August 31; September 1 – December 31).

[†] Once every six months is defined as one inspection occurring within each six month period of the calendar year, based on fixed dates (January 1 – June 30; July 1 – December 31).

other components of the Food Safety Program, including but not limited to the availability of food handler training and certification; and food safety resources, as appropriate.

- h) The board of health shall conduct additional inspections, as necessary to address:
 - i) Unsafe food-handling practices;
 - ii) Issues of non-compliance with regulations;
 - iii) Foodborne illness investigations and outbreaks;
 - iv) Complaints;
 - v) Other inquiries that the board of health deems appropriate, to assess potential health hazards in food premises; and
 - vi) Support to food recall notifications and in response to fires, floods, and emergencies related to food premises.
- i) Food safety inspections shall incorporate the use of forms or other data collection tools that are based on the minimum regulatory requirements of the Food Premises Regulation (O. Reg. 562).³

2) Management and Response

24/7 on-call and response

- a) The board of health shall have an on-call system for receiving and responding to reports in the health unit on a 24 hours per day, 7 days per week (24/7) basis, related to:
 - i) Suspected and confirmed food-borne illnesses or outbreaks;
 - ii) Unsafe food-handling practices, food recalls, adulteration and consumer complaints; and
 - iii) Food-related issues arising from floods, fires, power outages or other situations and emergencies that may affect food safety.
- b) The board of health shall determine the appropriate response required and act on food-related complaints and reports within 24 hours of notification of the complaint or report.
- c) Where the board of health suspects that a microbiological, chemical, physical or radiological agent has been transmitted through food to a consumer, the board of health shall:
 - i) Respond appropriately within 24 hours of receiving the report of the food-related incident, illness, injury or outbreak; and
 - ii) Conduct outbreak investigations for microbiological agents in accordance with the *Infectious Diseases Protocol, 2008* (or as current).⁸

Enforcement actions and procedures

- d) The board of health shall establish policies and procedures to address non-compliance with the HPPA and applicable regulations, and take action where food that is intended for human consumption may not be safe.² The policies and procedures shall include but are not limited to:
 - i) Interagency collaboration, where appropriate;
 - ii) Consideration of existing, repeat and multiple infractions of regulation; and
 - iii) Enforcement actions under the HPPA.²

Supporting food recalls

- e) The board of health shall respond and provide support for food recall notifications, as requested by:
 - i) The Chief Medical Officer of Health;
 - ii) The Canadian Food Inspection Agency (CFIA), as directed by the Ministry of Health and Long-Term Care.
- f) Where applicable, the board of health's response to a food recall notification shall include, but is not limited to:
 - i) Action with respect to a food recall, as soon as possible following a written request by the Chief Medical Officer of Health, particularly for Class 1 food recalls;
 - ii) Support for CFIA requests for assistance with recalls, as requested by the Ministry of Health and Long-Term Care. If the board of health increases its activities beyond the scope of the recall, it shall notify the Ministry of Health and Long-Term Care, who in turn will notify the CFIA's Area Recall Coordinator;
 - iii) Immediate notification to the CFIA's Area Recall Coordinator when product that is being recalled is found; and
 - iv) Monitoring for recalled food in the marketplace, as part of regular inspections of food premises.
- g) The board of health shall monitor the CFIA's web-based Food Recalls and Allergy Alerts and develop communication mechanisms with institutions that serve high-risk populations (such as hospitals, long-term care facilities, and child care centres), to ensure they are aware of potential food safety risks and are able to take appropriate action.

3) Food safety awareness, education, training and certification

Community awareness and education

- a) The board of health shall provide food safety information and/or educational material, through various media, to assist in the safe preparation and handling of food. Channels include but are not limited to:
 - i) Farmers' markets and community special events;
 - ii) Child care centres, school nutrition programs and community food programs;
 - iii) Educators of food-related subjects; and
 - iv) General community.

Food handler training and certification

- b) The board of health shall:
 - i) Ensure the availability of food handler training program(s) within the health unit, in accordance with the *Guidance Document for the Provincial Food Handler Training Plan, 2013* (or as current);⁹
 - ii) Promote that for all high- and moderate- risk food premises, there is at least one certified food handler present at the food premises during all hours of operation;
 - iii) Promote additional training or recertification for food handlers whose lack of hygiene or inadequate food preparation practices have been implicated in a food-borne illness or an outbreak; and
 - iv) Evaluate the effectiveness of local food-safety training program(s).

4) Reporting

Inspection activity reporting

- a) The board of health shall record inspection data pertaining to food premises under its jurisdiction and provide information, as required by the Ministry of Health and Long-Term Care.

Food safety activity reports

- b) The board of health shall provide food safety activity reports to the Ministry of Health and Long-Term Care annually, on February 1 for the prior calendar year (January 1 to December 31), that includes total number of:
 - i) Food premises under board of health jurisdiction, by type of food premises;
 - ii) Routine inspections, re-inspections, complaints, inquiries and requests for services;

- iii) Closures, summons issued and tickets issued, summarized by type of violation;
- iv) Food handler training sessions delivered by the board of health and/or by an agent of the board of health, food handlers trained and pass/fail rates; and
- v) For food service premises classified as “restaurants,” routine inspections at which there was at least one certified food handler present.

Food Safety Inspection Disclosure

- c) The board of health shall establish and implement a procedure for public disclosure of results of inspections of food premises. At a minimum, the procedure must ensure public access to inspection results upon request. Reference to the process by which the public may obtain such information shall be posted on the board of health’s website.

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards 2008. Toronto, ON: Queen’s Printer for Ontario; 2008 [revised May 2016]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx?/index.html.
2. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
3. *Food Premises*, R.R.O. 1990, Reg. 562. Available from: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900562_e.htm.
4. *Recreational Camps*, R.R.O. 1990, Reg. 568. Available from: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900568_e.htm.
5. *Camps in Unorganized Territory*, R.R.O. 1990, Reg. 554. Available from: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900554_e.htm.
6. Ontario. Ministry of Health and Long-Term Care. Guidance Document for the Risk Categorization of Food Premises, 2015. Toronto, ON: Queen’s Printer for Ontario; 2015. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/guidance.aspx
7. Canadian Food Inspection Agency [homepage on the Internet]. Ottawa, ON: CFIA; 2012. Hazard analysis critical control point (HACCP); 2012 [cited 2013 Jul 05]. Available from: <http://www.inspection.gc.ca/about-the-cfia/newsroom/food-safety-system/haccp/eng/1346306502207/1346306685922>.

8. Ontario. Ministry of Health and Long-Term Care. Infectious Diseases Protocol, 2016. Toronto, ON: Queen's Printer for Ontario; 2016. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/ophprotocols.aspx.
9. Ontario. Ministry of Health and Long-Term Care. Guidance Document for the Provincial Food Handler Training Plan, 2013. Toronto, ON: Queen's Printer for Ontario; 2013. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/guidance.aspx.

