

Operational Approaches for Food Safety Guideline, 2019

Ministry of Health and Long-Term Care

Effective: February 2019

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

Purpose

The purpose of this Guideline is to provide direction on how boards of health must approach/apply requirements outlined in the Food Safety Standard and *Food Safety Protocol, 2018* (or as current) to achieve consistency for specific program requirements.³

Reference to the Standards

This section identifies the standards and requirements to which this guideline relates.

Food Safety

Requirement 1. The board of health shall:

- a) Conduct surveillance of suspected and confirmed food-borne illnesses, food premises, and food for public consumption;
- b) Conduct epidemiological analysis of surveillance data including monitoring of trends over time, emerging trends, and priority populations; and
- c) Respond by adapting programs and services in accordance with the *Food Safety Protocol, 2018* (or as current); the *Operational Approaches for Food Safety Guideline, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

Requirement 2. 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 *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Requirement 3. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current) by:

- a) Adapting and/or supplementing national/provincial food safety communications strategies where local assessment has identified a need; and/or

- b) Developing and implementing regional/local communications strategies where local assessment has identified a need.

Requirement 4. The board of health shall provide all the components of the Food Safety Program in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Requirement 5. The board of health shall ensure 24/7 availability to receive reports of and respond to:

- a) Suspected and confirmed food-borne illnesses or outbreaks;
- b) Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and
- c) 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 *Food Safety Protocol, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

1. Provincial Food Handler Training Plan

This section outlines how the Provincial Food Handler Training Plan shall be implemented by boards of health by providing minimum requirements for:

- a) Food handler training programs delivered by boards of health, or on behalf of boards of health;
- b) Standardized food handler training examinations;
- c) Provincial Food Handler Certification Card and template; and
- d) Acceptance of certifications awarded by non-board of health providers recognized by the Ministry of Health and Long-Term Care.

1.1 Food Handler Training Program Requirements

All boards of health must meet the Ministry of Health and Long-Term Care Food Handler Training Program Requirements – Public Health Units (Appendix A).

Boards of health that offer food handler training through an agent of the board of health (ex. community college) shall ensure the course meets the Food Handler Training Program Requirements – Public Health Units (Appendix A). Agents of the board of health may not issue the Provincial Food Handler Certification Card.

Online Training

Online courses may be used to support local public health programming. In order to be eligible to meet the Food Handler Training Program Requirements – Public Health Units (Appendix A), online courses must meet all requirements, with the exception of a maximum class size.

1.2 Provincial Standardized Food Handler Training Examinations

All boards of health will have access to a minimum of three (3) Provincial Standardized Food Handler Training Examinations. Examinations and answer keys can be accessed through the web portal, as communicated by the Ministry of Health and Long-Term Care.

Boards of health may choose to use the Provincial Standardized Food Handler Training Examinations, or may continue to use their own examinations that meet the Food Handler Training Program Requirements – Public Health Units (Appendix A).

Recertification

Recertification may be obtained by successfully passing the examination. Although not required, it is recommended that the candidate retake the course or take a refresher course prior to challenging the examination.

Challenge examinations

Boards of health who may wish to allow individuals to challenge the food handler training exam to obtain certification shall develop criteria to assess the candidate's general food handling competency. Criteria may include number of years of experience in the food industry, type of settings where the candidate has been employed and previous related training, including certification from jurisdictions outside of Ontario.

Online courses

Examinations for online courses can be written in-person and facilitated by the board of health or proctored by webcam. This may include examinations that are proctored by an individual not employed by the board of health. The administration of the examination for online courses must meet the requirements outlined in the Food Handler Training Program Requirements – Public Health Units (Appendix A).

1.3 Provincial Food Handler Certification Card

Boards of health shall issue the Provincial Food Handler Certification Card to all candidates who demonstrate they have completed training by receiving a minimum score of 70% on food handler training examinations administered by a board of health. The Provincial Food Handler Certification Card may be issued to successful candidates of courses offered by, or exams administered by, an agent of the board of health. However, boards of health must directly issue the Provincial Food Handler Certification Card. Agents of the board of health may not issue the card.

The template for the Provincial Food Handler Certification Card can be accessed through the web portal, as communicated by the Ministry of Health and Long-Term Care.

The Provincial Food Handler Certification Card template may not be modified by boards of health. The Provincial Food Handler Certification Card must be printed on white card stock and as per the template, which includes predetermined size (89 × 51 mm [3.5 × 2 in]) and colour.

In addition to the Provincial Food Handler Certification Card, boards of health may choose to also issue certificates (215.9 mm x 279.4 mm [8.5 × 11 in]) to successful candidates, using the Ministry of Health and Long-Term Care-provided certificate template, or a template developed by the board of health.

1.4 Recognition of Non-Board of Health Food Handler Training Certifications

Non-board of health providers (commercial/private entities, educational institutions, organizations, associations, etc.) of food handler training certifications who offer food handler training and certification may apply to the Ministry of Health and Long-Term Care to be evaluated against a provincial standard for food handler training certification programs, in order to be recognized as equivalent providers.

Boards of health shall accept food handler certification awarded by non-board of health providers recognized by the Ministry of Health and Long-Term Care as valid and equivalent to the provincial food handler training program.

2. Risk Categorization of Food Premises

This section outlines how boards of health are to assign risk categories for food premises using a standard approach by:

- a) Outlining the scope and standard approach to the risk categorization of food premises that shall be used by the boards of health;
- b) Providing definitions of key terms used in the process to ensure consistent application; and
- c) Providing minimum requirements for the use of the accompanying Risk Categorization of Food Premises Template

The purpose of Ontario's risk categorization of food premises approach is to prevent or reduce food-borne illness attributed to food premises and to support efficient allocation of board of health resources. Because food premises do not all present the same potential risk of causing food-borne illness, a standard approach to risk categorization (high, moderate, or low) is necessary to ensure that resources are appropriately focused on the premises that pose the highest levels of risk. Levels of risk are attributable to a number of factors including:

- **Profile factors** such as those that consider the type of operation, population served, and the complexity and extent of food handling; and
- **Performance factors** such as those that are attributable to the operators' performance and commitment to food safety practices (i.e., compliance with regulations, commitment to training of food handlers, and the extent to which they incorporate food safety plans into their operations).

2.1 Risk Categorization of Food Premises Process

Boards of health shall incorporate the risk categorization approach and requirements outlined in this guideline into their operational practices which will consist of:

- Developing and implementing a plan to review and update standard operating procedures, categorization forms, templates, or tools (either paper based or electronic) to incorporate the risk categorization approach;
- Provide training to all board of health staff that have a direct or supporting role in conducting, reporting, or monitoring the risk categorization process; and
- Developing and implementing a reporting system of outcomes from the risk categorization process that may be used for monitoring trends and changes to risk categories, as well as providing summary data on profile and performance factors that may be used for evaluation purposes.

Assigning Risk Categories

All boards of health must use the risk categorization of food premises approach in their annual on-site risk assessment of each food premises, and the annual assignment of risk categories must be completed during the first inspection of each calendar year.

With the exception of new premises that begin operation within a given year, for planning purposes and to ensure reporting requirements are met, food premises that have been assessed as high risk in the previous calendar year should be inspected between January 1st and April 30th or as soon as possible within the calendar year. This process should provide a consistent baseline to assess changes to the proportion of high and moderate risk categories in future years.

Boards of health are required to either use the template provided (Appendix B) or integrate the content, including the profile and performance factors and assigned weightings, into their existing IT system. Although paper versions of the template may also be used, boards of health must ensure that the data is available for reporting and evaluation purposes.

When available, inspection results from the previous 12 months shall be used to inform the annual risk categorization in terms of performance factors. Improvement in performance factors over time should improve food safety practices and reduce the potential of food-borne illness.

Risk Categories

A risk category of high, moderate, or low will be assigned for each food premises based on the total calculated score using the Risk Categorization of Food Premises Template (Appendix B). The minimum frequency of inspection for each risk category is based on the requirements outlined in section 1(c) of the *Food Safety Protocol, 2018* (or as current).³

Table 1: Risk Category and Frequency of Inspection

Risk Category	Score	Frequency of Inspection
High	55-230	Not less than once every four months
Moderate	20-54	Not less than once every six months.
Low	0-19	Not less than once every twelve months

Definitions

Food premises: A premises where food or milk is manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, but does not include a room actually used as a dwelling in a private residence.

High risk premises: An establishment which represents a high likelihood of occurrence of a food-borne illness outbreak.

Moderate risk premises: An establishment which represents a moderate likelihood of occurrence of a food-borne illness outbreak.

Low risk premises: An establishment which represents a low likelihood of occurrence of a food-borne illness outbreak.

The factors and associated weights are established to provide a consistent province wide approach to the risk categorization of food premises. Therefore, the design and use of the process must not be changed or modified in the determination of risk categories. Boards of health may however, expand the use of the template to include other information that may be required for local operational and evaluation purposes (e.g., disclosure programs, compliance with bylaws, private water supply, food handler certification, etc.).

2.2 Factors in Determining Risk Categories

Ontario’s risk categorization of food premises approach utilizes profile and performance factors that contribute to the assignment of risk categories. Each factor is weighted in such a way that gives priority to risks that contribute to foodborne illness. The approach of establishing risk categories will be applied to all year round and seasonal food premises with fixed locations.

The Ontario risk categorization of food premises approach should not be applied to individual transient and temporary food premises, including those operating at temporary special events. This includes temporary special event halls that do not have their own dedicated food operator and are mostly rented out for special events or celebrations (e.g., churches, community halls, etc.). In this case, as described in the *Food Safety*

Protocol, 2018 (or as current) under Section 1 (d), boards of health shall establish and implement procedures to monitor or inspect transient and temporary food premises, including those operating at temporary special events.³ Boards of health may however, use the established principles of the approach to assist in the development of operational priorities to address these types of food premises.

Food Premises with Multiple Operations

In some cases, food premises may have multiple types of operations within the same facility or include satellite locations supplied by a central kitchen. In order to assess, plan, and manage resources and work effort for these types of premises, Boards of health may subdivide distinct operations into “units”. Recognizing that the use of units to further describe these facilities is an important tool for managing inventories of food premises, the application of the risk categorization of food premises approach will be based on the following principles:

- One risk categorization will be applied to the entire food premises, based on the most complex aspect of the operation. Each “unit” will not receive a separate risk category.
- All areas of food premises will be included during routine inspections outlined in Section 1 (c) of the *Food Safety Protocol, 2018* (or as current).³ Re-inspections for compliance, complaints and inspections carried out for other purposes will focus on the particular issue being investigated.

The following examples are provided to clarify the application of the risk categorization approach to food premises with multiple operations:

- A hospital with one main kitchen and ten serveries operating under the same owner would receive one risk categorization, which shall be based on the main kitchen, as it is the most complex operation. The main kitchen and its ten serveries would be considered one premise, and if the risk category is “high”, it would apply to the main and all serving kitchens. Public health inspectors (PHIs) would include most, if not all serveries during their routine inspection based on the identification of critical control points (CCPs) beyond the main kitchen.
- Multifunctional supermarkets with multiple specialty departments (e.g., delis, butcher shops, bakeries, seafood counters, etc.) operating within one location under the same owner would undergo one risk categorization assessment. For example, a supermarket may have a bakery, deli counter, and hot food counter (where chicken is cooked from raw, sandwiches are made to order, and pasta salads are made from scratch) in addition to the retail grocery area. In this case, the risk categorization would be based on the hot food counter, which is the operation with the most complex food handling, and the determined risk category would then apply to all other operations within the supermarket. Other distinct food businesses within the establishment operated by a different owner would be subject to a separate risk categorization (e.g., a sushi outlet operating as a sub-contractor within the supermarket).

Profile Factors

These factors describe operational attributes of the food premises that may not change over time and are significant considerations to assigning risk categories.

Population Served

Priority populations: Those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified using local, provincial and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

Preparation and Serving

Potentially hazardous foods: means food in a form or state that is capable of supporting the growth of infectious or toxigenic micro-organisms and which requires time and temperature control to limit such growth.

Preparation steps: The number of steps or amount of food handling involved in the preparation of food (e.g., assembling, cooking, cooling, reheating, hot holding, etc.). The weight of the scores reflects that the likelihood of contamination increases with the number of steps that are involved.

- **Extensive food handling (3+ preparation steps):** Foods that are extensively handled during preparation can increase the potential of microbial growth and cross-contamination. Extensive handling/preparation would include a number of steps before service such as cooking, hot holding, cooling, and reheating of foods.
- **Limited food handling (1-2 preparation steps):** This category is for foods that require only one or two preparation steps, such as assembling and/or reheating (e.g., preparation of sandwiches/submarines for sale directly to the consumer, cutting fruit and vegetables, slicing deli meats, etc.).
- **Prepackaged:** There is no food preparation involved.

Catering: Food retail, or food service establishment, primarily providing catering services off-site where foods are prepared/cooked in the facility kitchen and then delivered to a function off site for further processing, including hot and cold holding, are shown to be at higher risk of being implicated in food-borne illness.

Full-service banquet hall: Premises with on-site preparation, used for holding special events or celebrations. Operating hours are usually off normal business hours. Premises has full kitchen and/or receives delivery of meals, and the facility is not usually available for hire. Full-service banquet halls often produce a high volume of food in a limited amount of time. An increase in volume includes additional food handling and an increased risk for temperature abuse, potentially resulting in food-borne illness.

- Due to the transient nature in the operation of temporary special event halls (e.g., church basements, community centres, etc.), they shall be treated as temporary

and transient food premises, and the Ontario risk categorization of food premises approach should not be applied to them. It is recommended that boards of health inspect these premises no less than once per year.

Performance Factors

These factors are metrics that may be observed over time and can be used as indicators of food safety practices by operators. Performance factors provide a specific opportunity for PHIs to work with food premises operators to improve their overall performance, resulting in improved food safety practices and reducing the number of follow up inspections to ensure compliance. The performance factors used in the risk categorization of food premises include: the identification, monitoring and documentation of CCPs through a food safety management plan; food-borne illness or outbreak management; compliance history including the consideration of both existing and repeated infractions of regulation; and food handler training and safe food handling practices.

Compliance

Infraction: Any violation, contravention, or failure to meet legal requirements of the *Food Premises, O. Reg. 493/17 (Food Premises O. Reg.)* within a food establishment.⁴ Observed infractions of the regulation may be either critical or non-critical, and include those that are corrected at time of inspection.

- **Critical infraction:** An infraction which has the potential to pose an immediate public health risk and/or lead to a food-borne illness (e.g., improper hot/cold holding temperatures, etc.).
 - **Observed critical infraction(s) at one inspection:** The observation of critical infraction(s) during only one inspection within the past 12 months.
 - **Observed critical infraction(s) at two or more inspections:** The observation of critical infraction(s) during two or more inspections within the past 12 months. These infractions may be the same critical infraction or different critical infractions.
- **Non-critical infraction:** An infraction which does not pose an immediate health risk in and by itself, is not likely to lead to a food-borne illness, and/or does not directly relate to food handling practices (e.g., structural deficiency of floors or walls, etc.).
 - **Observed non-critical infraction(s) at one inspection:** The observation of non-critical infraction(s) during only one inspection within the past 12 months.
 - **Observed non-critical infraction (s) at two or more inspections:** The observation of non-critical infraction(s) during two or more inspections within the past 12 months. These infractions may be the same non-critical infraction or different non-critical infractions.

Food-borne Illness/Outbreaks

Confirmed as source of food-borne illness/outbreak: A laboratory-confirmed or epidemiologically-linked food-borne illness or outbreak, attributed to improper food handling practices at the food premises.

- **Outbreak:** An incident in which two or more persons experience similar illness after a common source exposure. An outbreak is identified through laboratory surveillance or an increase in illness that is unusual in terms of time and/or place. An outbreak is confirmed through laboratory and/or epidemiological evidence.
- **Laboratory evidence:** Evidence shown by the isolation/identification of the same pathogen, toxin, or contaminant from cases of human illness and the suspect food.
- **Epidemiological evidence:** In the absence of other types of evidence, epidemiological evidence must show a statistically significant association between human illness and consumption of specific food(s).

Food Safety Management Plan

Food safety management plan (e.g., Hazard Analysis and Critical Control Point): A documented, systematic approach, applied by the food premises operator or a third party quality assurance company, to identify and assess hazards and risks associated with a food operation and defining the means of their control.

Demonstrated evidence of CCP monitoring: Evidence includes observations by a PHI that food premises operators have incorporated operational processes or tools to identify and monitor CCPs without a formal food safety management plan. Processes and tools may include signage at CCPs for hot holding, refrigeration temperatures, and hand-washing, food handlers observed using thermometers, etc. to demonstrate active understanding of critical control points.

Food Safety Knowledge and Training

Food handler: Any person employed in a food premises, including the operator, who handles or comes in contact with any utensil or with food during its preparation, processing, packaging, service, storage, or transportation.

Certified food handler: A food handler who has successfully completed a course from a recognized food handler training provider (i.e., board of health or other recognized provider), with proven documentation from within the previous five years.

3. Supporting Food Recalls

This section includes requirements supporting Section 2 (e) of the *Food Safety Protocol, 2018* (or as current) on board of health responsibilities for supporting food recall notifications.³ Boards of health may be requested for assistance with food recalls by the Ministry of Health and Long-Term Care or Chief Medical Officer of Health.

- In the event that the board of health increases its activities beyond the scope of the recall the board of health must notify the Ministry of Health and Long-Term Care, who in turn will notify the Canadian Food Inspection Agency's (CFIA's) Area Recall Coordinator.
- Boards of health must immediately notify the CFIA's Area Recall Coordinator when a recalled product involving the CFIA is found.
- Boards of health must monitor for recalled food, in the marketplace, particularly for Class 1 recalls, as part of regular inspections of food premises.
- Boards of health shall educate operators of institutions that serve priority populations (such as hospitals, long-term care facilities, and child care centres) to ensure they are aware of CFIA's web-based Food Recalls and Allergy Alerts so that they are able to take appropriate action.

4. Special Events Risk Assessment

Further to Section 1(d) of the *Food Safety Protocol, 2018* (or as current) that requires boards of health to monitor or inspect operators of temporary special events, boards of health must develop a plan to manage and assess special events in order to determine appropriate public health action that includes education and/or inspection.³

Boards of health shall determine whether a special event and/or individual food vendors are exempted from *Food Premises O. Reg.*⁴

If the special event and/or individual food vendor is not exempted from *Food Premises O. Reg.*, the following factors should be considered, at a minimum in assessing further public health action:⁴

- The type of food being served
- Complexity of food processing and preparation
- The length of the event (e.g., number of days)
- Expected number of attendees
- Expected number of food vendors
- Previously linked to a foodborne illness/outbreak
- If special event is serviced by municipal water or power
- If the participating food vendors are routinely inspected food premises

5. Farmers' Market Exemption Assessment

Food Premises O. Reg. exempts certain farmers' markets from being subject to compliance with the regulation.⁴ As a result, boards of health must use a consistent approach to assess and recognize exempted farmers' markets.

Boards of health shall request initial verification from each farmers' market operator or agent of the farmers' market, to assess whether an exemption applies. This assessment should be based on the anticipated peak of the farmers' market operation and based on the best available information (such as an inventory of vendors with addresses) provided by the market operator and/or on-site assessment.

Boards of health shall exempt a farmers' market from *Food Premises O. Reg.*, if greater than 50% of the vendors are producers of farm products who are primarily selling or offering for sale their own products intended for use as food.⁴ When considering the greater than 50% rule, all vendors including non-food vendors/stalls should be considered as part of the farmers' market.⁵

Farmers' market operators that do not demonstrate the majority of vendors are producers of farm products who are primarily selling or offering for sale their own products intended for use as food will be subject to the *Food Premises O. Reg.*⁴

Once initial verification is complete, operators of exempted farmers' markets will be requested to maintain an inventory of vendors on-site or have access available to the inventory for the public health inspector to monitor the ongoing application of the exemption.

Additional assessments and/or inspections should be carried out as necessary to ensure compliance with the HPPA including recommendations from PHIs, suspected food-borne illnesses/outbreaks, consumer complaints and food recall action.

6. References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health Standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. Ontario. Ministry of Health and Long-Term Care. Food safety protocol, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
4. *Food Premises*, O. Reg 493/17. Available from: <https://www.ontario.ca/laws/regulation/170493>
5. Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO). Common approaches for farmers' markets and exempted special events: a guide for public health units. Toronto, ON: ASPHIO; 2012.

7. Appendices

Appendix A: Food Handler Training Program Requirements

Food Handler Training Program Requirements Public Health Units

Materials and Content
<p>Please select one of the following options.</p> <p><input type="checkbox"/> The Provincial Food Handler Training Manual is being used, as provided.</p> <p><input type="checkbox"/> The Provincial Food Handler Training Manual is being used in part, to ensure the minimum course content below is covered.</p> <p><input type="checkbox"/> The health unit is using its own training manual, which includes the following minimum course content:</p> <ul style="list-style-type: none"> • Role of the board of health • Public health legislation and regulations • Causes of foodborne illness and outbreaks (microbiological, physical, and chemical) • Outline of food safety management principles (including HACCP-based principles) • Safe handling, preparation, and storage (including basic microbiology, safe food supplies, adverse reactions to food, safe food preparation/storage) • Food handler hygiene • Food premises sanitation, design, and maintenance • Prevention of food allergies, incidents and response

Availability, Communication and Promotion
In-class and/or online food handler training program(s) are available through the public health unit.
Program(s) may be delivered directly by the public health unit and/or by an agent of the public health unit (ex. community college).
The availability of food handler training program(s) is promoted through the public health unit website.
Information on the public health unit website includes:
<ul style="list-style-type: none"> • Description of program(s) (duration, format, timeframe to receive results) • Registration information (cost, how to register, refund policy) • Delivery options • Certification / recertification requirements • Contact information to obtain further details/information • Link to Ministry of Health and Long-Term Care list of commercial providers recognized by the ministry

Delivery
Course material is available in both English and French
Maximum class size of up to 25 students per instructor
Course is designed to be completed in 6-8 hours, including exam
A manual and/or workbook(s) is provided to each student
Online Program (Optional)
<ul style="list-style-type: none"> • Designed to be completed within one day (6-8 hours)
<ul style="list-style-type: none"> • Communication is available to students for support with course content, delivery and technical assistance (i.e. phone number, email)
<ul style="list-style-type: none"> • Course is delivered using a variety of formats (i.e. text, audio, graphics, etc.) to support various learning styles.
Exam:
<ul style="list-style-type: none"> • Closed-book
<ul style="list-style-type: none"> • Minimum of 50 questions
<ul style="list-style-type: none"> • Pass rate of 70%
<ul style="list-style-type: none"> • Questions pre-tested to ensure learning objectives are met
<ul style="list-style-type: none"> • Question bank with sufficient number of potential questions, to ensure randomization
<ul style="list-style-type: none"> • Security and integrity of exams maintained, through measures such as counting and matching examinations to attendees, proper identification of attendees, protecting the examinations from loss or other confidentiality breaches.
<ul style="list-style-type: none"> • Proctored exams
<ul style="list-style-type: none"> • Accommodation and alternative testing is available for students
Certification:
<ul style="list-style-type: none"> • A certification card is issued within 15-20 business days of successful completion of course and exam to demonstrate students have completed training
<ul style="list-style-type: none"> • Certification card includes, at a minimum, name of successful candidate, date of issue, date of expiry, issuing public health unit
<ul style="list-style-type: none"> • Certification expires five years after date of issue
<ul style="list-style-type: none"> • Inventory of public health unit course participants is maintained, including name of participant, date of course, exam result, and date of expiry

Table 1: Guiding Principles

Guiding Principles
<p>All food handler training programs offered by public health units or by agents of public health units must:</p> <ul style="list-style-type: none"> • Use clear language • Be inclusive of cultural, disability, and gender differences • Provide accurate and current content

Appendix B: Risk Categorization of Food Premises Template

1. Does this food premises primarily serve clients of the following settings?	
Hospital, long-term care home, retirement home	60
Child-care setting (i.e., day nursery, nursery school)	35
Child-care settings (i.e., before and after school program)	0
Not applicable	0
2. To what extent is food prepared and served? (Select ONE of the following)	
Extensive food handling (3+ preparation steps)	35
Limited food handling (1-2 preparation steps)	20
Prepackaged	0
3. Is this premises a full-service banquet hall or does it primarily cater off-site?	
Full-service banquet hall and/or primarily serves catered meals off-site	30
Not applicable	0
4. What is the level of compliance over the past 12 months with Ontario Food Premises Regulation? (Select ALL that apply)	
Critical infraction(s) (select ONE of the following three options):	
Observed critical infraction(s) at one inspection	10
Observed critical infraction(s) at two or more inspections	25
No observed critical infractions at this or previous inspections	0
Non-critical infraction(s) (select ONE of the following three options):	
Observed non-critical infraction(s) at one inspection	5
Observed non-critical infraction(s) at two or more inspections	10
No observed non-critical infractions at this or previous inspections	0
Other (IF applicable):	
Insufficient history (new premises or no previous inspections – EXCLUDING premises that serve only prepackaged foods)	20
5. Food-borne illness/outbreak over the past 12 months	
Premises confirmed as the source of food-borne illness/outbreak, attributed to improper food handling practices	50
Not applicable	0
6. Is there a food safety management plan (HACCP)? (Select ONE of the following)	
Documented food safety management or written HACCP plan in place; principles and procedures are applied; plan is audited for effectiveness	-5
Demonstrated evidence of critical control point (CCP) monitoring	-5
No food safety management plan/HACCP program documented (food safety plan is warranted)	10
Not applicable to this premises (food safety plan is not warranted)	0
Food safety knowledge & training, at the time of inspection (Select ALL that apply)	
One or more certified food handler(s) on site	-5

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Food handler(s) demonstrate safe food handling practices	-5
Food handler(s) do not demonstrate safe food handling practices	10
Not applicable to this premises (food handling does not occur on site)	0
RISK CATEGORIZATION & TOTAL SCORE	

High: ≥ 55	Moderate: 20-54	Low: ≤ 19
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