

Food Safety Protocol

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)¹ to specify the mandatory health programs and services provided by boards of health. 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 management programs, which include, but are not limited to:

- Surveillance and inspection of food premises;
- Epidemiological analyses of surveillance data;
- Food handler training; 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 HPPA¹ which are relevant to this protocol include:

- O. Reg. 562² (Food Premises);
- O. Reg. 568³ (Recreational Camps); and
- O. Reg. 554⁴ (Camps in Unorganized Territories).

This protocol replaces the following protocols:

- *Food Recall Protocol, January 1998.*
- *Food Handler Training Protocol, January 1998.*
- *Hazard Analysis Critical Control Point Protocol, January 1998.*

Reference to the Standards

The table below identifies the OPHS standard and requirements to which this protocol relates.

Standard	Requirement
Food Safety	Requirement #1: The board of health shall conduct surveillance of: <ul style="list-style-type: none">• Suspected and confirmed food-borne illnesses; and• Food premises 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).

Standard	Requirement
	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).
	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).
	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: a) Adapting and/or supplementing national and provincial food safety communications strategies; and/or b) Developing and implementing regional/local communications strategies.
	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: <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, 2008</i> (or as current); and the <i>Public Health Emergency Preparedness Protocol, 2008</i> (or as current).
	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 <i>Food Safety Protocol, 2008</i> (or as current); and all other applicable Acts.

Operational Roles and Responsibilities

1) Surveillance and inspection

Inventory of food premises

- a) The board of health shall maintain an inventory or inventories of all food premises within the health unit.

Food safety management system

- b) The board of health shall implement an integrated food safety management system utilizing a hazard identification and risk-based approach for all food premises in the health unit. An integrated food safety management system shall include but is not limited to the following components:
 - i) A risk categorization process which uses a site-specific risk assessment to determine the risk level, inspection frequency and any other food safety strategies for the safe operation of the food premises.
 - ii) An inspection process to assess risk of food safety practices and determine compliance with regulation, as well as to provide management consultation and education.
 - iii) A monitoring and evaluation process to annually assess and measure the effectiveness of food safety strategies.
- c) The board of health shall conduct an annual site-specific risk assessment of each food premises and, based on the results of the assessment, shall assign a risk category for each food premises as high, moderate or low. Refer to the most current version of the *Risk Categorization Model* for more information on assigning a risk category.
- d) The board of health shall conduct 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; and
 - iii) Not less than once every 12 months for low-risk food premises.

- e) The board of health shall ensure inspection of all transient and temporary food premises, other than those exempted by regulation, at least once during its seasonal operation.
- f) The board of health shall incorporate the following components into the 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) Management consultation; and
 - iv) On-site food safety education and/or promotion of training.
- g) 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 practices;
 - ii) Hazard analysis of key food items and 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.
- h) The board of health shall liaise with owners, operators or their agents to assist them in becoming compliant with regulations upon being notified or becoming aware of:
 - i) Newly constructed or renovated food premises prior to commencement of operation; and
 - ii) Proposed food premises.
- i) 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) Investigation of food-borne illnesses and food-borne outbreaks;
 - iv) Investigation of consumer complaints; and
 - v) Action on food recalls, fires, floods, and emergencies.
- j) When inspecting for compliance with regulations, the board of health shall use food premises compliance inspection reports which are based on specific food safety data elements such as those captured in the following Ministry of Health and Long-Term Care (the “ministry”) forms, as these forms are updated from time to time:
 - i) Food Premises Inspection Report – Items Critical to Food Safety for high- and moderate-risk food premises; and
 - ii) Food Premises Inspection Report – Establishment Sanitation, Design, and Maintenance Items for high-, moderate-, and low-risk food premises.

2) Management and Response

24/7 on-call and response policy

- 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 act on food-related complaints and reports within 24 hours of notification of the complaint or report to determine the appropriate response required.
- 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 report of the food-related incident, illness, injury or outbreak;
 - ii) Conduct outbreak investigations for microbiological agents in accordance with the *Infectious Diseases Protocol, 2008* (or as current); and
 - iii) Conduct investigations for chemical, physical or radiological agents in accordance with the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).

Enforcement actions and procedures

- d) The board of health shall establish policies and procedures to address non-compliance with the HPPA¹ and related regulations and take action where food that is intended for human consumption may not be safe. 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 HPPA¹

Food recall

- e) The board of health shall respond and provide assistance as requested to ensure the recall of:
- i) All food products that are identified by the Canadian Food Inspection Agency (CFIA) as being in violation of legislation enforced by the CFIA and/or where there is a health risk;
 - ii) Foods that are determined by the Chief Medical Officer of Health as being a health hazard; and
 - iii) Foods that are determined by the local medical officer of health as being a health hazard under the HPPA¹
- f) Where applicable, the board of health's response to a food recall 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, with particular urgency for Class 1 food recalls;
 - ii) Support for CFIA requests for assistance with recalls, with particular urgency when attending to Class 1 recalls. If the board of health increases the scope of the recall, they shall notify the ministry, who in turn will notify the CFIA's Area Recall Coordinator;
 - iii) Provision to the ministry of an up-to-date list of board of health staff contact names, titles, telephone and fax numbers for all matters pertaining to food recalls;
 - iv) Immediate notification to the CFIA's Area Recall Coordinator when product that is being recalled is found; and
 - v) Immediate notification in writing to the Chief Medical Officer of Health of any food recall initiated by the local medical officer of health within his or her area of jurisdiction.

3) Education and training

Food safety 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. Venues include but are not limited to:
- i) Farmers' markets and community special events;
 - ii) Day nurseries, school nutrition programs, and community food programs;
 - iii) Teachers responsible for teaching food-related subjects to students and/or other teachers as deemed appropriate; and
 - iv) General community.

Food safety training and certification

- b) The board of health shall:
- i) Ensure that a food-safety training program is available to food handlers in all food premises (high, moderate, and low risk) in the health unit. Consideration shall be given to training food handlers in high-risk food premises before those in moderate-risk food premises.
 - ii) Promote that a minimum of one operator and food handler each be certified, and at least one certified food handler be present in the food premises at all times during operation. This applies to all high- and moderate- risk food premises.
 - iii) Ensure that the following minimum course requirements are included in the food-safety training program:
 - Role of the board of health;
 - Public health legislation and regulations;
 - 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; and
 - Food-related issues arising from floods, fires, power outages or other situations that may affect food safety.
- iv) Develop and conduct an examination for participants, with the issuance of a food safety training certificate. Certificates shall include the name of the person completing the course, date of course completion, expiry date, course title, issuing board of health, and signature of instructor or food safety coordinator.
- v) Promote recertification of food handlers for a period not more than every five years.
- vi) 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.
- vii) Evaluate the content and effectiveness of the food-safety training program, and develop and implement a strategy to promote the value of attending.

4) Reporting

Inspection activity reporting system

- a) The board of health shall record inspection data pertaining to food premises under its jurisdiction and provide information as required by the ministry.

Annual food safety audit reports

- b) The board of health shall provide annually to the ministry food safety data as directed by the ministry through a food safety audit report. The January 1 to December 31 food safety audit report shall be sent to the ministry prior to March 31 of the following year.

Food premises inspection disclosure

- c) The board of health shall establish a procedure for disclosure of information from food premises compliance inspection reports, to be provided upon request by the public. Reference to the process by which the public may obtain such information shall be posted on the board of health's website.

Glossary

Food recall: A method of removing food products that may represent a health hazard to the consumer. It is an action taken by a manufacturer, distributor, or operator of a food premises, board of health, the ministry or CFIA (in the case of mandatory recalls) to protect the public's health and is monitored by the appropriate agency. A food recall is given a numeric designation to indicate the relative degree of health hazard by the product being recalled:

- a) Class 1: a situation in which there is a reasonable probability that the use of or exposure to a food product will cause serious adverse health consequences or death.
- b) Class 2: a situation in which the use of or exposure to a food product may cause temporary adverse consequences or where the probability of serious adverse health consequence is remote.
- c) Class 3: a situation in which the use of or exposure to a food product is not likely to cause adverse health consequences.⁵

Hazard Analysis and Critical Control Points (HACCP): A science-based, internationally accepted food safety system which includes:

- a) **An assessment** which identifies the hazards associated with preparing or using a raw material or food product and assessing the associated risk.
- b) **Determining the critical control points** required to control or eliminate any identified hazards. The determination of critical control points is by a combined evaluation of the ingredients used in the product and the processing applied. In products which are not processed to eliminate pathogens, the ingredients themselves are critical control points. Critical control points are not necessarily specific processing stages such as heating or cooling, but may include factors such as equipment sanitation and the food handlers themselves.
- c) **Established preventative or control measures.**

d) **Monitoring** to ensure that the processing or food handling at a critical control point is under control. The monitoring system should be designed to detect loss of control rapidly so that corrective action can be taken before the food product must be discarded.

Management consultation: A dynamic process where the nature and complexity of the foodservice operation is reviewed and discussed with the operator/manager in an effort to reduce the risk of food-borne illness. The consultation serves to identify, manage and control the risks associated with food through the selection and implementation of appropriate strategies, hence management's support and commitment is paramount.

References

1. *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.
2. O. Reg. 562/90. Available from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900562_e.htm.
3. O. Reg. 568/90. Available from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900568_e.htm.
4. O. Reg. 554/90. Available from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900554_e.htm.
5. Canadian Food Inspection Agency. *The Canadian food safety system: food recall*. Ottawa, ON: Canadian Food Inspection Agency; 2007. Available from <http://www.inspection.gc.ca/english/fssa/rearapp/systeme.shtml>.