

# Assessing Handwashing to Prevent Foodborne Illness

FOOD PROTECTION CONNECTION



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The spread of germs from the hands of workers to food is very significant. According to the Centers for Disease Control and Prevention (CDC), poor personal hygiene of foodservice workers, in particular improper handwashing, contributes greatly to the risk of foodborne illness.

Special attention should be given to the potential for hands as a source of contamination. An effective management system for prevention of hand contamination involves three elements:

- Employee health policy
- Proper handwashing
- No bare hand contact with ready-to-eat foods

## EMPLOYEE HEALTH POLICY

A wide range of diseases can be transmitted by an infected food worker. Proper management of the risks associated with ill food workers begins with employing healthy people and implementing a policy that excludes or restricts sick employees. The FDA Food Code, Chapter 2 details the obligation of both the food worker and the Person-In-Charge (PIC) with regards to illness reporting and exclusions/restrictions. Employees must be aware of the symptoms, illnesses, or conditions that must be reported to the person in charge. In addition, the PIC must be knowledgeable about the appropriate action to take should

*Continued on page 2*



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*Continued from page 1*



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certain symptoms, illnesses, or conditions be reported.

Regarding the employee health policy, directors and managers should ask a series of questions to ascertain whether their policy complies with the Food Code or that of their regulatory authority. The following are example questions to think about:

- What kind of policy do you have in place for handling sick employees?
- Is there a written policy? (Note: a written policy is not required in the Food Code, but having a written document may reinforce the importance of the policy being discussed.)
- How are managers and food employees made knowledgeable about their duties and responsibilities under the employee health policy?
- Are food employees asked if they are experiencing certain symptoms or illnesses upon a conditional offer of employment? If so, what symptoms or illnesses are food employees asked about? Is there a written record of this inquiry?
- What are food employees instructed to do when they are sick?
- What conditions or symptoms are reported?
- What are some indicators of someone who is working while ill?
- When are employees restricted from working with exposed food or food-contact surfaces? When are they excluded from working in the food establishment?
- For employees that are sick and cannot come to work, what policy is in place for allowing them to return and for notifying the regulatory authority?

## **PROPER HANDWASHING**

Hands can be a potential source for contamination. Ensuring that hands are washed using proper procedures and at the appropriate times must be a top priority for all food facilities. Data shows that

*Continued on page 3*



viruses can be stubborn even in the presence of good handwashing. Hands must be washed anytime there is a chance they may have become contaminated.

The Centers for Disease Control and Prevention (CDC) Environmental Health Services found in a study that food workers carried out about nine activities an hour that should involve handwashing. Workers only washed their hands in about one-quarter (27 percent) of these activities.

Do your employees know when to wash their hands? Aside from all the traditional times when food employees must wash their hands, there has been much focus lately on the use of cell phones and other personal electronic devices (PEDs) in food facilities. Cell phones and similar devices are considered fomites. Fomites are objects or materials that are likely to carry infection, such as porous and non-porous surfaces, clothes, utensils, and furniture. Cell phones can harbor bacteria and viruses. Are food employees or managers allowed to use PEDs in the kitchen? If they do, are they washing their hands after using them? Do they sanitize their PEDs? If so, how often? It's possible that misuse of such devices

when handling food in kitchens could be the cause of cross-contamination. This is something that every facility should consider when developing their handwashing Standard Operating Procedures (SOPs).

Examine the location of handwashing sinks in relation to where food is being prepared. Many regulatory authorities use a basic distance measurement as a guideline when considering the location and number of handwashing sinks required in a food establishment during the plan review process. While this information can be used to assist with the review process, it should not be used as the only basis for determining whether there is an adequate number of handwashing sinks or whether these sinks are conveniently located.

Special emphasis should be placed on spacing in and around fixed equipment, the number of workers, and the flow of food throughout a food facility. For instance, a kitchen may be 25 feet long and 10 feet wide. Although the size of the kitchen might dictate only one handwashing sink using a basic distance measurement, if a prep table the length of the line is placed between the



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line and the handwashing sink, the sink may not be conveniently located. Likewise, one handwashing sink located at the end of the cook line is useless to employees working at the other end if there is limited space for employees to go around one another during busy periods.

### **NO BARE HAND CONTACT WITH READY-TO-EAT FOODS**

Managers should observe employee use of utensils and gloves during the preparation and service of ready-to-eat (RTE) foods and ingredients, such as salads and sandwiches. Are they following the rules

Continued on page 4

the facility has in place for not touching RTE foods with their bare hands? Do employees know what foods are considered RTE? Do not assume they do.

Managers should address several questions to make the appropriate corrective actions if they observe that RTE foods have been touched with an employee's bare hands. The responses to the following questions should provide enough information to determine the likelihood of amount of possible contamination transmitted by bare hands, and should be the basis for taking a proper corrective action:

- Does the facility have an employee health policy to identify, restrict, and exclude ill employees?
- Did the employees working with the food in question effectively wash their hands and are handwashing facilities adequate?
- Is there an approved, alternate procedure to no bare hand contact in place and was it followed before the bare hand contact?
- Has there been an opportunity for the employee's hands to become contaminated?

## TRAINING, TRAINING, AND MORE TRAINING

According to Greig et al. in a July 2007 study the analysis of 816 reported outbreaks of infected worker-associated outbreaks from 1927-2006 found that over 61 percent of these outbreaks came from foodservice facilities and catered events, and another 11 percent of them are credited to schools, day care centers, and healthcare institutions. The two most frequently reported risk factors associated with these implicated food workers was bare hand contact with food, and failure to properly wash hands.

Establishing an effective training program for food employees that highlights not working when ill with any of the gastrointestinal symptoms listed in the Food Code, explains good hygienic practices, proper handwashing procedures, and safe food preparation procedures is imperative in controlling the risk of a foodborne illness in your facility. This should include a documented training plan that stipulates how management responsibility for training has been designated, training program content, and the frequency of administration



## ESTABLISHING AN EFFECTIVE TRAINING

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of training, including periodic refresher sessions.

The three interdependent critical factors in reducing foodborne illness transmitted through the fecal-oral route by food workers include exclusion/restriction of ill food workers (health policy); proper handwashing;

and no bare hand contact with ready-to-eat foods. Each of these factors is insufficient when utilized independently and may not be effective. However, when all three factors are combined and carried out properly, the transmission of fecal-oral pathogens can be controlled. **E**

## SOURCES

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- FDA 2017 Model Food Code. [www.fda.gov](http://www.fda.gov)
- National Advisory Council for Microbiological Criteria of Food. [www.fsis.gov](http://www.fsis.gov)

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1. Foodservice workers should not have bare hand contact with:
  - A. TCS foods
  - B. RTE foods
  - C. PHF foods
2. Employees must:
  - A. Be aware of the symptoms, illnesses, or conditions that must be reported to the person in charge
  - B. Report certain symptoms, illness, or conditions to the PIC
  - C. Both A and B
3. An effective management system for prevention of hand contamination involves three elements:
  - A. Employee health policy, proper handwashing, and no bare hand contact with ready-to-eat foods
  - B. Employee health policy, proper handwashing, and no handling of time temperature controlled for safety (TCS) foods
  - C. Employee discipline policy, proper handwashing, and no bare hand contact with ready-to-eat foods
4. When placing handwashing sinks in a facility, special emphasis should be placed on:
  - A. Spacing in and around all equipment and the flow of food throughout the food facility
  - B. How many employees will be using the sinks
  - C. Spacing in and around fixed equipment, the number of workers, and the flow of food throughout a food facility
5. Ready-to-eat foods should never:
  - A. Be touched with bare hands
  - B. Be handled with anything other than gloves
  - C. Be left out on the counter overnight
6. According to Greig, et al., the two most frequently reported risk factors associated with implicated food workers are:
  - A. Bare hand contact and lack of training
  - B. Bare hand contact and failure to report illnesses to the PIC
  - C. Bare hand contact with food and failure to properly wash hands
7. One way to ensure food workers understand the importance of proper handwashing, not working when ill, and not handling RTE food with bare hands is to:
  - A. Have a monthly meeting
  - B. Have an effective training program
  - C. Give them a quarterly test

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