



by | Linda Handy, MS, RD and Wayne Toczek, BS

Ask dietary managers about their worst nightmare and you will get some to fess up that it is the FBI. Huh? You know, FBI, foodborne illness resulting in susceptible customers getting sick on their watch. Or perhaps the nightmare is when the dietary manager did *not* “watch,” so their customers became sick. It is one thing to have a contaminated product—like spinach—delivered to you, but it is something else when *you* failed to ensure that the food was safely handled in your kitchen.

If you think the past regulatory climate for inspecting food safety has been tough, you should gear up for an even tougher process. You could say it’s a zero tolerance for potential FBI practices. The regulation (Federal OBRA F 371) has not changed; it is still a requirement that food will be stored, prepared, and served safely.

What *has* changed? Three things:

1. New interpretive guidance for surveyors: Extensively revised based on the current Food Code, as a standard of practice
2. New detailed Surveyor Investigative Protocol for Kitchen Observation
3. New detailed guidance on scope and severity, including when to call Immediate Jeopardy for unsafe food handling

Whenever there is more surveyor training, there is a heightened climate of ensuring compliance (more look, more see, more deficiency write-ups). Do what the surveyors are doing: get more training and study the current

(Continued on page 22)

Food Code and new interpretive guidance. (See end of article for CMS website address to access current regulations and guidance.)

Take a SEC and consider the Three Steps to Success in Safe Food Handling: Standards, Educate, Check (SEC):

1. **Standards:** Revise Policies and Procedures (P&P) to be current with Food Code and regulatory requirements.
2. **Educate:** Be sure every staff person knows and understands how to follow your P&P.
3. **Check:** Be sure every staff person does what your P&P says and what you have trained.

Read the story of an Immediate Jeopardy situation (below) that was called for unsafe food handling in a healthcare kitchen. This is a true story. You won't want it to happen in your facility.

Immediate Jeopardy—What is It?

What is an Immediate Jeopardy situation? It must meet three criteria:

1. **Harm:** Could it cause harm or potential for harm?
2. **Immediacy:** Is it likely to occur in the near future if immediate action is not taken?
3. **Culpability:** Did or should the facility staff have known about the danger/situation, prior to the surveyor's identification of a problem?

(See CMS website reference for accessing Appendix Q, Guidance to Surveyors on Immediate Jeopardy.)

Francis Bacon was quoted as saying “Knowledge is power.” The more your staff knows, the safer your food will be when served to your susceptible population. Food safety cannot be hurried or briefly touched on. To have safe food, a manager must demand attention and eliminate potential problems.



A Story of Immediate Jeopardy

The surveyor observed and tested the temperatures of several large turkeys in the walk-in refrigerator. They were in the warm danger zone of rapid bacterial growth 20 hours after they had been cooking and put to cool. After interviewing the cook, dietary manager, and consulting dietitian, the surveyor determined that there had not been sufficient training or monitoring of staff practices. A detailed review of the kitchen found many other unsafe food handling practices and lack of staff knowledge. The survey team gathered, reviewed all the information, and decided to call an Immediate Jeopardy (IJ). The two tags were F 371 Safe Food Handling, and F 361 for inadequate dietary consulting by the dietitian to the dietary manager and staff in food service. The next two stressful days were filled with policy revisions, training of every staff member, and development of a detailed monitoring tool for safe food handling, while the surveyor observed and monitored the progress. The dietitian's contracted hours and consulting to dietary services (for policy revision, staff training, and sanitation checks) was increased. The facility had to demonstrate and show evidence that safe food handling practices were now in place. Finally, the IJ was abated. It had cost the facility civil money penalties for each day of IJ, but the greater cost was in loss of confidence and a negative public record for dietary services and the facility at large.

Top 12 Unsafe Food Handling Areas

(And Tips on How to Avoid Them)

1 Cross contamination, gloves, and hand washing: A poster is great to have up, but observe (have staff demonstrate) correct hand washing. **RULE:** Before handling food, always wash hands. Use gloves **ONLY** for handling “ready to eat” foods.

2 Sanitizing bucket system: Establish fill guidelines, specific change times, soak all cleaning cloths, and check periodically for effective chemical concentration. Simplify the process: A.M. Cook turns on the equipment, takes temps, and fills the sanitizer buckets (suggest a slightly higher concentration to last longer). P.M. Cook refills...now you have accountable staff and one less worry.

3 Garbage cans: Cans should be unlidded during “continuous use” per the Food Code. Simply connect lids to the can (this eliminates lids being tossed like Frisbees in the parking lot). Evaluate number of cans actually needed.

4 Diswashing:
For high-temp dishmachines: Check and log manifold gauge for 180 degrees F and periodically check (for clogging) the rack level temperature for 160 degrees F. Use a paper thermometer or holding thermometer.

For low-temp dishmachines: Check and log for 50 ppm chlorine. (Logs demonstrate monitoring and can prove that all dishes were sanitized up to a certain point.)

For manual sanitizing (pots): Ensure effective sanitizing concentration and time exposure (usually 1 minute), read sanitizer label.

For dish drying efficiency: A process of rack—wash—stack versus peg rack—wash—off peg rack into bin (which decreases drying ability or stacked on “unclean” mess matting, almost “glued” to tray). Consider tilting hang shelves for drying and storing (the Food Code allows no towel drying). Consult your chemical rep for resources and shelving or wall accessories to aid in correct drying.

5 Thawing: Routinely put delivered frozen meats in walk-in refrigerator to thaw; use within seven days (if ordered to match menu needs correctly). This reduces lists and pull time. Ensure safe storage on bottom shelves, without contaminating ready-to-eat foods. Follow the Food Code for the three acceptable thawing methods. Sanitize sinks after thawing (any prep) of potentially hazardous foods (PHF).

6 Cooking to appropriate internal temperature: Ensure cooks take temperature of all PHF; follow standards in Food Code (ie, poultry to 165 degrees F, ground meat to 155 degrees F).

7 Fast, safe cool down of potentially hazardous foods (meats cooked ahead and leftovers): Cool quicker by transferring to a frozen container, put in freezer for first two hours, or consider cutting meat into smaller pieces before you cook it. Ensure staff follows standards of practice (per Food Code) for taking PHF safely through “warm danger zone of rapid bacterial growth.”

8 Reheat to 165 degrees F: All cold hold foods. Consider increasing use of microwaves for reheat of “comfort” foods/foods brought from outside and held in resident refrigerators (nursing may need training on thermometer use). Watch buffet holding times for reheat (after two hours).

9 Safe handling of foods by other staff, such as Activities, Nursing: Dietary managers should assist in reviewing the policies and training of non-dietary staff to ensure there’s no bare hand contact with ready-to-eat foods (use gloves or consider “donut” tissues for handing), and review their refrigerator guidelines for temps, cleaning, date marking, and food discard.

10 Action alert on ice machine: There’s more to the ice machine than just the bin and scoop. Ensure maintenance staff or contracted service follows manufacturer’s guidance for internal components: Using ice machine cleaner (for algae, slime, mineral build up) and sanitizer (at appropriate concentrations to kill bacteria and viruses). The Food Code states every six months.

11 Safe egg handling: Use pasteurized shell eggs for undercooked/soft eggs. Date mark and follow manufacturer’s guidance on thaw/quick use of low cholesterol egg products (comes frozen/no use-by date).

12 Employee health: Ensure specific policies and training on what is reported (any exposure to Hepatitis A, travel, symptoms), working restrictions in the food area, release from doctor to return to food preparation. (Follow standards of practice in Chapter 2 of the Food Code.)

(Continued on page 24)

Other Food Safety Considerations

Prepare for Local County Health Department CCP (Critical Control Point) Inspections: They may track your food from purchase to preparation to customer. Ensure that you follow the standards of practice for safe food handling per the Food Code when receiving food (maintaining correct temperature), storing, thawing, cooking (recipe guidelines), reheating, and disposing.

Streamline Equipment (less to clean and to store): Clean out drawers and part with under-used and unnecessary items (damaged spatula, mercury thermometer), and toss old carts.

Follow Standards: Albert Einstein was asked why—if he was so smart—he could not even recall his phone number. His response was, “If I need it, I can look it up.” Do you have the standards of practice (current Food Code) as a ready reference to look up? Is your policy and procedure manual revised, and does it reflect the language and intent of these standards?



Resource Available on Food Safety Training

DMA has just released a new Master Track title designed to help managers train their staff in food protection practices. “Teaching Food Safety to Your Staff” is now available and can be ordered from the DMA website by visiting www.DMAonline.org/market or call (800) 323-1908.



Survey Changes

For several years, the Centers for Medicare & Medicaid Services (CMS) has had a project underway to convene “expert” panels to improve the guidance to surveyors in key Tags in the State Operations Manual (SOM), Appendix PP. Their charge:

1. Revise the interpretive guidance.
2. Develop new Surveyor Investigative Protocol (first time ever: Kitchen Observation Protocol).
3. Provide specific severity guidance for determining the correct level.
4. Define example of severity, including immediate jeopardy.

Recent Tags revised:

1. (2004) Pressure Ulcers
2. (2006): Activities
3. (2007) Pharmacy

Currently, it's anticipated that summer 2008 will be the time for Dietary revisions, with F 371 Safe Food Handling and F 325 Nutrition Tag changes.

Who participated in the CMS workgroups on F 372—and what did they do?

Summer 2008 is the anticipated time for Dietary revisions, with F 371 Safe Food Handling and F 325 Nutrition Tag changes.

1. The first workgroup included representation from the Food and Drug Administration (Glenda Lewis, MSPH), Centers for Disease Control and Prevention, Centers for Medicare & Medicaid, academia, and a California specialty surveyor (Linda Handy, MS, RD). The group was charged with developing the first revision draft, which was sent out for public comment in July 2006.
2. Next came categorized public comments (there were 850 individual or “group” comments for F 371).
3. The second workgroup was made up of CMS dietitians and a specialty surveyor (Linda Handy, RD), which made changes and reworked the revisions. (The final draft was completed in fall 2007.)

The more your staff knows, the safer your food will be when served to your susceptible population. Food safety cannot be hurried or briefly touched on. To have safe food, a manager must demand attention and eliminate potential problems.

Effective Systems: Establish opening and closing task lists, and make it mandatory to “clean as you go.” Reinforce production routines with proper time frames and sufficient time to perform tasks correctly, stress efficient ordering (time frames, pull and thaw).

Monitor and Reward Staff Performance: Establish routine sanitation audits (not just before a survey), and acknowledge excellence with simple rewards or certificates for “brag” board.

Finally, as managers we must ask ourselves:

- Doesn't my staff *want* to do a good job of safe food handling?
- Does most of my staff know *how* to do a good job of safe food handling?
- Have I given them the training and tools to safely handle food?
- Am I leading by example and “practicing what I preach, not breach”?
- Is staff well trained in safe food handling habits—even when no one is looking?

May your dining service for susceptible customers be safe, and may your surveys go well. ■

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References

This article includes excerpts from the new book “Safe Dining for the Susceptible Customer: 7 Professional Views During Survey”

To access CMS Regulations and Surveyor Guidance: www.cms.hhs.gov

To access the current Food Code: Google “FDA Food Code 2005” or visit www.cfsan.fda.gov->Food Code-> Table of Contents, click on pdf for each chapter