



Bite-Sized Food Safety

Food safety resources for front-line managers to train food workers

# **Risk Factor Study**

The Jefferson County Health Department (JCHD) has begun a study of the food safety risks observed at food establishments in the county. The data collected in this study will be used to identify what food safety issues are most commonly observed in health care facilities, schools, groceries, and restaurants. Targeted intervention strategies will then be developed to focus JCHD's food safety efforts on those areas most in need of improvement.

The foodborne illness risk factors and public health interventions are shown on the below snapshot of the top of a food safety inspection form. These items will be the focus of the study.

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		FOODBORNE	ILLNESS RISK F	ACT	ORS	A	ND	PUBLIC HEA	ALTH INTERVENTIONS			
	Circle desig	nated compliance status (IN,	OUT, N/O, N/A) for each	numbe	ered ite	em			Mark "X" in appropriate box for COS and/o	r R		
	N=in compliance	OUT=not in compliance	N/O=not observed	N/A=r	ot ap	olica	ble	CO	S=corrected on-site during inspection R=repe	at violati		
	Compliance S	Status			cos	R		Compliance S	Status	со		
		Demonstration of K	nowledge					1	ntially Hazardous Food Time/Temperature			
1	IN OUT	Certification by accredited	program, compliance				16	IN OUT N/A N/O	Proper cooking time & temperatures			
<u> </u>		with Code, or correct respo	onses				1	IN OUT N/A N/O	Proper reheating procedures for hot holding			
Employee Health							18	IN OUT N/A N/O	Proper cooling time & temperatures			
2	IN OUT	Management awareness; p	olicy present				19	IN OUT N/A N/O	Proper hot holding temperatures			
3	IN OUT	Proper use of reporting, res	striction & exclusion				20	IN OUT N/A	Proper cold holding temperatures			
		Good Hygienic P	ractices				2	IN OUT N/A N/O	Proper date marking & disposition			
4	IN OUT N/O	Proper eating, tasting, drin	king, or tobacco use				2	IN OUT N/A N/O	Time as a public health control: procedures & r	ecord		
5	IN OUT N/O	I OUT N/O No discharge from eyes, nose, and mouth					Consumer Advisory					
Preventing Contamination by Hands						22	IN OUT N/A	Consumer advisory provided for raw or				
6	IN OUT N/O	Hands clean & properly wa	shed				2.		undercooked foods			
7	IN OUT N/A N/O	No bare hand contact with	n RTE foods or approved				Highly Susceptible Populations					
		alternate method properly f	followed				2	IN OUT N/A	Pasteurized foods used; prohibited foods not			
8	IN OUT	Adequate handwashing fac	cilities supplied & acces	ssible					offered			
Approved Source						Chemical						
9	IN OUT	Food obtained from approv	ed source				2	IN OUT N/A	Food additives: approved & properly used			
10	IN OUT N/A N/O	Food received at proper ter	mperature				26	IN OUT	Toxic substances properly identified, stored, &	used		
11	IN OUT	Food in good condition, sat	fe, & unadulterated				Conformance with Approved Procedures					
12	IN OUT N/A N/O	Required records available	: shellstock tags,					IN OUT N/A	Compliance with variance, specialized proce	SS,		
		parasite destruction					2		& HACCP plan			
		Protection from Con	tamination									
13	IN OUT N/A	Food separated & protecte	d					Risk factors are improper practices or procedures identified				
14	IN OUT N/A	Food-contact surfaces: clea	aned & sanitized					prevalent contributing factors of foodborne illness or injury. Public Health				
15		Proper disposition of return	ed, previously served,					Interventions are control measures to prevent foodborne illness or inju				
		reconditioned, & unsafe for	bd									

In a similar nationwide study conducted by FDA in both fast food and full-service restaurants, the following six sections of the Food Code were most commonly out of compliance:

- Foods requiring refrigeration are held at the proper temperature
- Employees practice proper handwashing
- Food is protected from cross contamination during storage, preparation, and display
- Foods are cooled properly
- Food contact surfaces are properly cleaned and sanitized
- Refrigerated read-to-eat foods are properly date marked and are used or discarded within 7 days of preparation or opening

In both categories, cold holding of foods under refrigeration and handwashing were the top two risk items cited as being out of compliance.

## What Food Establishments Will Be Selected for the Risk Factor Study?

JCHD will do risk factor study inspections at:

- All 22 schools in the county
- All grocery stores that do significant food preparation for a deli, salad or hot food bar, or meat or seafood department
- All 7 health care facilities in the county
- Approximately 70 randomly selected fast food and full-service restaurants that prepare foods requiring cooking

# How Should We Prepare for a Risk Factor Study Inspection?

Food establishments should focus daily on the six food safety practices above most frequently cited by FDA as out of compliance. This will likely improve our county's performance on this risk factor study. Otherwise, no special preparation is required by food establishments for the study. The risk factor study inspections will be unannounced and will count as regular inspections.

#### How Will the Study Data Be Used?

Data from the risk factor study will be used to help JCHD develop targeted intervention strategies to address the risk factors for foodborne illness that are most commonly out of compliance for each food establishment category – schools, health care facilities, groceries, and restaurants. These strategies will be developed with input from industry through the Food Safety Advisory Council.

#### Why Is This Study Important?

Developing targeted food safety intervention strategies will focus our efforts on the greatest food safety risks and allow JCHD to use its resources most effectively. This will help both food establishments and the health department to be more effective in preventing foodborne illness.

## What Are Typical Targeted Intervention Strategies?

Targeted intervention strategies likely will include training, food safety materials like posters or stickers, model food safety policies, issues of Bite-Sized Food Safety devoted to key topics, and better follow up by JCHD when compliance issues are identified.