Food Safety – or not? A Position Paper

Prepared by NAIT Food Services, December 2010

Food Safety – an Overview

Food Safety is a very important health issue for Canadians, and is growing in importance as a public health issue. It is a costly issue - Health Canada estimates that the annual cost related to these illnesses, and related deaths, is between $12 and $14 billion.

Health Canada and the Canadian Food Inspection Agency govern the safety and nutritional quality of all food sold in Canada. Retail food operations are strictly monitored and licensed to provide consumers with confidence that purchased food items are safe.

Exchanges of food on a personal level, such as community potlucks, are not formally regulated. Individual consumers don’t seem to be doing a great job managing food safety in their homes – it is reported that MOST cases of food borne illness occur as a result of improper food handling and preparation by the consumer.

What is the average practice of food safety? Research findings by the Canadian Partnership for Consumer Food Safety Education reveal that despite the fact that a majority of adults feel confident they understand and follow safe food handling procedures, a sizeable number do not consistently follow certain safe food handling practices. A few examples of lacking food safety practices include: over 50% of people report defrosting meat at room temperature, only 15% report using a thermometer to determine if food is at a safe temperature, and only 50% report washing their hands before food preparation.

What is Food Poisoning?

Food-borne illness (also known as “food poisoning”) happens when a person gets sick from eating food that has been contaminated with a harmful micro-organism. These micro-organisms can be bacteria, parasites or viruses. Every year, an estimated 11 to 13 million Canadians suffer from illnesses caused by food-borne illness. The most common symptoms of food-borne illness include:

- diarrhea and stomach cramps
- nausea and vomiting, fever

Many cases of food borne illness go unreported because their symptoms often resemble the stomach flu. Other reasons it is difficult to monitor cases of food poisoning include:

1. Only serious complications such as dehydration, bloody diarrhea, or prolonged illness lead the sick to seek medical attention. When the average person becomes ill with gastroenteritis they often continue daily activities in spite of symptoms, or remain at home for a short period of 24 h to 48 h waiting for the nausea, diarrhea and stomach cramps to subside.
2. Specimen collection is the only definitive way to diagnose food borne illness. Collection from diagnosed cases is limited due to lack of communication between physicians and public offices – the opportunity to test products is often missed.
3. On the few occasions when patient self-reporting occurs and suspect food is available for testing, obtaining stool samples from the sick individual in a timely fashion is a challenge.
Food poisoning can result in chronic health problems in 2 to 3 per cent of cases. Illnesses, such as chronic arthritis, and hemolytic uremic syndrome (HUS) leading to kidney failure, have long-term consequences for the affected individual and for the economy and society as a whole.

**Food Safety at NAIT**

NAIT enjoys a strong public image as a leader in food due largely to the huge success of the School of Hospitality and Culinary Arts. Food Services works very closely with the School to protect this reputation. Alignment of all areas at NAIT in protecting Food Safety at NAIT would be an asset, but we have a few changes to make to accomplish this synergy. Highlights of NAIT’s Food Safety performance include:

1. **Retail Food Operations**: NAIT’s retail food operations are strictly regulated and monitored by the Health Inspector with AHS. NAIT’s retail food safety, to date, has been reported as excellent and no changes are required.

2. **Community Group Events and Fundraisers**: A recent improvement has been made in managing student food-based fundraisers on campus. Through discussions with NAIT’s Health Inspector, it was recommended that all events dealing with the exchange of money for food (bakesales and barbecues for examples) and that are not provided by one of NAIT’s licensed food providers, should be registered with AHS through the [Registration form for Community Group Events - Post Secondary Schools](mailto:Registration%20form%20for%20Community%20Group%20Events%20-%20Post%20Secondary%20Schools). This registration solidifies the event as a public event, and helps to ensure that NAIT is not liable for mishaps at the event.

3. **General Awareness**: To date NAIT has not implemented an internal awareness campaign on food safety. This is recommended in collaboration between Occupational Health and Safety and Food Services (as the designated Food Safety Officer for NAIT).

4. **Potlucks**: NAIT Food Services recognizes that staff potlucks play an important role in NAIT’s culture and team development. There is no formal public regulation but NAIT’s Health Inspector recommends that NAIT set its own policy and guidelines in regards to potlucks on campus.

Potlucks may be considered a part of an individual’s personal lunch time which is non-compensable time through WCB. However, NAIT may be negatively affected if someone or several people fall ill with food poisoning as a result of inappropriate food handling at potluck events held at NAIT. Accordingly, it is important that the following basic event management be implemented to ensure the safety of NAIT employees and to increase the awareness and formality regarding food safety:

   a. Designation of an event leader – to distribute Food Safety information, complete the registration form and ensure that proper food holding methods and utensils are available and used. Food Services will provide resources if required.

   b. To have the event leader act as a resource between the staff members and the designated Food Safety Officer (which is Food Services at the present time).

   c. Internal ‘registration’ of potluck event with the designated Food Safety Officer to improve communication of where and when such events occur. This information will assist in improving awareness campaigns and staff resources when managing food. Food Services recommends that we incorporate the same form as noted above: [Registration form for Community Group Events - Post Secondary Schools](mailto:Registration%20form%20for%20Community%20Group%20Events%20-%20Post%20Secondary%20Schools)
References


http://www.calgaryhealthregion.ca/publichealth/envhealth/program_areas/food_safety/documents/FSTop.pdf


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**TOP TEN IMPROPER FOOD HANDLING PRACTICES THAT CAUSE FOODBORNE ILLNESS**

The Top Ten chart illustrates the improper food handling practices that cause over 95% of all foodborne illness outbreaks in foodservice establishments:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Practice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improper cooling</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>Advance preparation</td>
<td>17%</td>
</tr>
<tr>
<td>3</td>
<td>Infection</td>
<td>13%</td>
</tr>
<tr>
<td>4</td>
<td>Inadequate reheating for hot holding</td>
<td>11%</td>
</tr>
<tr>
<td>5</td>
<td>Improper hot holding</td>
<td>9%</td>
</tr>
<tr>
<td>6</td>
<td>Contaminated raw food or ingredient</td>
<td>5%</td>
</tr>
<tr>
<td>7</td>
<td>Unsafe source</td>
<td>4%</td>
</tr>
<tr>
<td>8</td>
<td>Use of leftovers</td>
<td>3%</td>
</tr>
<tr>
<td>9</td>
<td>Cross-contamination</td>
<td>3%</td>
</tr>
<tr>
<td>10</td>
<td>Inadequate cooking</td>
<td>2%</td>
</tr>
</tbody>
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