

Food Safety Protocol, 2019

Ministry of Health and Long-Term Care

Effective: February 2019

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within 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 programs, which include, but are not limited to:

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

- *Food Premises Regulation*;
- *Recreational Camps Regulation*; and
- *Camps in Unorganized Territory Regulation*.³⁻⁵

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water*

and Fluoride Monitoring Protocol, 2018 (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Food Safety

Requirement 1. The board of health shall:

- a) Conduct surveillance of suspected and confirmed food-borne illnesses, food premises, and food for public consumption;
- b) Conduct epidemiological analysis of surveillance data including monitoring of trends over time, emerging trends, and priority populations; and
- c) Respond by adapting programs and services in accordance with the *Food Safety Protocol, 2018* (or as current); the *Operational Approaches for Food Safety Guideline, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

Requirement 2. 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 *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Requirement 3. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current) by:

- a) Adapting and/or supplementing national/provincial food safety communications strategies where local assessment has identified a need; and/or
- b) Developing and implementing regional/local communications strategies where local assessment has identified a need.

Requirement 4. The board of health shall provide all the components of the Food Safety Program in accordance with the *Food Safety Protocol, 2018* (or as current) and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Requirement 5. The board of health shall ensure 24/7 availability to receive reports of and respond to:

- a) Suspected and confirmed food-borne illnesses or outbreaks;
- b) Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and
- c) 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 *Food Safety Protocol, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Operational Approaches for Food Safety Guideline, 2018* (or as current).

Operational Roles and Responsibilities

Surveillance and Inspection

Inventory of food premises

- 1) The board of health shall maintain a current inventory or inventories of all food premises, as defined by section 1 of the HPPA, within the health unit.² In addition to maintaining an inventory of food premises where the board of health has primary jurisdiction, the board of health shall:
 - a) Have a procedure in place to access contact information and locations for all food premises, including those that are subject to Federal regulation or regulation under provincial statutes that are overseen by ministries other than the Ministry of Health and Long-Term Care; and
 - b) Establish and maintain communications with local offices of the Ontario Ministry of Agriculture, Food and Rural Affairs and the Canadian Food Inspection Agency which may include facilitating annual meetings.

Food safety management system

- 2) The board of health shall implement a food safety management system utilizing a hazard identification and risk-based approach for all food premises in the health unit, and shall include, but is not limited to, the following components:
 - a) An annual site-specific risk categorization process to determine the risk level, inspection frequency and other food safety strategies for the safe operation of the food premises in accordance with the *Operational Approaches for Food Safety Guideline, 2018* (or as current);
 - b) An inspection process to assess risk of food safety practices and determine compliance with regulation, and provide consultation and education on food handling practices; and
 - c) A monitoring and evaluation process to annually assess and measure the effectiveness of food safety strategies.⁶
- 3) The board of health shall, within each calendar year, conduct routine inspections of all fixed food premises, in accordance with the following minimum schedule:
 - a) Not less than once every four months for high-risk food premises;^{*}
 - b) Not less than once every six months for moderate-risk food premises;[†]
 - c) Not less than once every twelve months for low-risk food premises other than those noted in 'd');

^{*} Once every four months is defined as one inspection occurring within each four month period of the calendar year, based on fixed dates (January 1 – April 30; May 1 – August 31; September 1 – December 31).

[†] Once every six months is defined as one inspection occurring within each six month period of the calendar year, based on fixed dates (January 1 – June 30; July 1 – December 31).

- d) Not less than once every two years for low risk premises that offer for sale only pre-packaged non-hazardous food; and
 - e) Not less than once per calendar year for seasonal fixed premises that operate for six months or less.
- 4) The board of health shall establish and implement procedures to monitor or inspect transient and temporary food premises, including those operating at temporary special events.
- 5) The board of health shall incorporate the following components into the food safety inspection process:
- a) Hazard Analysis and Critical Control Point (HACCP)-based principles in assessing safe food-handling practices;
 - b) Inspection for compliance with regulations;
 - c) Consultation with food premises management about food safety operations and practices, to minimize hazards; and
 - d) On-site food safety education and/or promotion of training.⁷
- 6) 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:
- a) Operational strategies to promote safe food-handling;
 - b) Hazard analysis of key food items and/or processes;
 - c) Identification of critical control points (CCPs) for these items and processes;
 - d) Monitoring strategies to control CCPs to ensure the provision of safe foods; and
 - e) Documentation to record operational strategies.
- 7) The board of health shall, upon being notified of or becoming aware of proposed or newly constructed or renovated food premises prior to commencement of operation, assist owners, operators or their agents in becoming compliant with applicable legislation. The board of health shall also provide information about other components of the Food Safety Program, including but not limited to the availability of food handler training and certification; and food safety resources, as appropriate.
- 8) The board of health shall investigate and conduct additional inspections, as necessary to address:
- a) Unsafe food-handling practices;
 - b) Issues of non-compliance with regulations;
 - c) Foodborne illness investigations and outbreaks;
 - d) Complaints; and
 - e) Other inquiries that the board of health deems appropriate, to assess potential health hazards in food premises.
- 9) Food safety inspections shall incorporate the use of forms or other data collection tools that are based on the minimum regulatory requirements of the *Food Premises Regulation* under the HPPA.³

Management and Response

24/7 on-call and response

- 1) 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:
 - a) Suspected and confirmed food-borne illnesses or outbreaks;
 - b) Unsafe food-handling practices, food recalls, adulteration and consumer complaints; and
 - c) Food-related issues arising from floods, fires, power outages or other situations and emergencies that may affect food safety.
- 2) The board of health shall determine the appropriate response required and act on food-related complaints and reports within 24 hours of notification of the complaint or report.
- 3) 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:
 - a) Respond appropriately within 24 hours of receiving the report of the food-related incident, illness, injury or outbreak;
 - b) Conduct investigations for microbiological or other suspected agents in accordance with the *Infectious Diseases Protocol, 2018* (or as current), where applicable, and
 - c) Refer the concern to other lead ministries or agencies, as appropriate, if the board of health is not the primary agency responsible.⁸

Compliance and Enforcement

- 4) The board of health shall establish practices that promote an inspection approach that focuses on compliance. Inspection practices shall include but are not limited to:
 - a) The use of compliance assistance activities;
 - b) A risk based enforcement strategy; and
 - c) The use of judgment.

Supporting food recalls

- 5) The board of health shall respond and provide support for food recall notifications, as requested by:
 - a) The Ministry of Health and Long-Term Care, including when assistance is requested by The Canadian Food Inspection Agency (CFIA); and
 - b) The Chief Medical Officer of Health.

Food safety awareness, education, training and certification

Community awareness and education

- 1) The board of health shall have available food safety information and/or educational material to raise public awareness about food safety practices, particularly targeting priority populations identified by the board of health. The food safety information and/or educational material must include, but not be limited to, information on:
 - a) the role of public health in food safety;
 - b) foodborne illness prevention;
 - c) seasonal food safety messaging;
 - d) the safe preparation and handling of food at home;
 - e) the safe diversion of surplus food for donation; and
 - f) new and emerging food safety risks.

Food handler training and certification

- 2) The board of health shall:
 - a) Ensure the provision of Ministry of Health and Long-Term Care recognized food handler training program(s) within the health unit, in accordance with the *Operational Approaches to Food Safety Guideline, 2018* (or as current); and
 - b) 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.⁶

Disclosure

- 3) The board of health shall publicly disclose a summary report on each routine and complaint based inspection of food premises. Complaint based inspections are to be disclosed when:
 - a) The complaint is substantiated and upon conducting a risk assessment, the public health inspector has determined that the premises requires an on-site inspection or investigation ; and
 - b) A risk of transmission of disease(s) has been identified.
- 4) Reports:
 - a) Shall be posted on the board of health's website in a location that is easily accessible to the public within two weeks of a completed inspection. Reports must be posted for two years.
 - b) Shall contain:
 - i) The type of premises;
 - ii) The name and address of the premises;
 - iii) The date of inspection;
 - iv) The type of inspection (e.g., routine, re-inspection, complaint based);

- v) Inspection status (e.g., in general compliance, found to have minor infractions, infractions corrected on-site, critical infractions found requires re-inspection, other means of describing status based on existing disclosure programs);
 - vi) A brief description of any corrective measures to be taken;
 - vii) A brief description of any corrective measures taken (if applicable);
 - viii) The date all corrective measures were confirmed to be completed (if applicable); and
 - ix) Contact information of the board of health for more information.
- c) Reporting requirements may be adapted to match the visual style of the board of health's website. Boards are encouraged to integrate the required content areas listed above into existing public disclosure programs.
- d) Shall be compliant with relevant legislation, including the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA), the *French Language Services Act* (FLSA) (if applicable), the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act, 2004* (PHIPA). No personal information or personal health information shall be disclosed in a report.⁹⁻¹²
- 5) Where follow up inspections are required, the board of health shall post a subsequent report or amend the posted report with additional information and include the date(s) of the re-inspection(s) within two weeks from the date(s) or earlier as needed. The board of health shall also consider the urgency of the new relevant information, and whether a potential risk to the public exists if there is a delay in updating the public report(s).
- 6) Where enforcement actions result in the issuance of tickets, summons, or section 13 order, the board of health shall post the following information:
- a) Name and address of the premises;
 - b) Short form wording of the ticket or summons in accordance with the *Provincial Offences Act*; and
 - c) The date on which the ticket or summons was issued and date of conviction.

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. *Food Premises*, RRO 1990, Reg 493/17. Available from: <https://www.ontario.ca/laws/regulation/170493>

4. *Recreational Camps*, RRO 1990, Reg 503/17. Available from:
<https://www.ontario.ca/laws/regulation/r17503>
5. *Camps in Unorganized Territory*, RRO 1990, Reg 502/17. Available from:
<https://www.ontario.ca/laws/regulation/r17502>
6. Ontario. Ministry of Health and Long-Term Care. Operational approaches to food safety guideline, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocol_sguidelines.aspx.
7. Canadian Food Inspection Agency. Hazard analysis critical control point (HACCP) [Internet]. Ottawa, ON: Canadian Food Inspection Agency; 2012 [cited 2013 Jul 05]. Available from: <http://www.inspection.gc.ca/about-the-cfia/newsroom/food-safety-system/haccp/eng/1346306502207/1346306685922>
8. Ontario. Ministry of Health and Long-Term Care. Infectious diseases protocol, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocol_sguidelines.aspx.
9. *Accessibility for Ontarians with Disabilities Act*, SO 2005, c 11. Available from:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm
10. *French Language Services Act*, RSO 1990, c F.32. Available from:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f32_e.htm
11. *Municipal Freedom of Information and Protection of Privacy Act*, RSO 1990, c M.56. Available from:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m56_e.htm
12. *Personal Health Information Protection Act*, SO 2004, c 3, Sched A. Available from:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

