

EMPLOYEE FOOD HANDLING / PERSONAL HYGIENE COMPLIANCE MANUAL

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The problem

Foodborne illnesses in the United States are a major cause of personal distress, preventable death and avoidable economic burden. Mead et al. (1999) estimated that foodborne diseases cause approximately 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths in the U.S. each year. Government statistics show that at least 70% of these illnesses are due to improper hand washing. The annual cost of foodborne illness in terms of pain and suffering, reduced productivity, and medical costs is estimated to be \$10-\$83 billion.

We believe that hand contact, better stated as fingertip contact, with ready-to-eat foods should be avoided whenever possible, but correctly washed bare hands and fingertips are not a food safety problem. The intent of this plan is to outline procedures that are permitted to make hands and fingertips safe to touch ready-to-eat food.

The Certified Food Manager (CFM) / Person in Charge (PIC) is responsible for verifying, prior to any food handling activity, that all food handling employees are in compliance with our policies, procedures, and standards.

What is ready-to-eat food and direct fingertip contact?

Food that will be served to the guest raw, or will not be cooked after you handle it with your bare hands, is called ready-to-eat food. Ready-to-eat foods are a special problem, because there is no opportunity to kill or remove the germs that might get onto the food from your hands.

Maintaining clean hands and following the proper procedures for handling ready-to-eat foods are the most important issues in preventing foodborne illnesses.

What is "Direct hand contact?" Direct hand contact is handling food with your properly washed bare hands. When you use tongs, spatulas, deli paper or gloves, you are not making direct hand contact with the food you are preparing.

There are two primary sources of contamination of fingertips: 1) when using toilet paper and wiping after using the toilet, referred to as fecal-oral transmission, and 2) touching raw meat, fish, and especially, poultry. Human feces can have billions of illness-causing pathogens and are a special problem. We use a **double** wash with nail brush on the first wash to get a 1,000,000-to-1 reduction of pathogens on fingertips. After touching raw food, which is much less contaminated and might have 10,000 pathogens and be a cross-contamination problem, we use the **single** wash without the nail brush to get a 1,000-to-1 reduction, to a final Food Safety Objective (FSO) of 10 CFU per gram or less.

Personal hygiene dress policies, procedures, and standards

All employees shall wear clean outer clothing to prevent contamination of food equipment, utensils, linens, and single service and single-use articles. When moving from a raw food operation to a ready-to-eat food operation, employees must wear a cleanable outer covering (vinyl apron) over clothing. All employees must keep their fingernails trimmed, filed, and maintained so that the edges and surfaces are cleanable. While preparing food, employees must not wear jewelry on their hands or arms. This does not apply to a plain wedding band. Employees must wear hair restraints such as hair bonnets, baseball hats, or hair nets, and clothing that covers body hair to effectively keep hair from contacting exposed food, clean equipment, utensils, and linens. This will not apply to employees who serve beverages or packaged foods.

This includes hosts, hostesses, and wait staff if they present a minimal risk of contaminating food, clean equipment, utensils, or items used for single service.

Bare hand contact with food

Actual food preparation processes where bare hand contact with ready-to-eat food is used include the following. (Note: *The list below is a model list. Food operators are to modify this list to fit their establishments.*)

1. Adding garnishes
2. Touching bread and toast or preparing sandwiches
3. Cutting fruit or vegetables
4. Transferring ready-to-eat items
5. Salad or dessert preparation
6. Placing cut fruit or vegetables in beverages
7. Cutting, mixing ready-to-eat products

What should I do if I accidentally contaminate ready-to-eat foods? If you believe you have accidentally contaminated ready-to-eat foods, you must:

1. Immediately set the food aside, notify the CFM / PIC, and explain what happened.
2. If appropriate, discard the contaminated food after discussion with the CFM / PIC.
3. Wash, rinse, and sanitize the contaminated work surface.
4. Wash your hands. Review the policies, procedures, and standards.
5. Strive to be a safe food handler.

Where to wash

(Describe where the hand sinks are located.) Hand sinks are located as follows.

- 1.
- 2.
- 3.

When to wash (Figure 1)

The first step in understanding the proper hand washing procedures is for all food service personnel to understand when to wash their hands. The thought process should be, "Any time that I am preparing to handle food, food contact surfaces, or food utensils, I should wash my hands prior to beginning that process." Hand washing must follow any act that offers a possibility that hands have become soiled or contaminated.

The following is a list of activities that always should be followed by double hand washing with a nail brush.

- At the start of your shift
- After using the toilet
- When entering the kitchen area
- After handling any bandages or touching sores

The following is a list of activities that should be followed by the single hand wash without the use of the nail brush.

- Before and after coffee, food or cigarette breaks
- After handling garbage or performing any cleaning duties
- After bussing duties or handling dirty dishes
- After using a handkerchief or tissue

- After sneezing or coughing
- After handling raw food – particularly meat and poultry
- After touching any part of the body (ear / nose / mouth / hair)
- At any time hands become visibly soiled

It must be stressed that our most important defense as food handlers in protecting the health of our employees and guests is to wash our fingertips properly.

Below you will find our steps to proper hand washing and sanitizing.

Figure 1. Hand Wash HACCP Procedures

Get ready. Check to see that there is an adequate supply of unscented, non-antibacterial hand detergent, an Anchor Surgeon's Scrub nail brush, and disposable paper towels at the hand sink. Water temperature is not a factor, but it must flow at 2 gallons per minute. Warm water at 75 to 100°F is desired.



The double wash with the nail brush. Turn on the water. Let it flow rapidly at 2 gallons per minute. It is the water that removes the pathogens.

Apply detergent to the fingernail brush. Place enough detergent (1/2 teaspoon or 3 to 5 ml) to build a good lather on the fingers.



Brush and lather, particularly fingertips and fingernails. Hold the brush with the bristles up, and touch the tips of the fingers of the hand that held the toilet paper to the tips of the bristles, which are really what does the cleaning. Gently brush the tips of the fingers, without bending the bristles, while water runs over the fingers and washes the pathogens down the drain. Continue until the brush and the fingers have no lather (about 10 seconds). This will give a 1,000-to-1 reduction of pathogens.

Put the nail brush down with bristles up. This allows the water to run off so that the brush dries sufficiently that bacteria cannot multiply. The contamination of the nail brush with finger bacteria has been measured at less than 1 bacteria in 1,000,000 stick to the brush. The nail brush should be washed once a day to keep it clean.



Second wash for additional toilet / pathogen reduction or to reduce the contamination from raw food and dirty surfaces.

Add 1/2 teaspoon or 3 to 5 ml of hand detergent to the palm of one hand.

Under flowing water, massage the hands, fingertips, and between the fingers. Thoroughly rinse all of the lather from the fingertips, hands, and arms in flowing warm water. The second wash takes about 10 seconds, and when the detergent and lather are gone from the skin, the pathogens are reduced 100 to 1.



The nail brush wash, followed by this second wash, gives a total of >100,000-to-1 reduction of pathogens on fingertips. Used alone, the second wash reduces the $\leq 1,000$ pathogens from raw food to a safe level, or ≤ 10 .



Dry hands using paper towel(s). Use clean, disposable paper towel(s) to thoroughly dry hands (and arms). This reduces the microorganisms an additional 10 to 1 for a total double wash reduction of 1,000,000 to 1, or single wash reduction of 1,000 to 1, to a final concentration of 10 or fewer on the fingertips.

Control of pathogens by work exclusion and restriction

The senior manager on duty must, at the beginning of the shift, visually assess the health of the employees on duty or coming on duty and exclude or restrict any employee who meets any of the following criteria:

1. Blatantly acute symptoms of gastrointestinal illness
2. Report that they are ill
3. Have an open cut, boil or wound (the wound is to be cleaned and covered with a waterproof covering.)
4. Suffering from a condition that medically will not allow them to work with food

Managers are not medically trained and cannot diagnose disease any differently than any other lay person. They are responsible to be aware of any employee who may exhibit definite signs of illness. They will also rely on employees self-reporting when they have conditions that may contaminate food. The manager must determine if an employee should be restricted from handling food or sent home until the employee has recovered or gets medical clearance.

The manager should use the following chart to determine the need to restrict an employee's work or to send that person home.

Employee's condition	Action to be taken
Foodborne illness diagnosed by a doctor	Send home from work until cleared by doctor. Call FS&S.
Has an illness caused by <i>E. coli</i> O157:H7, <i>Shigella</i> , hepatitis A or <i>Salmonella typhi</i> diagnosed by doctor. If the manager becomes aware of an employee that has been diagnosed by a doctor with an illness caused by <i>Salmonella typhi</i> , <i>Shigella</i> , <i>E. coli</i> O157:H7 or hepatitis A, he/she should exclude the employee and send the employee to a doctor for treatment.	Must be sent home until cleared by doctor and FS&S called.
Confirmed carrier of any of the above-mentioned illnesses.	Sent home until a doctor has cleared with a note. Contact made with FS&S.
Diarrhea	Send home immediately.
Vomiting	Send home immediately.
Fever only	Restrict from food handling or send home.
Sore throat with fever	Send home until better.
Onset of jaundice or dark brown urine more than 7 days ago	Restrict from food handling until symptoms pass. Have doctors note to handle food.
Cut, boil or lesion with draining, blood or wetness	Cover with bandage and food service glove.

The managers may not discuss with coworkers, or anyone else, the medical condition of an employee. If an employee has a HIV infection, Crohn's disease, irritable bowel syndrome or ulcerative colitis, that employee is medically allowed to work with food as long as he/she has none of the symptoms covered in this section.

Corrective action

The CFM / PIC is authorized to take corrective actions when any errors are observed in the areas listed below. Those actions will include but not be limited to the following:

Error	Corrective action
Failure to stock hand sink	Immediately restock
Failure to properly wash hands	Stop work, rewash, educate
Cross-contamination	Discard product, W.R.S., wash hands, educate
Employee with symptoms	Restriction, exclusion, bandage with glove

Employee training

Twice a year, the CFM / PIC will:

- Review this Employee Food Handling / Personal Hygiene Compliance Manual with all employees
- Demonstrate the techniques required to minimize cross-contamination
- Explain the warning and enforcement policy of the health department
- Give a written test of 20 questions to assure that employees understand this document and then, file the test as proof of due diligence
- Have each employee demonstrate the double and single fingertip wash

Concluding this training, all employees must sign that they have been trained, and a copy of the document will be retained in the employee's personnel file.

Evaluation of this training will be based on the visual observation of employee behavior that demonstrates compliance with this Employee Food Handling / Personal Hygiene Compliance Manual by the CFM / PIC. Also, the CFM / PIC will be responsible to question and authorize immediate corrective actions where errors are observed. In the case that errors are persistent, employees may be retrained, and disciplinary action may be merited in accordance with the policies of this establishment.

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