GUIDELINES FOR THE MANAGEMENT AND HEALTH SURVEILLANCE OF FOOD HANDLERS

DEPARTMENT OF HEALTH

DIRECTORATE: FOOD CONTROL

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1. BACKGROUND

As in the rest of the world, the debate continues in the RSA amongst health professionals and public health authorities on the relative merits, costs and benefits of health surveillance of food handling personnel by means of routine medical examinations. There is no uniformity in the procedures adopted by authorities requiring surveillance. Universally there is still uncertainty as to whether, and under what circumstances, routine medical examinations are cost effective in preventing or at least minimizing food contamination.

In the RSA the aspect of routine medical examination of food handlers varies considerably amongst health authorities, especially at local government level. Some enforce it through legislation, which makes it compulsory, while others do not require it at all. This situation is not in the best interest of all concerned and the Department of Health has decided to issue the following guidelines in this regard.

For the purpose of this document the term **"food handler" means "Persons who in the course of their normal routine work come into contact with uncovered food not intended for their personal use."** Food includes water and any other liquid intended for human consumption. A food handler is thus any person involved in the processing, production, manufacturing, packaging, preparation, sale or serving of any foodstuff, including water and beverages.

It should be emphasized that the purpose of this document is not to elaborate on the statutory requirements of food handling and the places where it takes place, but to serve as a guide for persons involved in food handling with regard to practices which will contribute to safe food handling.

2. VIEPOINT OF THE DEPARTMENT OF HEALTH REGARDING PRE-EMPLOYMENT- AND ROUTINE MEDICAL EXAMINATIONS OF FOOD HANDLERS

In accordance with the view of the Joint FAO/WHO Expert Committee on Food Safety, the Department accepts that it is not easy to maintain medical control over food handlers due to a rapid turnover which makes it difficult to keep track of them. Medical examinations are costly and do not guarantee the detection of more than a small proportion of carriers of pathogenic organisms. Screening for pathogens in stool specimens from food handlers is not cost-beneficial and is not recommended, and the identification of a carrier is not likely to make a significant contribution to the control of food borne diseases. Infection may also occur after the examinations.

Routine medical examinations of food handlers may lead to a false sense of safety which can cause negligence with regard to general hygienic practices and personal hygiene. A much more effective preventative measure, the education of food handlers in hygienic practices, is often also neglected.

For these reasons the Department considers pre-employment and routine medical examinations of food handlers as not being cost-effective and unreliable in the prevention of food borne disease and recommends that it should therefore not be required by health authorities. Regular monitoring and surveillance by health authorities and management of the food handling process are, however, crucial elements in the prevention of food borne diseases.

3. A PROPOSED STRATEGY FOR HEALTH SURVEILLANCE OF FOOD HANDLERS

The following principles should be applied as part of a stratey:

- management commitment;
- education and training;
- health interviews;
- reporting illness to management;
- applying basic food handling practices; and
- applying basic personal hygiene practices.

These principles can only succeed in promoting a high standard of safe food handling if applied and accepted in an open and trusting manner by all the parties concerned, namely, employers and employees. Mutual understanding and trust between management and food handling employees form the basis of a safe food handling strategy.

3.1 MANAGEMENT COMMITMENT

The hygiene of food is the responsibility of management and can at no point be delegated to food handlers. Management commitment to the following is essential:

- a programme of optimum hygiene covering all aspects of food handling. Vigilant and competent supervision in this respect is vital;
- open discussion and reporting of hygiene problems by employees and quick response with corrective measures;
- reassurance that food handlers will not suffer loss of pay or their jobs if they report symptoms such as diarrhoea or infected skin lesions;
- employment of technical experts to advise on hygiene;
- creating optimum hygiene conditions and practices and the regular upgrading thereof;
- implementation of quality control programmes;

- Responding to consumer complaints regarding hygiene in a professional and responsible manner;
- implementation of an occupational health programme for improving working conditions and increasing product reliability; and
- mutual trust should be developed amongst employees in order to support each other to maintain maximum hygiene levels. To create this, food handlers should be empowered to be part of the evaluation process regarding hygiene standards.

3.2 EDUCATION AND TRAINING

The following aspects are important:

- Health authorities must accept that the education and training of food handlers are also part of their responsibility and should ensure that appropriate programmes receive their attention;
- Education and training of food handlers are vital elements of food safety programmes;
- Practical and functional educational methods and aids should be used, especially with regard to street vendors. Language and other cultural factors should be taken into account;
- All employees must know and understand the basic principles of food safety and their own responsibility in this respect;
- Managers must be aware that employees who have gastroenteritis or open skin lesions must stay away from work or be prohibited from handling food while symptoms persist;
- Food handlers should receive instruction in food safety and personal hygiene and should be required to undergo a test of their knowledge of the subject;
- Refresher courses should be given periodically;

- Particular attention should be given to the need to report illness by food handlers as soon as it occurs;
- Education programmes must take literacy and educational standards of food handlers into consideration;
- Education and training programmes to be conducted by properly - trained personnel; and
- Education and training programmes must also be extended to management, cleaners and other personnel involved with food handling.

3.3 HEALTH INTERVIEW

Health interviews involve the completion of a questionnaire by the employee and are aimed at a general assessment of a person's suitability for work as a food handler in terms of demeanour, appearance and cleanliness.

All relevant aspects related to environmental health matters and practices of food handling should thus be included in the questionnaire.

The following aspects are important:

- Questions should be directed towards the indentification of excreters, whether clinically well or symptomatic, of organisms of importance in food safety;
- The interview should take place before employment;
- The interview may be repeated under special circumstances, e.g. following a period of absence from work due to sickness or a holiday in a country or place in which an epidemic of gastroenteritis has been reported; and
- Medical advice need only be sought if the interviewer considers - that a more detailed examination would be desirable. Recruits

suspected of suffering from the following conditions will require a medical examination and if confirmed, be disqualified from being appointed as a food handler:

* chronic suppurative conditions, e.g. otitis media with drum perforation;
* chronic bronchitis with productive, purulent sputum, or
* widespread chronic skin conditions, such psoriasis or eczema which makes skin cleansing difficult and are often associated with secondary infection.

Leadership of existing personnel should where possible be involved during the interview stage to strengthen mutual trust amongst new and old staff members.

3.4 REPORTING ILLNESS TO MANAGEMENT

Managers should encourage employees to report to their supervisors whenever they have diarrhoea, sore throat, fever, a cold or open skin lesions, or are jaundiced. Discretion should then be used as to whether or not these persons should be subjected to certain restrictions or suspended from food handling duties. Management should have a general knowledge of food borne diseases and the symptoms thereof to ensure that food handlers suffering from it can be identified early. Management must thus be aware that employees who have for example gastroenteritis or open pus producing lesions (ear, teeth/gums, lungs, skin, etc.) must stay away from work or be relocated with tasks that do no involve the handling of food.

Questions often arise which medical conditions normally disqualify a person temporarily from food handling as well as what length of exclusion from work after illness must be applied. It must be kept in mind that health standards are applied in a practical way, so as not to exclude a

person from work unnecessarily, while maintaining the safety of other employees and food.

The following conditions disqualify a person temporarily from food handling:

- infection of the eyes or eyelids;
- inflammation and/or discharge from ears;
- oral sepsis;
- staphylococcal conditions e.g. recurrent boils or open sores; or
- recent history of gastrointestinal infection.

The following rule with regard to the length of exclusion from work after specific illnesses should be applied. (Return to work in these cases should, however, only take place after consultation with and consent of a medical doctor):

- Hepatitis A: six weeks from onset of jaundice;
- Salmonella food poisoning, cholera, dysentery and typhoid and paratyphoid: three consecutive negative stool specimens taken 48 hours apart;
- Parasite worms and other parasitic conditions: until successfully treated;
- Staphylococcal and streptococcal: until successfully treated;
- All other gastrointestinal illnesses (bacterial or viral): until symptom free: and
- Tuberculosis: seven days from onset of effective treatment.

These measures are aimed at protecting co-workers as well as the public from becoming infected through direct contact with an infected food handler or by means of contaminated food handled by such a person. The transmission of diseases such as

TB, STD's and AIDS is practically of very little consequence with regard to the handling of food, but steps taken should be aimed mainly at protecting co-workers and clientéle from becoming infected.

3.5 APPLYING BASIC FOOD HANDLING HYGIENE PRACTICES

With regard to basic food handling hygiene practices, the following golden rules should always apply:

- basic foodstuffs (meat, milk, etc.) must be obtained from a health approved source;
- cook food thoroughly;
- eat cooked foods immediately or within one hour after preparation;
- store cooked foods carefully as temperature control is essential;
- reheat cooked foods thoroughly and only once;
- cover and/or seal cooked foods during storing and when displayed;
- avoid contact between raw and cooked foods;
- keep all kitchen surfaces, utensils and equipment meticulously clean;
- protect foods from dust, insects, rodents, animals and other sources of contamination;
- clean tongs, gloves, etc. should be used to handle prepared food where necessary;
- use clean water, clean running water must continuously be available to ensure proper hygiene practices;
- waste foods must be properly disposed of;
- do not inflate food containers (plastic bags, paper bags, etc.) by means of blowing in them by mouth; and
- do not thaw frozen foods in cold or warm water for more than six hours at room temperature.

3.6 APPLYING BASIC PERSONAL HYGIENE PRACTICES

Managers should ensure that food handlers at all times adhere to the following aspects, which should become part of the customary norms and values of these persons:

- Hands should be washed and fingernails scrubbed in warm soapy water:
  * before food is handled;
  * after visiting the toilet;
  * after blowing the nose;
  * after smoking and/or eating;
  * between handling raw and cooked food;
  * between handling unwashed vegetables and prepared food; and
  * after handling any soiled objects, such as a refuse bin, etc.

- Hands should be dried with paper towels or a hot air drier and never a communal towel unless it is of the revolving type which is supervised properly;
- Finger nails should be kept short and clean;
- Keep hands away from the nose, mouth, eyes, ears, or hair during the time food is handled.
- Fingers must not be licked when preparing food;
- Keep all cuts and sores covered with a waterproof dressing. Do not prepare or work with food while there are unhealed cuts or sores on the hands, unless rubber gloves are worn;
- A clean washable overall or overcoat of a pale colour, which will show the dirt, should be worn;
- Hair should be kept covered to prevent dust and bacteria it contains from falling into the food;

- Never cough, sneeze or blow the nose over food;
- Do not smoke, chew tobacco, etc. while handling food;
- Do not wear rings and other jewellery which can come into contact with the food; and
- Food handlers should ensure that they are at all times clean of person and it is recommended that a hot shower/bath be taken every day before commencing work. Soap and clean towels must be available. Clean protective clothing should be worn.

4. CONCLUSION

The main emphasis should fall on;

* personal hygiene (suitable washing facilities, etc.)
* clean protective clothing;
* effective supervision of the health of employees and appropriate action timely taken when indicated; and
* maintaining hygienic food handling practices.

Sound management with regard to hygiene and commitment from employers as well as employees holds the key to success.

5. REFERENCE

Health surveillance and management procedures for food handling personnel.
World Health Organisation (WHO), Geneva, 1989.

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VIEWPOINT OF THE DEPARTMENT OF HEALTH REGARDING PRE-EMPLOYMENT AND ROUTINE MEDICAL EXAMINATIONS OF FOOD HANDLERS

As in the rest of the world, the debate continues in South Africa among health professionals and public health authorities on the relative merits, costs and benefits of health surveillance of food handling personnel by means of pre-employment- and routine medical examinations, and there is no uniformity in the procedures adopted by authorities requiring surveillance. Universality there is still uncertainty as to whether, and under what circumstances, routine medical examinations are cost-effective in preventing or at least minimizing food contamination.

In South Africa the aspect of pre-employment- and routine medical examination of food handlers varies considerably among health authorities, especially at local government

level, where some enforces it through legislation which makes it compulsory, while others do not require it at all. This situation is not in the best interest of all concerned and the Department of Health has therefore decided to express its viewpoint in this regard.

For the purpose of this circular the term "food handlers" means the following:
"Persons who in the course of their normal routine work come into contact with uncovered food not intended for their personal use. (Food includes water and any other liquid intended for human consumption). A food handler is thus any person involved in the processing, production, manufacturing, packaging, preparation, sale or serving of any foodstuff, including water and beverages.

In accordance with the viewpoint of the Joint FAO WHO Expert Committee on Food Safety, the Department accepts that it is not easy to maintain medical control over food handlers due to a rapid turnover which makes it difficult to keep track of them. Medical examinations are costly and do not guarantee the detection of more than a small proportion of carriers of pathogenic organisms. Screening for pathogens in stool specimens from food-handlers is not cost-beneficial and is not recommended, and the identification of a carrier is not likely to make a significant contribution to the control of food borne diseases. Infection of food handlers may also occur after the examinations.

Furthermore, routine medical examinations of food handlers may lead to a false sense of safety which can cause negligence with regard to general hygienic practices and personal hygiene. A much more effective preventive measure, the education of food handlers in hygienic practices, is often also neglected.

> For these reasons the Department considers pre-employment and routine medical examinations of food handlers as not being cost-effective and unreliable in the prevention of food borne diseases and recommends that it should therefore not be required by health authorities. Regular monitoring and surveillance by health authorities and management of the food handling process is however a crucial element in the prevention of food borne diseases.

To assist health authorities, the Department of Health has also compiled a document entitled: "Guidelines for the management and health surveillance of food handlers", which includes amongst other the Department's policy as set out in this circular with regard to medical examination of food handlers. A copy of the guideline document can be obtained on request from the Department of Health, Directorate: Environmental Health.

DIRECTOR-GENERAL