

The Loaded Table

C o w l i t z C o u n t y H e a l t h D e p a r t m e n t

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Cowlitz County Food Advisory Committee

The Food Advisory Committee was officially created in 1998. The purpose of the committee is to:

- Promote and protect the health and safety of the public,
- Prevent the spread of disease by food, and
- Advise the Cowlitz County Board of Health on matters pertaining to developing and sustaining a pro-active food advisory committee to meet the following goals:
 - * Develop and implement an educational format through expanded training seminars for management and food handler personnel and an expanded educational format for the consumer base.
 - * Develop and implement a format for communication, which may include a monthly newsletter relating to health issues, positive press releases about the food industry, cross-networking with other health jurisdictions, and sharing with local industry.
 - * Develop a team approach to insure success at all levels by promoting and enhancing team efforts between the food industry and the Cowlitz County Health Department, Washington State, and other agencies.
 - * Insure that adequate resources are available to carry out this mission.

To date some of the exciting things that have evolved are the Person In Charge (PIC) training that

now includes a Spanish language class, offsite opportunity for health card testing and Hepatitis A shots for food workers, the development of a newsletter for industry.

With the new regulations there continues to be opportunity for input into processes and procedures implemented by CCHD to carry out the mandated retail food safety program. Items currently under discussion include:

- Public access to inspection reports
- Reevaluation of existing enforcement procedures

The existing Food Advisory Committee members include Terri Anderson, Longview School District; Sandy Brown, WSU Extension; John Caron, Kelso High School; Terrence Miracle, The Farmers Market; Ed Puciata, Les Rousch and Raymond Baker, Vernie's Pizza. Currently the Committee is interested in expanding membership to reach out to industry and interested citizens who share an interest in community food safety.

Anyone interested in Committee membership please contact the Clerk of the Board of County Commissioners or visit online at http://www.co.cowlitz.wa.us/commissioners/commission_boards/Boards%20&%20Commissioners.htm regarding the application form and/or process.

I L L E M P L O Y E E P O L I C I E S

Healthy food workers are important factors in foodborne illness prevention. Food workers must inform the PIC (Person In Charge) if they have:

- Symptoms of a gastrointestinal infection (such as diarrhea, vomiting or jaundice)
- A diagnosed illness from Salmonella, Shigella, Shiga toxin-producing E. coli, hepatitis A, or any other illness that can be transmitted from a food worker through food
- Infected, uncovered wounds
- Discharges from the eyes, nose, or mouth (persistent sneezing, coughing or runny nose)

The PIC must restrict food workers with these conditions from working with exposed food and clean equipment.



Notification – the PIC must notify the Health Department if a food worker has jaundice or a diagnosed illness that can be transmitted through food.

Good tools - Ill Foodworker Policy and Employee education!

How will you answer the following questions?

- What do you do when an employee calls in sick?
- Describe your ill food worker policy.
- If you have an ill employee- what do you do?
- Have you talked with your employees about working when they are sick?
- Which symptoms do you accept as a reason for someone to stay home?
- How do you keep track of ill employees? How long have they been sick?
- When do you let ill employees come

back to work? What is required?

- What discussions do you have with new employees about working when ill? Do you think it would be a good idea to have a standardized approach?
- Have you considered having a log that you could check off after you have had a conversation?

If you have any questions please feel free to call the Health Department or ask your inspector during your next inspection.

In Washington, we still have too many situations where ill food workers are found to be working or have returned to work too soon.

Remember Those Food Worker Cards

Food workers must have food and beverage workers cards (i.e. health cards) before they start work.

The only exception to this requirement is if the owner has a training procedure in place for new hires, documents when training took place and can produce that documentation for the Health Inspector when asked – then the employee has 14 days from start date to obtain a food worker card.

Expired cards or cards from other states are not valid.

Here is a reminder to check those food worker cards.

Are they all current?

Any new employees?

About to hire new employees?

If you have a large number of employees it may be helpful to have someone assigned to check the cards regularly.

Also remember that if they are renewed before the card expires employees can get a 3 year card for the price of a 2 year card. If they have attended the PIC training within two years of the renewal date and meet other renewal requirements there is a 5 year renewal card. Just remember to take both the current card and the PIC certificate with them for verification before taking the test.

Imminent Health Hazard

Imminent Health Hazard means a significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstances, or event creates a situation that requires **immediate correction or cessation of operation** to prevent injury based on:

- Power outages or equipment failure: causing improper temperature control
- No water: inadequate hand washing, equipment cleaning or sanitizing
- Emergency situations: Flooding, accident, fire, or building collapse
- Sewage backup or sewage contamination within the establishment
- An occurrence of a possible outbreak of foodborne illness linked to the establishment.



In recent months we have experienced an electrical outage in the Longview/Kelso area and a boil water order on a public water system.

The electrical outage caused refrigeration breakdown and lack of hot water. The boil water order resulted in lack of safe water for handwashing and equipment sanitizing. Both situations are **Imminent Health Hazards**.

The permit holder shall immediately discontinue operations and notify the Health Department if an imminent health hazard may exist due to any of the situations described above. If operations are discontinued, approval from the Health Department must be obtained prior to resuming operations.

For more information refer to the Health Department's web site and the Washington State Retail Food Code Working Document or call a Food Program staff member for more information.

Person In Charge Classes

The PIC (Person In Charge) is a designated person in charge. It is the result of changes to the Food Code in 2005. A PIC is required during all hours of food service operation. Not only must a PIC be present but must:

1. Be able to demonstrate knowledge about food safety
2. Know when to exclude ill food workers
3. Ensure all employees follow the food safety regulations

Cowlitz County Health Department has partnered with WSU Cooperative Extension office to present this additional training for person's in charge.

(PIC) Training classes are scheduled through December 2007 and the opportunity for others if demand is high.

The dates are as follows:

- October 16, 2007 12:30pm-4:30 pm
- November 6, 2007 8:30am-12:30pm
- December 6, 2007 12:30 pm-4:30pm

The cost is \$15 per person

For more information call Sandy at 360-397-6060 ext 7712 or visit the Cowlitz County Health Department website.

Retail Shellfish Requirements

Shellstock means raw, in-shell molluscan shellfish (i.e. clams, oysters, muscles, and scallops, except shucked scallop adductor muscle only).

Tag Requirements:

Each container of shellstock must have a certified shellfish dealers tag with required harvest information. The following items must be on the tag at time of acceptance of delivery:

- Dealer's name, address, and certification number
- Original shipper's certification number
- The date of harvest
- The harvest location, including water body and specific site designation
- The type and quantity of shellfish
- The following statement in bold capitalization type: **"This tag is required to be attached until container is empty or retagged and thereafter kept on file for 90 days"**.



Additional requirement for retailers is record keeping of tags in an orderly and chronological system that correlates with the dates of product sale or service.

Other Requirements:

If removed for display shellstock must be on drained ice and protected from contamination and no commingling with other shellstock of different harvested dates and growing areas.

Shucked Shellfish: One or both shells have been removed

Containers need to have a legible label that identifies the name, address and certification number of the shucker-packer or repacker. The label must also include the "sell by" date for packages of less than 1/2 gallon or the date shucked for packages of or more than 1/2 gallon.

If you sell shellfish please review all the requirements for approved sources, storage, record keeping and labeling. Washington State Department of Health has developed a code clarification document that you may review online at <http://www.doh.wa.gov/ehp/sf/food/ccshellfish.pdf> or request a copy from your inspector.

Hand washing

CDC estimates that 76 million Americans get sick, more than 300,000 are hospitalized, and 5,000 people die from foodborne illnesses each year.

Each year in Washington, foodborne illnesses are investigated to confirm that an outbreak occurred, identify the causative organism, determine the source of illness with the goal of preventing further spread of disease.

In 2006, data from those investigations identified the three leading contributing factors as:

1. Infected/ill Food Workers
2. Bare Hand Contact, and
3. Lack of handwashing

As one of the leading factors we have more work to do where handwashing is involved.

PIC (Person In Charge) must ensure that adequate handwashing facilities are provided and maintained:

1. A dedicated handwashing sink must be provided, convenient, and accessible at all times for employee use
2. Handwashing sink must be provided with water of at least 100 ° F through a mixing faucet.
3. Supply of hand cleaning soap and hand towels or other acceptable drying device.
4. Handwashing sign or poster that notifies employees to wash their hands must be posted (signs are available online or by request).



Proper method of washing hands:

- Vigorous friction on surfaces of the lathered fingers, finger tips (pay particular attention to underneath the fingernails during the washing process), areas between the fingers, hands and arms for at least 10 to 15 seconds, followed by;
- Thorough rinsing under clean, running warm water; and
- Immediately dry cleaned hands and arms.

Wash your hands every time:

- You enter a food preparation area and before beginning food preparation, including working with exposed food, clean equipment and utensils and unwrapped single-service articles
- After touching bare human body parts other than clean hands and clean, exposed portions of arms
- After using the toilet room
- After caring for or handling service animals or aquatic animals
- After coughing, sneezing, using a handkerchief or tissue, using tobacco, eating, or drinking
- After handling soiled equipment or utensils
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross contaminating when changing tasks
- When switching between working with raw food and working with ready-to-eat food
- Before donning gloves for working with food, and
- After engaging in other activities that contaminate the hands



Our daily life requires the use of our hands for everything, after a thorough hand washing, our hands can become contaminated again by contact with contaminated surfaces, raw meats, bathroom use and handshaking. A good and repetitive hand washing is important because we reduce the bacterial numbers on our hands so as to minimize risk of infections and the probability of contaminating food or food contact surfaces. **It is important to train food handlers to wash their hands effectively.**

Food workers may not contact exposed, ready-to-eat food with their bare hands and must use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.

Lets practice and teach the correct way to wash hands and reduce the potential of foodborne illness.

Bacteria that Causes Foodborne Illness Continued Series: Listeriosis

(Department of Health Food Safety Newsletter, Spring 2007)

Although rare in Washington State compared to other foodborne bacterial diseases, Listeria infections can result in severe illness, particularly for immunocompromised persons. Infection with the bacterial agent, *Listeria monocytogenes*, causes a range of symptoms. Healthy persons may have diarrhea or only minimal illness such as fever.

Invasive disease can result in bloodstream infection or meningitis. Infection during pregnancy may cause few symptoms for the woman, but cause severe fetal or neonatal infections that may result in pregnancy loss.

There is no standardized test for Listeria in the stool, so the diagnosed and reported cases are predominantly invasive infections. As a result, listeriosis has one of the highest fatality rates of notifiable infectious conditions because most diagnosed cases are severe. During the past five years, 11-15 cases and 0-3 associated deaths were reported annually in Washington. Almost all case patients had risk factors such as pregnancy, older age, or pre-existing immuno-compromising illness. Sixteen cases were reported statewide by early December 2006. Of the 15 confirmed cases, ten were over 65 years of age (including seven with additional predisposing medical conditions), two were younger adults with known predisposing conditions, one was a woman with a pregnancy loss, one was a newborn with presumed preceding maternal infection, and one was an adult with incomplete history. Identified predisposing conditions included cancer, heart failure, kidney failure and liver disease. Two of the elderly cases were fatal. The probable case was a symptomatic relative of an elderly case.

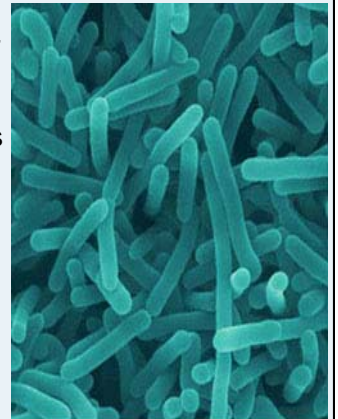
Listeria occur in soil, water and silage. Wild or domestic animals and birds may be infected or farmyards and food processing factories contaminated, resulting in contamination of dairy products such as raw milk cheese and meat. **Due to its ability to multiply at refrigerator temperature**, Listeria contamination can be a problem with processed ready to eat foods such as hotdogs, luncheon meats, and smoked fish as well as deli salads and vegetables. Most cases are sporadic, with outbreaks only rarely detected due to the inability to test the most common presentation, a diarrheal illness.

Nationally published reports include listeriosis outbreaks associated with turkey deli meat, hotdogs, prepacked sandwiches and cheese. In Washington, no listeriosis outbreaks were reported from 2001-2005. No common exposure has been identified for the cases reported during 2006. Although not required, submission of Listeria isolates to DOH Public Health Laboratories is encouraged. Public Health investigation is directed at preventing further exposure to contaminated produce.

The US Department of Agriculture lists food recalls occurring in this country. Such recalls typically reflect detection of Listeria during routine monitoring, not Listeriosis outbreaks. In recent years, Listeria contamination has been responsible for a large proportion of recalls in the United States. In 2006 there were 14 recalls due to bacterial contamination: six each related to E. coli O157:H7 and Listeria and one each related to Salmonella and Staphylococcus aureus. Products with Listeria identified include pork, hot dogs, turkey deli meats, ham salad and dried beef.

Information about recalls is available at

http://www.fsis.usda.gov/Fact_Sheets/FSIS_Food_Recalls/index.asp.



Listeria monocytogenes is the causative agent of listeriosis. Just a few thousand cases of *L. listeria* in humans are reported each year, but, of those, about 500 die.

Quit for Two

The enclosed sticker is from Washington State DOH. It represents a campaign designed to reach pregnant women who are smoking by offering assistance to help them quit smoking for

themselves and for their unborn babies. Please post this important message in your restaurant today! Thank you for your assistance. Please call 501-1228 for questions or more information.

FUTURE NEWSLETTERS

If there are subjects you would like included in future newsletters please feel free to call Ruby Stilson. Her contact information is:
Phone: 360-414-5596
Email: stilsonr@co.cowlitz.wa.us

Wash Your Hands Often!