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No Reservations

No Reservations **is a monthly newsletter published by RQA Inc. for the restaurant industry.**

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FDA Retail Food Safety Initiative Summary

The Food and Drug Administration's (FDA) Retail Food Safety Initiative is part of the agency's overall prevention-based, farm-to-table food safety strategy to reduce foodborne illness. FDA's actions in this initiative are prompted by its 10 -year study of more than 800 retail food establishments to assess the control of five key foodborne illness risk factors in nine types of retail operations.

FDA's partnerships with the retail food industry, state, local, and tribal authorities, and other government agencies are fundamental to this initiative and key to its success.

FDA identified four action areas:
1. Make the presence of certified food protection managers common practice.
2. Strengthen active managerial control at retail and ensure better compliance.
3 Encourage widespread, uniform, and complete adoption of the FDA Food Code.
4.Create an enhanced local regulatory environment for retail food operations.

FDA's Retail Food Safety Initiative action plan outlines activities that FDA will carry out over the next several years.

Foodborne illness is a major cause of personal distress, disease, death, and economic burden. Every year, millions of Americans become sick and many die from foodborne illness, and as a result, the public has become increasingly aware of, and concerned about, the safety of the food they eat.

There are many players in the farm-to-table chain. Each has some degree of responsibility for food safety. Retail food establishment and foodservice operators have a significant share of the responsibility for ensuring food safety. Like growers and processors, they have a responsibility to reduce the risk of foodborne illness in their operation.

The breadth of the retail food industry makes it an impossible task for FDA alone to monitor the safety of food at the retail level. Retail food safety efforts are a cooperative and collaborative effort amongst approximately 3,000 state, local, and tribal agencies and the retail food industry.

In October 2010, FDA released the results of its 10-year study tracking the retail food and foodservice industry's efforts to reduce the occurrence of employee behaviors and practices related to five key foodborne illness risk factors (food from unsafe sources, poor personal hygiene, inadequate cooking, improper holding of food (time and temperature), and contaminated food surfaces and equipment). At that time, FDA announced its intention to step up efforts and work closely with state and local governments and operators of retail food establishments to improve food safety practices and increase the presence of certified food safety managers to oversee food safety practices and prevent illness from contaminated food in retail food establishments.

Continued

The data indicate that having a certified food protection manager (CFPM) has a positive impact on food safety and should become common industry practice. Many states and localities require a CFPM and many in the retail industry employ them voluntarily as a matter of good practice. The 2004 and 2009 reports revealed a correlation between improved control of certain risk factors and the presence of a CFPM in many of the facility types studied.

Overall compliance improved over the three data collection periods in all nine of the establishment types studied. The improvements were statistically significant in elementary schools, fast food restaurants, full-service restaurants, meat and poultry markets and departments, and produce markets and departments. Improvements, although not statistically significant, were also seen in hospitals, nursing homes, deli departments/stores, and seafood departments/stores.

However, the study also showed that continued improvements are still needed with regard to three risk factors: poor personal hygiene, improper holding of food, and contaminated food surfaces and equipment.

The goals of FDA's Retail Food Safety Initiative are:
1. Make the presence of CFPM common practice. Data from the last two collection periods point to a correlation between the presence of a certified food protection manager and better food safety practices and behaviors.
2. Strengthen active managerial controls of food safety at the retail level to ensure better compliance. Food safety is enhanced when managers assess their food safety systems, implement appropriate procedures and training, and actively monitor compliance with those systems to reduce risk in retail operations. In order to broaden the use of these tools throughout the industry.
3. Encourage widespread, uniform, and complete adoption of the FDA Food Code. FDA will work with the retail industry and state, local and tribal authorities to ensure that prevention-oriented, science-based food safety principles are used at the retail level.
4. Create an enhanced local regulatory environment for retail food operation.

http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/RetailFoodSafetyInitiative/default.htm

Deli, Tinley Park, IL. June 2014

Cook County, IL, public health officials are looking into a Salmonella outbreak linked to the deli at a suburban Chicago store after nine people reported being sickened.

The Cook County Department of Public Health said some food items had been linked back to the deli in Tinley Park, which is southeast of downtown Chicago.

After being informed about the situation by the health department, the deli closed on Wednesday afternoon while workers removed and discarded all food products and cleaned and sanitized surfaces. The deli then reopened later that afternoon.

Company officials said customers who purchased food at the Tinley Park store deli could return it to any of their grocery store outlets for a replacement or a refund.

Most people infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts four to seven days, and most people recover without treatment. However, in some cases, the diarrhea may be so severe that the patient needs to be hospitalized. The elderly, infants, and those with impaired immune systems are more likely to have a severe illness. http://www.foodsafetynews.com

Mexican Restaurant, College Station, TX. May 2014

Shortly after state and local health officials on Friday named it the likely source of an ongoing outbreak of the Ohio serotype of Salmonella Typhimurium, the Mexican restaurant in College Station, TX, voluntarily shut its doors.

Just before it closed, the Brazos County Health Department announced that the restaurant had become “statistically significant” in the Salmonella outbreak investigation that it’s had underway with the Texas Department of State Health Services.

In a statement, the department said it has been investigating a cluster of Salmonella cases since last September, with 30 initial cases confirmed and 26 involving either residents or visitors to the county. No deaths have been reported.

The local health department collected environmental samples from the restaurant on May 13, and four of the 36 samples tested positive for the rare Ohio strain.

“A specific exposure source, such as food handling procedures, food supply or an infected employee has not been specifically identified, but is currently under investigation,” the statement noted.

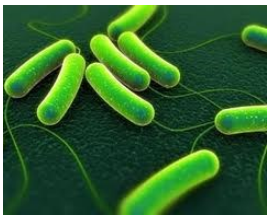
The department said the restaurant closed Friday upon hearing about the lab results and is cooperating with the investigation.

The Mexican restaurant is a popular restaurant in College Station, home of Texas A&M University and its student enrollment of slightly less than 59,000.

Customers on the restaurant’s Facebook page were staying supportive. “Aggies aren’t going to give up on you guys,” one wrote.

More information about the outbreak is expected at a Saturday morning press conference.

The Mexican restaurant reopened Saturday after being closed for 12 hours during which the College Station restaurant under went a deep cleaning. All open and prepared foods on the premises were discarded along with used cutting boards that were being used to cut both raw and cooked chicken. The restaurant has also switched to pasteurized liquid eggs instead of fresh, shelled eggs to limit exposure to the bacteria and is adopting new food handler procedures including the use of cleaning logs for all shifts.



http://www.foodsafetynews.com

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