

Introduction

In March of 2000, I had the honor of being selected as the NEHA/CIEH International Sabbatical Exchange Ambassador. My specific subject area of interest I based my application on was regulatory food safety issues from a local health jurisdiction perspective. During my exchange visit I focused my attention on the following menu of issues:

- What role Hazard Analysis Critical Control Point (HACCP) played in local regulatory agencies.
- What policies were being used concerning bare hand contact with ready-to-eat foods.
- How local health jurisdictions compared organizationally.
- What were the leading causes of foodborne illness.
- Compare emerging food protection issues, including E. coli 0157:H7.
- What role, if any, was seen for food irradiation.

In anticipation and preparation for my exchange, I collected multiple bundles of pertinent information from my local health department, Snohomish Health District, including the Washington State Food Service regulations, our District's Enforcement Procedures for the Food Program, fee schedules, food service and temporary food service application forms, various food safety handouts, and a few items of field equipment, such as thermocouples and infrared thermometers.

Itinerary

I departed from Seattle for London Heathrow on September 9, 2000. I checked into a flat I had leased off Kingsway in the Bloomsbury district to use as a home base during the duration of my tour. The professional itinerary arranged for me by CIEH consisted of the following:

September 13 – CIEH Congress 2000 in Harrogate
September 18 – Kings College London, Waterloo Campus
September 20 – Surrey Heath Borough Council, Camberley
September 25 – Wigan Metropolitan District Council, Wigan
September 29 – Compass Group, London

This itinerary was selected because it offered me a sampling of industry, rural and metropolitan food protection issues.

Issue Discussions

• The Role of HACCP

The role I observed HACCP playing through out my tour of the UK was surprising. In my experience with local public health food programs, the concept of HACCP was (and

is) fleetingly used and often only in the function of foodborne illness investigations. While the concept of HACCP does appear to be finding it's way into more local and state food service codes, the daily use of it in routine inspections is, for the most part, still being defined and explored.

Hazard Analysis-Critical Control Point, a systematic approach to identification and assessment of food safety hazards and risks, became U.K. law in 1995. From information provided to me, the requirement states that businesses must, "identify any step in the activities of the food business which is critical to ensuring food safety and ensure that adequate safety procedures are identified, implemented, maintained and reviewed." This approach to food safety was prevalent, if not foremost, in all the food service inspections that I was able to observe. I was also able to collect a variety of very helpful information sheets and "Factfiles" which succinctly and thoroughly explained the concept of HACCP and how it might apply to individual establishments.

I found that a great deal of field time I spent with various council EHOs was spent reviewing HACCP documentation, even though written documentation of the monitoring process is not part of the national requirement. However, as I learned, the doctrine of due diligence (Food Safety Act, 1990), a defense for operators who might be involved in legal proceedings, is strengthened by, among other factors, a documented HACCP paper trail. This impetuous was usually sufficient to prompt many operators to catalog their HACCP plans.

Clearly, depending on hazard class and other variables, HACCP plans tended to range from complex to non-existent. For the majority of the establishments I was able to visit, these plans were lengthy, well written and adequately reflected the hazards for those food items. As an example, while working with the Wigan Council I was able to tour a large food manufacturer, which produced a variety of salads using potentially hazardous foods. The first part of the inspection involved reviewing HACCP plans, which greatly aided our understanding during the walk through part of the inspection. In that inspect, the regional EHOs found minimal problems as a result of adherence to the written HACCP plans.

• Policies concerning bare hand contact with ready-to-eat foods

Through out the United States and certainly in Washington State, issues involving bare hand contact with ready-to-eat foods are taking the forefront. Recent foodborne illness data from the Washington State Department of Health (WSDOH) indicated that in 1999 the leading cause of foodborne illness was contamination of ready-to-eat food items by ill food workers who practiced poor personal hygiene. As a result, many local health jurisdictions, including Snohomish Health District, have adopted policies requiring the use of utensils, deli tissues, gloves, or other such protection when handing ready-to-eat foods. These policies are being adopted in conjunction with existing or modified hand washing polices to create a dual barrier approach to food safety.

During my tour of the UK I did not observe, or encounter similar policies. Any discussion of hand washing or personal hygiene was usually found as an action or control

point in HACCP plans. For example, in one Council's hazard identification guide for preparation, the action plan listed "Wash your hands before handling food" as it's primary step. Another merely listed "good personal hygiene" as a third critical control point step.

While I was unable to gather any statistics relating to foodborne illness attributable to food workers and personal hygiene, during field inspections the emphasis on minimizing bare hand contact seemed very well placed. Nearly all physical facilities were designed and constructed with handwashing stations placed in easily convenient locations. I had also noticed on several site visits that gloves or food service utensils were often in use while workers handled ready-to-eat foods. When questioned about the use of gloves, most workers were well-versed as to the correct use.

• **Organizational comparison the local health jurisdictions**

The largest contrasts I observed between the U.S. and U.K. local public health jurisdictions were in the broad category of organizational structure. The following areas of diversity I was able to observe and discuss with council EHOs firsthand, although other similarities and differences undoubtedly exist:

- The differences in key responsibility areas (KRA) between my local organization and U.K. EHOs were very striking. Council EHOs were responsible for a vast array of environmental health programs within their jurisdictions including health and safety inspections, animal welfare, noise control, pest control, air and water quality issues and institutions. All of these daily program responsibilities clearly consume a great deal of EHO time.

In my experience in Washington State and Colorado, many of the KRAs my U.K. counterparts are involved in, often come under the control of other state and local agencies such as Labor and Industries, Air Pollution Control Boards, Department of Ecology, and police officials.

- Food service establishments in the U.K. are not under an obligation to become licensed or permitted in order to operate. Local councils operate on a system of registration where new facilities are obliged to contact their local council usually within 14 days of opening for business. One council required registration only for facilities that operated for "five or more days in five consecutive weeks." There was no charge for registration with the local council.

A briefing note from the Chartered Institute of Environmental Health dated June, 1999, took the position that licensing of food establishment was desirable because, among other reasons, it would allow councils to have more leverage to have establishments comply with food safety requirements prior to operating. Also, it would provide that food workers receive necessary education, generate a source of revenue through licensure, and help to implement the required Hazard Analysis system required by 1995 law.

- Revenue sources to operate local councils differed greatly from my U.S. experience. Both of the councils I visited obtained their revenue from council taxes, public entertainment facilities, alcohol sales or other such point sources. The primary income source for all the health departments I have worked with were fees for service from establishment permits, some local tax dollars, grants and contracts.
- At Snohomish Health District all inspection reports and other such documents are part of the public record and therefore must be made available to anyone upon notification. Similar council documents, I was informed, belong exclusively to the councils and are not made available to the public or by and large to neighboring councils.
- Determining establishment inspection frequencies was a very interesting process. Most local and federal U.S. codes mandate that all food service establishments are inspected annually at a minimum, or more depending on complexity of menu items. The U.K. uses a risk assessment scheme that determines inspection intervals based on a variety of factors including hazard potential of food items used, method of processing, number of consumers at risk, compliance history including food handling and structural, and comfort level of the management and their understanding of hazard analysis and controls. Based on this rating system, establishment could be inspected every six months up to once every five years.
- Finally, a large and growing part of our food inspection program deals with temporary food service establishments, such as those who operate at weekend fairs and festivals. In Snohomish County during the year 2000, over 600 such food booths were under permit and inspected. Menus range from simple espresso stands to those serving complex menu items. I found that a similar inspection program for these types of operations did not exist in the councils I visited due to resource and registration restrictions.

• **The leading causes of foodborne illnesses**

I regret that time did not allow me to gather more information or statistics on foodborne illness (FBI) rates and causes. However, from my discussions with local council EHOs and other food service inspectors, similar trends emerged as far as which organisms were of concern. For example, a recent food poisoning outbreak of E. coli O157H:7 in Scotland mirrored the experience of that in the Pacific Northwest in 1993. Local councils and other groups have done an excellent job in informing and educating businesses and the public of the dangers associated with undercooked ground beef and unpasteurised milk and juice products.

Similar educational efforts were also demonstrated for other pathogens such as Hepatitis A virus (HAV), the Norwalk-like agents, campylobacter and shigella. Salmonella in raw eggs was also at the forefront.

• **Emerging food protection issues**

During my tour of local councils and industry, three issues presented themselves as emerging:

- Food Safety Training – Getting the food safety message to food handlers appeared to be a growing concern. At both the Wigan and Surrey Heath councils (and with other council members I was able to talk to at Congress 2000) the development and application of timely food safety curricula was of concern. As such, the levels of training being provided varied with the level of food handling. For example, all food handlers must attend an introductory training to learn such basics as personal hygiene. From there training levels increase in complexity and duration up to the managerial level. Training is provided by the area councils or from a variety of professional organizations.
- Smoking legislation – While only on the boundary of food safety, I was aware of a strong growing concern to provide a safer environment for food workers from tobacco smoke. From an article in the “Environmental Health News” (V.15 No. 35,) from 8 September 2000, the CIEH urged stronger legislation concerning employers responsibilities in protecting the health of workers. Personally, during my stay in the U.K. I found it extremely difficult to find a smoke free dining environment.
- Food Standards Agency – A need was voiced by a number of the local authorities for a single, national agency to act as an advocate for consumer food safety. The role envisioned for this agency would be help direct food safety policy, provide consumer food safety information, support local authorities, and develop nutritional standards.

• **The role of food irradiation**

In respect to food irradiation, the U.K. experience reflected that of that of the U.S. The need for a safer food product and the science behind irradiation I found to be well understood and desired by food safety professionals. However, the U.K. seems to have a similar “tough sell” of the technology to the consumer public.

Conclusion

One of the more valuable aspects of my sabbatical exchange was the opportunity I had to have candid and open discussions with council EHOs, academicians, and administrators regarding what they considered strengths and weaknesses of their fields. One of the most striking aspects of those conversations was the vast amount of program responsibilities that were placed on council EHOs. In the U.S. these various responsibilities might be shared between several different agencies rather than with one group of inspectors.

Similarly, I was taken with the amount of dedication I saw as EHOs performed their daily tasks. For example, attendance at the Congress 2000 in Harrogate was quite high even though responsibilities at home continued and fuel shortages threatened. For this ability to preserve and focus, I was able to much admire them.

As I came away from my sabbatical exchange I was made aware that there are many roads to a desired goal. The administration, enforcement process, inspection styles, legislative structures, funding streams, and public health networks between the U.S. and U.K. may differ, but the end product to which EHO/EHS professionals work toward is, essentially, the same.

To conclude, my sabbatical experience was a very rewarding and educational process for me. I would like to return someday and learn more from my environmental health peers for the mutual advancement of our chosen field.

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