

The National Environmental Health Association (NEHA) represents more than 7,000 governmental, private, academic, and uniformed services sector environmental health professionals in the U.S., its territories, and internationally. NEHA is the profession's strongest advocate for excellence in the practice of environmental health as it delivers on its mission to build, sustain, and empower an effective environmental health workforce.

Policy Statement on Uniform and Integrated Food Safety System Adoption

Adopted: November 2021 Policy Sunset: November 2024

NEHA's Policy Statement

NEHA recommends the adoption of current best practices in food safety by state, local, tribal, and territorial government agencies, along with industry food safety professionals. This adoption will ensure the safety of our nation's food supply by moving toward a fully integrated and uniform national food safety system. This system can be achieved by adopting, implementing, and fully funding proactive, science-based measures that have been shown to reduce the likelihood of foodborne illness. Among these, NEHA specifically recommends the following:

For State, Local, Tribal, and Territorial Government Agencies

- Enroll in the Voluntary National Retail Food Regulatory Program Standards if applicable to their responsibilities.
- Enroll in the Manufactured Food Regulatory Program Standards if applicable to their responsibilities.
- Adopt and implement the latest version of the Food and Drug Administration (FDA) *Food Code* if applicable to their responsibilities.
- Conduct environmental assessments (e.g., root cause analysis) when investigating foodborne disease outbreaks or food contamination events.
- Report outbreak data to the Centers for Disease Control and Prevention (CDC) National Outbreak Reporting System (NORS) and National Environmental Assessment Reporting System (NEARS).
- Increase state, local, tribal, and territorial government agency involvement in federal advisory work groups dedicated to decreasing the occurrence of foodborne disease (e.g., Partnership for Food Protection, Conference for Food Protection, etc.).
- Increase educational outreach efforts to consumers and training outreach efforts to the

food industry (ranging from frontline employees to management and executive staff) about how to prevent foodborne illness.

- Implement standardization of inspection techniques for retail food regulatory personnel based on the current version of the FDA *Food Code* to ensure uniformity across jurisdictions.
- Use systems analysis concepts including hazard analysis critical control point (HACCP) principles to control biological, chemical, physical, and radiological hazards in food through all stages of the farm-to-table food continuum and root cause analysis to evaluate the reasons for foodborne disease outbreaks or food contamination events.
- Selectively employ individuals with designations such as Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS), Certified in Comprehensive Food Safety (CCFS), Certified Professional–Food Safety (CP-FS), Certified in Food Safety Supplier Audits (CFSSA), and others as appropriate.

For Industry Food Safety Professionals

- Adopt and apply concepts contained in the Food Safety Modernization Act.
- Develop food safety management systems that address specific hazards inherent to the operation using systems analysis concepts including HACCP principles to control biological, chemical, physical, and radiological hazards in food through all stages of the farm-to-table food chain and root cause analysis to evaluate the reasons for foodborne disease outbreaks or food contamination events.
- Implement active managerial control throughout the food supply chain using FDA guidelines.
- Provide initial and ongoing food safety training to all food industry staff.
- Reference and implement the most recent FDA *Food Code* when writing and updating food safety plans for food establishments.
- Implement a policy to ensure that ill food service employees do not work while they are ill, which can reduce the likelihood of disease transmission.

Analysis

Currently, the U.S. food supply is overseen by a patchwork of federal, state, local, tribal, and territorial rules and regulations. As these rules and regulations aren't uniform and applied equally across jurisdictions, a fragmented system of food safety has been fostered throughout the nation making our food safety system less efficient and effective, and possibly less safe.

According to CDC, it is estimated that approximately 48 million people in the U.S. become sick from a domestically acquired foodborne illness annually. Of these, 128,000 are hospitalized and 3,000 die (Scallan, Griffin, et al., 2011; Scallan, Hoekstra, et al., 2011). The economic impact of foodborne illness has been estimated at \$152 billion annually for direct medical care and loss of

quality of life (Scharff, 2010). This number is likely an underestimate of the total cost as it fails to account for other societal costs, such as the costs to industry for loss of reputation and food recalls.

In an effort to increase the efficiency, effectiveness, and safety of the U.S. food supply, NEHA recommends the adoption, implementation, and funding of current best practices in food safety by state, local, tribal, and territorial government agencies and industry food safety professionals. These organizations must also work together to ensure an integrated food safety system.

Justification

Federal standards, either retail or manufactured regulatory foods, provide a framework for selfassessment of regulatory programs. Along with self-assessment, these standards encourage programs to meet a minimum standard and encourage proactive development of processes to exceed the minimums and ultimately prevent foodborne illness.

The FDA *Food Code* is revised on a 4-year cycle with a supplement issued on the intervening 2year cycle. The *Food Code* is designed to reflect the latest scientific principles that are arrived through a consensus approach by members of the Conference for Food Protection. This approach allows for the input of regulatory, academic, industry, and consumer groups to be incorporated into the changes.

Environmental assessments or other root cause analysis techniques are critical when investigating a foodborne outbreak. These methodologies extend beyond code compliance and examine the factors and antecedents that allowed for the outbreak to occur. This knowledge can assist in the prevention of future outbreaks or with traceback activities.

Reporting of data to NORS and NEARS provides important information on the foods, establishment types, and etiologic agents that are causing illness. Monitoring of this information provides data on changes in foodborne illness patterns and allows refocusing of resources when necessary. The reporting of environmental assessment data allows for an understanding of what are the system failures in the food establishment that led to the food becoming contaminated. By understanding what these factors are, appropriate intervention strategies can be developed to minimize their effects in the future.

Training of food service personnel has been viewed as a key intervention strategy in preventing foodborne illness. At the retail food level, the effect of having a certified food protection manager has been consistently demonstrated with improved inspection scores (Cotterchio et al., 1998), lower rates of critical violations (Cates et al., 2009), and the provision of a protective effect for foodborne outbreaks (Hedberg et al., 2006). At the regulatory level, credentialed professionals represent best practices. They possess the knowledge, skills, and abilities to anticipate, recognize, and manage foodborne illness risk factors. Agencies should selectively employ individuals with such designations as outlined in the recommendations.

Standardization of approach and uniformity of regulations provides a clear and consistent set of expectations for food manufacturers and food establishments with locations in multiple jurisdictions. This standardization can also serve to increase consumer confidence in the food supply as all involved parties are held to the same standard.

Developing food safety management systems using a systematic approach allows for food manufacturers and food establishments to develop a customized approach that is specific to their operation, processes, and food products. The FDA *Food Code* requirements serve to provide this type of risk characterization for retail food establishments.

Sick food workers have long been identified as a source of contamination in the food environment. The FDA *Food Code* addresses this issue at the retail level in §2-201 (U.S. Department of Health and Human Services, 2017). Even with these regulations, food workers continue to serve as a source for disease transmission at both retail and manufacturing levels (Carpenter et al., 2013; Malek et al., 2009).

An integrated food safety system (IFSS) represents a seamless partnership among federal, state, local, tribal, and territorial agencies (strategic partners) to achieve the public health goal of a safer food supply, as well as solicits input and support from stakeholders.

The seamless operation of IFSS strategic partners will:

- Plan and prioritize work to coordinate resources.
- Use foodborne illness outbreak data to inform the development of evidence-based food safety policies and programs as well as criteria to evaluate their effectiveness.
- Implement efficient, prevention-focused, risk-based inspections and sample collections.
- Share data among strategic partners.
- Promote the use of compliance and enforcement tools to achieve compliance with food safety laws and regulations.

An IFSS strives to leverage the participation, coordination, resources, and authorities of all regulatory partners to protect the food supply.

References

Carpenter, L.R., Green, A.L., Norton, D.M., Frick, R., Tobin-D'Angelo, M., Reimann, D.W., Blade, H., Nicholas, D.C., Egan, J.S., Everstine, K., Brown, L.G., & Le, B. (2013). Food worker experiences with and beliefs about working while ill. *Journal of Food Protection*, *76*(12), 2146–2154. https://doi.org/10.4315/0362-028X.JFP-13-128

Cates, S.C., Muth, M.K., Karns, S.A., Penne, M.A., Stone, C.N., Harrison, J.E., & Radke, V.J. (2009).

Certified kitchen managers: Do they improve restaurant inspection outcomes? *Journal of Food Protection*, 72(2), 384–391. <u>https://doi.org/10.4315/0362-028X-72.2.384</u>

Cotterchio, M., Gunn, J., Coffill, T., Tormey, P., & Barry, M.A. (1998). Effect of a manager training program on sanitary conditions in restaurants. *Public Health Reports*, 113(4), 353–358.

Hedberg, C.W., Smith, S.J., Kirkland, E., Radke, V., Jones, T.F., Selman, C.A., & EHS-Net Working Group. (2006). Systematic environmental evaluations to identify food safety differences between outbreak and nonoutbreak restaurants. *Journal of Food Protection*, 69(11), 2697–2702. https://doi.org/10.4315/0362-028x-69.11.2697

Malek, M., Barzilay, E., Kramer, A., Camp, B., Jaykus, L.-A., Escudero-Abarca, B., Derrick, G., White, P., Gerba, C., Higgins, C., Vinje, J., Glass, R., Lynch, M., & Widdowson, M.-A. (2009). Outbreak of norovirus infection among river rafters associated with packaged delicatessen meat, Grand Canyon, 2005. *Clinical Infectious Diseases*, *48*(1), 31–37. <u>https://doi.org/10.1086/594118</u>

Scallan, E., Griffin, P.M., Angulo, F.J., Tauxe, R.V., & Hoekstra, R.M. (2011). Foodborne illness acquired in the United States—Unspecified agents. *Emerging Infectious Diseases*, 17(1), 16–22. https://doi.org/10.3201/eid1701.P21101

Scallan, E., Hoekstra, R.M., Angulo, F.J., Tauxe, R.V., Widdowson, M-A., Roy, S.L., Jones, J.L., & Griffin, P.M. (2011). Foodborne illness acquired in the United States—Major pathogens. *Emerging Infectious Diseases*, 17(1), 7–15. <u>https://doi.org/10.3201/eid1701.p11101</u>

Scharff, R.L. (2010). *Health-related costs from foodborne illness in the United States*. The Produce Safety Project at Georgetown University. <u>https://www.pewtrusts.org/-/media/legacy/uploadedfiles/phg/content_level_pages/reports/pspscharff20v9pdf.pdf</u>

U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration. (2017). Food code: 2017 recommendations of the United States Public Health Service Food and Drug Administration. <u>https://www.fda.gov/media/110822/download</u>

Drafted by the NEHA Food Safety Program Committee and NEHA Staff

NEHA Food Safety Program Committee Eric Bradley, MPH, REHS, CPS, DAAS Environmental Health Coordinator Scott County Health Department

Casey Gardner, MESH, REHS, CP-FS

Environmental Health Technical Specialist/District Standardization Officer Peninsula Health District

Donald Howell, CP-FS

Director of Quality Assurance Food Safety Ascent Hospitality

Adam Kramer, MPH, ScD, RS, CFS

U.S. Public Health Service, Water, Food, and Environmental Health Services Branch Centers for Disease Control and Prevention

NEHA Staff Georgia Lo Intern National Environmental Health Association

Laura Wildey, CP-FS

Senior Program Analyst, Food Safety National Environmental Health Association

Edited by: Kristen Ruby-Cisneros Managing Editor, Journal of Environmental Health National Environmental Health Association