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Food Handlers: Surveillance and Hygiene

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A food handler is described as “a person who in the course of their routine work comes into contact with uncovered food and drink, crockery or cutlery not intended for their personal use. This includes water and other beverages”.

There is very little uniformity in procedures adopted by different authorities requiring surveillance of food handlers worldwide. There is also uncertainty as to whether routine medicals are cost-effective in preventing or minimizing food contamination, and if so, under which circumstances. Pre-employment and routine medical examinations may lead to a false sense of security and hence neglect of general and personal hygienic practices. Routine screening of stool specimens in food handlers is neither cost-effective nor recommended, as the identification of a carrier is unlikely to contribute to the control of any food-borne disease. Pre-employment health questionnaires are suggested, but no pre-employment health check guarantees future health. Pre-employment and routine medical examinations of food handlers is not required currently by South African health authorities. Health education of food handlers would be far more beneficial, but is often neglected. This problem is compounded further by rapid staff turn-over.

Food safety requires:
- Full commitment from management
- Literacy level-appropriate education and training, with regular refresher courses
- Health interviews before employment, and may need to be repeated (e.g. following absence from work due to illness)
- Reporting illness to management
- Applying basic food handling practices
- Applying basic personal hygiene

Food handlers should be taught food safety as well as personal hygiene, and should be tested on these regularly. They should be encouraged to report illness as soon as possible, for example:
- Vomiting or diarrhoea
- Sore throat with fever
- Open skin lesions that cannot be adequately covered, including boils, and infections of the ears, eyes, eyelids, teeth or gums
- Jaundice

Food handlers should temporarily not be allowed to handle food if they have:
- Infection of the eye or eyelid
- Inflammation or discharge from the ears
- Open sores or recurrent boils due to staphylococcal infection
- Recent history of gastrointestinal infection
- Oral sepsis

Alternative employment should be found for food handlers with:
- Chronic suppurative conditions, for example chronic otitis media with perforation of the tympanic membrane
- Chronic bronchitis with productive purulent sputum
- Widespread chronic skin conditions such as eczema and psoriasis, which make skin cleaning difficult and are often associated with secondary infection

Blood-borne infections such as HIV, hepatitis B and hepatitis C are not hazardous to food safety, and food handlers with these diseases can continue working with food products as long as they are otherwise in good health.

Food handlers with a household contact with diarrhoea or vomiting can continue working, but it is advisable that they inform their employer and apply more stringent person hygiene practices. If they start to feel unwell at work, they should report this immediately.

Returning to work

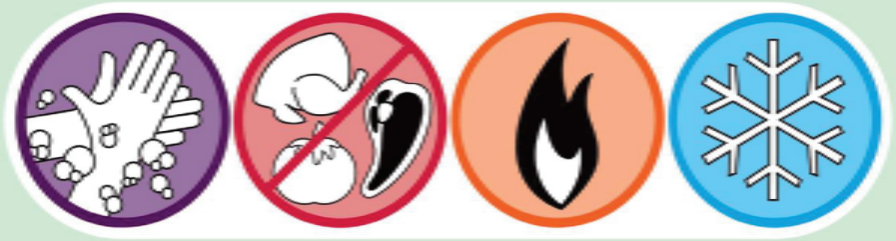
Following vomiting and/or diarrhoea, food handlers should not be exposed to food, drink, cutlery or crockery for 48 hours after symptoms stop naturally. If any medication such as anti-diarrhoeal drugs were used, time should be counted from the end of the treatment course. If they are unsure when the symptoms stopped, time can also be counted from the first normal stool.

Food handlers should only return to work 6 weeks after onset of jaundice due to hepatitis A infection. Following infections such as salmonellosis, typhoid, cholera or dysentery, food handlers should have 3 consecutive negative stool cultures taken 48 hours apart. People with staphylococcal, streptococcal or parasitic infections should only return to work once they have been treated successfully. These measures are taken to protect the person's co-workers and the public from becoming infected from contaminated food products.

Infection with viruses and bacteria are not the only cause of diarrhoea and vomiting. Exclusion from work is not required where there is good evidence of a non-infective cause of the symptoms, including morning sickness during pregnancy, irritable bowel syndrome, Crohn's disease, ulcerative colitis, and if the person consumed too much alcohol or spicy food.

Good food Hygiene: The "4 C's"

1) Cross-contamination: raw food should never come into contact with (or drip onto) cooked food. (Don't put cooked chicken back in marinade!) Use different equipment (e.g. knives, chopping boards), wash hands between handling raw and cooked foods and store them separately.
2) Cleaning: wash hands, clean food areas and equipment between different tasks. Hands should be dried with paper towels or a hot air drier, never a communal towel (unless it is a revolving type).
3) Chilling: cool cooked food as quickly as possible and then put it in the fridge. Check chilled food on delivery to make sure it is cool enough and put food that needs to be cold in the fridge straight away.
4) Cooking: when cooking or reheating food, it should be steaming hot right through, and reheated only once. Foods such as poultry, pork, rolled joints and products made from mince such as burgers and sausages should never be served pink or rare. Whole cuts of beef and lamb such as steak and whole joints can be served pink or rare as they are fully sealed on the outside.



References

1. Department of Health, Directorate: Food Control. Guidelines for the Management and Health Surveillance of Food Handlers, July 2000.
2. Regulations Governing General Hygiene Requirements for Food Premises and the Transport of Food, Government Notice R723 of 12 July 2002.
3. The Food Standard Agency. Food Handlers: Fitness to Work, Guidance and Best Practice Advice for Food Business Operators, 2009
4. The Food Standards Agency. Food Hygiene for Businesses. Available at: http://www.food.gov.uk/business-industry/food-hygiene

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