

TEXAS DEPARTMENT OF STATE HEALTH SERVICES



DIVISION FOR REGULATORY SERVICES ENVIRONMENTAL AND CONSUMER SAFETY SECTION POLICY, STANDARDS, AND QUALITY ASSURANCE UNIT FOOD ESTABLISHMENTS GROUP

FOOD ESTABLISHMENTS GROUP REGULATORY CLARIFICATIONS

November 3, 2006

FEGRC – NO. 12

SUBJECT: Bare Hand Contact with Ready-to-Eat Foods

Applicable Texas Food Establishment Rules (TFER) Sections:

§229.164(e)(1)(D)(i)-(iii) Preventing contamination from hands.

Question:

What must a food establishment operator do if the food establishment wants to have the food employees conduct bare hand contact with ready-to-eat foods?

Response:

§229.164(e)(1)(D) states that food employees not serving a highly susceptible population may contact exposed, ready-to-eat foods if certain practices are followed.

Bare hand contact with ready-to-eat foods may be done only at food establishments not serving a highly susceptible population, as defined in §229.162(50) of the TFER. The procedure for practicing bare hand contact with ready-to-eat foods involves three steps.

Step No. 1: Documentation is maintained at the food establishment that the food employees acknowledge they have received training in the following areas:

- 1) risk of contacting the specific ready-to-eat foods with their bare hands;
- 2) proper handwashing methods
- 3) when to wash their hands;
- 4) where to wash their hands
- 5) proper fingernail maintenance;
- 6) prohibition of jewelry;
- 7) good hygienic practices
- 8) employee health policies (employee illness, exclusions, restrictions)

The TFER does not address who can conduct the training. Training providers may include:

- i) food handler training classes;
- ii) local regulatory agencies;
- iii) private training companies;
- iv) food establishment owner/permit holder.

The training has to include all of the listed elements. Training providers design their own curriculums. Reference materials are readily available from regulatory agencies, libraries, universities, and the internet.

The employee has to sign the acknowledgement of receiving the training.

The documentation must be maintained at the food establishment.

Step No. 2: Documentation is maintained at the food establishment that food employees contacting ready-to-eat foods with bare hands utilize two or more of the following control measures to provide additional safeguards:

- 1) double handwashing;
- 2) nail brushes;
- 3) a hand sanitizer after handwashing;
- 4) incentive programs that assist or encourage food employees not to work when they are ill;
- 5) other control measures approved by the regulatory agency.

The documentation in step no. 2 designates what measures are to be used, not whether the employees are using the measures.

NOTE: These safeguards are in addition to proper handwashing.

Step No. 3: Documentation is maintained at the food establishment that corrective actions are taken when steps 1 and 2 are not followed.

The documentation has to include the plan for corrective action.

The documentation has to be written, but may be included as part of the establishment's HACCP monitoring logs.

Non-compliance with any one of three steps would be marked as "OUT" on Item #11 of the inspection sheet.

Support:

Infected food employees are the source of contamination in more than two-thirds of the foodborne disease outbreaks reported in the United States with a bacterial or viral cause. Most of these outbreaks involve fecal-oral agents that infected employees were shedding at the time the food was prepared. The organisms were spread to the food because of poor or non-existent

handwashing procedures. In addition, infected cuts, burns, or boils on hands can result in contamination of food.

The three interdependent critical factors in reducing foodborne illness transmitted through the fecal-oral route, identified by the National Advisory Committee for Microbiological Criteria for Foods (NACMCF), include exclusion/restriction of ill food workers, proper handwashing, and no bare hand contact with ready-to-eat foods.

Food regulations have traditionally required two methods of preventing the spread of foodborne disease by the fecal-oral mode of transmission: prohibition of food workers from preparing food when they are infectious and requirement of thorough and frequent handwashing. As a final barrier, bare hand contact with ready-to-eat food should be minimized and suitable utensils such as spatulas, tongs, deli papers, or single use gloves should be used. Any alternative to this requirement must address how food workers will be managed to prevent food contamination and how management will ensure that food employees thoroughly and frequently wash hands.

Agree to form and substance:

Deborah L. Marlow, R.S.

Deborah L. Marlow, Manager
Food Establishments Group

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