

TORONTO STAFF REPORT

June 19, 2000

To: Board of Health

From: Dr. Sheela V. Basrur, Medical Officer of Health

Subject: Comprehensive Food Safety Report and Food Premises Disclosure System

Purpose:

To provide an overview of the current food safety program, including its legal framework, level of services and program issues, a detailed description of a proposed food premises disclosure system, a preliminary implementation plan for a cost-recovery food handler training and certification program, and the resource requirements for 2000.

Financial Implications and Impact Statement :

The estimated costs of planning and implementing a food premises disclosure system is \$371,857 (including a one-time cost of \$130,418) for four months between September and December 2000. These costs will be funded from under-expenditures within the Public Health program with no net impact to the city. The Chief Financial Officer and Treasurer has reviewed this report and concurs with the financial impact statement.

Recommendations :

It is recommended that:

- (1) The Board of Health approve the food premises disclosure system proposed in this report;
- (2) The final form of the food premises disclosure notices be subject to consumer focus testing;
- (3) The Board of Health request that the City of Toronto Licensing By-law be amended to require:
 - (a) That Municipal Licensing and Standards staff consult with the Medical Officer of Health respecting all applications for the issuance and renewal of business licenses to operate food premises as defined in the Food Premises Regulation

under the Health Protection and Promotion Act;

- (b) food safety certification of every owner/operator of high and medium risk food premises (defined as the person in charge) and at least one certified food handler in a supervisory position per shift;
 - (c) every food premises owner/operator to post at or near the entrance, in a conspicuous place for public viewing, a copy of the disclosure notice in the form and manner approved by the Medical Officer of Health;
 - (d) every food premises owner/operator be required to produce on demand a copy of the Toronto Public Health food premises inspection reports for the previous six months;
 - (e) every food premises owner/operator to provide written notice to the Medical Officer of Health and Municipal Licensing and Standards staff of material changes in the nature of their business at least 30 days in advance;
 - (f) every food premises owner/operator to provide written notice to the Medical Officer of Health and Municipal Licensing and Standards staff of material changes in the management and control of their operations;
- (4) The Board of Health request that Council approve the expenditure of the required start-up costs totalling \$371,857 (including a one-time cost of \$130,418) for four months between September and December 2000, as described in this report, to establish the food premises disclosure system;
 - (5) The estimated funding of \$371,857 required for this start-up be absorbed within the 2000 approved Operating Budget within Public Health and that a report be submitted to the Policy and Finance Committee on details of this expenditure and the under-expenditures in 2000 that may be re-allocated for this purpose, as part of the 2000 Operating Budget Variance reporting process;
 - (6) The funding implications of continuing the food premises disclosure system beyond December 31, 2000 be subject to a report to the Policy and Finance Committee through the Budget Advisory Committee for consideration with the 2001 Operating Budget process for Toronto Public Health;
 - (7) This report be referred to the Policy and Finance and the Planning and Transportation Committees for their consideration; and
 - (8) That the appropriate City officials be authorized and directed to take the necessary steps to give effect thereto.

Background:

At its January 18, 1999 meeting, the Board of Health considered two options for the Food Safety Program (“optimal” and “minimal”, respectively), to meet mandatory requirements as described in the report “Meeting Provincial Standards Across the City for Selected Public Health Programs and Services”. The Board recommended the optimal program. At its April 26, 1999 meeting, City Council approved the provision of the minimal mandatory level of service for the food safety program as described in the report entitled “Public Health 1999 Budget”.

On November 15, 1999, the Board of Health adopted a motion requesting the Medical Officer of Health to report back on measures that can be taken to inform the public of the results of restaurant inspections including repeat convictions or closures.

At its February 22, 2000 meeting, the Budget Advisory Committee requested Public Health to report back on a number of program issues, including a breakdown of requested funding for the food safety program. The responses were provided in the report “Budget Advisory Committee Requests and Directives to Public Health” (March 21, 2000).

A series of articles in the Toronto Star in February and March 2000 reported a lack of follow-up and enforcement action from Public Health in restaurant inspections. On February 29, 2000, the Medical Officer Health requested the assistance of the City Auditor to review the Food Safety Program, a request that was subsequently formalized by a resolution of City Council. A restaurant “inspection blitz” was initiated by Toronto Public Health on February 22, 2000, with the goal of inspecting all high and medium risk premises in the former Toronto within four months. Toronto Public Health has also undertaken a thorough examination of its Food Safety Program and accelerated the process of harmonizing the Food Safety Program policies and procedures from the six former municipalities.

On May 29, 2000, Toronto Public Health presented a report “Emerging Issues in the Food Safety Program and Options for a Food Premises Inspection Public Disclosure and Rating System for the City of Toronto” to the Board of Health. At this meeting, the Board endorsed the principle of food handler training, certification and periodic re-certification for food premises owners/managers, and of having at least one trained food handler per shift, as a requirement for the ongoing operation of food premises in Toronto. The Board also supported, in principle, a pass/fail disclosure system. The Board requested the Medical Officer of Health, in consultation with the City Solicitor, the Executive Director of Municipal Licensing and Standards, and the Director of Treasury and Financial Services Division (Insurance and Risk Management) to report back to the next Board meeting (June 26, 2000) on:

- (a) a local implementation plan and associated resource requirements for a food handler training and certification program;
- (b) changes to the City’s licensing system that enables progressive penalties against owners/operators of food premises with a past history of non-compliance; and
- (c) a proposed food premises disclosure system for Toronto.

This report provides a response to these requests.

Comments:

Health and Economic Significance of Foodborne Illness:

The health and economic significance of foodborne illness (commonly known as food poisoning) is highlighted by recent U.S. estimates of 76 million cases of illness, 325,000 hospitalizations, and 5,000 deaths every year. The annual medical costs and productivity losses are in the billions of dollars. In Canada, the annual number of foodborne illnesses is estimated to be 2.2 million amounting to at least one billion dollars per year in health care, industrial and social costs. Between 1995 and 1999, over 20,000 cases of enteric diseases, most of which are caused by unsafe food or water, were reported to Toronto Public Health.

Nature of Foodborne Illness:

Illness caused by foodborne pathogens or contaminants can range from a relatively mild, gastroenteric infection, to severe conditions requiring immediate medical attention and in some cases even death. A large proportion of the less severe cases are not recognized by patients or health care professionals and are therefore difficult to track.

Even when a food poisoning is suspected and reported to public health officials, confirmation of the exact cause is often impossible. While patients generally associate their illnesses with the meals eaten immediately prior to their symptoms, many foodborne pathogens have long incubation periods that can delay the onset of symptoms for hours or days (e.g. most patients with hepatitis A infection develop symptoms about 30 days after consuming the contaminated food).

Of the foodborne illnesses (with known causes) reported in Ontario between 1993 and 1996, the majority of the outbreaks (defined by two or more people developing foodborne illnesses within a short period of time after consuming common foods) were associated with foods served in restaurants, catered events, and health care institutions, while most of the single, sporadic cases occurred due to unsafe food practices at home. Improper temperature control and the poor personal hygiene of food handlers are the two main causes of food poisoning in restaurants, catered events, and health care institutions.

Legal Framework:

Local Public Health Units in Ontario are required to implement food safety programs and services in accordance with the *Health Protection and Promotion Act*, the Regulations made pursuant to that Act, and the Provincial Mandatory Health Programs and Services Guidelines, that specify the goal, objectives, and minimum requirements and standards for food safety programs.

To maintain food safety and sanitary standards, health units are authorized to inspect food premises and undertake sanctions such as tickets, summons, disposal of food, and closing a food premises where necessary. All food premises in Ontario are required to be operated and maintained in accordance with the Food Premises Regulation made under the Health Protection

and Promotion Act (HPPA), which is enforced by certified public health inspectors (PHIs) through inspection and complaint investigation. Where an infraction persists, PHIs may issue a Part 1 Offence Notice (i.e. ticket) or a Part 3 Information (summons to appear in court) under the Provincial Offences Act. The HPPA also gives a PHI power to: destroy or dispose of the food without further examination or investigation, if the PHI, upon reasonable and probable grounds, is of the opinion that the condition of the food is a health hazard; or issue a written order to require a person to take, or to refrain from taking, any action that is deemed to be or to cause a health hazard. In the case of a food premises, a written order can be issued to close the premises for business.

PHIs tend to reserve summonses for more severe violations or situations, whereas provincial offence notices (i.e. tickets), are used for repeated minor infractions relating to maintenance and housekeeping. However, the current legal system in Ontario has increasingly rendered “ticketing” an ineffective and inefficient enforcement tool for public health units, and often an extremely frustrating process for PHIs. This is because the range of fines for a ticket (\$40 to \$105 plus victim surcharge) is unlikely to deter continuation or repetition of an infraction. Some operators consider fines to be a part of their normal operating costs.

The PHIs, however, have to follow a series of legal procedures (e.g. having the ticket certified by the Justice of Peace, preparing court documents) and must often wait up to 8 or 9 months for a hearing if the ticket is appealed. Consequently, the costs (in terms of inspector resources) for Toronto Public Health to process a ticket are frequently higher than the fine. In recent years, instead of relying on ticketing, many PHIs in Toronto have turned to alternatives such as operator education through attendance at a food safety training course. Increased amounts for fines are currently being considered by the province, and this should make “ticketing” a more effective enforcement tool.

To adequately implement the inspection blitz and new enforcement protocol, Toronto Public Health, in consultation with the City Solicitor, decided to temporarily forgo ticketing as an enforcement tool. Instead, summonses are used to prosecute food premises with repeat violations. The City Solicitor has agreed to provide additional legal support so that a summons to court can be heard within 2-3 weeks, subject to court availability. Every person who is guilty of an offence is liable, upon conviction, to a fine of not more than \$5000 for every day or part of a day on which the offence occurs. A Corporation which is guilty of an offence is liable, upon conviction, to a fine of not more than \$25,000 for every day or part of a day on which the offence occurs.

Local Public Health Units have no authority to permanently close a food premises with a history of serious food premises violations and/or previous closures. A PHI has the authority to close a food premises only if a health hazard exists in the premises. The premises can reopen once the appropriate measures have been taken to remove the hazard.

Toronto’s Current Food Safety Program and Services:

Toronto Public Health’s Healthy Environment Service (HES) is responsible for a wide range of services, from food premises inspection to rabies investigation. The large number of services and responsibilities can be generally categorized as either “food” or “non-food” related as shown in the Table below.

Healthy Environments Service (HES) is currently staffed by 11 managers (excluding Animal Control Services), 2 tobacco enforcement officers, and 127 public health inspectors (PHIs). Seventy (70) PHIs are designated for the food safety program and responsible for both the provincially and municipally required services.

Toronto Public Health – Healthy Environments Service
Major Responsibilities of Public Health Inspectors

| Category | Legal Requirements | Major Responsibilities |
|----------|-----------------------|---|
| FOOD | Provincially mandated | <ul style="list-style-type: none"> (a) Determining the risk status (high, medium or low) of all food premises according to the Ministry of Health Hazard Analysis Critical Control Point Protocol (1998); (b) Providing all high, medium and low-risk food premises not less than three, two, and one compliance inspection per year respectively plus an annual food audit to high-risk premises; (c) Providing additional inspections and re-inspections to all food premises as necessary; (d) Responding to food-related complaints within 24 hours of notification; (e) Ensuring the availability of certified food safety training courses to food handlers in high or medium risk food premises; (f) Food premises food poisoning investigation. |
| | Municipally required | <ul style="list-style-type: none"> (a) Approving licence and property purchase applications for food premises; (b) Approving special event/occasion applications; (c) Examining plan applications; (d) Pre-licensing inspection of hotdog carts, ice cream trucks, catering trucks (e) Enforcing the City’s No-smoking By-law for food premises; (f) FOI responses. |
| NON FOOD | Provincially Mandated | <ul style="list-style-type: none"> (a) Investigating animal bites for rabies prevention (b) Investigating health hazards (c) Monitoring beach water quality and information dissemination (d) Inspecting swimming pools (e) Enforcing Provincial Tobacco Control Act (f) Responding to public complaints within 24 hours of notification. (g) Emergency preparedness and response. |
| | Municipally Required | <ul style="list-style-type: none"> (a) Inspecting retirement home / rooming and lodging house (b) Enforcing Toronto’s No-Smoking By-laws for public places and workplaces (c) Approving documentation related to overseas body shipments. |

A main challenge for the food safety program is the requirement to inspect nearly 18,000 food premises in the City in accordance with the Ministry’s Hazard Analysis Critical Control Point (HACCP) Protocol (1998) and the provincial mandatory inspection guidelines. While the Protocol sets out the minimum standards and parameters for a food safety program, the

interpretation and implementation of them has varied from health unit to health unit in the six former municipalities.

A priority for the amalgamated City was to harmonize its food safety program, including its service level, program protocol, and procedures as well as staff organization and service delivery models. In 1999, Toronto Public Health requested additional funding to provide adequate and harmonized levels of food safety services across the entire City. An additional 14.7 FTE PHIs were approved by City Council in April 1999 to provide minimum mandatory food safety services across the City. A re-alignment of inspection resources commenced towards the end of 1999.

To date, Toronto's Food Safety Program is still unable to meet the Provincial minimum inspection requirements by the end of 1999; only 56% of the total 34,985 required inspections were completed in 1999. This low completion rate was partly due to the difficulty in recruiting staff to fill the additional 14.7 PHI positions. They were filled between the end of 1999 and early 2000.

A number of program issues have contributed to the difficulty in meeting the Provincial inspection frequency. These include:

(A) Competing work demands:

As the Food Safety Program contains the largest pool of PHIs within Healthy Environments (about 55% of the total), re-allocation of inspection resources originally designated for food safety is inevitable whenever a short-term program/service need is identified. An example of this is the Retirement Homes Program where seven (7) PHIs were re-assigned from the Food Safety Program to the Retirement Homes Action Team in October 1999 for 3 months. Six PHIs have remained with the Team.

(B) Increasing workload:

Compared with the traditional inspection routine which tends to focus on physical appearance and cleanliness, Hazard Analysis Critical Control Point (HACCP) (the current provincially prescribed inspection protocol) is more time-consuming and labour intensive, at least during initial implementation. For example, the average inspection time per premises before HACCP was introduced was about 35 minutes (based on former Toronto's 1991-95 records); an HACCP-based inspection, however, requires an average of 2 hours in high-risk premises and 1 hour in medium-risk premises.

In 1997, the new requirements specified under the province's revised mandatory food safety program standards identified an inspection frequency for each risk category of food premises (3, 2, and 1 inspection per year for high, medium, and low risk premises respectively, plus one audit per year for high risk). For most of the six former municipalities this represented a substantial increase in the number of required inspections, but no extra funding was made available by the province.

A number of new service demands have arisen since 1997 (upon which the last budget request for harmonization of services was based).

- (1) The number of child nutrition programs has increased to 305 programs operated at 188 schools and community centers across the City (an increase of approximately 100 programs in the last 2 years). Inspection and education services to these premises are more labour intensive because: (i) children are more vulnerable to food poisoning, (ii) most of the workers are volunteers with no training in food safety and the staff turnover rate is almost 100% every year, thus requiring extensive education/training support from Public Health staff, (iii) some of these programs are being set up in places that were not originally designed to operate as a public kitchen, hence requiring greater consultation from PHIs re: equipment and kitchen design.
- (2) The staff resources required for approval and inspection of special events have increased significantly. Prior to 1998, only non-hazardous (e.g. candy/cookies) or pre-cooked food items (e.g. hot dogs) were allowed to be sold at these events because of concerns about a lack of adequate equipment on-site and food being prepared in unlicensed places (e.g. private homes). Hence, with the exception of large events, most events prior to 1998 did not require an on-site inspection because the types of food permitted constituted very low risk for foodborne illnesses. However, since 1998, the type of food permitted in these events has been expanded to allow for “hazardous” foods (e.g. meat dishes, rice dishes, etc.). The change in policy was in response to demands from communities and event organizers that the City recognize that ethnic and speciality foods are a major attraction and that limiting the types of food allowed to be sold contradicts the intent of promoting the City’s ethno-cultural diversity. In addition, special events like Caribana and Taste of Danforth and Pride Week have become larger in size and longer in duration.

To ensure the safety of the food sold at these events, current level of service provided by Toronto Public Health includes a pre-event consultation and approval, at least one on-site inspection during the event, and food handler education. Toronto Public Health considers the increased consultation and inspection services essential to minimize the risks of foodborne illness in these events, particularly in light of the increasing number of residents and tourists attending every year. This increase in service level was not accounted for in the 1999 budget submission.

(C) Food Premises Inspection Blitz:

The Food Premises Inspection Blitz, which began on February 22, 2000, as directed by City Council ended on June 16, 2000. As of May 28, 2000, 5420 food premises were inspected city wide. Since the blitz began, 55 food premises have been closed and 81 have been charged or have charges pending. Of major concern during the blitz with respect to PHI workload, has been the number of reinspections of food premises required for infractions (on average 70% in the downtown area over the duration of the blitz) and a significant increase in the number of public complaints received. A full report on the Blitz results will be presented to July Board of Health meeting.

Public Disclosure System:

Toronto Public Health is currently undertaking a number of measures to improve the planning, organization and implementation of the Food Safety Program. The following provides a detailed description of the proposed disclosure system and its initial implementation plan.

A variety of public disclosure systems are currently in place throughout North America for the purpose of providing information to the public and ensuring public accountability with respect to food inspection programs. However, there is no consensus regarding the most effective methods to disclose the information. For those jurisdictions that have a formalized disclosure system in place, the methods range from posting critical infractions on a web site, as was recently introduced in New York City, to a full rating system with letter grades posted at food premises, as is the case in Los Angeles.

A comprehensive food premises inspection disclosure system gives consumers easy access to pertinent information about food premises inspections. The information should allow consumers to make informed choices about where they choose to dine or purchase food. The information should be accessible directly from Public Health through telephone requests, the web site and over the counter at Public Health offices. The information should also be available on-site at the food premises, since this is where most consumers make their decisions to purchase food.

To make this decision, some people want specific details about inspection results, while others prefer to know only that the premises was inspected by Public Health, that it passed inspection and was allowed to remain open. The information available from Public Health can be presented in a variety of formats to accommodate a range of requests. Full reports can be provided on the web site, by mail, or over the counter with written explanations of terms. Over the telephone, staff could explain certain requirements and results of inspections.

The Medical Officer of Health proposes a food premises inspection disclosure system as outlined in the following tables.

DISCLOSURE SYSTEM FEATURES

| 1. Weekly Media Release and Internet Posting | |
|--|---|
| Description | Rationale |
| (a) all food premises that have been issued a ticket or summons or closed for violations of the Food Premises Regulation (b) includes reasons for enforcement measures (c) lists food premises that have re-opened as well | (a) continues current practice (since blitz) (b) informs public of action taken (c) motivates food premises operators to achieve compliance |

| 2. Public Access to Information About Toronto Public Health's Food Premises Inspection Program And Inspection Results. | |
|--|--|
| Description | Rationale |
| <ul style="list-style-type: none"> (a) information available by telephone, web site or over the counter at Public Health offices (b) general food safety information (c) information about food premises inspection program | <ul style="list-style-type: none"> (a) gives broad range of access to information (b) improves public food safety awareness (c) provides information for food premises operators or potential food premises operators (d) provides on-line complaint forms for the public (e) frequently asked questions can be posted on the web site (to educate the public and operators and reduce demand on Public Health Staff) |

| 3. Posting Of Inspection Results, in a Conspicuous Place for Public Viewing in Each Food Premises | |
|--|--|
| Description | Rationale |
| <ul style="list-style-type: none"> (a) the name and address of the premises (b) the number of regular inspections that the premises is subject to each year (c) the date of the most recent inspection (d) indicates whether the premises has passed an inspection, conditionally passed or is closed (failed) (e) indicates whether enforcement action has been taken in the previous six months (f) outlines categories of the food premises requirements that are being assessed during the inspection (g) categories of the food premises requirements that were not in compliance in premises that receive a conditional pass or are closed (h) an Internet address, telephone number and fax number for laying complaints and inquiries to Toronto Public Health | <ul style="list-style-type: none"> (a) provides information at point of purchase (b) information is updated on-site by the inspector (c) informs the public and the operator about the inspection frequency (d) provides a reference point for outcome of inspection (e) gives clear information to consumers about the status of a premises at the most recent inspection (f) provides opportunity for operators to demonstrate to the public that they have passed inspection (g) gives a general indication to the public as to what is checked during the inspection (h) identifies the deficiencies that were noted in the inspection (i) gives clear actions that consumers can take if they are concerned about food safety in a specific premises |

The disclosure system must be based on a standardized procedure for inspection and enforcement that has been clearly identified for both PHIs and food premises operators. During the inspections the Public Health Inspectors would use a checklist-type form that categorizes violations of the Food Premises Regulation as “minor”, “significant” and “crucial”.

“Minor” infractions present a minimal health risk to the public and the food premises will be expected to be in compliance at the next routine inspection. “Significant” infractions would present a health hazard to the the public if left uncorrected and therefore must be corrected within 24 to 48 hours. “Crucial” infractions present an immediate health hazard to the public and require immediate corrective action or an order to close the premises. Examples of these three categories of infractions can be found in Appendix 1. At the conclusion of the inspection, the operators would be provided with a copy of the inspection form and the Public Health Inspector's findings would be explained.. When “crucial” or “significant” infractions are identified, the Public Health Inspector would provide the operator with a written notice of the violation to the operator, actions to be taken and the expected time frame for compliance. A re-inspection would be conducted according to the severity of the infraction(s).

For the disclosure system to be effective, the system must be clearly understood by PHIs, food premises operators and the public. Toronto Public Health will therefore produce an operator information guide which clearly identifies “minor”, “significant” and “crucial” infractions and the consequences of not complying, as well as a clear explanation of the disclosure system overall. A public education campaign will also be required.

In addition to having standard information such as the frequency and date of inspection, each food premises would be required to post one of three notices as follows: “passed”, “conditional pass” or “closed”. These notices will also indicate if enforcement action has been taken within the past 6 months, thereby giving the the public historical information regarding past compliance for the food premises. See Appendix 2 for samples of these notices. There will also be an indication of the results of the last inspection.

The "passed" sign would be posted when a food premises is in substantial compliance, at the time of inspection, with the Food Premises Regulation. The "conditional pass" would be posted when significant infractions are observed and it would remain posted until re-inspected. If the infractions are corrected by the time of re-inspection, a “passed” notice would be posted. If the infraction is still outstanding at the first re-inspection, a Part 1 offence notice (ticket) would be issued and another re-inspection would be required. If the same infraction exists on the second re-inspection, a Part 3 notice (summons) would be issued. If there are multiple significant infractions or recurring significant infractions the PHI, in consultation with his/her manager, may treat the infractions as crucial, and an order to close or a summons may be issued. Futhermore, the Medical Officer of Health may request that Municipal Licensing and Standards refer the licensee to the Licensing Tribunal for review of their license status.

When crucial infractions are observed, the PHI would either order the premises closed (and immediately post a “closed” notice) or would eliminate the health hazard on the spot (e.g. destruction of unfit food). Once a closed food premises corrects the crucial infractions, a “passed” notice may be posted. A subsequent reinspection would be automatically conducted within 60 days. If the infraction is recurrent within the 60 days since the last inspection, the food premises would again be closed and the operator summonsed to court. In circumstances where

unfit food was destroyed, a “conditional pass” notice would be posted, the food premises would be reinspected within 24 to 48 hours and if the food premises continued to comply with the Food Premises Regulation, then a “passed” notice would be posted. The food premises would then be automatically reinspected within 60 days. If there were recurring infractions, the premises would be ordered closed and a summons issued. Please refer to Food Premises Inspection Flow Chart (Appendix 3).

Prior to implementation, the components of the disclosure system must be adequately communicated to the food premises operators, the public and Public Health staff. The proposed notices will be focus tested with consumers and the results presented to the Board of Health at its June 26th meeting. There will also be a need to conduct some focus testing with food premises operators. The inspection forms and notices will also be pilot tested with the Public Health Inspectors to assess such factors as validity and ease of use, and to ensure that there is consistency in interpretation. In addition, to ensure that the disclosure system is meeting the established objectives, a program evaluation will be designed and implemented simultaneously with the disclosure system.

The successful implementation of the disclosure system is predicated on Public Health Inspectors being able to complete the assigned number of inspections for each food premises. As discussed previously, this has been difficult to achieve, to date. In addition, the food premises inspection blitz in the South Region has left a backlog of other Healthy Environments work. This, combined with the expected increase in food premises complaints as public awareness grows, and the likely increase in the number of re-inspections resulting from the tightened standardized inspections and enforcement policies and procedures, will result in a significant strain on Healthy Environments staff resources. The disclosure system applies to all food premises but priority will be given to high and medium risk food premises. In low risk food premises hazardous foods are pre-packaged and not subject to direct handling by the operator.

To ensure efficient and effective use of resources and consistency in program delivery, some functions of the Food Safety Program will need to be centralized. A central information centre will be established where Healthy Environments staff will respond to food safety program inquiries and receive food premises complaints via telephone, fax or email. Staff at the centre will also track the inquiries and complaints, as well as collect and analyze food premises inspection data. Temporary methods of food safety program information collection pending completion of the new information system scheduled to be fully implemented in 2001. The analysis of the data will assist management and staff in further developing an effective Quality Assurance Program discussed in section (D) below.

The feasibility of centralizing intake for all Healthy Environments programs will also be evaluated.

A number of program elements are critical to a successful and meaningful public disclosure system: sound and consistent inspection and disclosure criteria, adequate quality control measures, adequate information technology, public and operator education, and convenient public access to inspection results.

The following are the issues relating to these program elements, changes that need to be made, and their corresponding resource requirements for the period from September to December 2000.

(A) Standardization of inspection and enforcement policies and procedures

Standardized inspection and enforcement policies and protocols are vital to the success of the new disclosure system; evaluation of all food premises must be based on the same fair, objective, and consistent criteria.

To date a standardized Risk Assessment Form (Appendix 4) and a new Food Premises Compliance Inspection checklist is in the process of being developed. As well, the following key policies and procedures have been drafted:

- (1) Introduction and orientation to Healthy Environments;
- (2) Policy and procedures for food premises risk assessment;
- (3) Policy and procedures for frequency of inspections of food premises;
- (4) Policy and procedures for inspections;
- (5) Policy and procedures for re-inspections for non-compliance;
- (6) Policy and procedures for legal action for enforcement of the Food Premises Regulation;
- (7) Policy and procedures for investigation of food related complaints; and
- (8) Policy and procedures for public disclosure of inspections results.

To ensure all policies and procedures are standardized prior to implementing the new disclosure system, a number of tasks need to be completed by December 31, 2000.

- (1) Field test and revise (if necessary) the risk assessment form and the inspection checklist to ensure their validity (i.e. ability to measure the specific food safety and sanitation criteria), reliability (i.e. ability to yield consistent results when used by different inspectors in different premises), and ease of use by the inspectors and the operators.
- (2) Submit the new set of inspection and disclosure policies and protocols for internal and external review.
- (3) Provide adequate training to Public Health management staff and public health inspectors re: the new policies and protocols including use of the new forms.

A project manager to facilitate the standardization and tightening of inspection policies and procedures is required and has been costed from September to December 2000 with a proposal to cover these costs from operating reallocations of Public Health under expenditures for 2000. Future costs for such a position would be considered within the 2001 Operating Budget process for Public Health.

(B) Provision of required inspection services:

Toronto Public Health is currently working with the City Auditor to identify areas and measures that can increase program efficiency. The division recognizes that conducting the required number of inspections is crucial to the success of the new disclosure system and for maintaining

food safety standards. The Division will consider the program improvement suggestions from the City Auditor, and will attempt to undertake those that are feasible and can be implemented beginning September 2000. A trial implementation of the recommended program improvement measures is planned from September 1st to December 31st, 2000 to provide Toronto Public Health with a more realistic and reliable assessment of resources required to meet the Province's minimum inspection frequency. Program activities and inspection time will be tracked across the City from September 2000 onward. The inspection completion rate, its related implementation issues, and resource implications (if any), and potential impacts on non-food programs will be presented to the Board of Health in January 2001.

(C) Management Workload:

At present, the Healthy Environments Service (HES) has eleven managers including one manager dedicated to Animal Services. The ten remaining managers have dual roles. Each manager is responsible for a city wide program (i.e. safe water, health hazard investigation, food safety, Tobacco Control Act). This involves program development; consistent program delivery; liaison with appropriate industries, community, provincial and federal agencies; program evaluation; identification of issues and trends; and media relations.

Each manager is also responsible for a geographic area of the city and management of the Healthy Environments staff assigned to these areas. This responsibility includes the direct supervision of those staff and ensuring the delivery of all provincially mandated programs and enforcement of City by-laws on a daily basis. The provision of administrative services such as scheduling vacation and overtime and performance appraisal also falls under the mandate of each manager. Adequate management is essential in maintaining quality and efficient programs and service delivery.

The roles and management functions within the Healthy Environments Service need to be reviewed and clarified to improve efficiency and accountability. Public Health is working in collaboration with the Corporate Organizational Effectiveness unit in this regard. It is clear however, that implementing improvements for Quality Assurance (outlined below) will require additional management and staff support.

(D) Quality assurance:

The success of the new disclosure system will depend largely on whether food premises inspections and related activities are performed according to prescribed policies and procedures in a consistent manner.

Quality assurance (QA) measures for the Food Safety Program may take the form of:

- (a) periodic review of records and reports by management and/or peers;
- (b) follow-up telephone calls made by management to premises that have recently been inspected;
- (c) field audits by management either as a joint inspection with the PHI or a follow-up inspection;
- (d) a client satisfaction survey of food premises operators and the public; and
- (e) PHI rotation across districts/programs.

A number of QA issues need to be thoroughly explored:

- (a) the number and types of activities to be audited;
- (b) the selection of the records or inspections for audit (random or purposeful);
- (c) the auditing process and consequences; and
- (d) the management resources needed to carry out these measures on a regular basis.

In addition to maintaining consistency and efficiency in program activities, quality assurance is also important in fostering a viable and motivated workforce. A fair and objective performance appraisal process, and opportunities for staff to update and advance their skills are just two of the many factors that can influence staff morale.

Toronto Public Health intends to draw on the expertise of the City's Human Resources and Auditing Department to help develop a comprehensive plan for quality assurance. Ideally the QA measures should be well established and enforced prior to the launching of the disclosure system in January 2001. The Division proposes to hire a project manager from September to December 2000 to plan and coordinate the development of the quality assurance program for Food Safety. The continued need for this position in 2001 and beyond will be addressed through the 2001 Public Health Operating Budget process.

(E) Adequate information system:

The ten different information systems currently used within Healthy Environments Services cannot be linked centrally. Each of the former municipalities' information system(s) (note: some municipalities use more than one system) differs slightly from others in terms of the type of data and reports that are routinely collected and generated. To date, the lack of a single and adequate information system has been, and continues to be, a major obstacle in the day-to-day and long-term management of the Food Safety Program. For example, retrieval of City-wide data has to be done separately from each site office (except in South Region), comparability of performance indicators is questionable, and some regions have limited capacity to perform cost analysis of specific program components and activities. This has caused serious delays and difficulties in the retrieval and analysis of inspection and food premises data across the City.

Funding has been approved in the Transition Capital Budget to (i) develop a new Toronto Healthy Environments Information System (THEIS) and (ii) provide a temporary solution to the North Region's (former North York) information system which has been inoperable since November 1999. THEIS will document inspection time and activities, reporting, coordinated access to service for clients, and food premises disclosure. It will be interfaced to Finance, Legal Services, Property Management, and Toronto Public Health's Communicable Diseases Notification Unit and Animal Services. A project steering committee has been formed and work is in progress to prepare for Business Review sessions with all concerned groups to define the business processes and the system requirements. Implementation of THEIS is scheduled for April 2001 or August 2001 dependent upon whether the system requirements can be met by any existing system, or if a brand new system has to be developed. As discussed previously, an interim system is needed between now and when the new system is in place to support the new disclosure system.

Many components of the new disclosure system will rely heavily on an adequately designed and maintained information system. THEIS must be able to support the following functions:

- (1) A web site that runs on the City's internet server which can be easily accessed by the public 24 hours a day. Compared to other means of disseminating information to the general public (such as TV, radio or print), a web site is much more economical and the information can be kept up-to-date relatively easily.
 - (2) Establish links with the City's web site so that inspection and disclosure results can be uploaded directly to the internet without duplicate data entry.
 - (3) Enhance system capacities including flexibility in programming, ability to generate inspection reminders and customized listings and reports.
- (F) Food premises licensing, user fees and cost recovery:

Successful cost recovery programs in some North American jurisdictions have incorporated a licensing (permit) system where the health department administers the conditions required for the issuance of the license. They also collect fees for the permit and use this money to recover costs or as a way to enhance the food inspection services. An Administration Hearing Process may recommend that a chronic violator must pay an additional fee for more than one re-inspection or recommend the revocation of a license, which closes the food premises. Conditions for reopening require that violations be corrected and often the full fee may be collected again.

Toronto Public Health requests that the following requirements be considered in the City's conditions for the issuance of initial business licenses and subsequent annual licence renewals for food premises, and that the City's Licensing By-law be amended accordingly to include:

- (1) Public Health approval for the issuance and renewal of food premises business licenses;
- (2) Food safety certification of every owner/operator of high and medium risk food premises and at least one certified food handler in a supervisory position per shift. The certification course must be recognized by Toronto Public Health.

Note: This licensing requirement is not unique to food premises. For example, the ambassador cab program requires training as a condition of licensing, and trades persons such as plumbers and electricians, have to establish that they are licensed.

- (3) Requirement that food premises operators post their inspections results notice in a conspicuous place on the premises.
- (4) Every food premises owner/operator must provide written notice to the Medical Officer of Health and Municipal Licensing and Standards staff, of material changes in the nature of their business at least 30 days in advance. In addition, every food premises owner/operator must provide written notice to the Medical Officer of Health and Municipal Licensing and Standards staff of material changes in the management and control of their operations.

(5) Where there is a history of non-compliance, PHIs will advise Municipal Licensing and Standards staff of the issues.

(G) Food handler training program and its local implementation:

Research has shown a direct correlation between food safety training and proper food handling practices. Restaurants with staff who have received certified food safety training were found to have better overall inspection scores than premises operated by staff without such training. However, there are no mandatory requirements currently in Ontario for food handler training. While the Provincial Mandatory Guidelines require health units to ensure the availability of certified food safety training, there is no legal requirement for food handlers to obtain approved training nor for operators to ensure that their employees are trained. This means that completely untrained persons can and do prepare food for sale to the public in Ontario, and among them are the majority of the estimated 40,000 food handlers presently working in the City.

At the last Board of Health meeting (May 29, 2000), Toronto Public Health received strong endorsement from the Board to make food handler training, certification, and periodic re-certification a requirement for the ongoing operation of food premises in Toronto. The Board also asked the Division to develop a local implementation plan and assess the resource requirements for a food handler training and certification program operated on a full cost-recovery basis.

In the absence of a provincial requirement for mandatory food handler training, the City's Licensing By-law provides an effective local alternative. Toronto Public Health is currently working with the City Solicitor and Municipal Licensing and Standards (ML&S) to make certified food safety training a condition for issuance or renewal of a food premises business license.

A number of implementation issues are being discussed with the City's Legal, ML&S, and Corporate Information and Technology Services. These include: feasibility of phasing in the requirement for on-site certified food handler over a 2 to 4 year period; provision of access to certified courses; adequate information system for tracking certification data and linking records between Public Health and ML&S.

Once the disclosure system is implemented, information as to whether a food premises has a certified food handler on-site will be posted on the City's web site along with the inspection results. This will likely provide some incentive for operators to (voluntarily) pursue certified food handler training even before it becomes a licensing requirement in Toronto. After the Licensing By-law is amended to add certified food handler on site as a condition for licensing, this information (i.e. whether or not the food premises has complied with this requirement) will also be shown on the disclosure notice posted on the premises.

A major challenge for Toronto Public Health will be to ensure provision of a sufficient number of training courses to meet the anticipated surge in demand for certified training once the disclosure model is finalized and publicized. The Division will continue to strengthen existing partnerships, such as the ones with the Ontario Chinese Restaurant and Food Service Association and with Pizza Pizza. The Division is currently working on expanding the partnership model to community colleges and other private sector organizations such as the Ontario Restaurant

Association. The certified food handler training is not yet available from any college in Toronto, unless part of a culinary training program.

However, even if only 30% of the high- and medium-risk premises wish to have one food handler certified, the Division will be obligated (under the Provincial Mandatory Guidelines) to ensure provision of training to over 3,000 people, or over 200 courses based on 15 persons per course, within a relatively short period of time. It is unlikely that any community colleges or organizations will be able to train this number of people in the immediate future. If Toronto Public Health is to be the direct provider of the training, the courses would need to be provided on a cost-recovery basis.

Currently, Toronto Public Health provides four different routes to certification:

(1) In-class course

Participants attend a two-day course (a total of six hours), with a certified public health inspector as the instructor. At the end of the course, participants write a multiple choice examination and need to achieve at least 70% in order to pass. The examination may be administered in an oral format to accommodate participants with special needs (i.e. language or literacy). Currently each participant is charged \$30 to cover the cost of a workbook, a thermometer, a copy of the regulations, a wallet and a page-size certificate, and refreshments.

(2) Home study option

This option allows participants to study the course materials on their own time and then take the same examination. For \$25, the participant will receive a workbook, a copy of the regulations, and a wallet and a page-size certificate upon passing.

(3) Challenge test

Participants who have received training on food safety, either at school or informally elsewhere, can choose to write the examination without studying the course workbook or attending the class training. The cost of writing the examination and receiving the certification is \$5 per person.

(4) Workshop

This is a hybrid between the six-hour in-class study and the home study option, and is offered at the request of food premises operators. This option allows participants to study the course material at home and then attend a two-hour workshop which gives a brief overview of the course content. The participants then write the examination (pass grade is 70%). The cost for this option is \$25 per person (including course workbook, two hour workshop and examination).

(5) Non-certification courses

In addition to the certification courses, Toronto Public Health provides basic food safety training through a variety of workshops and formats, such as the monthly food safety training currently being offered in South Region, and the annual food safety training for caregivers in child care centres. These workshops usually vary from one to three hours and can be conducted at the

workplace of the course participants (e.g. child care centres, restaurants). They are free of charge and have no examination (thus are not for certification purpose).

(6) Costs for Food Handler Certification:

Based on a minimum class size of 15 people, the unit cost of providing a 6-hour and a 2-hour certification course at a health unit office is \$45 and \$30 per person respectively. This cost includes instructor salary, printed materials and administration. The Table below shows the current fee and the fee to be charged for cost recovery.

Current fee and cost-recovered fee for various training options

| Training option | Current fee | Fee on a cost-recovery basis |
|--|-------------|------------------------------|
| 6-hour in class training (incl. Course workbook, examination, certificates and refreshments) | \$30 | \$45 |
| 2-hour in class training (incl. Course workbook, examination, certificates and refreshments) | \$25 | \$30 |
| Home study (incl. Course workbook, examination and certificates) | \$25 | \$25 |
| Challenge examination ((incl. Examination and certificates) | \$5 | \$10 |

There are numerous benefits for Toronto Public Health to provide the training course. For example, maintaining a low fee schedule will encourage more people to obtain the training, and Public Health can ensure that the course material is up-to-date and relevant.

Toronto Public Health's current 6-hour course curriculum is recognized by the Canadian Institute of Public Health Inspectors (CIPHI) and is currently being used by eleven health units across the Province. Still, improvements can be made by incorporating principles of adult learning such as more hands-on activities and visual aids. Toronto Public Health will also explore partnership development with various ethno-cultural organizations to produce and deliver the training course in different languages. A survey of food premises operators is being considered to determine the number of certified food handlers, languages of choice and other potential barriers for people attending the training course.

It is difficult at this point to pinpoint the exact impact of the proposed disclosure system on the demand for food safety training, but it likely will increase. As a temporary measure, the Division requests funding to hire two full-time PHIs/educators from September to December 2000 to provide additional courses in anticipation of the increased demand. A more detailed implementation plan and precise assessment of resource requirements will be presented within the 2001 Operating Budget process for Public Health, including the program's ability to recover costs, and the number of training requests received.

Lack of food safety education for the public:

Toronto's current food safety program has limited resources to promote safe food preparation in the home, even though most of the single, sporadic foodborne cases occur due to unsafe food practices at home. A 1998 study of over 2,000 Canadians found that:

- (a) Canadians are increasingly aware that foodborne bacteria constitute the most dangerous food hazard; pesticide residues were (incorrectly) perceived as the most dangerous food hazard in 1990;
- (b) Just over one-quarter of Canadians have received formal training in food safety through school and/or training as part of their job;
- (c) The majority (65%) were not aware that food might cause foodborne illness even though it looks or smells normal (foodborne pathogens often cannot be detected by discolouring or odour in the food);
- (d) Only 6% of Torontonians (compared to 16% of Canadians) mentioned "keeping different foods separate from each other to avoid cross-contamination" as an action that they can take to keep food safe at home.

A recent U.S. study provides further insights into food preparation practices in the home. The study used auditors to observe actual meal preparation at home and reported the following:

- (a) About 60% of the participants were found to have unsafe food practices such as cross-contamination, improper cooling of leftovers, and neglected handwashing; all of these can potentially lead to a foodborne disease;
- (b) Other findings include: 79% improperly used a food thermometer, 49% misused a cleaning cloth/sponge/towel, and 46% used products past the "use-by" date;
- (c) When an unsafe practice was observed, most of the participants (62%) responded with "I was not aware I was doing it", indicating their lack of knowledge in safe food preparation techniques.

Despite a request by the Division to include public food safety education as a part of the City's food safety services (presented as an "optimal" level of service option in the 1999 budget request), this was not approved by City Council. This lack of funding to provide food safety education to the public remains unresolved to date.

(H) Resource implications:

The following resource requirements are for the initial planning and implementation of the food premises disclosure system for the period September 1st to December 31st, 2000. A more accurate assessment of the on-going operating costs will be presented to the Board through the 2001 Public Health Operating Budget process.

Food Premises Disclosure system and its Related Activities
Resource Estimates
September to December 2000

| IMPLEMENTATION FUNCTIONS | DESCRIPTION | STAFF REQUIREMENT FOR 4 MONTHS | ADDITIONAL RESOURCES |
|---|--|---|---|
| Disclosure Team | Project management, system development, focus testing, public and operator education, staff training, program evaluation | 0.7 Project manager 2.0 Public health inspectors 0.5 Communication staff 0.5 Program evaluator 1.0 Clerical support | |
| Centralized Food Safety intake | Establishing and managing a centralized food safety intake, including complaint administration, public and food premises operator consultation, data collection and analysis | 0.3 Project manager 2.0 Public health inspectors 1.5 Data input clerks 0.5 Clerical support 0.5 Data analyst | Telephone hotline |
| Web site | Web site set-up and page maintenance | 0.5 Data input clerk 0.3 Web-page designer | Possible purchase of service for Web designer |
| Standardization of inspection and enforcement policies and procedures | Develop standardized inspection and enforcement policies and procedures, pilot testing, staff and stakeholder consultation, staff training, initial implementation | 1.0 Project manager | |
| Quality Assurance (QA) Food Safety Program | Develop a QA program, performance indicators, implementation plan and initial implementation | 1.0 Project manager | |
| Communications Plan | Printing, newspaper, radio and cable television, postage | | One-time costs \$98,400 |
| Office set-up | Telephone, computer, office furniture | | One-time costs \$32,018 |
| | Total FTEs and costs | 12.3 staff (\$241,439 for 4 months) | Total one-time costs (\$130,418) |

Conclusion:

The proposed food premises disclosure system will protect consumers from foodborne illness, inform the public about where they can dine safely, and promote greater compliance with food safety standards. The system will direct inspection and enforcement resources towards infractions that carry the greatest risk of foodborne illness and will use public awareness of inspection results as a positive incentive for operators to maintain safe and well-run establishments.

Current and past inspection results will be publically available through a variety of means including web site, telephone, over the counter as well as at the point of retail. An inspection disclosure notice will be posted in a conspicuous place for public viewing.

A progressive system of penalties for non-compliance will highlight careless operators and close down immediately any premises that poses an immediate risk to the health of the public. The severity of enforcement actions will reflect both the nature and magnitude of the potential hazard and any past history of non-compliance by the food premises operator. This approach builds on a previous decision of the Board of Health to require food safety certification of operators and at least one supervisory staff member per shift, in all high- and medium-risk food premises.

The disclosure system will use standardized policies and procedures for inspection and enforcement that are clearly understood by operators and consistently applied by Public Health Inspectors. To that end, training and communication of policy directives to Divisional staff will commence this fall, along with the establishment of quality assurance mechanisms to ensure these are consistently interpreted and applied. A communications program will also be directed to food premises operators, in collaboration with the applicable industry associations, to enable operators to understand their legal requirements for food safety.

Initial start-up costs will be required in 2000 totalling \$371,857 including \$130,418 in one-time costs, which can be absorbed within the approved 2000 Public Health Operating Budget. Ongoing funding implications will be considered through the 2001 Operating Budget process for Toronto Public Health.

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List of Attachments:

- Appendix 1: Examples of Minor, Significant and Crucial Infractions of the Food Premises Regulation (on file)
- Appendix 2: Food Premises Disclosure Notices (on file)
- Appendix 3: Food Premises Inspection Flow Chart
- Appendix 4: Risk Assessment Form (on file)

References:

1. Satcher D. (2000). "Food Safety: A Growing Global Health Problem." JAMA 2000; 283 (14): p:1817-19.
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3. "The Distribution of Foodborne Disease by Risk Setting: Ontario." PHERO 1998;9(5).
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5. The Canadian Food Inspection Agency. (1997). Study on Safe Food Handling. Environics Research Group.
6. Audits International. (1999). Home Food Safety Survey.

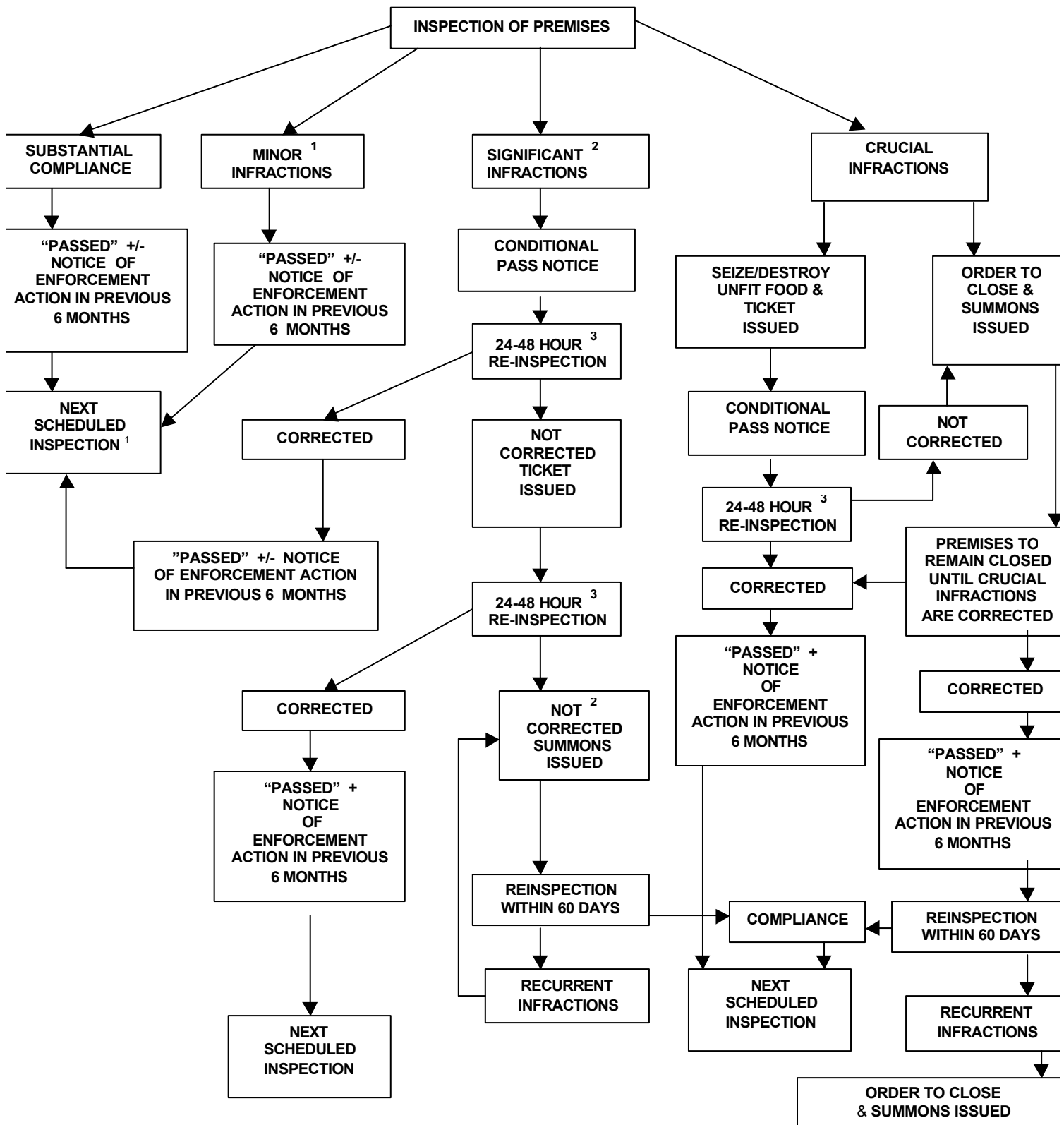
Examples of Minor, Significant and Crucial Infractions of the Food Premises Regulation

| MINOR INFRACTIONS |
|--|
| Infractions that present a minimal health risk to the public. |
| Walls, floors or other non food contact surfaces or equipment in need of cleaning or repair (cracked or missing floor tiles, cracked or peeling paint not directly over food preparation area) |
| Adjustments to ventilation systems |
| Hair constraints |
| Cleanliness of customer washrooms |

| SIGNIFICANT INFRACTIONS |
|---|
| Infractions that would lead to a health hazard if left uncorrected and must be corrected within 24-48 hours |
| Food not protected from contamination (lids, sneeze guards) |
| Food containers stored directly on the floor |
| Repair or temperature adjustments to refrigeration equipment (food would have been temporarily re-located at time of inspection) required |
| Lack of provision of accurate indicating thermometers |
| Inadequate liquid or solid waste disposal |
| Repair of mechanical dishwashing equipment required |
| Lack of sanitizers |
| Repair of or replacement of food contact surfaces (work counters, cutting boards) required |
| Lack of supplies in staff or customer washroom |

| CRUCIAL INFRACTIONS |
|--|
| Infractions that create an immediate health hazard and require immediate action or an order to close the premises. |
| No potable water |
| No hot and cold water under pressure |
| Rodent or insect infestation without effective method of pest control |
| Sewage back-up |
| Lack of adequate refrigeration |
| Hazardous foods that are stored, displayed, or available for sale that have not be adequately cooked, hot held or refrigerated (subject to condemnation) |
| Any condition that, in the opinion of the Public Health Inspector, is a health hazard |

FOOD PREMISES INSPECTION FLOW CHART



1 Multiple or recurring minor infractions may be dealt with as significant infractions

2 Multiple or recurring significant infractions may be dealt with as crucial infractions

3 Re-inspections would normally occur within 24-48 hours depending on the infractions noted. In some circumstances a re-inspection may be required within hours.