

ENGLAND		
Respondent	Comment	Response
Jane Day - Environmental Health Leader Officer North Somerset Council	<p>Precautions and Exclusions</p> <p>The precautions and exclusions contained in the draft document reflect the guidance contained in the 'Control of Infection Handbook' produced by this department in conjunction with the HPA with the exception of E coli 0157 or other verotoxin producing E coli. Currently in our own 'Handbook' we exclude all cases and contacts in risk groups A-D (group C being food handlers) whereas the draft fitness to work advises only exclusion of cases and then contacts 'may be excluded as a precaution'. It is felt given the proven ease of spread of this illness the best practice guidance in the 'fitness to work' document should reflect the current exclusion</p>	The guidance has now been aligned with the updated PHLS guidance on this point.
Respondent	Comment	Response
Chris Cogan Food Safety Advisor Sainsbury's Supply Chain	<p>Definition of Food Handler</p> <p>I read the documentation and I think the guidelines are good for the food industry, they are simple and easy to use for food handlers and managers. I would like to see however, a definition of the term "Food Handler" within the content, as we know the industry is varied and food products can pass through various parts of the supply chain before reaching a customer.</p> <p>For a Sainsbury's product for example, we have manufacturer's that make the raw food products that may be passed on to packaging companies, then on to several distribution centres, then finally on to a store. Before a customer even pick that product off the shelf there could have been 20 or more people handling that product in some way or another.</p> <p>Would you consider the document to be relevant to Everyone within the chain that handles the product from source to customer, even though most of them may be handling a packaged product?</p> <p>Our policy on fitness for work is very similar to this and based on the similar guidelines, although some colleagues have questioned the need to apply the same stringent guidelines for our distribution centres as those we apply to our raw food handlers, even though colleagues in distribution are only handling a packaged product.</p> <p>Personally I feel the same rules should apply across the whole supply chain, if only to avoid confusion and to remain consistent, but I would like to hear who you consider to be a "Food Handler" when referring to the practical guide.</p>	<p>An explanation of the term 'food handler' has been added to a new section 5.</p> <p>Section 8 has also been made clearer about how it applies to food packaging and warehouse operations.</p>
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Campbell's Meat	<p>Section 8: Returning To Work After an Illness</p> <p>You have indicated that in some circumstances where there has been only one bout of symptoms in a 24h period that a food handler may return to work in less than 48 hours. From a staff management and operational standpoint can I suggest that this is made black and white and that all such symptoms should</p>	Despite the practical difficulties, a single incidence of vomiting or diarrhoea is

	be dealt with by enforcing 48 hour exclusion. Production Managers would like to get workers back asap and staff use sickness and diarrhoea as an excuse for the odd day off. If there is a clause which would allow them back after 1 day depending on their honesty at reporting the actual symptoms and duration - you are looking at abuse of this system. People will say they have only had 1 bout (after all how do you define a bout) and come back to work - remember that most low paid workers in the food industry will be docked pay for sickness. You are leaving it open for abuse and easy route of contamination. I would strongly advise this is enforced at 48 hours.	usually not indicative of an infection that is likely to be transmitted through food and so exclusion would represent best practice.
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Steve Batchford - Product Safety Manager Brakes	Section 5: Viruses This paragraph states that "Viruses are also generally quite easy to destroy by cooking food, whereas some bacteria can be resistant to very high temperatures". I would remove the text in red giving the comparison to bacteria as it doesn't add anything (spread of heat resistant spore formers in this way is less of a concern) and this sentence could be confusing following the paragraph above about bacteria which states "cooking is a process that would kill many of the bacteria present". Other than that thought it was excellent.	The guidance has been revised to reflect this.
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Steve Moore – Head of Business Regulation & Support Nuneaton & Bedworth Borough Council	Suggestion To consider extending the annex: <ul style="list-style-type: none"> graphical content (pictorial representations of the information given) - helps those with language difficulties. increase content on hand hygiene. The more the annex can be designed so it can be copied and used by proprietors in their premises, the better perhaps?	Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.
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Kaarin Goodburn MBE – Secretary General Chilled Food Association	Two Comments 1. Summary states: "Managers must exclude staff with these symptoms from food handling, in most cases for 48 hours from the natural cessation of symptoms". However, this contradicts with section 8, para 1, page 7 where "48 hours is the recommended length of time. This is counted from when symptoms stop or from the end of any treatment of the symptoms with medicine." This contradiction needs to be resolved in the text. 2. Section 8, para 2, page 7: We are concerned with the general applicability of the statement that: "It is reasonable to presume that a single bout of diarrhoea or vomiting in one 24-hour period that is not accompanied by fever would not be infectious." We would ask that the guidance be revised on the basis of medical advice.	The summary has been re-drafted to avoid any confusion. The advice we have supports this statement. The criteria for returning to work have been made more precise though.

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<p>Justine Wadge – Principal Environmental Health Officer North Cornwall District Council</p>	<p><u>Two comments</u></p> <p>Section 7: Action to take, Page 6 - Workers in a Food Handling Area - starts off in 3rd person then moves into 1st person - is this aimed to be read by the staff or is it information for the FBO's on how they should ensure staff work?</p> <p>Section 9: When the cause of infection is known, Page 9 - Norovirus - I thought the new guidance (Sept 08) gives 3 days off work (72 hours) once symptoms have ceased?</p>	<p>The guidance document is aimed mainly at food business operators, but parts of the guidance, including specifically Annex 1, are intended to be communicated to staff by them.</p> <p>The period of maximal infectivity of norovirus is 48 hours. As with any infection, shedding of bacteria or viruses may continue for longer, but will usually not pose any risk as long as the individual follows good personal hygiene practices. 72 hours therefore represents best practice. This has been confirmed with HPA.</p>
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<p>Janette Gledhill - Director Automatic Vending Association</p>	<p><u>Two suggestions</u></p> <ol style="list-style-type: none"> 1. Information to be available in other languages e.g. Polish, on the FSA website. 2. In printed booklet it would be very helpful to include illustrations. <p>Note: In the Vending experience it is very unusual for this category of employee to have access to a computer or internet at work.</p>	<p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p>
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<p>Philip Baxter – Health & Hygiene Officer The National Association of Master Bakers</p>	<p><u>Section 8: Returning to Work</u></p> <p>I acknowledge the point made about a symptom less excretor and the recommendation concerning exclusion from work for a 48 hour period. Whilst this is recognised as an ideal and all responsible food business should follow the recommendation, in practice such action has financial implications particularly for small businesses.</p> <p>Exclusion from work by an employer means the employer has to continue to pay the employee for that</p>	<p>Guidance has been added about the financial implications of exclusion.</p>

	<p>period. Many of our members fall into the small business category and operate on very financial margins. Payment of staff that are unproductive, for laudable or mandatory reason is very unattractive.</p> <p>Conversely if the employee is excluded by their GP they are entitled to apply for and receive statutory sick pay. Further the decision to exclude is essentially a medical decision and a GP, with their understanding and appreciation of protection the public's health, should have no problem dealing with the presenting person. This seems a much more satisfactory resolution and fits very appropriately with current governments declared intention to help and support small businesses during these strained financial times.</p> <p>I suggest that suitable wording is included in the guidance that draws employer's attention to this option. You may wish to consult on the issue with your colleagues in the Department of Health. This could be worded in a similar way to the note on page 6, which refers to local authority special powers e.g. ' Food handlers displaying symptoms or having displayed symptoms, that present themselves at their local GP may well be able to obtain a medical certificate'.</p>	
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Chris Woodbridge – Technical Director Tillery Valley Foods	<p>Section 7: Action to take (page 6) I think the scope and context of the document meets a current gap in interpretation of regulations.</p> <p>I would amend the statements (in bold) regarding "soap and warm water" to read at minimum "bactericidal soap and warm water" and at best "bactericidal soap and warm water then apply hand sanitizer once your hands are dried". My reasoning is that this paper could be read and enforced to the latter in some businesses by individuals who do not understand food safety so clarity is important. I also have managed on several high risk food manufacturing sites to significantly reduce bacterial cross contamination by use of the hand sanitizer post washing. It is a natural human practice (in the less conscientious) to skip hand washing. If sanitizer is used then at least some level of bug kill is effected and through the usually strong smell, it is easy to police its application.</p>	Soap has been shown to be very effective at removing contamination from hands. The additional costs associated with higher levels of protection can only be considered to be best practice except in cases where additional protection is needed for safety or an alternative approach is needed to address specific situations faced by food businesses.
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Janice D Utterly – Principal Trading Standards Officer Trading Standards – Hants	<p>Pre-employment / visitor questionnaire I perceive it may be an issue that the desired answers to questions to be all No. I usually recommend that any such questionnaires have at least one question phrased so that the desired answer is the opposite as there is a tendency for people, especially those who regularly have to complete them to fill them out with not much thought and this challenges them to actually think about their answers, and be more accurate.</p>	Noted.
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Nick Wilmot - Environmental Health Manager Brighton & Hove City Council	<p>Summary Page Would there be a benefit in providing a definition of 'food handler' and 'food handling area' in the summary part for ease of reference?</p> <p>On the summary page it states managers must exclude staff etc "in most cases for 48 hours" and the immediately below states "different action is required in some cases, as explained in this document". We feel this needs better clarification as readers may think less is ok.</p>	<p>A new section 5 addresses this.</p> <p>The summary has been simplified and refers to the main body of the guidance for more detail.</p>

	<p>Section 7: Action to take – Best Practice (Box) The guide refers to alcohol gels. Should it be made clear that this is not as good as proper hands washing particularly if hands have a physical contamination?</p> <p>Section 8 - Return to Work - para 2. We are concerned about including this. If it is to remain then we feel good hygiene practices should be reiterated, and to take account of whether other contacts (family/friends) are showing similar symptoms before relaxing 48 hour rule.</p> <p>Section 9 - When the cause of infection is known - para 1. This whole paragraph is confusing, and should be rewritten to make it clear to readers that infections listed in italics immediately below are covered by s7 and s8.</p> <p>General Suggestion We would also request the production of a separate, summary leaflet similar to the old Food Handlers: Fitness to Work leaflet which includes 'Your Responsibilities as a Food Handler' and a 'checklist for good hygiene practice'.</p> <p>A similar guide has been reproduced in Annex 1 of the new guidance, although there is nothing about reporting infected sores and cuts. This is the type of leaflet that we normally send out to businesses, rather than the whole document.</p>	<p>The guidance has been amended to reflect this.</p> <p>The guidance has been amended to reflect the need for additional precautions on return</p> <p>The guidance has been amended to make this clearer.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK.</p> <p>Skin infections are now included in the annex.</p>
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<p>Will John – Principal EHO Food & Safety Dorset Environmental Health</p>	<p>Section 7: Action to take (page 6) Pg 6. The list of occasions to wash hands: should include after smoking a cigarette.</p> <p>Pg 6. Best practice box: Should include a phrase about washing your hands after removing a pair of gloves and before donning a new pair. When you remove a pair of gloves it is easy to contaminate your hands on the dirty gloves. Also the moist environment created inside the gloves is a breeding ground for</p>	<p>A large number of suggestions have been received during the consultation and separately. For simplicity and clarity, these have been grouped under broader headings, such as 'after taking breaks'.</p> <p>The text has been amended to reflect this.</p>

	<p>bacteria and this can be transferred onto the new pair of gloves.</p> <p>Pg 7 section 8 Returning to work: the second paragraph. This paragraph needs rewording because not all infectious diarrhoeal illness is accompanied by fever (e.g. norovirus) so this advice needs to be used with caution. Perhaps it should say 'It is possible to resume work within the 48 hour limit if a person has a single bout of diarrhoea and vomiting that is not accompanied by fever provided that there is an obvious cause for the symptoms (see section 10 p 10)'.</p>	The guidance has been strengthened to reflect this point.
Respondent	Comment	Response
Helen Tissington – Senior Health Protection Nurse Specialist NHS Highland	<p>Section 5: Why infections are a problem</p> <p>Pg 4. Bacteria (1st para) - Word correction – gastrointestinal</p> <p>Pg 4. Addition. Some types of bacteria that cause</p> <p>Pg 4. Viruses similar short term effects [You haven't previously referred short term effects, so cannot put this here. Also, would not necessarily be appropriate].</p> <p>Section 6: Symptoms of gastrointestinal infection</p> <p>Pg. 5 It usually implies a change in bowel habit with loose or liquid stools which are being passed <i>more frequently</i>. [Consider defining as "three or more loose or liquid stools per day, or more frequently than is normal for the individual"]</p> <p>Section 7: Action to take:</p> <p>Pg. 6 Workers in a food handling area - Ensure you wash your hands thoroughly with liquid soap, To add at the end of paragraph (It is not necessary to use antibacterial soap)</p> <p>Your hands can easily spread other microorganisms [deleted bacteria: cannot just say bacteria as viruses may also spread]</p> <p>Pg 6.(In the Box) – Best practice Alcohol gels [Do you really want to encourage use of alcohol gel?? I do not believe it to be appropriate in this setting. Much better to concentrate on proper hand washing].</p> <p>Latex gloves [In health settings the use of latex gloves is now discouraged due to the potential for allergies. I think plastic or vinyl should be used in handling food]. To add at the end of paragraph. (Gloves are not a complete barrier, so after removing gloves, dispose of them and wash hands).</p> <p>Section 8: Returning to work After an illness (3rd para) - [the word bacteria on its own has been deleted – [use <u>bacteria and viruses</u> or use <u>Microorganisms</u>].</p> <p>Section 9: When the cause of infection is known</p>	<p>This has been corrected.</p> <p>The text has been amended to reflect this.</p> <p>The text has been amended to reflect this.</p> <p>The meaning has been made clearer in the guidance.</p> <p>Liquid soap has been included, but in a slightly different place.</p> <p>The text has been amended to reflect this.</p> <p>The use of such gels is suggested as best practice.</p> <p>The text has been amended to reflect these points.</p> <p>The text has been amended to reflect this.</p>

	<p>Pg.8 <i>Shigella</i> [<i>Shigella</i> should not be in this list as negative samples are required for some types]. <i>Vibrio</i> [Confusing to have this here as again there are many types, and certainly negative samples required for <i>vibrio cholerae</i> 01 or 0139]</p> <p>Pg.8 Verocytotoxin – producing <i>Escherichia coli</i> (E.coli) [<i>formatted – italic for E.coli</i>]</p> <p>Anyone who has samples taken 24 hours [deleted 48]</p> <p>Pg.9 Norovirus - The main symptoms of norovirus infection are the same as bacterial infections, [This is not quite true, which is why we can usually differentiate. Stress that norovirus usually presents with a sudden onset of projectile vomiting]. Last line - deleted the word <u>remove</u>. The virus can be difficult to killPg.9 in the box – Best Practice - Because of the ease with which norovirus can be spread to other people, it is best practice [deleted the word <u>would be</u>]</p> <p>Pg.9 Removed capital N for norovirus in both paras.</p> <p>Pg.9 Infected or injured skin - [insertion].....such as <i>Staphylococcus aureus</i> which may also cause food poisoning.</p> <p>Section 10: When exclusion may not be necessary</p> <p>Pg.11 Household contact - (Unless the contact has enteric fever) [should not mention enteric fever here as it is then contradicted by what you put about <i>E.coli</i> 0157]</p>	<p>These have now been covered in the special cases section.</p> <p>The text has been amended to reflect this.</p> <p>The periods differ between HPA guidance in England and Scotland, but the result is the same. The second negative sample, which is the most important one, has to be no sooner than 48 hours after symptoms end naturally. Both sets of advice have been reviewed in recent years by cross border groups and no evidence has found that the twin approaches are unsatisfactory..</p> <p>The text has been amended to reflect these points.</p> <p>The text has been amended to reflect this.</p> <p>This paragraph has been re-written.</p>
Respondent	Comment	Response
<p>Richard A Sprenger – Managing Director Highfield</p>	<p>Section 7: Action to take</p> <p>Pg.6 Handwashing</p> <p>Highlight occasions when it is critical wash hands and occasions when it is “good practice”. Obviously this would depend on those activities that may result in millions of pathogens contaminating the hands and those activities where only a few pathogens are likely to be present. Currently food handlers are advised to wash their hands after touching their mouth, nose, hair, face, smoking, coughing and sneezing, as well as eating and drinking which is the only one of this group included in the Guidelines. The risk of</p>	<p>The list and the text around it have been restructured to reflect all of these points.</p>

transferring pathogens to ready-to-eat food from these activities in sufficient numbers to cause illness is extremely small as observation will confirm that food handlers do these regularly throughout the day with little effect. If food handlers were to wash their hands on every occasion listed in most training documents, they would be washing their hands hundreds of times a day. The Guidelines should make it clear that it is essential (critical) to wash hands on the following occasions: -

- 1). Before starting to prepare food, including after any breaks.
- 2). Whenever the hands are likely to come into contact with faecal material or vomit, for example, after using or cleaning the toilet or drains, after contact with animal faeces, for example, dogs, rodents or birds. After handling children's soiled nappies (occasionally left for staff in catering premises to clean up). After clearing up vomit etc. from an ill or drunk person.
- 3). After putting on, changing or handling a dressing or touching open wounds, especially septic cuts or boils (there is a case for excluding people with boils from high-risk food handling).
- 4). After handling raw food, especially meat, poultry, raw shellfish and raw vegetables, before handling ready-to-eat foods or food contact surfaces.
- 5). In addition hands should be washed regularly throughout the day.

Food handlers should avoid touching the nose, mouth face, ears, hair and should observe good hygiene practices. Hand contact with ready-to-eat food and food contact surfaces should, as far as practicable be minimised. Advice should be given to cough or sneeze into the upper arm or shoulder instead of using the hands. Minimising contamination rather than removing it is best policy.

Section 9: When the cause of infection is known

Pg. 8 Enteric fever - Considering the severity of typhoid and the fact that excretion of organisms may occur in up to 5% of persons affected even after 6 or more negative specimens, I would suggest that persons suffering from typhoid be excluded from handling ready-to-eat foods for a much longer period, then 6 negative specimens.

Pg.9 Norovirus - Given recommendations from the USA, I would suggest considering that a food handler suffering from norovirus should be excluded for 72 hours after symptoms stop.

Pg. 9 Infected or injured skin - Greater emphasis should be placed on boils and "septic" cuts. In some cases it may be desirable to exclude a food handler with boils and septic cuts even if it can be completely covered with a waterproof dressing.

The guidance doesn't specify a number of tests, the individual needs to be medically cleared however long that takes. Separate advice is available from HPA.

The period of maximal infectivity of norovirus is 48 hours. As with any infection, shedding of bacteria or viruses may continue for longer, but will usually not pose any risk as long as the individual follows good personal hygiene practices. 72 hours therefore represents best practice. This has been confirmed with HPA.

Boils and septic cuts have been added as examples. The need to be 'effectively' covered

	<p>Section 10: When exclusion may not be needed Pg.10 & 11 Household contact - From my experience, parents and children suffering from dysentery often become ill and it may be appropriate to deal with dysentery in the same way as E.coli 0157.</p> <p>Annex 1 Information for all people working in a food handling area (page 13) All the critical occasions when hands need to be washed should be listed. (see earlier comments)</p> <p>Annex 2: Pre-employment / visitor questionnaire (Page 14) The first question should be extended to at least a month. A person travelling abroad may have had a severe illness involving diarrhoea which has not been diagnosed. He / she could be a carrier of an unidentified low-dose pathogen.</p>	<p>has been added.</p> <p>Dysentery (acute bloody diarrhoea) is a symptom usually caused by bacteria such <i>E. Coli</i> 0157 and Shigella and some protozoa. The way the infected individuals and people in contact with them are managed will depend on the causative organism.</p> <p>The Annex needs to be short and simple so only the main points are covered.</p> <p>1 week is mainly to catch any possible E. coli 0157 cases. The only other infection of concern requiring longer exclusion is to typhoid which has its own question.</p>
Respondent	Comment	Response
<p>Fiona Wright Seafish</p>	<p>Usefulness of the Guidance - Useful guide, in particular for food handlers on the reasons behind food safety rules and how it applies to them.</p> <p>Readability and presentation - Suitable for all food handlers to read.</p> <p>Scope- It may also be useful as a training tool for businesses.</p> <p>Publication arrangements - Publication on the website allows free and immediate access, but hard copies left in staff rooms of food processing establishments or given as part of an induction package may be more likely to be read.</p>	<p>Noted.</p> <p>Noted.</p> <p>Noted.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK.</p>
Respondent	Comment	Response
<p>Richard Wood –</p>	<p>Usefulness of the Guidance - Most value to small to medium sized Food Business Operators.</p>	<p>Noted.</p>

<p>Regulatory Affairs Manager Nestle</p>	<p><u>Readability and Presentation</u> More user friendly to smaller businesses than the current version.</p> <p>In several cases, the so-called “best practices” given in shaded-out boxes are suggestions, tips or interesting snippets, whereas the text in between the boxes often contains the real guidance or expectation. Hence, there is a concern that some of the audience will only focus on the shaded-out boxes thus overlooking some important information.</p> <p>It may well be prudent to trial the document with a small selection of typical target food businesses to assess its readability and ease of understanding.</p> <p><u>Scope</u> The scope is considered generally to be adequate.</p> <p>The full definition of what constitutes a Food Handler should be given at the very beginning of this document. This should include all those auxiliary workers such as cleaners and maintenance personnel who touch food contact surfaces.</p> <p><u>Technical Accuracy</u> Page 4. Section 5. Viruses - It would be useful to include a reference to the important role of vomiting and relative higher infectivity/larger outbreaks from this category of micro-organism.</p> <p>Page 4. Section 5 - As both protozoa and “worms” are mentioned in the document, especially Section 9, then perhaps a short paragraph on each of these should be included besides bacteria and viruses?</p> <p>Page 5. Section 7. Para 2 - Some concern that there should be some guidance covering “affected members of staff” that are assigned to other activities in food manufacturing. There may still be hazards from cross-contamination at shared facilities (e.g. manual taps, canteens).</p> <p>Page 6. Workers in a Food Handling Area. Key action in bold letters - As thorough drying of hands is an important part of hand hygiene, it is suggested move that statement to the top of the list (directly beneath the statement in bold letters covering hand washing) and put into bold also.</p> <p>Page 6. Workers in a Food Handling Area. Key action in bold letters. - Add “After wiping perspiration from face or brow” to the list of events after which handwashing is advised.</p> <p>Page 6. Best practice box. - (1) The use of “latex” gloves, with its allergenic properties, surely could not</p>	<p>Noted.</p> <p>The use of shaded boxes to indicate best practice (going beyond the minimum legal requirements) in regulatory guidance is now standard in new FSA guidance to provide clarity and consistency.</p> <p>The structure and approach conforms to the new FSA guidance template which has been trialled with small businesses.</p> <p>Noted.</p> <p>The summary has been expanded and the term food handler is explained fully in a new section 5.</p> <p>Some additional text has been added.</p> <p>An explanation has been added.</p> <p>Guidance has been added to the best practice section.</p> <p>This section has been re-written and drying has been emphasised.</p> <p>Touching face has been added which covers this.</p> <p>The limitations of glove use</p>
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	<p>be a best practice. (2) The use of gloves is not a good alternative to maintaining clean hands and shouldn't be listed as a best practice since their use can breed complacency with the level of hygiene. (3) It is possible, especially with certain types of gloves, for sweat to escape and with it the microbes that were proliferating on the skin including cracks and pores.</p> <p>Page 7. Section 8. Para 2. It may well be confusing for many Managers to distinguish between symptoms and conditions warranting a 24 h, instead of a 48 h, period of absence.</p> <p>Page 7. Section 8. Para 2. There could be some ambiguity in the phrase "one 24-hour period". This could for some mean starting to work with food at 0800 is ok if there was only one bout of diarrhoea the previous day at 2230. Suggest to use the phrase "if 24-hours have elapsed since a single bout of...".</p> <p>Page 7. Bottom. Best Practice Textbox. Last sentence. Add foreign workers who come to the UK to work to those people to whom the questionnaire in Annex 2 could be put.</p> <p>Page 8. Section 9. Para 1. Suggest to reword this paragraph as it is confusing because it skips from referring to exceptions to the previous text, then summarising agents that would apply to the preceding text, then returning to the exceptions once more.</p> <p>Page 8. Enteric Fever. Suggest to change this sub-heading to S. Typhi & S. Paratyphi, to be consistent with the other sub-headings all of which refer to the causative organism and not the disease.</p> <p>Page 9. Norovirus. In addition to cleaning up and disinfection after someone has been sick in a production area, any implicated foodstuffs potentially contaminated with the virus should be destroyed.</p> <p>Page 9. Hepatitis A. As written for Norovirus, when food handlers are excluded from the workplace because it becomes evident that they have Hepatitis A, then there should be a clean, disinfection and destruction of any compromised foodstuffs.</p> <p>Page 10. Non-infective causes of symptoms. (1) Add over-indulgent consumption of alcohol as example of "dietary indiscretion". (2) Correct spelling for <u>coeliac</u> disease.</p> <p>Page 10. Chest and Respiratory Diseases. First sentence. Not correct to say there is no evidence. Suggest rephrasing the first sentence to "Normally such infections do not cause illness through food contamination" Also, to amend the second sentence to read ".....in their nasal passages <u>mouth or throat</u>,.....".</p> <p>Page 10. Blood-borne infections. People with Hep B, C or AIDS are not in good health! Slight amendment to read "...as long as they are <u>otherwise</u> in good health".</p> <p>Page 11. First Para. Last sentence. Amend sentence to include norovirus and hepatitis A along with E coli O157.</p>	<p>have been emphasised.</p> <p>The guidance has been reworded to make it clearer.</p> <p>The document has been changed to reflect this.</p> <p>The section has been rewritten and takes this point into account.</p> <p>Para 1 and 2 have been rewritten and are clearer now.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>This change has been made, although a different form of words has been used.</p> <p>This change has been made.</p> <p>This change has been made.</p>
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	<p>Page 13. Textbox. Suggest to amend first bullet point to read “Tell the manager immediately if you are ill <u>and before entering food production areas.</u></p> <p>Page 13. Textbox. Suggest to amend second bullet point to include reference to drying of hands too.</p> <p>Infections Covered - Adequate, though perhaps a little excessive.</p> <p>Miscellaneous - The preceding comments on the Guidance were made on the understanding that this document will not have any statutory basis. However, were this not to be the case then some of the guidance may be impractical to some parts of the food industry. For example, it would be impractical and to insist upon washing hands after each of the events listed on page 6 for some deliberately dry production areas (hence without handwashing stations) where it might necessitate workers frequently leaving their stations for 10 minutes at a time.</p>	<p>Noted. The Annex is just drawing out the main points though.</p> <p>This change has been made.</p> <p>Noted.</p> <p>Noted. The hand washing guidance has been re-written.</p>
Respondent	Comment	Response
<p>T Dagens – Principal EHO Gosport Borough Council</p>	<p>Overall update looks fine. But thinks table 1 of the original “Good hygiene practice for people working in areas where food is handled” should be retained.</p> <p>A more specific reference to the Food Safety (England) Regulations 2006 and especially 852/2004 chapters vii and xii hygiene and training should be considered. To remind people of why the requirements are made.</p> <p>On enteric fever, incidences are thankfully declining to an extent the EHP expertise is also waning, more specifics on screening should be considered. Our last typhoid caused confusion between the health professionals and the employer over what screening was necessary and who should undertake and monitor it. A definitive guide would be of assistance.</p>	<p>The most important parts of the information in that table have been included in this document.</p> <p>These points are covered in Sections 3 and 4.</p> <p>NHS plus has also just updated its guidance to health professionals on the management of infected food handlers, which includes the advice that advice on the management of cases should be sought from the Health Protection Agency.</p>
Respondent	Comment	Response
<p>Iain Mortimer Technical Consultant Mortimer Technical Services Ltd</p>	<p>Section 7: Action to Take (Workers in a food handling area) This section refers to the age old statement of 'Please wash hands with soap and warm water and only using alcohol gels as best practice. However, there is a general move away from 'normal' soap to anti-bacterial soap both in the household and throughout the food industry. In addition the use of alcohol based sanitisers can lead to dermatitis and alcohol free hand gels are now preferred. I would therefore like the guidelines changed to state that anti-bacterial soaps must be used with best practice being provision of "anti-bacterial gels".</p>	<p>Normal soap has been shown to be very effective and there is little evidence to suggest that anti-bacterial soap is any better.</p>

	<p>This section also refers to 'latex gloves' which are generally avoided in the food industry due to people being allergic to latex. I therefore suggest latex is changed to 'rubber or similar material'.</p> <p>Finally in this section the best practice makes the statement that "...gloves can become contaminated.....and therefore new gloves should be used for each activity". However, unless sterile gloves are purchased (highly unlikely due to cost!) then they will require sanitising in the same way as for hands. I therefore would like to see the wording changed to state that "...gloves can be contaminated in the same way as hands even when new and should be washed and sanitised in the same way as for hands. New gloves should also be worn when changing to a new foodstuff".</p> <p>I would like to see an addition to this section that best practice is to exclude a sufferer from the business until the symptoms have passed due to the risk of contamination via shared facilities such as toilets or canteens. Again this is already employed in many food businesses.</p> <p>Section 9: When the Cause of Infection is Known (infected or injured skin) Best practice is to also cover the waterproof dressing with a plastic glove and ensure the dressing is metal-detectable.</p>	<p>This change has been made.</p> <p>This section has been re-written and reflects these comments.</p> <p>This has been included.</p> <p>This has been added.</p>
Respondent	Comment	Response
<p>Dr Kenneth Lamden – Consultant in Health Protection Group comprises of: Gastrointestinal disease sub- group, the Director of food, water and environmental laboratory, senior scientist and surveillance analyst.</p> <p>Health Protection Agency - North West</p>	<p>Usefulness of the guidance and its annexes The scope of this guidance has significant overlap with PHLS 2004 guidelines “Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers” and the recent work from NHS Plus and Royal College of Physicians (which includes an information leaflet for employers). Neither of these documents are referenced in this guidance.</p> <p>It would be useful to reinforce that further incident specific guidance is available from occupational health provider (where relevant), local authority (environmental health) and the HPA.</p> <p>Section 8: Returning to work On page 7 the best practice point suggests that “The questionnaire in Annex 2 could be adapted to create a questionnaire to put to staff after returning to work from abroad.” If this is considered best practice it would be reasonable to include such a questionnaire as an additional annex to aid implementation.</p> <p>Readability and presentation Section 4: Legal requirements – Page 4 Although the various categories of staff who may be considered as “food handlers” are mentioned in the text on page 4 section 4 para 1 - it may be useful to define them under a separate heading “Definition of a food handler”</p>	<p>The documents have different audiences so overlaps are expected. It would not be appropriate to reference these technical documents in this guidance which is aimed at small and medium sized food businesses. The leaflet mentioned is very basic and does not replace this FSA guidance.</p> <p>This change has been made.</p> <p>The Annex can now be used for both without tailoring.</p> <p>This change has been made in a new Section 5.</p>

	<p>The summary uses the phrase “Managers must exclude staff with these symptoms from food handling, in most cases for 48 hours from the natural cessation of symptoms.” We would suggest the simpler alternative of “after the symptoms have settled naturally”</p> <p>Annex 1 includes “Tell the manager if you have.... Someone living with you with diarrhoea or vomiting”, this needs rewording such as “Tell the manager if: you have Diarrhoea or vomiting; you have Abdominal cramps or pain, nausea or fever; Someone living with you has diarrhoea or vomiting.”</p> <p>Annex 1 also includes “If you fall ill at work: Notify your manager and seek to leave the food handling area; Tell your manager what has happened” We are unclear of the differences between these two actions.</p> <p>Section 7: Action to take There may be a typo on page 5, Section 7 para 1. Should the comment “if they have an area of infected skin that cannot be covered (as described in section 6 and 9)” refer only to section 9 - as section 6 relates to symptoms of GI infection?</p> <p>Section: 8 Returning to work Page 7, Section 8 para 1 – The reference to 48 hours exclusion “This is counted from when symptoms stop or from the end of any treatment of the symptoms with medicine” seems a little confusing. Would it be simpler to say “This is counted from when symptoms stop” you could add “either with or without medicine” if you wish.</p> <p>Publication arrangements Is there an intended review date?</p> <p>Technical accuracy Section 7: Action to take – Page 6 On p6 we would add changing nappies and assisting with toileting to the list of activities after which it is important to wash your hands. In many food businesses this is not an issue (although neither probably is touching pets) but in some child care and social care facilities staff may be involved in both activities.</p> <p>In the best practice point on p6, we would recommend that the fact that gloves are NOT a substitute for hand washing is reinforced.</p>	<p>The summary has been re-drafted.</p> <p>For clarity and visual impact the current form is preferred.</p> <p>They have been merged now.</p> <p>This has been corrected.</p> <p>This is to address the fact that treatment with anti diarrhoea drugs for example can give the impression that the infection is over when actually it is not. If the person was to then return to work after 48 hours from the suppression of symptoms they would still be shedding a large amount of bacteria in faeces for example and be a potential contamination risk.</p> <p>A review date will be set when the document is published.</p> <p>This change has been made.</p> <p>This section has been re-written and reflects this.</p>
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	<p>Section 9: When the cause of infection is known On page 8 there is an important inconsistency with national PHLS guidance ((Commun Dis Public Health 2004; 7(4): 362-384) regarding the management of contacts of VTEC infection. On p8 the comment about food handlers who are household contacts of a case of <i>E. coli</i> O157 is that “Exclusion may be required as a precaution if they are not able to protect themselves from infection by the ill person in their household”. The PHLS guidance is that household contacts of a case of VTEC who are food handlers should be excluded until microbiological clearance, and may require exclusion after that due to the ease of transmission. Due to the relative ease of transmission, small inoculum and serious consequences, the FSA guidance should reflect the PHLS guidance. This same inconsistency is apparent on p11. We think that the comment “A food handler who has someone in their household suffering from diarrhoea and vomiting does not automatically require exclusion (unless the contact has enteric fever) should read (“ unless the contact has enteric fever or E.coli O157)”</p> <p>This guidance differs from the PHLS guidance (from which most EHOs will be working) regarding need for microbiological clearance of cases of <i>E histolytica</i> in specific risk groups (including food handlers), the need for microbiological clearance for cases and contacts of <i>Shigella dysenteriae</i>, <i>Shigella flexneri</i> and <i>Shigella boydii</i> who are in risk groups. Some helminth infections may also need exclusion. It is important to align the guidance and thus make some mention of the above.</p> <p>Section 9 Page 9 Best Practice Box para 2 comments that “destroying the furniture may be the only way to ensure the complete removal of the virus from the food business”. This may appear somewhat alarmist. An alternative would be “Steam cleaning is required. As a last resort furniture may need to be destroyed”.</p> <p>Infections covered See comments above on <i>E.histolytica</i>, <i>Shigella dysenteriae</i>, <i>Shigella flexneri</i>, <i>Shigella boydii</i> and helminths.</p>	<p>The PHLS guidelines recommend excluding contacts with doubtful hygiene and those who work with open ready to eat foods. This will be added.</p> <p>The document has now been aligned fully with the PHLS guidance with regard to amoebic dysentery, all types of <i>Shigella</i> infection and worms.</p> <p>This change has been made.</p> <p>Covered above.</p>
Respondent	Comment	Response
<p>John Lee – Regulatory Affairs Premier Foods</p>	<p>General Comment We welcome the updating of this Guidance in the light of changed legislation, scientific evidence and best practice principles. We believe this document is well drafted and laid out, and easy to read. It meets the stated aim of being accessible and usable to all food business operators, and its scope is correct for the intended audience. The impact of the document should be positive by providing a single up to date reference on this subject for best practice and legal compliance for all business operators. We do not foresee any negative impacts. Premier Foods have no suggested amendments or additions to make.</p>	<p>Noted.</p>
Respondent	Comment	Response
<p>Bridget Clarke – Group Microbiologist Bakkavor Limited</p>	<p>Section 9: When the cause of infection is known – Page 8 In section 9 it lists some causes of infection which are covered by actions set out in sections 7 and 8; however there are different actions required for Cholera, amoebic dysentery, Shigellosis and worms, stated in the guidelines for public health physicians and environmental health officers CDPH Vol. 7 No4 December 2004. Does the revised FSA guidance supersede these requirements for medical clearance of food handlers?</p>	<p>The guidance has been aligned in this regard with the updated PHLS guidance. Any apparent difference is because the PHLS category of food handlers has a narrower</p>

	<p>Page 9 best practice - box For Norovirus exclusion is required for 48hours from the whole food business site, this implies that the 48hour exclusion for other infectious diseases is only from food handling duties – could this be clarified.</p>	<p>meaning than the requirements for fitness to work in the hygiene legislation.</p> <p>Exclusion from the site is best practice for norovirus. The scope of the normal exclusion is set out at the very beginning of Section 7. Section 10 (where norovirus is) covers infections where different action is needed.</p>
Respondent	Comment	Response
<p>John Murphy – Director General Federation of Wholesale Distributors</p>	<p>Suggestion for improvement Section 9: When the cause of infection is known. Page 9 – Best practice - box - We believe that the term “<i>cessation of symptoms</i>” might be better understood if backed up with some advice like “<i>This means when vomiting has stopped and, in the case of diarrhoea, when faces (stools) have become formed and firm.</i>” The plain English approach would enhance comprehension.</p>	<p>After a bout of diarrhoea it may actually take some time before a normal stool is formed so this could prolong the exclusion period unnecessarily. Also, as long as the stool is formed the individual is unlikely to be highly infective. It does not have to be firm.</p>
Respondent	Comment	Response
<p>Stewart Donald, Hon Secretary AGV Association of Government Veterinarians</p>	<p>AGV welcomes the publication of this guidance and agrees that it may be a useful tool for food business operators and enforcement officers.</p> <p>Section 9: When the cause of infection is known - (Page 8) - Section 9 lists the infections covered by sections 7 and 8. It would be useful to refer in one of these sections to carriers of specific bacteria, such as Salmonella, and how to deal with this. Additionally, a question asking if you are a carrier of such bacteria could be added to the Pre-employment questionnaire in Annex 2.</p> <p>Some food companies carry out hand swabs of personnel as best practice; this could be reflected in the document.</p> <p>Annex1, Page 13 - Annex 1 covers the responsibilities of food handlers, including that hands and clothes can spread harmful bacteria. There is specific advice on hand washing, however, none on protective clothes changing practices (e.g. heavily contaminated protective clothing should be replaced by clean one to prevent spread of contamination to food; regular changing of clothing; risk of contamination from clothing used with fresh / ready to eat product). In certain establishments, such as slaughterhouses, it is not unusual that protective clothing becomes heavily contaminated due to spillage of stomach contents,</p>	<p>Noted.</p> <p>Asymptomatic carriers of organisms other than Salmonella Typhi and Paratyphi are rare, although it is true that carriers of other <i>Salmonellas</i> are less rare.</p> <p>This has been added as best practice.</p> <p>Noted, but there are also many other areas such as cleaning, supervision, training, instruction etc that could be included. However, to do so would duplicate other guidance</p>

	therefore guidance and best practices on this aspect would be welcome.	and distract from the main issues addressed in this document.
Respondent	Comment	Response
Val Summerscales - Secretary Bradford District Chamber of Trade	We are fully supportive of the proposed updates to the guidance document. Only concerns would be if any new proposals would result in increased financial burdens being placed on our member businesses whilst implementing any new legislation – but our view is that food safety is always paramount and these propels do not appear to have any major financial implications to those businesses who will have to implement them.	Noted. Noted. This guidance is just being updated and is not intended to impose any new burdens. A question about this was included in the consultation letter.
Respondent	Comment	Response
Andrew Seddon – Senior EHO Lancaster City Council	The Food Team at Lancaster City Council, have the following observations to make which I consider requires your attention in order to mirror the information provided by the HPA and Local Authorities regarding return to work and clearance criteria for cases and contacts in risk groups. Section 9: When the cause of infection is known (Page 8). Section 9 re Vibrio infections suggests exclusion of food handlers until 48 hours symptom free, but no mention of micro clearance. HPA website indicates “exclusion until 48 hours symptom free and microbiological clearance where indicated, two consecutive negative stools taken at intervals of at least 24 hours apart.” Section 9. re shigella and suggests exclusion of food handlers until 48 hours symptom free, but no mention of micro clearance. We have potted food handlers and care workers until 2 consecutive negative samples have been provided 48 hrs apart in the past, and this is commensurate with HPA advice. Fitness to work suggests contacts of E coli case who are food handlers may require exclusion. We have required 2 negative samples from contacts 48 hours apart and again this is supported by advice from the HPA. I respectfully suggest that such exclusion advice is commensurate with that issued by the HPA.	The guidance indicates that separate action is needed for cholera causing vibrios. The guidance has been aligned with the PHLS guidance which addresses these points.
Respondent	Comment	Response
Norman Bagley AIMS	Approve contents of the guidance without reservation.	Noted.
Respondent	Comment	Response
Colin Magill – Senior EHO North Down Borough Council	General comment. The guide should be translated to accommodate those people whose first language is not English. In particular, it would be useful to have versions in Chinese, various Indian dialects and Eastern European languages. It would also be useful to have at least a limited supply of hard copies available in all languages as some people find it easier to understand and remember information provided in this format.	Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA

Respondent	Comment	Response
<p>Christine Nuttall - Principal Environmental Health Officer Wigan Council</p>	<p>Guidance is welcomed as update of existing similar document produced in 1995 by DOH. This is a useful document for food businesses to help them manage gastrointestinal illness</p> <p>It is not possible to make comments without taking into consideration the existence and advice/information in the HPA guidelines. "Preventing person to person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers." Communicable Disease Public Health 2004: & (4): 362-384</p> <p>Reference in the summary & section 8 to return to work criteria differs from the HPA guidelines which state 48 hours after the first normal stool. The FSA document although different offers the most practical and enforceable criteria.</p> <p>There is no reference in section 5 to why protozoa are a problem e.g. cryptosporidium, giardia. It is acknowledged that this may be intentional as many people can relate to bacteria and viruses but not protozoa.</p> <p>The outline of what constitutes food handling duties at section 7 is helpful and in keeping with legal requirements. (It should be noted that this does not correspond to the HPA guidelines Group C definition: people whose work involves preparing or serving unwrapped foods not subjected to further heating).</p> <p>Best practice advice on page 6 refers to latex glove use. It is advisable not to refer to latex given the HSE concerns about latex glove use.</p> <p>Section 9 paragraph dealing with VTEC E. coli strains. Reference to faecal samples "taken 48 hours" apart should be "taken at intervals of at least 48 hours apart". This is clearer and will be consistent with HPA guidelines. Reference later in the paragraph to exclusion of food handlers who are household contacts of cases of E.coli O157 should also reflect that they will be screened microbiologically to identify if they are excretors of the organism (as per HPA guidelines).</p> <p>Paragraph relating to Hepatitis A should reflect that exclusion should be "for 7 days after onset of jaundice and/or other symptoms" (as per HPA guidelines).</p>	<p>activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p> <p>Noted.</p> <p>The guidance has been aligned with the PHLS guidance.</p> <p>After a bout of diarrhoea it may actually take some time before a normal stool is formed so this could prolong the exclusion period unnecessarily.</p> <p>An explanation has been added.</p> <p>Noted.</p> <p>This change has been made.</p> <p>The guidance has been aligned with the PHLS guidance with regard to contacts. With regard to timing, only the timing of the second sample has been noted now to reflect the different approach taken in Scotland.</p> <p>This change has been made.</p>

	Annex - Your Responsibilities. Hand washing should include a reference to drying of hands as well as washing. Assuming that this annex is for employers to give and/or train people who work in food handling areas the presentation and format would benefit from review to make it more user friendly and interesting.	This change has been made.
Respondent	Comment	Response
Clive Harker Occupational Physician	<p>Page six I would not agree that latex gloves are safer than clean hands. The recent NHSplus evidence based review confirms the principle that dirty gloves are more of a risk than dirty hands. In general the wearing of gloves as a routine should be discouraged unless for specific reasons. If worn they should be discarded at each break etc and should be food standard nitrile (latex runs the risk of producing allergic dermatitis the risk with nitrile is very much lower).</p> <p>I would also stress that alcohol rubs should be used only on hands that look physically clean after washing. The best way of cleaning hands and reducing bacterial and viral counts on the skin is by proper washing with soap and warm water.</p> <p>Page 8 section 9. I find the first three lines confusing to read.</p> <p>Returning to work after holiday. I would make the point that as most outbreaks are caused by norovirus and salmonella / campylobacter these are infections prevalent in the UK and we might as easily catch these in a UK holiday camp or a cruise ship. It is therefore important that any illness home or abroad whilst on holiday is reported.</p> <p>Page 9 'infected skin' I would normally advise that if a wound is weeping with a discharge that food handling does not take place until appropriate treatment is started and the wound is clean. At this stage work with an appropriate dressing is acceptable to protect the wound and the product..</p> <p>Page 10 coeliac not celiac</p> <p>Chest and respiratory disease some reports in the literature of food borne illness associated with streptococcal sore throats.</p>	<p>The relevant section has been re-written and reflects the comments made here.</p> <p>This change has been made.</p> <p>The text has been re-written to make it clearer.</p> <p>This guidance is now clearer on this point.</p> <p>It is possible to allow an individual to work if it is possible to adequately cover such an infection. If it cannot be covered adequately because of its severity or location then exclusion is required.</p> <p>Noted.</p>
Respondent	Comment	Response
Kevin Smith Safety Manager Pret A Manger	<p>Section 8: Returning to Work <u>Impact of GP's on the Return to Work process for Food Handlers</u></p> <p>I think the document is useful and well written. As with the current legislation though I feel the one area that is missed or lacks clarity on is the impact of GP's on the process. I have had repeated problems over the years with GP's writing general statements like "Food Poisoning" on doctors notes without any further information, even when they have been told the person is a food handler. This gives me absolutely no information to make an informed discussion on regards return to work. I've on occasions had to send members of my staff back to the GP several times to get clarification on whether they are fit to return to</p>	<p>This suggestion involves changing the role of GPs and therefore is beyond the scope of food hygiene legislation and this guidance document.</p> <p>The Department of Health and</p>

	<p>work as a food handler or send them to a private medical provider at our cost to get a straight answer.</p> <p>I have had numerous conversations with GP's about this and even when you tell them that the person is a food handler and what we need to know is whether they are fit to return to work or whether they have completed blood tests / stool samples they are generally less than helpful, as well as being very inconsistent in there approach. I've also had issues previously when we have had notifiable diseases with the HPA / EHO involved and even the EHO has become exasperated with the approach of the GP.</p> <p>I've ended up previously with farcical situations like when a GP has just written Diarrhoea on a doctor note, we had then correctly just applied the general 48 hrs symptom free rule as clearance for them to return to work, to then get a call from the HPA a week later informing us that the member of staff has tested positive for salmonella via a stool sample and I've had them working in my kitchen for that time. If we had know that tests had been taken I would have excluded the person until the results were known (as per our company food safety policy).</p> <p>It is right and correct that there should be proper controls / legislation on food business on this. My concern is that there are occasions that the business is being compromised by the GP's inability to give helpful / accurate / consistent or timely information. As a food business we serve over 50 million customers a year and have nearly 4000 staff, my worry is always that we could end up being implicated in a food poisoning outbreak due to this sort of problem.</p> <p><u>Suggestion</u> I believe that there should be a more specific system in place when GP's are clearing food handlers to return to work. This should clarifying not just why they were off, but what's been done i.e. any tests and what date they will be fit to return to work as a food handler from. This would greatly help the business to makes the right decision and reduce the risk of mistakes happening. As it's in all of our interest that this happens.</p>	<p>Health Protection Agency are in a better position to assess the potential for this idea to be taken forward.</p>
Respondent	Comment	Response
<p>Angela Winchester – Team Executive Institute of Food Science and Technology</p>	<p>General Comments Welcomes updated document. Adds relevant new information and guidance e.g. for infections caused by norovirus.</p> <p>It is important that the Guidelines include summaries of the relevant information – the previous documents (HPA, 1995 and 1996) were successful in communicating summaries in a clear and concise manner (in table format) and we feel that the current draft would also benefit from such an approach. For example, a table or text on Role of Management, listing relevant actions would be a useful inclusion (as in previous document). Following any explanation, necessary action needs to be summarised in the form of Tables, so that it is easily understood and assimilated by managers and food handlers.</p> <p>We recommend that single-page poster and handout summaries of the critical points for food handlers be created and made available to businesses employing food handlers. The poster should be available in appropriate languages that communicate these critical points rapidly, simply and effectively to those who need reminding of the information. Providing these to managers of businesses will aid in providing</p>	<p>Noted.</p> <p>A new summary for managers has been added as an annex.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other</p>

	<p>consistent guidance that may otherwise be interpreted in a different manner when communicated/ translated in the work place.</p> <p>We agree that the advice provided will be relevant and of use to Environmental Health Officers, and also to Health Professionals (not mentioned in the updated document). These two groups were included in the intended audience for the 1995 document but are not obviously targeted in the updated document. We are concerned that appropriate advice is not available for these two other groups – can the FSA provide clarity on this point? e.g. will there be further guidance issued for these other groups?</p> <p>We believe that there is a need to include guidance for food business operators on actions that should be taken for product that may have been contaminated with infectious agents resulting from food handler illness. We recognise that the scope of the current document is focussed on “fitness to work” and not to do with potentially contaminated products. Nevertheless, we thought we would take this opportunity to raise the question about provision of appropriate advice that may reduce or minimise the potential for transmission of infectious agents via contaminated foods. We would welcome any activity e.g. provision of relevant advice/guidance, to address this point.</p> <p>Specific Comments</p> <p>Page 1, section on Purpose/summary, line 2, we suggest that “protozoa are added here, after “viruses”.</p> <p>Page 1, section on Purpose/summary, 3rd bullet point, the wording is inconsistent with the later text (Page 7, section 8, para 1) which adds “or from the end of any treatment of the symptoms with medicine”. We suggest the text on page 1 is amended to include this other consideration.</p> <p>Page 4, section 5 Why infections are a problem:, para 1, line 4, would it not be more accurate to say that “Some bacteria that cause food poisoning can also infect damaged skin and can be carried in the nose and throat”?</p> <p>Page 4, we suggest that some text is added on protozoa here, since information is already provided for bacteria and viruses.</p> <p>Page 7, section 8: Returning to work line 1, can “protozoa” also be considered here?</p>	<p>formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p> <p>Health professionals and enforcers have access to a range of technical guidance more appropriate for their needs published by NHS Plus, DH and HPAs.</p> <p>Guidance has now been included.</p> <p>The summary is just to capture the main points.</p> <p>The wording has been simplified and the detail pushed back into the main document.</p> <p>This change has been made.</p> <p>This has been added.</p> <p>Protozoa have been dealt with</p>
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	<p>Page 7, section 8: Returning to work, 2nd para, in the previous guidelines, some additional text was provided on the point of a single bout of vomiting or diarrhoea – “may resume food handling duties when they should be reminded of the importance of good hygienic practice, particularly hand washing. If symptoms persist, the person should seek medical advice and return to work once the conditions in table 2 are met.”. We suggest that this advice is maintained in the current guidelines.</p> <p>We assume that the advice (re. single bout of illness not accompanied by fever would not be infectious) is still valid – has this been confirmed by medical experts?</p> <p>Page 8, section 9: When the cause of infection is known under protozoa listed, this should include <i>Cryptosporidium hominis</i>, which has been distinguished from <i>Cryptosporidium parvum</i> since publication of the 1996 document, and is more likely than <i>Cryptosporidium parvum</i> to be transmitted by food handlers.</p> <p>Page 8, last para, line 6 change to “<i>E.coli</i>”</p> <p>Page 9, section on Norovirus, para 1, line 6, we suggest adding, “food-contact surfaces” after “food”.</p> <p>Page 9, under Hepatitis A, we suggest that the final sentence, “Hepatitis A is not common in the UK” be omitted. A number of employees in the food industry may have come recently from countries in which infection with Hepatitis A is more frequent than in the UK.</p> <p>Page 9, last Para, Infected or injured skin. In relation to skin conditions, the following instruction (included in the 1996 guidelines) should be considered for inclusion: “Food handlers with lesions on exposed Skin (hands, face, neck or scalp) that are actively weeping or discharging must be excluded from work until the lesions have healed.”.</p> <p>Page 9, section on infected or injured skin, disposable gloves can provide additional protection for lesions on the hand and it is considered good practice in many businesses that disposable gloves are worn</p>	<p>differently in the document now.</p> <p>Additional guidance has been provided along similar lines.</p> <p>The advice we have is that this is correct.</p> <p>The entry has been made more general.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>Text has been added to indicate that it is more common in other parts of the world.</p> <p>The form of words suggested is from the 1996 summary guidance for managers. However, this interpretation is not consistent with the more complete guidance contained in the main 1996 parent document. The current update reflects this and is considered to be satisfactory. The requirement that any boil etc should be <u>adequately</u> covered should be sufficient. If the covering is not adequate then the person should be excluded.</p> <p>This change has been made.</p>
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	<p>over dressings – can the authorities consider inclusion of this additional precautionary measure?</p> <p>Page 11, para 1, line 6, change to “<i>E.coli</i>”</p> <p>Page 11, Section 10: When exclusion may not be needed. Household contact. Para 1, this paragraph only directs that anyone who has household contact with someone infected with <i>E.coli</i> O157 should inform their manager immediately. There may be some delay before the infection is diagnosed as due to <i>E.coli</i> O157. Foodborne outbreaks of Norovirus, in particular, have been caused by food handlers who have had household contact with infected persons. The 1995 guidelines stated that “food handlers should report to management the presence of gastrointestinal illness in household contacts”. This is included in Annexe 1, which includes the statement “Tell your manager if you have Someone living with you with diarrhoea or vomiting.”</p> <p>Page 11, section 11: Other guidance. under other guidance, the authors may wish to consider adding some additional published texts e.g.</p> <ul style="list-style-type: none"> • Infected food handlers: Occupational aspects of Management, A National Guideline, published by Royal College of Physicians and NHS Plus (http://www.rcplondon.ac.uk/pubs/contents/65db3d7a-464f-ba647196adce.pdf) • Greig, J.D., Todd, E.C.D. et al. (2007) Outbreaks where food workers have been implicated in the spread of foodborne disease. Part 1, Description of Problem, methods, agents involved. J.Food Prot. 70 (7) 1752-1761. • Todd, E.C.D et al. (2007) Outbreaks where food workers have been implicated in the spread of foodborne disease. Part 2. Description of outbreaks by size, severity, and settings. J.Food Prot. 70 (8) 1975-1993 • Todd, E.C.D et al. (2007) Outbreaks where food workers have been implicated in the spread of foodborne disease. Part 3. Factors contributing to outbreaks and description of outbreak categories. J. Food Prot. 70 2199-2217 <p>Page 13, Annexe 1, the comparable 1995 and 1996 documents included the following points (Table 1 of old document p7 – Good Hygiene Practice For People Working In Areas Where Food Is Handled):</p> <ol style="list-style-type: none"> “4 Do not handle food if you have scaly, weeping or infected skin which cannot be totally covered during food handling. 5. Ensure cuts and abrasions on exposed areas are totally covered with distinctively coloured waterproof dressings. 9. Wear clean protective clothing including appropriate hair covering. 10. Ensure work surfaces are clean” <p>We believe that these points are still valid and suggested that they be included in the new document.</p> <p>The requirements for return to work following illness due to gastrointestinal infection should be summarised in a Table, for clarity e.g.</p> <table border="1" data-bbox="470 1420 1680 1524"> <tr> <td> <p>Requirements for return to work following illness due to gastrointestinal infection</p> <p>No vomiting for forty-eight hours once any treatment has ceased.</p> <p>The bowel habit has returned to normal for forty-eight hours either spontaneously or</p> </td> </tr> </table>	<p>Requirements for return to work following illness due to gastrointestinal infection</p> <p>No vomiting for forty-eight hours once any treatment has ceased.</p> <p>The bowel habit has returned to normal for forty-eight hours either spontaneously or</p>	<p>This change has been made.</p> <p>This change has been made.</p> <p>These documents are more likely to be of use to health professionals. This guidance is primarily aimed at small and medium sized food businesses.</p> <p>There are also many other areas such as cleaning, supervision, training, instruction etc that could be included. However, to do so would duplicate other guidance and distract from the main issues addressed in this document.</p> <p>Noted.</p>
<p>Requirements for return to work following illness due to gastrointestinal infection</p> <p>No vomiting for forty-eight hours once any treatment has ceased.</p> <p>The bowel habit has returned to normal for forty-eight hours either spontaneously or</p>			

	<p>following cessation of treatment for anti-diarrhoeal drugs.</p> <p>Good hygiene practice, particularly hand washing, is observed in all circumstances</p> <p>The focus of this draft document is stated to be small and medium sized enterprises (SMEs). The final document should be printed and should be available to SMEs in the same way that “Safer food, better business” is supplied. It should also be available on the internet for general access.</p>	<p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p>
Respondent	Comment	Response
<p>JM Harker - Board Secretary Health Protection Agency</p>	<p>General overview</p> <p>The HPA support the update by the Food Standards Agency (FSA) of the guidance document previous published by the Department of Health in 1995. This revised guidance is needed as it updates and reflects legal requirements in European Commission food hygiene legislation implemented from 2004. This revised guidance document is primarily aimed at food business operators (FBOs) as the FSA considers that health professionals have sufficient alternative guidance available to them. However, The FSA notes in the proposed guidance that “...Enforcement Officers will also find it useful”. Existing guidance to health professionals (including environmental health practitioners) has been published by the HPA and is available from the HPA website at http://www.hpa.org.uk/cdph/issues/CDPHVol7/no4/guidelines2_4_04.pdf. The full reference for this guidance is as follows:</p> <p style="padding-left: 40px;">Health Protection Agency (HPA). Preventing person to person spread following Gastrointestinal Infections. A Guide for Public Health Physicians and Environmental Health Practitioners. An ad hoc Working Group of the former PHLS Advisory Committee on Gastrointestinal Infections. <i>Communicable Disease & Public Health</i> Vol 7 No. 4 December 2004.</p> <p>It is therefore important that the proposed FSA draft guidance to FBOs and the existing guidance to health professionals (including Environmental Health Practitioners) provide consistent advice / recommendations on control measures for foodborne pathogens that can be transmitted by infected food handlers via food.</p> <p>Food handlers definition – it should be noted that managers and contractors walking through food areas should not pose a risk in the normal course of events and you need to be clear that in nearly all situations these people should not be considered as food handlers.</p> <p>Specific comments relating to the revised guidance are provided as follows:</p>	<p>A reference to this document has been added to section 11 on other guidance and some text added to section 2 ‘Intended audience’.</p> <p>The guidance has been revised in some places to align more fully with this document.</p> <p>Noted, the guidance has been adjusted to make this point more clear.</p>

	<p>Page 5. Section 7, Action to Take; Managers and Best Practice Box. Here it describes that “local authorities have special powers, under separate public health legislation, to require individuals to undergo tests...”. Recommend that, for reference/information, a weblink or reference is provided to the ‘public health legislation’ mentioned here.</p> <p>The Best Practice box indicates that alcohol gels can also be a useful addition because they can kill bacteria that may be left behind. It is not clear if this recommendation is after or instead of hand washing with (preferably liquid) soap and water. It should be clarified that alcohol gel usage does not replace proper use of soap and water in hand washing.</p> <p>The box also mentions use of latex gloves. Such gloves can cause allergy in some people for whom nitrile gloves should be provided.</p> <p>Page 8. Section 9, When the Cause of Infection is Known A list of organisms is provided here that relate to actions taken in respect to advice in sections 7 and 8 some of which differ to that specified in guidance to health professionals. These are as follows:</p> <ul style="list-style-type: none"> • Shigella – although exclusion beyond clinical recovery for Shigella sonnei is 48 hours after the first normal stool, for S. dysenteriae, S. flexneri, and S. boydii exclusion is until microbiological clearance is obtained. • Protozoa – for amoebic dysentery (Entamoeba histolytica) exclusion beyond clinical recovery is until microbiological clearance is obtained (which is one stool, obtained a week after the end of treatment, examined for E. histolytica cysts). • Worms -For food handlers infected with threadworms, they should be excluded until treated; and for food handlers infected with Taenia solium, they should be excluded until microbiological clearance is obtained (i.e. until 2 negative stools at 1 and 2 weeks post treatment) • Yersinia -mention of Yersinia should be removed. Its role in food poisoning is dubious and most labs do not test for this <p>Page 9. Norovirus Here best practice is provided that if a person has been sick on soft furnishing, then destroying the furniture may be the only way of ensuring complete removal of the virus from the food premises. We suggest that mention of destroying furniture is removed, disinfection and steam cleaning are possible alternatives, but that a statement remains stating that advice on environmental measures to control norovirus can be obtained from local authorities and health protection units.</p> <p>Information should also be provided in this Best Practice section on alternative strategies for removing the virus through use of disinfectant agents. When it comes to disinfecting surfaces, sodium hypochlorite remains the ‘gold standard’. Soft furnishings are sensitive environmental surfaces that could be damaged by hypochlorite, however other disinfectant agents have been developed that are less damaging to furnishings.</p> <p>Page 10. Section 10: When exclusion may not be needed</p>	<p>The main audience is small and medium sized food businesses which would not need this information.</p> <p>This has been made clearer.</p> <p>This change has been made.</p> <p>The guidance has been revised in some places to align more fully with this document. This includes all of these points.</p> <p>This change has been made.</p> <p>This change has been made.</p>
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	<p>Household Contact The HPA Guidance recommends that household contacts of cases of VTEC, S. boydii, S. dysenteriae and S. flexneri need exclusion and microbiological clearance.</p> <p>General Comments A more general point is that the document does not address the need regarding a manager's responsibility to make employees' disclosures of gastrointestinal illness an easy process. There is an issue in that disclosure may lead to loss of earnings if the worker is prevented from working if he or she cannot be deployed in other work away from direct food handling. Companies need employment policies to cover this issue. We acknowledge that there is a potential issue for a minority of workers to falsely declare gastrointestinal symptoms so a balance needs to be struck between risk of underreporting of illness and false reporting. This could be overcome by workplace policies requiring workers to submit stool samples if reporting gastrointestinal illness.</p> <p>Different terms are used to describe Environmental Health Practitioners, i.e. Enforcement Officer, Environmental Health / Trading Standards, Local Authority, etc. in the proposed guidance document. One term, e.g. Environmental Health Practitioner, should be used for clarity. You may wish to discuss these differences in the respective guidelines with one of our experts. If you would find this helpful please do not hesitate to contact me.</p>	<p>This change has been made.</p> <p>Guidance on this has been included.</p> <p>The terms have been adjusted where context allows.</p>
Respondent	Comment	Response
<p>Gemma Cantelo – Policy Officer LACoRS</p>	<p>Usefulness of the guidance and its annexes LACoRS and local authorities welcome the Food Standards Agency's decision to produce updated guidance on food handlers' fitness to work. This guidance can be used to practical affect by Environmental Health Practitioners working with food businesses, support food business operators understand the rules relating to fitness to work and, ultimately, help improve food safety.</p> <p>Readability and presentation The style and wording of the guidance mean it will be inaccessible to the majority of its target audience, particularly given the relatively high proportion of catering trade workers for whom English is a second language. The FSA's Safer Food Better Business (SFBB) packs provide an excellent example of how materials can be targeted towards food businesses.</p>	<p>Noted.</p> <p>There are only a few points relevant to workers and these are brought together in a one page Annex. Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be</p>

	<p>The document contains phrases and terminology which are unnecessarily complex – e.g. “Managers must exclude staff with these symptoms from food handling, in most cases for 48 hours from the natural cessation of symptoms” (summary, page 1). To be effective, the guidance must adhere to the principles of Plain English. Complex phrases should be simplified and alternative words used (e.g. “stomach pain” in place of “abdominal pain”). It is particularly important that the summary section is clear. It is suggested that the summary be drafted in a similar style to Annex 1. This will make it easier to understand and highlight the key messages and responsibilities.</p> <p>The fact that the local authority will be able to provide advice (as noted on the section on Purpose and Legal Status) should be referenced both in the summary on throughout the document. For clarity, references to “Environmental Health”, “Trading Standards”, “local enforcement agency” and “Food Authorities” should be replaced with the term “local authority”. It is unlikely that much of the target audience will understand the distinction between the different service types, so the use of a single term will avoid confusion.</p> <p>It is suggested that the legal requirements be highlighted in bold throughout the document. This will help clearly differentiate legal obligations from recommendations, advice and suggestions of good practice. The legal roles and responsibilities of the food business operator/ manager/ employer and food handlers should also be clearly delineated throughout.</p> <p>The best practice guidance note contained on page 10 notes that where there is doubt about the cause of illness, it is advisable to exclude the food handler until medical advice to the contrary is received. It would be worth emphasising this earlier in the document (i.e. in both the Summary and Action to Take sections).</p> <p>Scope The inclusion of more ‘best practice’ recommendations in the following areas would be welcomed:</p> <ul style="list-style-type: none"> • Effective disinfection • Suggestions for eradicating environmental infections, e.g. steam cleaning. (Whilst it is true that such infections (e.g. Norovirus) are difficult to eradicate, guidance in this area would be useful) • Information on effective handwashing, and ideally the inclusion of the NHS guidance on effective handwashing technique as Annex. <p>The need to ensure agency workers are fit to work should be referenced. It should also be noted that food businesses providing food to vulnerable groups should remain particularly vigilant and ensure they have procedures appropriate to the level of risk.</p>	<p>considered as part of that work.</p> <p>The document has been changed where possible to make it even more accessible.</p> <p>We have received numerous conflicting requests for how to reference environmental health professionals, departments and local authorities. The document has been changed in some places to make it more consistent and achieve what we think is the best balance.</p> <p>The document relates to the legal requirements listed in section 4.</p> <p>Text to this effect has been added in two places in the document.</p> <p>There are many areas like these where more guidance could help. However, to do so would duplicate other guidance and distract from the main issues addressed in this document.</p> <p>This change has been made.</p>
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	<p>More information and advice should be given on how the food business operators could/should incorporate 'Fitness to Work' procedures into their Food Safety Management System (see note on SFBB in section 4). Likewise, more information on how the questionnaire provided in Annex 2 could be used in practice would be useful – e.g. what action should/could be taken where recurring skin trouble is identified? Clearly, this would need to be a general overview rather than definitive guidance and instruction. Again, a note the local authority may be able to provide advice could be inserted.</p> <p>Although it may not be appropriate to include in the guidance itself, it would be useful to signpost to further information about imported infections and foreign travel (e.g. where can the food business find out about the disease risks present in particular parts of the world?).</p> <p>Likewise, the document could link to any best practice guidelines available on the treatment of workers excluded due to sickness (i.e. should they be paid, etc?).</p> <p>Publication arrangements</p> <ul style="list-style-type: none"> - The document should be made available in hard copy and electronic format, ideally with versions available in different languages. - An insert on Fitness to Work for inclusion in SFBB packs would be a valuable addition to the guidance (see 3.3 above). In the longer term, this could be supplemented by segment on the SFBB CD-ROM (or supplementary download available from the FSA website). - Annex 1 is a very useful addition to the document. It should be formatted so that it can be used directly by the food business operator (e.g. handed out to all staff, included in induction pack, stuck on the wall, etc). In addition to appearing at the end of the main guidance, it should be available separately as a standalone download and in leaflet/poster format. <p>Technical accuracy</p> <p>Aside from a few relatively minor suggested amendments and additions the contents of the document is considered accurate and appropriate.</p>	<p>Something has been added on this, but SFBB already includes basic advice on fitness to work. The need for more advice will be considered when that is next reviewed.</p> <p>It is felt that this would be too complicated for this document. A number of the sources of extra advice indicated in the document would have access to this kind of information.</p> <p>This change has been made.</p> <p>SFBB already includes basic advice on fitness to work. The need for more advice will be considered when that is next reviewed.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p> <p>Noted.</p>
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	<p>Some of the terminology contained within the guidance needs to be amended. The phrase “Environmental Health <i>Officer</i>” should be amended to “Environmental Health <i>Practitioner</i>” throughout.</p> <p>It is queried whether a single bout of diarrhoea/vomiting with no fever can reasonably be presumed not to be infectious as suggested in section 8 of the guidance (see paragraph 7.9 below for more detail).</p> <p>Infections covered An emerging issue raised by one local authority was the increasing number of para-typhoid cases. This is potentially linked to catering staff recruited from para-typhoid high risk areas, such as parts of the Indian subcontinent. It was queried whether the FSA, together with the HPA, were considering this issue with a view to including appropriate recommendations in the guidance.</p> <p>Specific comments The following section outlines comments relating to specific sections of the guidance. This supplements the general recommendations made above.</p> <p>Summary (page 1) The general definition of primary producers included on page 3 (“e.g. farmers or growers”) should be inserted in the intended audience section.</p> <p>Viruses (page 4) It should also be noted that some viruses can be spread through the air or via unwashed hands.</p> <p>Managers (page 5) It should be noted that where only packaged food is handled, staff must maintain high levels of personal hygiene (particularly thorough handwashing after using the toilet).</p> <p>Workers in a food handling area (page 6) Staff feeling unwell should report this to the manager as soon as possible, and ideally before entering the food premises/preparation area. It would be best practice to restrict, as far as is possible, unnecessary visitors from entering areas where open food is handled/prepared (e.g. kitchen).</p> <p>It should be noted that symptoms such as feeling feverish (feeling hot/cold, sweating, shivering and having a headache) can be an early sign of viral infection. These symptoms should also be reported to the manager at the earliest opportunity.</p> <p>The section on handwashing should include more detail – e.g. when washing and drying hands, don’t forget the area around the thumb, between the fingers, back of the hands and wrists. In addition, hands should be dried thoroughly using clean, dry materials.</p> <p>The best practice box should specifically reference that the use of alcohol gels is not a substitute for good handwashing but a useful addition (the latter point is already included).</p>	<p>This has been addressed.</p> <p>The guidance is now much clearer about what is covered and what isn’t.</p> <p>Some additional guidance on sources has been included. There are no plans for any separate initiatives to address paratyphoid though.</p> <p>Noted.</p> <p>The intended audience section has been adjusted slightly and this is included.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>Information about prevention has been added.</p> <p>The guidance already includes advice that fevers should be reported.</p> <p>Some guidance on this has been included.</p> <p>This change has been made.</p>
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	<p>Returning to work (page 7) It is queried whether a single bout of diarrhoea/vomiting with no fever can reasonably be presumed not to be infectious. This is highlighted in the text (copied below) which was returned by one local authority respondent: <i>“Following the Document Communicable Disease and Public Health 2004 Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers, the following is advised:</i> <i>All cases of gastroenteritis should be regarded as potentially infectious and should be excluded from work, school or institutional settings at least until 48 hrs after the person is free from diarrhoea and/or vomiting</i> http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf <i>“There has been some discussion/debate on the issue/interpretation of single bout of diarrhoea or vomiting and when it is suitable to return to work. Where it is a one off event with no probable link to infection/organism. Guidance on possible one off events not linked to infection/organism i.e and other possible cause and effect i.e. drinking alcohol, spicy food, side effect of medication. The general opinion is that there needs to be a clear definition and/or guidance on what constitutes gastroenteritis and/or diarrhoea....Anyone with D&V symptoms should be off until 48 hours symptom free.”</i></p> <p>This section should also reference that following illness, individuals may still be infectious (bacteria/viruses may be spread for 10 days or more). Anyone returning to work following a bout of illness should maintain stringent personal hygiene. It could be suggested that, where possible, food handlers are found ‘safe’ alternative work.</p> <p>Verocytotoxin-producing Escherichia coli (page 8) Food handlers who are VTEC ‘contacts’ should also be excluded/found alternative work until they have returned two negative stool samples 48 hours apart (see: http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf).</p> <p>Norovirus (page 9) It would be useful to include some information/links to information on steam cleaning, etc.</p> <p>Infected or injured skin (page 9) It is queried whether more information should be included on specific skin conditions such as infected eczema and Impetigo.</p> <p>Non-infective causes of symptoms (page 10) Alcohol consumption should also be referenced under ‘dietary indiscretion’.</p> <p>Annex 1 – Information for all people working in a food handling area The need to report infected/injured skin should also be referenced.</p>	<p>The guidance is now much clearer about the criteria for returning to work before the 48 hours is up. This point has been taken into account in that.</p> <p>The point has been emphasised, although the length of time will vary.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>It is possible to include more information but a balance needs to be struck between comprehensiveness and usability.</p> <p>This change has been made.</p> <p>This change has been made.</p>
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	<p>Annex 2 – Example pre-employment/ visitor questionnaire More information should be provided on how the form should be used. What action should/ could be taken if a food handler answers ‘yes’ to one of the questions?</p> <p>The form would be easier to use if the employee details appeared at the top of the page.</p> <p>The form should also ask about cold sores (ii) and throat infections. The section on ear/skin trouble should be divided into two questions. The term “ear trouble” is too vague.</p> <p>The form could usefully include questions about foreign travel within the last, i.e. 6 weeks, with space to include the travel destination.</p> <p>Should you have any queries about the comments provided in this response, please do not hesitate to contact me.</p>	<p>This has been added to the Annex. The action will depend on the advice in the guidance.</p> <p>This change has been made.</p> <p>The questions have been adjusted slightly.</p> <p>This change has been made.</p> <p>Noted.</p>
Respondent	Comment	Response
<p>Food and Health Team Leeds City Council</p>	<p>Will failure to meet the requirements of the code constitute a prima facie case of non compliance with 852/2004 Annex II, Chapter VII and therefore an offence under Regulation 17 Food Hygiene (England) Regulations 2006.</p> <p><u>Page 1 Summary</u> Definition of primary producer, some food business operators may not be aware or sure whether they are classed as primary producers</p> <p>Current guide does not include Toxic food poisoning i.e. scrombotoxic</p> <p><u>Page 2 No comment</u></p> <p><u>Page 3 Regulations/Legal Status/Requirements</u> To provide clarity and clear distinction between legal requirements and best practice legislation should be displayed in bold text . Reference to informal, non- binding advice may reduce effectiveness of document</p> <p><u>Page 4 Symptoms of Gastrointestinal infection</u> Diarrhoea and Vomiting - provide suitable definitions for clarity</p> <p>Viruses – Some viruses can spread through the air or on unwashed hands which contaminate surfaces touched by others</p>	<p>No.</p> <p>This has been made clearer.</p> <p>This is not infectious so cannot be transmitted through food.</p> <p>The distinction is shown by best practice advice appearing in shaded boxes. This is a standard best practice approach for all FSA guidance now.</p> <p>Some more clarity has been added, but precise and simple definitions do not exist.</p> <p>This has been made clearer.</p>

	<p><u>Page 5 Action to take</u> <u>Managers</u> Food Management System to include Risk assessment for fitness to work procedures. HACCP – Legal requirement for written systems</p> <p>Report any illness to the management (as soon as possible and ideally before entering the food premises and/or if you have any symptoms at work report them immediately to the manager)</p> <p>If you feel unwell (hot, sweating, shivering, feeling cold, headache) and may be suffering early signs of viral infection report to manager to allow risk assessment to be completed</p> <p>Where only packaged food is handled – provided they are careful and can be relied upon to maintain high personal hygiene in particular hand washing after visiting the toilet</p> <p><u>Alternative Duties</u> It is recommended that given local authority experience in this area that advice on good practice is provided to food operators</p> <p>Managing risk of contamination but other infected workers and visitors. The onus is on the food business operator to ensure that food is protected against contamination. Risk assessment completed by employer</p> <p><u>Page 6 Workers in Food Handling Area</u> Don't forget to dry your hands using clean hand drying materials thoroughly i.e. around your thumb, between fingers, back of hands and wrists.</p> <p>If used correctly alcohol gels can be a useful addition to hand washing, but are no substitute for effective hand washing</p> <p>New gloves should be used for each activity (Is this practicable or realistic, frequency of use needs to be determined as part of Food Safety Management system/HACCP for individual task/food handling activity accordingly). The frequency of how often gloves are changed will depend on the use and activity undertaken and will require those responsible for management of the food safety to determine the system and procedure for glove usage</p> <p>Food business operators has responsibility to ensure that people not working as food handlers e.g Nursing staff, Care assistants, Cleaners who may pose an additional risk to food safety Good Practice where possible to restrict such visitors and non food handlers from entering food areas i.e. Kitchens</p>	<p>Text on HACCP has been added.</p> <p>This is covered in the section on actions staff need to take, 'workers in a food handling area'</p> <p>This is covered in symptoms.</p> <p>This has been added.</p> <p>This has been added.</p> <p>This section has been reworded and includes more detail.</p> <p>More text has been added on techniques.</p> <p>This has been made clearer.</p> <p>The gloves section has been changed and these points are all addressed in the revised version.</p> <p>There is a new section specifically explaining in more detail about the kind of workers covered by the guidance, including non-food handling</p>
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	<p><u>Page 7 Returning to Work</u> Single bout of diarrhoea would not be infectious ? Return to work before 48hrs. One episode of diarrhoea is a display of symptoms and change in bowel activity and may indicate a higher risk of spread of infection. Following the Document Communicable Disease and Public Health 2004 “Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers”, the following is advised. All cases of gastroenteritis should be regarded as potentially infectious and should be excluded from work, school or institutional settings at least until 48 hrs after the person is free from diarrhoea and/or vomiting. There has been some discussion/debate on the issue/interpretation of single bout of diarrhoea or vomiting and when it is suitable to return to work . Where it is a one off event with no probable link to infection/organism. Guidance on possible one off events not linked to infection/organism i.e and other possible cause and effect i.e. drinking alcohol, spicy food, side effect of medication. The general opinion is that there needs to be a clear definition and/or guidance on what constitutes gastroenteritis and/or diarrhoea. Clear guidance on strict personal hygiene practice, hand washing need to be emphasised. What is the evidence base is there for the single episode of D&V guidance ? Immediate action - Anyone with D&V symptoms should be off until 48 hours symptom free. The document suggests people could be "safe alternative work".</p> <p>Recovery Period/Carrying Organisms following illness This may be included to emphasis that following symptoms and suffering infections such as bacteria and viruses can be shed for 10 days to weeks long periods after symptoms have finished. Following illness individuals need for stringent personal hygiene and hand washing</p> <p><u>Page 8</u> VTEC. It does not mention that food handlers who are contacts should be excluded or given safe alternative work until they have had 2 consecutive negative samples 48 hours apart.</p> <p>Returning to work after an illness - comments on paragraph 2. Perhaps further clarification is required here - applying the precautionary principle, this sounds like a situation where a person could be returned to work but redeployed in a " low risk area" where no open food is handled. I foresee practical difficulties in distinguishing individuals suffering from a similar infection but with a gradation of symptoms, requiring , if this advice is to be followed different advice from ourselves. This kind of advice can work well where there is sufficient confidence in a company's assessment of the risks involved. This is less likely in many of the smaller businesses we deal with where the need to return to work assumes a greater level of importance for the food business operator which is not consistent with the need for infection control</p> <p><u>Page 9</u> Comments on best practice. It would be helpful if further advice and references could be provided on some of the techniques involved e.g. steam cleaning etc, on the disinfection of soft furnishings.</p> <p><u>Page 10 Causes of Symptoms</u> Dietary indiscretion – consuming too much spicy food and/or alcohol</p>	<p>staff.</p> <p>Noted. These points have all been addressed in the guidance by including clearer advice about what counts as a single period, its causes and conditions for returning to work before 48 hours. Best practice advice has also been added to reflect the PHLS guidance.</p> <p>This has been emphasised.</p> <p>This has been added.</p> <p>The conditions for returning to work have been made clearer.</p> <p>This has been added.</p> <p>This has been added.</p>
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	<p><u>Page 13 Annex 1: Information for all people working in a food handling area</u> Annex 1: Format of the Food Handlers Responsibilities. Layout should be formatted to allow leaflet layout. This will allow the page to be printed and/or photocopied. Businesses to use the information i.e. induction packs</p> <p>Your Responsibilities – Needs information about reporting infected wounds & skin conditions ie impetigo and infected eczema</p> <p><u>Page 14 Annex 2: Pre-employment /Visitors Questionnaire</u> Annex 2: Signature to ensure legible information provision of printed name should be provided to ensure information is available to those concerned</p> <ul style="list-style-type: none"> i) Skin Disorder ii) Cold sores i) Throat infections <p>Have you recently work or travelled abroad i.e. in the last 6 weeks</p> <p><u>Additional Comments</u> Usefulness of the guidance and its annexes There should be a clear distinction between legal requirements and best practice to prevent confusion</p> <p>Annex 1: Layout of page to allow leaflet style information</p> <p>Annex 2: Details of individual to at top of form (easier for filing and retrieving information)</p> <p>Link to SFBB Packs and consistent guidance</p> <p>Readability and Presentation Electronic copy Published in various languages CD ROM</p> <p>Scope Foreign Travel/work/holiday. Imported Infections picked up abroad</p>	<p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK.</p> <p>Skin infections added.</p> <p>Name and signature are included and the questionnaire has been changed to include a broader range of infections and more on travel abroad.</p> <p>Best practice is indicated in shaded boxes.</p> <p>As above.</p> <p>This change has been made.</p> <p>More information has been added about this.</p> <p>As above.</p> <p>More on foreign travel has</p>
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	<p>Publication arrangements No comment</p> <p>Technical accuracy No comment</p> <p>Infections covered Toxic Food Poisoning</p> <p><u>Any impact- positive or negative- you think the guidance may have that should be taken into account by the FSA</u> Food business operators will look towards this guidance as a reference document to requirements and will following the guidance. There must be a clear distinction of the legal requirements and recommended best practice any ambiguity will cause possible uncertainty</p> <p>The guidance will be used as a reference and quoted to local authorities as the recommended guidance for compliance</p> <p><u>Anything else you consider important</u> Define Legal Roles and Responsibilities of Food Handlers and Employers</p> <p>Clear guidance the onus is on the Food Business operator to carry out their own risk assessment for their business and fitness to work procedures as part of their Food Safety Management system</p> <p>Guidance on using Agency Workers ?</p> <p>Additional risks of working with Vulnerable Groups/Establishments i.e. Nursing/Residential Care Homes, Nurseries, Community Settings</p> <p>Foreign Workers? Health Status, Language issues and translation</p> <p>Payment when excluded from work (Best Practice and recommended guidance to pay employees when off ill)</p> <p>Additional annex NHS guidance on effective hand washing procedure</p>	<p>been added.</p> <p>Toxic food poisoning is not infectious so is not included.</p> <p>Covered above.</p> <p>Noted.</p> <p>Their responsibilities are set out in the guidance and in detail in Section 4.</p> <p>This has been incorporated in several places.</p> <p>This has been added.</p> <p>This has been added</p> <p>As above.</p> <p>This has been added.</p> <p>Guidance on hand washing has been added.</p>
Respondent	Comment	Response
Society for General Microbiology	The guide is well organised and easy to read. The guidance appears to be very practical and should be useful in helping food service operators interpret and implement the law.	Noted.

	<p>Page 1, Purpose/ summary: Bullet point 3 should read: “Managers must exclude staff with these symptoms from food handling, while symptoms persist and in most cases for 48 hours after the symptoms cease.”</p> <p>Page 1, Purpose/ summary: Bullet point 3 should read: “Wash their hands and dry them with a clean towel before handling food, or surfaces likely to come into contact with food, especially after going to the toilet.”</p> <p>Page 3, section 2: In paragraph 3 it would be helpful to have a link to information on where to find specific guidance for other business sectors.</p> <p>Page 5 section 7: In paragraph 2, instead of “affected member of staff could work elsewhere” consider inserting “affected member of staff could be permitted to work elsewhere”.</p> <p>Page 6, section 7, Workers in a food handling area: Paragraph 4 should read “Ensure you wash your hands thoroughly with soap and water and dry them on a clean towel before working with or around food, especially after using the toilet.”</p> <p>Page 6, bullet point 4 should read “after cleaning e.g. surfaces, floors, storage facilities etc”</p> <p>Page 6 Paragraph 6 should read “Don’t forget to dry your hands thoroughly on a clean towel, because wet hands spread bacteria more easily.”</p> <p>Page 10, section 10, Non-infective causes of symptoms. Bullet point 3: Dietary indiscretion (e.g. eating too much spicy food) this seems very dubious; enteritis might well follow consumption of spicy food due to its being contaminated with foodborne bacteria and not due to the spices. It is doubtful whether many people would react to spices with a bout of diarrhoea.</p> <p>Page 10, section 10, Non-infective causes of symptoms. Bullet point 4: “Inflammation of the bowel including diverticulitis, ulcerative colitis, and Crohn's disease” This too is possibly unwise advice as the aetiology of Crohn’s disease is still ill-defined and microbial causes are postulated by some.</p> <p>Pages 13 and 14, annexes 1 and 2: Jaundice should be mentioned somewhere (in relation to risk of Hepatitis A).</p>	<p>The summary has been reworded to make the exclusion clearer.</p> <p>Drying has been emphasised with advice on not recontaminating hands.</p> <p>This has been added to the further information section.</p> <p>This change has been made using a different form of words.</p> <p>Drying has been emphasised.</p> <p>This is covered under the broad heading of cleaning.</p> <p>Drying has been added.</p> <p>Excess spicy food may cause diarrhoea in someone not used to it and alcohol has been added to cover vomiting. Both are possible, although they have been moved down.</p> <p>This will be reviewed if it is confirmed and shown to be infectious.</p> <p>The questions have been re-structured to include this.</p>
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SCOTLAND		
Respondent	Comment	Response
Peter Anderson, Consumer	<p>Describes the guide as practical, useful and beneficial</p> <p>Section 4: Food Hygiene (Scotland) Regulations 2006 must be mentioned.</p> <p>Page 6 Best Practice Box: Latex gloves - some suppliers have moved away from latex because of allergy issues. Are there benefits from vinyl or nitrile gloves? Do gloves have to be of the sterile variety?</p> <p>Section 10: In the sentence "<i>However, anyone working with one should seek medical advice</i>", the meaning of the word 'one' is unclear and needs to be clarified. Could be interpreted as meaning (i) someone with a colostomy or (ii) someone working with someone who has a colostomy.</p>	<p>Noted.</p> <p>The main piece of legislation of relevance is the EU Regulation which is directly applicable in all four countries of the UK. The reference to the England enforcement provisions has been taken out. Food business operators don't need to know this and enforcers will have this information anyway.</p> <p>Correct, this has been changed.</p> <p>This has been made clearer.</p>
Respondent	Comment	Response
Steve Batchford Brakes	<p>Describes the guide as excellent.</p> <p>Page 4, Section 5 – The paragraph on Viruses. This paragraph states that "<i>Viruses are also generally quite easy to destroy by cooking food, whereas some bacteria can be resistant to very high temperatures</i>" Suggests removing the text in red giving the comparison to bacteria as it doesn't add anything (spread of heat resistant spore formers in this way is less of a concern). Also, this sentence could be confusing given the previous paragraph about bacteria which states that "<i>cooking is a process that would kill many of the bacteria present</i>"</p>	<p>Noted.</p> <p>This change has been made.</p>
Respondent	Comment	Response
Kaarin Goodburn Chilled Food Association (CFA) (representing the chilled food industry)	<p>The summary states: "<i>Managers must exclude staff with these symptoms from food handling, in most cases for 48 hours from the natural cessation of symptoms</i>". However, this contradicts with section 8, para 1, page 7 where "<i>48 hours is the recommended length of time. This is counted from when symptoms stop or from the end of any treatment of the symptoms with medicine</i>". This contradiction needs to be resolved in the text.</p> <p>Section 8, para 2, page 7: CFA is concerned with the general applicability of the statement that: "<i>It is reasonable to presume that a single bout of diarrhoea or vomiting in one 24-hour period that is not</i></p>	<p>This has been resolved.</p> <p>The guidance is now much clearer about the criteria for</p>

	<i>accompanied by fever would not be infectious."</i> . The guidance should be revised on the basis of medical advice.	returning to work before the 48 hours is up. This point has been taken into account in that
Respondent	Comment	Response
Gail Thomson (EHO) City of Edinburgh Council (representing a mixed group of Environmental Health Officers and Food Safety Officers working in the field of Food Safety Enforcement)	<p>The document is a very useful and important for food business managers.</p> <p>Annexes are practical and easy to use.</p> <p><u>Readability and Presentation</u></p> <ul style="list-style-type: none"> - The new guidance is difficult to read and follow. Long paragraphs make it confusing for readers, especially those whose first language is not English. The existing guidance is easier to read and presentation is better (shorter paragraphs and bullet points used). - Section 7 '<i>Action to take, managers</i>' is not clear. The format in the existing guidance ('Risk Factors and Preventative Measures') is better presented and easier to understand. It is well set out and gives clear instructions to managers.. <p><u>Scope</u></p> <ul style="list-style-type: none"> - The guidance has no clear aim and introduction. This is included in the summary but it is unclear on whether this will be included in the final document or is for consultation purposes only. - The legislation info in the first four sections is very important. However, it may be off-putting and might be better placed in a preface. - It is beneficial that the new guidance includes information on viruses. <p><u>Publication Arrangements</u></p> <ul style="list-style-type: none"> - Making the guidance available on the website gives most people access but a hard copy should still be available to those who need it. - It would be extremely beneficial to have hard copy and electronic versions available in other languages. <p><u>Technical Accuracy</u></p>	<p>Noted.</p> <p>Noted.</p> <p>The main document is aimed more at management. Some additional re-formatting has been done though to simplify the main body of the guidance further.</p> <p>The document follows the standard FSA best practice model for guidance, which prescribes the titles and content of the introductory sections. This was developed with food business representatives and aims to achieve clarity, simplicity and consistency.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p>

	<p>Section 7 paragraph 1 states: '<i>Managers <u>must</u> exclude any person from food handling duties/ areas if they have an infection of the stomach or gut</i>' and refers the reader to section 6 for symptoms. Could this confuse managers into thinking that they <u>must</u> exclude persons showing any of these symptoms.</p> <p>Section 7 paragraph 1: '<i>and/ or they have an area of infected skin that cannot be covered (as described in sections 6 and 9)</i>'. This should be section 5 and 9.</p> <p>The revised guidance has changed dramatically in relation to infected skin lesions, saying that persons are still able to work as long as the infected area is completely covered. Is this the intention? Previous guidance states that infections on '<i>exposed skin, even if covered with a suitable waterproof dressing, will usually be considered a bar to working as a food handler</i>'.</p> <p>There is no mention in the revised guidance of when managers should recommend to food handlers when to seek medical advice. This is in the current guidance.</p>	<p>If someone has diarrhoea or vomiting for example then this is what is expected unless the other factors mentioned come into play.</p> <p>This change has been made (note the new section numbers though).</p> <p>The form of words suggested is from the 1996 summary guidance for managers. However, this interpretation is not consistent with the more complete guidance contained in the main 1996 parent document. The current update reflects this and is considered to be satisfactory. The requirement that any boil etc should be <u>adequately</u> covered should be sufficient. If the covering is not adequate then the person should be excluded.</p> <p>The guidance includes some specific cases where medical clearance is needed and where seeking medical advice is recommended. There is far less than the 1996 document because that guidance related to several pieces of EC legislation which required medical certification.</p>
Respondent	Comment	Response
Margaret McWhinnie Environmental Health Officer Development & Environmental Services	<p>Overall the council supports and agrees with the consultation with the following recommendations:</p> <p><u>Usefulness of the guidance and its annexes</u></p> <p>From an LA view, the guidance is sufficient to allow businesses to pass on required information to their employees and to help them understand their food safety responsibilities wrt food handling and sickness.</p>	<p>Noted.</p> <p>Noted,</p>

<p>Clackmannanshire Council</p>	<p>Management of food businesses may require more guidance to introduce questionnaires, alter them and explain their responsibilities in what to do in the event of a problem.</p> <p><u>Readability and presentation</u> Readability is fine, especially if it is aimed at employees. Information given is easy to understand. No issues with presentation..</p> <p><u>Scope</u> No issues</p> <p><u>Publication arrangements</u> Depends on target audience. M/L sized business will be aware of this information already and may not find guidance of benefit. Smaller business may not be aware of their responsibilities and the availability of this information from the FSA. A method of effectively passing this information to small business is needed.</p> <p><u>Technical Accuracy</u> Section 4: Only the English legislation is stated. Food Hygiene (Scotland) 2006 Regs must be listed.</p> <p>Section 5 Bacteria, last sentence: <i>‘This is one reason why it is important for food handlers to always follow the hand-washing guidance in this document (see section 7).’</i> Section 7 is information for managers and not specific hand washing guidance as stated. There is no specific hand washing technique in the document.</p> <p>Section 7- Infected skin is not mentioned in section 6 as stated, only in section 9.</p> <p>Section 7 best practice box 1: <i>‘However, Local Authorities do have special powers, under separate public health legislation, to require individuals to undergo tests in certain circumstances if they suspect that they pose a risk to public health.’</i> This should be expanded to state what this legislation is.</p>	<p>Some additional guidance on what to do has been added to the Annexes and the main body.</p> <p>Noted.</p> <p>Noted.</p> <p>As above.</p> <p>The main piece of legislation of relevance is the EU Regulation which is directly applicable in all four countries of the UK. The reference to the England enforcement provisions has been taken out. Food business operators don’t need to know this and enforcers will have this information anyway.</p> <p>There is guidance on hand washing in the second part of section 7 (now section 8) on workers in a food handling area. This has been re-written to include more best practice advice on methods.</p> <p>This has been corrected.</p> <p>The guidance document is primarily for food business operators and they don’t need to know this.</p>
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	<p>Section 7 best practice box 2- use of alcohol gels and gloves is discussed. This should emphasise that there is no suitable substitution for hand washing.</p> <p>Section 9 sentence reads: '<i>Causes of infection covered by the actions set out in sections 7 and 8 above include</i>'. Sections 7 & 8 do not cover causes of infection, rather prevention from managers and employees plus returning to work.</p> <p>Section 11: SFBB is primarily discussed before CookSafe. This should be the other way around for Scottish guidance since Cooksafe is a Scottish initiative.</p> <p>Section 12: Scottish contact should be first.</p> <p><u>Impact</u> Guidance will not impact on large organisations which will have procedures in place. Medium business may use it to supplement their own procedures. Guidance will be most beneficial to small businesses which have no illness policies in place. FSA must get the information to them if it is to be of benefit.</p> <p><u>Anything else?</u> Section 8 discusses returning to work after an illness. There is no explanation prior to this on what exclusion is, why it comes about and how it will affect the individual. Suggest adding a summary/ section on exclusions at the start.</p>	<p>This change has been made.</p> <p>The meaning of the text has been made clearer.</p> <p>The document will apply to the whole UK.</p> <p>The document will apply to the whole UK.</p> <p>Noted.</p> <p>The exclusions are explained in the earlier sections. The linkage has been made clearer.</p>
Respondent	Comment	Response
<p>Derek A Oliver Food Safety Co-ordinator Falkirk Council</p>	<p>Agree that the current guidance needs replacing</p> <p>New legislation & advances in science & marketing mean that a more tailored document can be produced to benefit independent food business & UK food industry in its entirety..</p> <p>To be valuable and effective, the information must be targeted to specific areas of the industry. The onerous nature of a food safety management system for approved premises for example requires policies & procedures on illness that are of a much higher technical standard than that in revised guidance. The title of the document should be considered. In its current form it's most informative to target at small scale catering businesses, manufacturers and producers.</p> <p>The term 'Best Practice' should be used with care. A number of the shaded boxes give narrative information rather than a practical approach to a particular matter. These boxes should contain practical guidance and be re-titled 'Practical Guidance' or 'Good Practice'. This places the onus on business to adhere to the prescribed principles or seek advice in particular circumstances. Use of the word 'best' indicates that there is no alternative and the food business should not deviate. This may be false & detrimental in certain cases.</p>	<p>Noted.</p> <p>Noted.</p> <p>Noted. This is the main intended audience, but it is also intended to apply more broadly.</p> <p>The document follows the standard FSA best practice model for guidance, which prescribes that the term best practice is used and that it should appear in a shaded box. This was developed with food business representatives and aims to achieve clarity,</p>

	<p>The information in sections 5-8 is informative but would benefit from annexed user-friendly flow diagrams and tables for prompt decision making, as in the current 1995 guidance.</p> <p>Section 9- The information on Hepatitis A & Norovirus is poorly developed & explained. Norovirus is explained in a manner that would be perceived as improbable by an under-trained food handler. The emphasis given to the vomiting process and its perceived understanding could be damaging to an outbreak investigation. Given the target audience, greater emphasis is required on transmission relating to food production, particularly in relation to:</p> <ul style="list-style-type: none"> ▪ Infected food handlers contaminating foods that are to be eaten raw (eg salads) or post cooking, via hands contaminated by faeces ▪ Contaminated foods, most notably shellfish that have concentrated virus from sewage-contaminated waters & if eaten raw (eg oysters) or undercooked can cause illness ▪ Person to person spread (faecal-oral route) ▪ Water-borne from drinking water that is inadequately chlorinated or contaminated post treatment <p>Hepatitis A - no information is given detailing what it is or how it is transmitted (e.g. 'HAV is an enterically transmitted acute infection of the liver, which is primarily faecal-orally spread'). Greater emphasis is required on preventative measures relating to personal hygiene practices and shellfish cooking.</p> <p>Section 10 - '<i>non-infective causes of symptoms</i>' should give a direction for the necessity of good personal hygiene practices to be stressed to sufferers of the listed examples (and be monitoring by management if necessary).</p> <p>Section 11- Should be entitled "CookSafe" for Scotland to avoid confusion.</p> <p>The approved premises section should be removed, owing to the particularly technical nature and systems-based food safety management systems that these businesses will have in operation.</p> <p>Data from the International Adult Literacy Survey suggests that around 800,000 adults in Scotland have very low levels of literacy and numeracy. Given the target audience the information in this guidance must be presented in a focused and engaging format.</p>	<p>simplicity and consistency.</p> <p>Some re-formatting has taken place to make the main points more clear.</p> <p>Some additional material has been added to the section to strengthen the advice on these infections. However, the level of detail suggested here is more relevant to the management of infection or an outbreak by a local authority or health professional. Also, this document is about preventing the spread of infections via infected food handlers and some of these suggestions go beyond that.</p> <p>This change has been made.</p> <p>The Scottish and Northern Irish equivalents have been added to give equal status.</p> <p>The legal requirements will apply to them in the same way as for other food businesses so the principles in the guidance will be relevant to them, even if many choose to go further.</p> <p>This is one reason that the document is presented in the simple way it is, e.g. including simple summary annexes for staff and managers.</p>
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Respondent	Comment	Response
<p>John Cowden</p> <p>Consumer (an employee of Health Protection Scotland(HPS) but responding as an individual).</p>	<p>Guidance on <i>E.coli</i> microbiological clearance should be the same as the official guidance endorsed by the Scottish Health Protection Network.</p> <p>Page 7 (part 8, paragraph 2)- change the wording from “<i>a single bout of diarrhoea</i>” to “a single loose stool”. In his opinion, diarrhoea is 3 or more loose stools in 24 hours, so a single bout is 3 stools and could be infectious.</p> <p>Page 5- ‘<i>Although diarrhoea is a very common condition in the community, it is difficult to define so as to include all normal variations of bowel habit.</i>’ This should be changed to ‘<i>exclude all normal variations of bowel habit.</i>’</p> <p>Page 5 states: ‘<i>It usually implies a change in bowel habit with loose or liquid stools which are being passed more frequently.</i>’ By stating ‘more frequently’, it must be more than 1, so a single bout of diarrhea must be more than 1 loose stool.</p> <p>Page 8 under VTEC – 48 hrs apart: HPS guidance states that microbiological clearance consists of two negative faecal samples at an interval of at least 24 hours. In cases, clearance samples should not be taken until 24 hours after symptoms have ceased. This information should be stated in the guidance for Scotland.</p>	<p>See below.</p> <p>Sections 7 and 9 have been changed to include a more firm definition of diarrhoea and criteria for returning to work before the normal 48 hour limit.</p> <p>This has been corrected.</p> <p>As above.</p> <p>The periods differ between HPA guidance in England and Scotland, but the result is the same. The second negative sample, which is the most important one, has to be no sooner than 48 hours after symptoms end naturally. The document, which applies to the whole UK, reflects this. Both sets of advice have been reviewed in recent years by cross border groups and no evidence has found that the twin approaches are unsatisfactory.</p>

Respondent	Comment	Response
Paul L Todd Principle Officer Environmental Health East Ayrshire Council	No comments other than to support and recognise the updated guide, which has been simplified, reflects the current regulatory framework and has been updated to reflect current inflections.	Noted.
Respondent	Comment	Response
Helen Tissington Senior Health Protection Nurse Specialist NHS Highland	<p>Section 5 Para 1: Change '<i>Bacteria that cause food poisoning</i>' to 'Some types of bacteria that cause food poisoning'</p> <p>Section 5 Viruses: The phrase '<i>similar short term effects</i>' is not necessarily appropriate. Also, short term effects are not previously referred to, so this cannot be put in here.</p> <p>Section 6: '<i>Loose stools which are passed more frequently.</i>' Consider defining instead as 'three or more loose stools or liquid stools per day, or more frequently than is normal for the individual.'</p> <p>Section 7:</p> <ul style="list-style-type: none"> - Bold section on hand washing: Suggest 'liquid soap and warm water' rather than 'soap and warm water'. - Suggest adding the sentence 'It is not necessary to use antibacterial soap' at the end of this bold section. - Suggest changing 'your hands can also spread other bacteria around the kitchen' to 'your hands can also spread other micro-organisms around the kitchen' as viruses could also be spread. - Best Practice box 1: Suggests alcohol gels are not appropriate in this setting. Much better to concentrate on proper hand washing. - Best Practice box 1: In health settings, the use of latex gloves is discouraged due to allergies. Suggests plastic or vinyl should be used in food handling. - Best Practice box 1: Suggest adding 'Gloves are not a complete barrier, so after removing gloves, dispose of them and wash hands' to the end of this advice. <p>Section 8 Para 3: Change '<i>bacteria</i>' on lines 1 and 3 to 'micro-organisms' or 'bacteria and viruses'.</p> <p>Section 9: Shigella should not be on the list as negative samples are required for some types.</p> <p>Section 9: Vibrio should not be on the list as there are many types. Vibrio cholerae 01 and 0139 require negative samples.</p> <p>Section 9 VTEC guidance: Change 48 hours to 24 hours for Scotland.</p>	<p>This change has been made.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>The hand washing text and best practice box have both been re-written. This includes guidance on these things, including more on gloves and now referring to bacteria and viruses.</p> <p>This change has been made.</p> <p>This change has been made and new sections on Shigella and these vibrios have been added.</p> <p>The periods differ between HPA guidance in England and Scotland, but the result is the same. The second negative sample, which is the most important one, has to be no sooner than 48 hours after</p>

	<p>Section 9 Norovirus guidance: '<i>The symptoms of Norovirus infection are the same as bacterial infections</i>'. This is not quite true, which is why we can usually differentiate. Stress that Norovirus usually presents with a sudden onset of projectile vomiting.</p> <p>Section 9 Norovirus guidance: Change '<i>the virus can be difficult to remove</i>' to 'the virus can be difficult to kill'.</p> <p>Section 9 Norovirus guidance best practice box: change 1st sentence from 'it would be best practice' to 'it is best practice'</p> <p>Section 9 infected skin guidance: Suggest changing 1st sentence to 'Damaged skin or sores caused by injury or disease can become infected with bacteria such as <i>Staphylococcus aureus</i>, which may also cause food poisoning.'</p>	<p>symptoms end naturally. The document, which applies to the whole UK, reflects this. Both sets of advice have been reviewed in recent years by cross border groups and no evidence has found that the twin approaches are unsatisfactory.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>This change has been made.</p>
Respondent	Comment	Response
<p>Dr Margaret Hannah Deputy Director of Public Health NHS Fife</p>	<p>Contents page needs appropriate numbering</p> <p>Summary page 1: change "should" to "must" i.e. "in addition, all staff who handle food and who work around open food must always" etc</p> <p>Section 9, advice on VTEC: advice from HPS is for samples to be taken at 24 hour intervals. Guidance must be consistent from all agencies. Refer to www.documents.hps.scot.nhs.uk/about-hps/hpn/vtec.pdf</p>	<p>Noted.</p> <p>This change has been made.</p> <p>The periods differ between HPA guidance in England and Scotland, but the result is the same. The second negative sample, which is the most important one, has to be no sooner than 48 hours after symptoms end naturally. The document, which applies to the whole UK, reflects this. Both sets of advice have been reviewed in recent years by cross border groups and no evidence has found that the</p>

	Page 6: Comment on drying hands after washing them should be in bold.	twin approaches are unsatisfactory. This change has been made.
Respondent	Comment	Response
Kevin Freeman Director of Professional Development The Royal Environmental Health Institute of Scotland	<p>REHIS supports the revision and updating of the guide but strongly recommends that a bespoke document, fully tailored for an audience in Scotland.</p> <p>Section 3 last paragraph - Readers should be specifically referred to their local Environmental Health Service for more information. Trading Standards cannot advise on these matters, as in Scotland they have no remit in relation to food hygiene matters.</p> <p>Section 4 - last paragraph - should be amended to refer to the appropriate Scottish legislation.</p> <p>Section 7 - “<i>after smoking</i>” should be retained in the list of activities after which hands must be washed. Although smoking is now banned in all enclosed public places, staff are still able to go outside of the premises to smoke, and this may not necessarily be an official break.</p> <p>Section 7 - The second ‘Best Practice’ box gives reference to latex gloves. Recommend removing ‘<i>latex</i>’ given the issues surrounding latex allergy and dermatitis.</p> <p>Section 9 - VTEC: Guidance on collection of faecal samples should be checked against current guidance from the Scottish Govt Health Department and NHS Scotland.</p>	<p>Noted.</p> <p>This text has been removed as it duplicates the further advice section.</p> <p>The main piece of legislation of relevance is the EU Regulation which is directly applicable in all four countries of the UK. The reference to the England enforcement provisions has been taken out. Food business operators don’t need to know this and enforcers will have this information anyway.</p> <p>A large number of suggestions have been received during the consultation and separately. For simplicity and clarity, these have been grouped under broader headings, such as ‘after taking breaks’.</p> <p>This change has been made.</p> <p>The periods differ between HPA guidance in England and Scotland, but the result is the same. The second negative sample, which is the most important one, has to be no sooner than 48 hours after symptoms end naturally. The</p>

	<p>Section 11 - SFBB: SFBB has not been rolled out in Scotland. This section should be re-written for Scotland with the emphasis on the CookSafe scheme. Paragraph should be entitled 'CookSafe'.</p> <p>Best Practice boxes: these do not contain information that can be described as 'Best Practice'. Instead, they contain further narrative or additional suggestions for controls for particular hazards. Consideration should be given to the purpose of these boxes. If they are designed to give further advice, they should be re-drafted and entitled 'Practical Guidance'. If they are designed to give an indication of an action to take to secure compliance with the regulations, they should be redrafted and entitled 'Good Practice'.</p> <p>In general the guidance is good but consideration should be given to whether or not the production of a single document for all food businesses is appropriate. The current draft is most suited for small business. Further guidance should be produced for larger scale operations and approved premises. This will allow the information in this document to be tailored to suit smaller enterprise and for more detailed information to be provided in a separate document for larger organisations who require approval.</p>	<p>document, which applies to the whole UK, reflects this. Both sets of advice have been reviewed in recent years by cross border groups and no evidence has found that the twin approaches are unsatisfactory.</p> <p>The document is UK wide so covers all of the HACCP toolkits.</p> <p>The title of the boxes is specified by the FSA guidance template which all new FSA guidance must follow for consistency and simplicity. In this case, the best practice boxes contain any advice that goes beyond what is needed to comply with the law. So it includes further advice and actions.</p> <p>The main audience is small and medium sized businesses. Tailored guidance for individual business sectors or approved premises can be developed separately where there is a need, e.g. through Industry Guides.</p>
Respondent	Comment	Response
<p>Gerard Hannah Renfrewshire Council Department of Environmental Services</p>	<p>Paragraph 3 on page 3 – Purpose and Legal Status: Reference to Trading Standards should be removed to avoid confusion for businesses.</p> <p>Paragraph 3 on page 4 – Legal Requirements: Refers only to Food Hygiene (England) Regulations. This should be replaced with Food Hygiene (Scotland) Regulations</p>	<p>This has been deleted.</p> <p>The main piece of legislation of relevance is the EU Regulation which is directly applicable in all four countries of the UK. The reference to the England</p>

	Annex 1 – Your Responsibilities: On 2 occasions the document refers to washing hands with soap and water. It is recommended that this should read ‘soap and warm/ hot water’.	enforcement provisions has been taken out. Food business operators don’t need to know this and enforcers will have this information anyway. This change has been made.
Respondent	Comment	Response
Dr Nicola Holden Plant Pathology Scottish Crop Research Institute	Section 7 hand washing section: change 2 nd bullet point to ‘after handling raw food, such as meat and fresh vegetables/ fruit. ’ Fresh produce is now recognised as a source of pathogenic enterobacteria and should be treated in the same way as fresh meat. In particular, care should be taken with ready-to-eat produce, especially leafy salad vegetables, tomatoes and some soft fruits. Section 7 best practice box 1: Alcohol gels, although good for reducing bacterial numbers, do not reduce viral counts as well as hand washing with soap or tap water alone.	Noted. But this is likely to confuse without a detailed explanation. This section has been re-written and reflects this.
Respondent	Comment	Response
Ian Marshall, on behalf of the Scottish Food Enforcement Officer’s Association	Section 4: Suggest that the definition of food is expanded to include potable water and ice from potable water. Section 5, bacteria, paragraph 2: (<i>‘Foods which will not be cooked before being eaten are of greater risk because cooking is a process that would kill many of the bacteria present.’</i>) Suggest removing the last sentence to keep the message simple. Section 5, viruses: (<i>‘Viruses are also generally quite easy to destroy by cooking food, whereas some bacteria can be resistant to very high temperatures.’</i>) Suggest removing the last sentence. Section 6: suggest moving ‘other symptoms’ to before diarrhoea definition. Section 6: add ‘headache’ to list of other symptoms Section 7: Suggest moving the last sentence of the section up and remove ‘because’. Also suggest changing the hand washing advice in bold to read: “Ensure you wash your hands thoroughly with a non-	The balance of the document in terms of the depth of detail and accessibility for its main audience (SMEs) suggests that this is too much detail. The explanation of why this is the case is an important part of the message. This change has been made. This change has been made. There are many others symptoms associated with fever, but they are more commonly associated with non infective causes and so would add complexity. The hand washing section has been re-written and now

	<p>scented antibacterial hand soap and warm water before working with or around food, especially after using the toilet. It is preferable to dry hands with disposable paper towel. Don't forget to dry your hands thoroughly, wet hands spread bacteria more easily.”</p> <p>Section 7: suggest removing “<i>after touching animals / pets</i>” as these should not be present in a food business.</p> <p>Section 7- Best practice box 1: suggest a number of changes to the wording to read: “Alcohol gels can also be a useful addition because they can kill bacteria that may be left behind after hand washing. Disposable gloves can also be used to cover damaged skin or protect hands from risk of developing skin conditions such as dermatitis, which can be caused by prolonged food handling and wet work. Many people also believe that disposable gloves are safer than using clean hands. However, gloves can become contaminated with bacteria in much the same way as hands can, so they are only beneficial when used properly. Never wash hands whilst wearing gloves. New gloves should be used for each activity. Suggest including that gloves should be vinyl rather than latex and non powdered. This would address allergens and dermatitis issues.”</p> <p>Section 8 ‘Returning from holidays/ workers new to the UK’: Suggest removing “<i>particularly the developing world</i>”</p> <p>Section 9: change worms to “parasitic worms”</p> <p>Section 9: Enteric Fever – suggest removing ‘e.g. they live together’</p> <p>Section 9 Best Practice box: norovirus should read Norovirus (capitalisation)</p> <p>Section 11: Suggest that the SFBB section is reviewed, making it more appropriate for Scotland.</p>	<p>includes more advice. Normal soap has been shown to be very effective and there is little evidence to suggest that anti-bacterial soap is any better.</p> <p>This guidance will cover many types of food business and many have animals and pets in the vicinity or even on site.</p> <p>The hand washing section has been re-written and incorporates these points.</p> <p>The wording has been changed, but this is still a factor in assessing the risk of any symptoms that develop because many illnesses, particularly highly dangerous and infectious ones like typhoid, are mainly found in these places.</p> <p>This change has been made.</p> <p>This change has been made.</p> <p>This has been corrected.</p> <p>The document is UK wide so all of the HACCP toolkits have been listed.</p>
Respondent	Comment	Response
Professor John Coia Director	Comments that the guidance is well presented and easy to assimilate.	Noted

Scottish Salmonella Reference Laboratory		
Respondent	Comment	Response
Society for General Microbiology	<p>The guide is well organised and easy to read. The guidance appears to be very practical and should be useful in helping food service operators interpret and implement the law.</p> <p>Page 1, Purpose/ summary: Bullet point 3 should read: “Managers must exclude staff with these symptoms from food handling, while symptoms persist and in most cases for 48 hours after the symptoms cease.”</p> <p>Page 1, Purpose/ summary: Bullet point 3 should read: “Wash their hands and dry them with a clean towel before handling food, or surfaces likely to come into contact with food, especially after going to the toilet.”</p> <p>Page 3, section 2: In paragraph 3 it would be helpful to have a link to information on where to find specific guidance for other business sectors.</p> <p>Page 5 section 7: In paragraph 2, instead of “<i>affected member of staff could work elsewhere</i>” consider inserting “affected member of staff could be permitted to work elsewhere”.</p> <p>Page 6, section 7, Workers in a food handling area: Paragraph 4 should read “Ensure you wash your hands thoroughly with soap and water and dry them on a clean towel before working with or around food, especially after using the toilet.”</p> <p>Page 6, bullet point 4 should read “after cleaning e.g. surfaces, floors, storage facilities etc”</p> <p>Page 6 Paragraph 6 should read “Don’t forget to dry your hands thoroughly on a clean towel, because wet hands spread bacteria more easily.”</p> <p>Page 10, section 10, Non-infective causes of symptoms. Bullet point 3: <i>Dietary indiscretion (e.g. eating too much spicy food)</i> this seems very dubious; enteritis might well follow consumption of spicy food due to its being contaminated with foodborne bacteria and not due to the spices. It is doubtful whether many people would react to spices with a bout of diarrhoea.</p> <p>Page 10, section 10, Non-infective causes of symptoms. Bullet point 4: “<i>Inflammation of the bowel including diverticulitis, ulcerative colitis, and Crohn’s disease</i>” This too is possibly unwise advice as the aetiology of Crohn’s disease is still ill-defined and microbial causes are postulated by some.</p> <p>Pages 13 and 14, annexes 1 and 2: Jaundice should be mentioned somewhere (in relation to risk of</p>	<p>Noted.</p> <p>The summary has been re-worded to make the exclusion clearer.</p> <p>Drying has been emphasised with advice on not recontaminating hands.</p> <p>This has been added to the further information section.</p> <p>This change has been made using a different form of words.</p> <p>Drying has been emphasised.</p> <p>On balance, this level of detail is felt to be unnecessary.</p> <p>Drying has been added.</p> <p>Excess spicy food may cause diarrhoea in someone not used to it and alcohol has been added to cover vomiting. Both are possible, although they have been moved down.</p> <p>This will be reviewed at a future point if it is confirmed and shown to be infectious.</p> <p>The questions have been re-</p>

	Hepatitis A).	structured to include this.
Respondent	Comment	Response
Alan Yates Principle Food Safety Officer The Highland Council	<p>Welcomes the updated version of the guidance. It provides useful guidance to food businesses and enforcement authorities on dealing with staff illness and fitness to work.</p> <p>Information is clear and easy to follow. Council is happy with proposals for the guidance to be published electronically.</p> <p>A short summary of the document would be useful for supplying to business, e.g. an annex with a summary table on 1 page of A4.</p> <p>Page 4: Suggest removing “<i>Food Hygiene (England) Regulations</i>”, changing to “Food Hygiene regulations” and adding a footnote with specific details for different countries.</p> <p>Page 5: Recommend adding a section on ‘immediate action to take if illness occurs within a premises’ (as given in previous guidance). e.g. Immediate Action- Anyone who has diarrhoea and vomiting should report to their line manager and leave the food handling area immediately. Subsequent Action- If vomiting has occurred, the area and all contaminated surfaces, equipment and utensils should be cleaned and sanitised. Dispose of any food which may have been contaminated. Toilet handles, taps and surfaces must be cleaned and sanitised after contact with anyone reporting diarrhoea and vomiting.</p> <p>Page 5 - 1st paragraph: infected skin is not mentioned in section 6.</p>	<p>Noted.</p> <p>Noted.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK.</p> <p>These references have been removed because they are only of interest to enforcers who have this information already. The main legal reference for the documents main audience (SMEs) is the EU regulations which are already mentioned.</p> <p>More advice on this has been included and parts of the document have been restructured to make them clearer.</p> <p>Section 6 is about symptom of GI infection only. Infected skin</p>

	<p>Page 6 - advice on hand washing (bold): Suggest moving advice on drying hands up into this bold section.</p> <p>Page 6 - best practice box 1: Suggested revisions-</p> <ol style="list-style-type: none"> 1) the need to wash and dry hands thoroughly before using alcohol gels should be given. 2) Current HSE guidance is that non-latex gloves should be used in catering establishments. 3) Advice should be given on the need to wash & dry hands thoroughly before wearing gloves. 4) In addition to the advice on using new gloves for each activity, the need for them to be changed regularly must be stressed. They should also be changed after any activity which leads to contamination such as coughing, sneezing and handling raw foods. <p>Page 7 - Paragraph 2 ('after an illness'): A reminder should be added of the need for good hygiene practice e.g. 'in this case the person could resume work before the 48 hour limit. The person must be reminded of the importance of good hygiene practice, particularly hand washing.'</p> <p>Page 11 - Approved Premises: This paragraph is not clear. Suggest revision to 'This guidance document also applies to premises that require approval to handle food of animal origin. On occasion these businesses may need to take a different approach to compliance with the general fitness to work requirement than that described here. The FSA may publish specific guidance for Approved Premises. This can be found on our website at www.food.gov.uk'</p> <p>Page 12 - should be called 'Contacts for further information' and include the paragraph given on page 3: '<i>Businesses with specific queries may wish to seek the advice of their local enforcement agency, which will usually be the Environmental Health Service / Trading Standards of the local authority.</i>'</p> <p>Page 13 - Annexe 1: The need to dry hands thoroughly should be emphasised in this summary.</p>	<p>is mentioned in Sections 6 and 9.</p> <p>The hand washing and associated best practice advice has been re-written and now includes advice on these things.</p> <p>This change has been made.</p> <p>The text has been revised to reflect this, but the detail has been moved to the further information section which has also been amended.</p> <p>The titles have been changed and the information in them aligned under the correct titles now.</p> <p>This has been added.</p>
Respondent	Comment	Response
<p>Jim Dixon – Food / Health & Safety Manager Perth & Kinross Council</p>	<p>Section 8: Returning to work Pg.7 After an illness - 2nd paragraph – “It is reasonable to presume etc” - Having discussed this with public health colleagues it is suggested that a “single bout” should be changed to “a single loose stool”. Medical opinion is that diarrhoea is three or more loose stools in 24 hours, so a single “bout” is 3 stools and could be infectious.</p> <p>In connection with this, Page 5 – “ although diarrhoea is a very common condition etc” - the word include should be replaced by the word “exclude”. And “ it usually implies a change of bowel habit with loose or liquid stools which are being passed more frequently” “more frequently” has to be more than one so a single bout of diarrhoea must be more than one loose stool.</p> <p>Section 9: When the cause of infection is known Page 8 – VTEC - Scottish guidelines for microbiological clearance require two negative faecal samples at an interval of at least 24 hours. Any Clearance samples should not be taken until 24 hours after symptoms have ceased.</p>	<p>This change has been made.</p> <p>These changes have been made.</p>

	Page 9 best practice – Norovirus – destroying soft furnishings if Norovirus is confirmed. Scottish guidance to hospitality sector is “Initial cleaning should be followed by steam cleaning if the items are heat tolerant. If this is not possible washing with a detergent solution should be considered”	This change has been made.
Respondent	Comment	Response
Society for General Microbiology	The same comments were submitted in response to the England, Scotland and Wales consultations on the draft guidance. The points made are addressed in the England section above.	As above.

WALES

Respondent	Comment	Response
Christopher Palmer, Technical Compliance RF Brookes - A trading name of Premier Foods	<p>Larger organisations who are audited by 3rd parties eg to the BRC Global Food Standard, should already have everything in place that you have put in the guide.</p> <p>The guidance given in the consultation document is clear and easy to follow.</p> <p>Is there a suggested format for the return to work interviews eg a check sheet similar to the pre-employment/Visitor questionnaire. Should guidance be given on the competency of the person who reviews the Return to Work interviews? Guidance on how soon the return to work interview should be conducted ie immediate and operator not allowed to handle food until completed by competent person and signed of as fit to work with food.</p>	<p>Noted, the main audience is SMEs.</p> <p>Noted.</p> <p>The 'return to work interview' has been added to the best practice section.</p>
Respondent	Comment	Response
Dr Chris Whiteside, Consultant in Communicable Disease Control (CCDC), NPHS Health Protection Team, North Wales	The guidance recommends (page 8) 48 hours exclusion for a list of GI pathogens diagnosed in food handlers. In contrast, the current 2004 PHLS (advisory working group) guidelines for gastrointestinal pathogens recommend that microbiological clearance is requested for certain pathogens, including <i>entamoeba histolytica</i> and certain species of <i>shigella</i> .	This change has been made and the guidance is now better aligned with other aspects of the PHLS guidelines, including on the inclusion of special action required for Shigella and other organisms.
Respondent	Comment	Response
Gwenan Mai Williams Environmental Health Officer Gwynedd Council Public Protection Unit Resources Directorate Caernarfon	<p>Welcomes guidance - amendment is timely, so as to reflect the current regulatory framework, and any emerging issues regarding the control of certain infectious diseases.</p> <p>Does not agree that final amended document is to be made available in electronic form, on the FSA website, with hard copies only issued according to demand - Experience dictates that this is a document that needs to be readily to hand for food business managers as a hard copy, for quick reference.</p> <p>Specific comments Section 7 – Managers (Page 5) Paragraph 1 – refers to infected skin “as described in section 6 and 9” this is an error, as section 6 does</p>	<p>Noted.</p> <p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK.</p> <p>This has been corrected.</p>

	<p>not include any reference to infected skin.</p> <p>General It is suggested that this section should include advice to managers on steps to take in the event of an incidence of staff sickness occurring on the premises this information was included in the old document.</p> <p>Some businesses operate a staff sickness absence policy which does not allow staff to be paid during the first 48 hours of sick leave. This could discourage staff from reporting relevant illness and symptoms. In these circumstances, managers should be encouraged to be extra vigilant.</p> <p>Best practice section - As Local Authorities have the power to exclude individuals it is suggested that at the end of the last sentence, the following is added – ‘ and also to exclude individuals from work in certain circumstances’</p> <p>Section 7 – Workers in a food handling area (page 6) Effective hygienic hand-drying should be emphasised in bold immediately after the sentence on handwashing, due to the risks associated with wet hands spreading bacteria.</p> <p>Best practice section There should be a clear statement here that the use of gloves is no substitute for thorough handwashing, and that hands should be clean before using gloves. Non-latex gloves should be recommended for catering purposes, in line with HSE guidance. The need for gloves to be changed regularly should be emphasised.</p> <p>Section 8. Returning to work – (page 7) After an illness Paragraph 1 - Does not emphasize clearly enough that 48 hours is the accepted course of action in most circumstances.</p> <p>Paragraph 2 – It cannot be assumed that a person suffering from only one bout of diarrhoea during a 24 hour period is not infectious. In such cases, persons allowed to return to work before the 48 hour limit should be reminded of the need for good personal hygiene and thorough hand washing.</p> <p>Section 9. When the cause of infection is known (page 8-10) Page 8 – some of the advice given in this section is inconsistent with the HPA Guidance ‘<i>Preventing person-to-person spread following gastrointestinal infections; guidelines for public health physicians and environmental health officers</i>’ (2004) Specifically, 48 hours exclusion is recommended for <i>entamoeba histolytica</i> and <i>shigella</i> , without any distinction for species. The current HPA guidance recommends microbiological clearance for these pathogens (except <i>shigella sonnei</i>)</p> <p>Page 9 – Norovirus - It is suggested that the last sentence in this paragraph is amended so as to stress the difficulty in decontaminating all surfaces, not just soft furnishings, and also the importance of adequate ventilation of infected areas.</p>	<p>More guidance on this has been added.</p> <p>These issues are now included.</p> <p>Noted.</p> <p>Drying is now emphasised.</p> <p>These changes have been made.</p> <p>This has been emphasised.</p> <p>The return to work criterion have been clarified in this regard, including the need for good personal hygiene.</p> <p>The guidance is now fully aligned with the PHLS and HPA guidance referred to.</p> <p>This change has been made.</p>
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	<p>Page 9 – Infected or injured skin - The previous document recommends exclusion for infected lesions where it may not be possible to adequately cover e.g weeping lesions of the mouth, gums, ears and eyes. Unless there is new evidence to suggest that exclusion would not be necessary in such cases, this recommendation should remain in the new document.</p> <p>Section 10 -When exclusion may not be needed. – (Page 10) The need for effective handwashing should also be emphasised in this section</p> <p>Annex 1 – Information for all people working in a food handling area The need for hygienic and thorough drying of hands should also be emphasised after the handwashing reminder.</p>	<p>The form of words suggested is from the 1996 summary guidance for managers. However, this interpretation is not consistent with the more complete guidance contained in the main 1996 parent document. The current update reflects this and is considered to be satisfactory. The requirement that any boil etc should be <u>adequately</u> covered should be sufficient. If the covering is not adequate then the person should be excluded.</p> <p>This change has been made.</p> <p>Drying is now emphasised.</p>
Respondent	Comment	Response
<p>Rosemary Westlake Chair of the South East Wales Communicable Disease Task Group and Senior Technical Officer</p> <p>c/o Public Health & Protection Rhondda Cynon Taf County Borough Council</p>	<p>Page 1: Purpose / Summary – paragraph 5 <i>“Managers must exclude staff with these symptoms from food handling, in most cases for 48 hours from the natural cessation of symptoms.”</i>. This paragraph can be seen as confusing. I feel ‘in most cases’ should be removed to make it clear that exclusion should be for 48 hours as a minimum.</p> <p>Page 3: Regulations referred to in this guidance – Purpose and Legal Status – line 14 <i>“These guidance notes have been produced to provide informal, non-binding advice on:”</i>. Is there a need to mention “informal, non-binding advice” – does this confuse the readers, what does “non-binding” mean!</p> <p>Page 4: Symptoms of Gastro Intestinal Infection – Line 4 <i>“(Although diarrhoea is a very common condition in the community, it is difficult to define so as to include all normal variations of bowel habit. It usually implies a change in bowel habit with loose or liquid stools which are being passed more frequently.)”</i>. Should it not be mentioned here that a loose/liquid stool is more likely than a formed stool to contaminate hands and the environment, and is consequently at greater risk of spreading faecal pathogens – as quoted in CDPH Vol 7:No 4 Dec 2004 Guidance – therefore, all episodes of diarrhoea (as a food handler) should be regarded as infectious unless evidence suggests otherwise.</p> <p>Page 6: Workers in a food handling area</p>	<p>The wording is now clearer.</p> <p>This is a standard phrase used in all new FSA guidance.</p> <p>The criteria for taking the different courses of action in relation to single bouts has been made clearer. This has been added as best practice advice though.</p>

We recommend that,

- Antibacterial soap be specified for hand washing
- To ensure staff are aware of the correct method of washing hands, additional guidance, or a reference where advice can be found e.g. Safer Food Better Business pack, should be included

Page 6: Best Practice

“Alcohol gels can also be a useful addition because they can kill bacteria that may be left behind. Gloves can also be used to cover damaged skin or protect hands from risk of developing skin conditions such as dermatitis, which can be caused by prolonged food handling and wet work such as dish washing. Many people also believe that latex gloves are safer than using clean hands. However, gloves can become contaminated with bacteria in much the same way as hands can, so they are only beneficial when used properly, i.e. a new glove should be used for each activity.” In the Barbour Index briefing on 2/12/08 there was a news article referring to a review report published by the Journal of Food Protection (**Journal of Food Protection 2008:71; 2334-2338**). It is recommended that latex gloves should not be used in the food industry. This is on the basis it can cause allergic reactions and could result in food contamination. It might be advised that synthetic type gloves be mentioned in addition/instead of latex gloves in the best practice box or, simply erase the word “latex”!

Page 7: Returning to Work – paragraph 2

“It is reasonable to presume that a single bout of diarrhoea or vomiting in one 24-hour period that is not accompanied by fever would not be infectious. In this case the person could resume work before the 48-hour limit.” This paragraph is considered misleading as it almost contradicts what we currently advise in relation to exclusion. The reader may interpret this to mean that whilst the previous day/s they had at least 3 episodes of diarrhoea or vomiting within 24 hours, if the following day they only have one episode of diarrhoea and vomiting, they do not have to adhere to the 48 hours clearance period. I am of the opinion it needs to be made clearer or taken out of the guidance. Referring to the CDPH guidance, ***“All cases of gastroenteritis should be regarded as potentially infectious and should normally be excluded from work...at least until 48 hours after the person is free from diarrhoea and/or vomiting.”***

Page 8: When the Cause of Infection is Known – Vero-producing E.coli – Paragraph 5

“....Exclusion may be required as a precaution if they are not able to protect themselves from infection by the ill person in their household, which could apply if the infected person was, for example, a child in the care of the food handler.” With reference to CDPH Guidance, household contacts (to someone infected with E.coli 0157) ***in risk groups A to D (including food handlers) should be screened microbiologically, initially to identify excretors and subsequently, for microbiological clearance.*** Therefore, surely exclusion is a must to firstly ensure they are not excreting the organism and secondly, to ensure as a food handler they are no longer excreting before they return to work.

More guidance on hand washing has been included. Normal soap has been shown to be very effective and there is little evidence to suggest that anti-bacterial soap is any better.

The section has been updated to reflect this.

The approach suggested in the PHLS guidance is included in the updated FSA guidance as best practice. This also emphasises that anyone whose work required additional precautions, e.g. if they prepare ready to eat foods for ill people, then exclusion may still be required.

The guidance has been changed to include clearance for contacts.

	<p>Page 9: Norovirus – Best Practice Should there be a mention in this box about the effectiveness of steam cleaning to remove Norovirus from carpets/soft furnishings and hypochlorite solution for hard surfaces. “....it would be best practice to exclude symptomatic food handlers from the entire food business site and not just food handling duties and areas,”. To avoid confusion, this part should be re-worded to confirm that, while it is best practice to exclude symptomatic food handlers from the entire site, they <u>must</u> be excluded from food handling duties and areas, and for 48hours in both instances.</p> <p>Page 11: Household Contact Advise to mention in this paragraph about seeking further advice from your Local Authority.</p> <p>Page 13: Information for All People Working in a Food Handling Area Should there be additional conditions such as severe cold/flu and severe cuts and lesions that should be notified to the manager as severe cold and flu can encourage sneezing and coughing (increasing the risk of <i>S.aureus</i> contamination) and serious cuts and lesions may not be properly covered thus, increasing the risk of bacterial contamination on food.</p> <p>There is no emphasis to exclude until at least 48 hours after symptom free.</p>	<p>All of these points have been added.</p> <p>This is covered in section 13.</p> <p>This has not been included because of the need to balance depth and detail with usability and accessibility.</p> <p>The emphasis is clearer now.</p>
Respondent	Comment	Response
Society for General Microbiology	The same comments were submitted in response to the England, Scotland and Wales consultations on the draft guidance. The points made are addressed in the England section above.	As above.

NORTHERN IRELAND

Respondent	Comment	Response
Colin Magill Senior EHO North Down Borough Council	<p>The guide should be translated to accommodate those people whose first language is not English. In particular, it would be useful to have versions in Chinese, various Indian dialects and Eastern European languages. It would also be useful to have at least a limited supply of hard copies available in all languages as some people find it easier to understand and remember information provided in this format.</p> <p>These comments are made by me in my capacity as the officer responsible for the Food Safety function of this council</p>	<p>Consideration will be given to making Annex I & II (summary for staff and managers respectively) available in other formats and designed to stand alone, possibly with illustrations etc. The additional work required for this will be prioritised with other FSA activity to reduce the incidence of foodborne disease in the UK. Translation of these summaries will be considered as part of that work.</p>
Respondent	Comment	Response
Dr Vinod K Tohani NHS - NI	<p>Declaring illness to Employer</p> <p>In my experience many workers with enteric symptoms do not declare to their employer that they suffer from enteric infections because there is a tendency from the employer to exclude their worker without pay for three days. I have recently had a patient with enteric symptoms (contact of E.Coli 0157) he informed his employer, the employer excluded him from work. However, this patient lost 3 days of his salary in order to stay out of work. If this is the case, in future, I feel the employees' will not disclose any enteric symptoms. Loss of earnings can result in employees non disclosure, resulting in an enteric outbreak.</p>	<p>Noted.</p>