RISK MANAGEMENT

Module 5
Food Safety

Maximising Ministry By Minimising Harm

January 2009

INTRODUCTION

This is the fifth module in the Parish Risk Management Program, and covers the issues of safe handling of food and managing anaphylaxis.

Whether simply tea, coffee and biscuits after a service or a full sit down banquet for a special event, food is a wonderful aspect of parish life. Parishes have been serving food in many different ways for generations. We have huge numbers of willing volunteers who provide food from home, prepare food at our sites, and present it lovingly to enhance our fellowship.

While we have been doing this well over the years, we need to turn our attention to food safety, so that we can be as confident as possible that we are preparing and serving food correctly.

> "In its most severe form, the allergic reaction is known as anaphylaxis and can be life threatening."

In addition, there are some who suffer severely from allergies, which are triggered by certain foods. In its most severe form, the allergic reaction is known as anaphylaxis and can be life threatening. Therefore we must give our attention to this subject as well.

SAFE HANDLING OF FOOD FOR PARISH EVENTS

Good food hygiene and quality are everyone's responsibility. The reputation of the parish and the safety of our people and visitors are in your hands.

This is an introduction to hygiene and food safety. Please read it carefully and put into practice what you have learnt. If you don't understand something, or if you see anything that puts the food to be served at risk, please advise the person in charge of the ministry or event and/or the wardens.

Subjects covered:

Section 1 – Personal Hygiene & Training

The Importance of Personal Hygiene
In order to implement strict food safety measures, it is critical that all people handling food conform to the basic essentials of food hygiene. Bacteria are found in and on the body, which means that they can be transferred onto anything that the body comes in contact with. Awareness of personal hygiene is a very important step, in order to provide safe food products in a safe and hygienic working environment. People handling food must at all times, whether during preparation, transporting or serving food, do so in a manner which ensures that safe food is provided at all times.

How your hands become contaminated…

Scalp, forehead, skin lesions are sources of staphylococci

Nose, throat, mouth are sources of staphylococci

Bowels is a source of Ecoli and Salmonella

Hands, skin, warts are sources of Salmonella

1.1 Illness

People must not handle food when they are suffering from an illness or disease, which could be transmitted through food. Skin infections, cuts and skin eruptions are potential sources of disease, producing organisms which cause food poisoning. Food handlers must report any signs of illness to their immediate supervisor.

1.2 Food Borne Illnesses

People must not handle food if they have any of the following symptoms:
- Vomiting
- Diarrhoea
- Fever
- Sore throat
- Skin injuries or sores.

1.3 Guidelines for Handling Food

1. Keep yourself clean and wear clean clothing.
2. Wash hands on a regular basis, especially after using the toilet, after breaks and after handling garbage.

Wash hands on a regular basis

especially after using the toilet, after breaks and after handling garbage.

3. Ensure cuts and sores are covered with a waterproof, visible dressing.
4. Clean as you go. Keep all equipment and surfaces clean and sanitised.
5. Keep finger nails short and unpainted.
6. Avoid excessive jewellery and visible body piercing.
7. Minimise the handling of food.

If all of these rules are followed, they will certainly contribute towards a safe and hygienic working environment. By following the general rules, it will also show that all reasonable preventative measures have been taken in order to provide a safe product.

1.4 Hand Washing

Why wash your hands?
The washing of hands is essential as the major source of contact between food handlers and food is by the hands. Bacteria are always present on hands, and some of these may be harmful and contaminate the food.

Where should you wash your hands?
You should always wash your hands in the dedicated hand-wash sink.

When should you wash your hands?
- Before commencing work
- Before handling raw or cooked food.
- After using the toilet
- After, coughing, sneezing, eating, drinking
- After touching hair, scalp, ears, mouth etc..
- After handling garbage
- After any allocated work breaks
- After using a handkerchief or tissue
- After handling raw (uncooked) meat / poultry

Hands should be washed every 30 minutes or whenever hands are likely to contaminate food.

How to Wash Hands
The correct procedure to follow when washing your hands:

- Rinse hands well under hot running water. (approx. 50°C)
- Apply anti-bacterial liquid soap, and massage into your hands for 20 seconds. (as long as it takes to sing 'Happy Birthday')
- Rinse well. Use a paper towel to turn off the taps to avoid recontamination of hands.

- Dry hands thoroughly with air dryer or disposable paper towel.

It is essential that food handlers maintain a high standard of personal hygiene and cleanliness, as this plays a very significant role in preventing food contamination.

1.5 Uniform/Clothing

Clean and protective uniforms/clothes must be worn at all times. This would include the following:

- A clean, laundered overall/dress and apron
- A cap or hairnet (or both) (to minimise the risk of hair falling in to food or on to working surfaces) Hats should be worn in the workplace to prevent food contamination. Bacteria cling to the hair and scalp, living off dust, dandruff and perspiration, which collect in the hair. Although, it may seem that strands of hair appear to be harmless, the bacteria on them can pass on to food, and multiply over a short period of time.
- Disposable gloves (when preparing sandwiches, cheese platters, when slicing cold cooked meats, etc and when handling any foods which are not going to be cooked). Gloves must be changed between handling different types of food (e.g. raw food and cooked food), and if they become damaged or after touching your hair or face or any surface that could contaminate gloves. Gloves must be removed when you leave the kitchen, when you go to the toilet, when you handle garbage and when you use a tissue or handkerchief.

Always remember to wash your hands before putting on new gloves
Please avoid wearing excessive jewellery.

Section 2 – Cleaning & Sanitising

2.1 Cleaning & Sanitising

Cleaning

The main purpose of cleaning is to prevent the spread and transfer of food poisoning organisms.

Cleaning is not designed to remove all micro-organisms but merely removes the visible items such as dust, dirt, food spillage, food particles, grease etc.

In order to achieve a clean work place the following policies should be adopted:

- Clean as you go.
- Clean all spillages as they happen.
- Clean equipment and utensils after each use.

If equipment and utensils are not cleaned thoroughly before re-use, the bacteria will be transferred to other surfaces and food.

Sanitising

The main purpose of sanitizing is to kill food poisoning bacteria and reduce the total number of bacteria to levels which will not cause cross contamination.

2.2 How to Clean & Sanitise

1. **Sweep/brush:** Use a broom or scraper/brush to remove all visible dirt.
2. **Soak:** Use warm water to 'soften' and loosen food and other soiling.
3. **Wash:** Use a suitable detergent for the task (mix according to manufacturer's instructions for use). Use a scrubbing brush, if necessary.
4. **Rinse:** Rinse the area or piece of equipment with clean hot water.
5. **Sanitise:** Use a suitable chemical sanitiser at the correct temperature, concentration and time of exposure. Eg. Dishwasher at >80°C.

   Chemical sanitisers are generally either chlorine-based products, quaternary ammonium compounds or iodine based compounds. Some sanitisers are toxic and must be rinsed off. The use of chemical sanitisers should be suitable for food, in accordance with the manufacturer's specification in regard to the dilution rate, contact time and safety precautions as well as safe storage arrangements.

   Hot water sanitising can be achieved by immersing the article or equipment in hot water at a temperature of ≥82°C in conjunction with a sodium hydrochloride sanitizers for at least 30 seconds. The articles or items should then be allowed to air dry.

   Please note:
   1. *Hot water systems with temperature limiting devices will normally deliver water at 50°C. Water will therefore need to be further heated to reach ≥82°C.*
   2. *The article or equipment must be handled by tongs since hands placed in water at ≥82°C will result in severe burns. (3rd degree burns after 8 seconds immersion)*
   3. *The cleaning and sanitizing of utensils and crockery is best done in a dishwasher with a rinse cycle of ≥82°C, using a chlorine based rinse aid.*
6. **Dry:** Air dry if possible.

The main purpose of sanitising...

is to kill food poisoning bacteria and reduce the total number of bacteria to levels which will not cause cross contamination.

Section 3 – Contamination, Bacteria & Temperature Control

3.1 Bacteria

Bacteria are tiny organisms, which can only be seen through a microscope.

They exist everywhere, on human beings, in dust, soil, water and air.

Harmful bacteria are known as Pathogenic (disease causing) bacteria or Pathogens.

There are thousands of different types of bacteria and not all of them are harmful. Some bacteria are useful and are used in the production of alcoholic beverages, bread and yeast products, yoghurt and certain cheeses.

Pathogenic bacteria are responsible for food poisoning outbreaks and can also cause symptoms such as vomiting, headaches, diarrhoea and fever. In extreme cases pathogenic bacteria can cause death.

Bacteria need the right conditions to grow:

- Moisture
- Warm Temperatures
- Time
- Food

Moisture: Promotes bacterial growth. Bacteria are made up of 90% water and they need water in order to produce more cells.

Warm temperatures: Promotes bacterial growth. Bacteria grow between 5°C and 60°C, growing fastest between 20°C and 45°C.

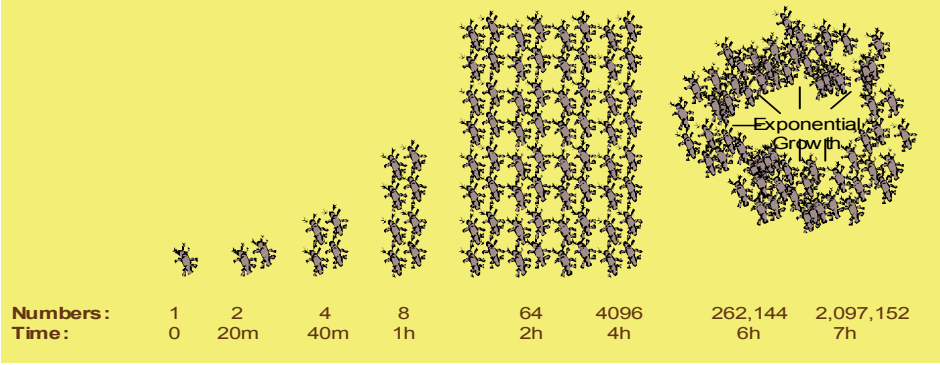
Time: Given the right conditions, bacteria need time to grow to large enough numbers in order to cause food poisoning. At 38°C each bacteria divides every 20 minutes.
Example: Food left out in the kitchen at 20°C, for 8 hours, which started off with one bacteria, would have over 11,000 bacteria at the end of the 8 hours.

Food: Bacteria can grow in food traces on utensils and equipment. Some foods are more hazardous than others and extra care should be taken when handling and storing these foods.

Food left out in the kitchen...

at 20°C, for 8 hours, which started off with one bacteria, would have over 11,000 bacteria at the end of the 8 hours.

Why Should I Be Focused On Food Safety?



Bacteria doubles every 20 minutes at 38°C (body temperatures)

Common Food Poisoning Bacteria (which can particularly effect people with a compromised immune system)

Bacteria	Foods Affected	Method of Introduction to Food	Signs and Symptoms of Illness
Listeria Monocytogenes	Raw milk, pasteurised fluid milk, cheeses, ice cream, raw vegetables, fermented raw meat, sausages, raw and cooked poultry, raw meats (all types), and raw and smoked fish.	Can be isolated from soil, silage and other environmental sources.	The onset time to gastrointestinal symptoms is >12 hours, with influenza-like symptoms including persistent fever. Gastrointestinal symptoms such as nausea, vomiting and diarrhoea may precede more serious forms of listeriosis.
Enterotoxigenic Escherichia coli (E.Coli)	Undercooked beef products eg. Beef patties, salami, etc, poultry and pork products, soft cheeses, salad and vegetables.	Infected food handlers who have had exposure to contaminated water or human sewerage.	Watery diarrhoea, abdominal cramps, low-grade fever, nausea and malaise.

Staphylococcus Aureus	Salty and sugary foods. Non-acid foods eg. Cooked ham, silverside, custards, cream.	By food handlers with nasal discharges or skin infections.	Vomiting, diarrhoea, stomach cramps within 3-6 hours of eating.
Clostridium Botulinum	Non-acid canned foods and small goods eg. Canned meat, vegetables and fish and salami.	Found in soil, dust, water, air.	Double vision; paralysis of vocal cords, digestive system , heart and lungs within 12-36 hours of eating. Death rate 50%.
Salmonella	Non-acid foods eg. Shellfish, poultry, meat, unpasteurised milk.	Intestines of animals (in faeces); carried by flies and other insects.	Fever, nausea, diarrhoea, stomach cramps, dehydration within 12-24 hours of eating. Death rate 1%.

3.2 Contamination

Contamination means the introduction or occurrence of a contaminant in food or a food environment.

Food contamination falls in to three categories:

- **Microbiological:** Caused by bacteria, mould, viruses or fungi.
  At 38°C growth of bacteria is doubling every 20 minutes. At –18°C bacteria is dormant – not growing At 75°C bacteria is mostly killed. At 1°C to 5°C bacteria is growing slowly
- **Chemical:** Caused by such things as: chemicals, insecticides, arsenic. Contaminants including cleaning chemicals, sprays and squirt bottles of caustic based substances, insecticides (sprayed substances,) and baits etc. which come in contact with food and contaminate it.
- **Physical:** Caused by such things as: plastic, metal, string, jewellery. Physical contaminants including: plastic, metal, string and jewellery, glass and any other foreign object that can come in contact with food and contaminate it.

Cross Contamination

Cross contamination is the transfer of harmful bacteria from raw foods to cooked or prepared foods.

Cross contamination also occurs from humans to food, especially when personal hygiene is not of a very high standard.

If raw food is cooked thoroughly, to a core temperature of over 75°C for a minimum of two minutes, most of the bacteria in the food will be killed. However, if 'ready to eat' food comes in to contact with a raw product, then bacteria can contaminate the cooked food.

Always keep raw and cooked food separate.

Ways to Prevent Cross Contamination

- Always maintain the highest level of personal hygiene.
- Ensure that work surfaces and equipment are washed and sanitised before and after use.
- Always use a clean cutting board, knives and utensils when carrying out various tasks. Cutting boards must be cleaned and santised.
- Store raw and cooked foods separately.
- Keep the preparation of raw and cooked food separate.
- Minimise the handling of food.

Consequences of Contamination

Food Poisoning is the result when contaminated food is consumed and the bacteria are in large numbers. ***The degree of contamination of food cannot be identified by smell, taste or texture.***

Potentially Hazardous Foods

Bacteria can grow more rapidly in these foods:-

- Raw and cooked meat, or foods containing meat.
- Dairy products eg. milk, custard.
- Seafood, excluding live seafood.
- Cooked rice and pasta.
- Processed fruits and vegetables eg. salads.
- Foods containing eggs, beans, nuts or other protein rich foods such as quiche and soy products.
- Foods that contain these foods eg. sandwiches.

Effects of Heat/Cold on Bacteria -

- **Bacteria are destroyed by temperatures above 60°C** if held for sufficient time.

Food Poisoning

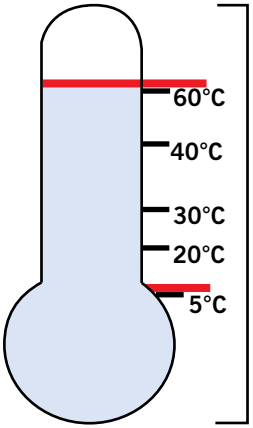
The degree of contamination of food cannot be identified by smell, taste or texture.

- **Cooking to a core temp of 75°C for a minimum of 2 minutes** will kill most bacteria present in food.
- **Bacteria are not killed by cold or freezing.** They only remain dormant while frozen and recommence their growth cycle after thawing, and grow slowly between 1°C to 5°C.

3.3 Temperatures

Before taking temperature readings of food, ensure that the thermometer probe is clean. The probe can be cleaned with a disposable alcohol swab or alternatively, can be sanitised by running the metal tip of the thermometer under hot water (≥82°C) for 6 seconds.

Never take a temperature reading of a raw product and then a cooked product without sanitising the thermometer between uses.



Bacteria begin to die. Most bacteria dead at 75°C

DANGER ZONE:
Rapid growth of Bacteria.

Occurs between 20°C and 40°C

1°C to 5°C slow growth of bacteria
-18°C (hard frozen) Bacteria is dormant

The Danger Zone
Bacteria grows between 5°C and 60°C

3.3.1 Temperature Measurements

Core Temperature - Insert the thermometer probe into the geometric center of food item. Leave the probe in the product for at least 10 seconds then read.

Surface Temperature – Take if product is vacuum packed, frozen or if core temperature reading will damage or contaminate the food. Place the probe between two vacuum packed items or two bottles of milk and read.

Laser Gun – Surface reading or products. Not reliable for core readings.

3.3.2 Refrigeration

Refrigerated storage should be maintained between 1° - 5°C and should have an accessible thermometer*, which should be checked and the reading recorded on the day of the event.

** an accessible thermometer is magnetically attached to the outside of the fridge or freezer; the probe is located inside the fridge or freezer.*

Cool food down rapidly by transferring in to shallow containers or by cutting in to smaller portions. Food cools down faster if it is transferred in to shallow trays, no deeper than 10cm.

> "Food cools down faster if it is transferred in to shallow trays, no deeper than 10cm."

Cool down from: **60°C to 21°C within 2 hours**
Then from: **21°C to 5°C below, within 4 hours**

All items to be refrigerated or frozen must be covered (shrink wrap or foil), and labelled and dated (State the date the item was frozen and the description of the product)

3.3.3 Freezing

Freezer storage should be maintained at **-18°C (hard frozen)**
During a **defrost cycle** the minimum operating temperature is **-12°C**

3.3.4 Thawing

- Thawing of food should not take place outside of refrigeration, unless using a microwave. When thawing the product, place it in the bottom section of the refrigerator to ensure that it remains cold while it thaws, and does not contaminate other food.
- Frozen food can generally be thawed in 12 – 24 hours in the refrigerator.
- **NEVER** refreeze thawed food. When you re-thaw food, it is likely to have higher levels of bacteria, which would increase the risk of food poisoning. In addition to this, the product would significantly lose quality.
- Microwave thawing is acceptable, but the thawing is not uniform and the product must be cooked immediately afterwards.

Note: It is not recommended to cook food that is still partially frozen.

3.3.5 Cooking and Reheating Foods

When cooking food always maintain a cooking procedure that is capable of achieving a **minimum core temperature of 75°C for not less than 2 minutes.** Check that the product reaches the core temperature of 75°C by inserting a thermometer into the food at the slowest heating point.

Always make sure that products shown in 3.2 above (potentially hazardous foods) reach a core temperature of 75°C for two minutes.

3.3.6 Reheating

- Food should be re-heated to a core temperature of 75°C in the minimum time possible.
- Do not re-heat food in bain-maries, as they are not designed for this purpose.
- Do not re-heat more food than you require, as you must never reheat food that has already been re-heated.

3.3.7 Displaying Food

- Food ready for service in hot or cold display units must be held at >60°C for Hot Food and between 1°C to 5°C for fresh food.
- Provide protective barriers to minimise contamination. This will minimise the risk of food becoming contaminated by the people being served.
- Do not 'overfill' the cabinet. If the display cabinet is overfilled, the temperature of the products in there will not be uniform. Cold air will be unable to circulate around the food. Therefore, the risk of a chilled product exceeding the safe temperature will increase.

3.3.8 Calibration of Thermometers

Thermometers should be calibrated regularly (suggest 3 monthly), or other specified frequency – and the results should be recorded.

WHY calibrate – thermometers can read inaccurately through misuse or the quality of the instrument.

HOW do you calibrate – you are aware that 0°C is freezing point of water.

Make an ice Slurry (crush ice by placing in a chux or towel then beating with rolling pin or meat mallet). Place crushed ice in a jug or mug and place thermometer into this slurry. The recoding after 20 seconds should be 0°C.

Reheating

- Food should be re-heated to a core temperature of 75°C in the minimum time possible.

Section 4 – Delivery, Storage & Service

It is extremely important that certain measures are taken in regards to delivery, storage and service of products. Failure to adopt these measures could result in an unsafe product.

4.1 Delivery of Food

- Check that raw and cooked products are separated (eg. raw meat products must not be delivered in the same container as cooked meats).
- Check that the product is at the correct temperature.
- Check for correct labelling (use by date, best before date etc.).
- Check the overall appearance of the product. A bad aroma would indicate contamination. You should also reject products if the appearance is not as it should be, eg. mould on oranges.

Food must always be stored in the area specifically designed for it. Do not store food in any other area. The storage areas must be clean and products, which emit strong odours, should preferably be stored separately.

"Food must always be stored in the area specifically designed for it."

Delivery: Possible Signs of Contamination

- Packaging damaged/split.
- Signs of rodent droppings, foreign objects eg. glass or metal.
- The product smells bad.
- Temperature of product is not within the safe zone.

If potentially hazardous food delivered to your premises does not meet these requirements you must reject that food

Food recalls occur when a supplier or manufacturer has reason to believe that a product is contaminated by food poisoning bacteria, chemicals or foreign matter that could harm someone when the food is consumed.

We must ensure that any food subject to a recall is held, clearly identified and kept separate from other food. Await instructions from the company recalling the food, to tell you what to do with it.

www.foodstandards.gov.au/foodmatters/foodrecalls

Storage

Food must always be stored in the area specifically designed for it.

4.2 Storing Food

Correct Temperature

- Foods that are stored must be;

Frozen	**-18°C (hard frozen)**
Chilled	**1° to 5°C**
Dry	**ambient approx 22°C**

Cross Contamination

- Raw foods (such as uncooked lamb, poultry and beef) should be stored below cooked foods. This ensures that blood or raw meat cannot fall/drip in to the cooked product, and contaminate it.

Stock Rotation

- First in First out - This is very important to avoid food deterioration. Avoid 'stock piling'. Keeping stocks to a minimum will prevent products expiring and having to be thrown away.

"First in First out - This is very important to avoid food deterioration."

Label, date and cover

- Keep all stored food in clean containers. Once a product has been opened, it must be transferred in to a clean container, covered, labelled and dated. An opened, stored product should not remain in the refrigerator for more than 2 – 3 days.

Hygienic Storage

- Store food 6 inches off the floor and away from walls. Food products must be stored off the floor and away from the walls, in order that air can circulate around the product, to provide space for cleaning and, reduce the risk of contamination. Do not overfill cold storage areas, as this prevents the circulation of the cold air and causes 'Hot Spots'.
- Storage area should be clean and dry.

Chemical Contamination

- Chemicals must be stored in a separate area, away from food – this prevents the risk of chemicals contaminating food.
- Canned foods, once opened, should be transferred in to a clean container, covered and

labelled – Under no circumstances should canned products be opened and the unused contents left in the can. The can will contaminate the product.

4.3 Serving Food

> "It is important that strict hygiene measures are followed when serving food"

Sanitised Eating and Serving Utensils

- Ensure all service equipment is thoroughly cleaned and sanitized.

Check Temperatures

- Check the temperature of both hot and cold food when it is ready to be served and throughout the time that it is being served. It is important to check the temperature of the food throughout the service period, to ensure that the temperature remains consistently at > 60°C or below 5°C.

Food Handling

- Always use gloves or utensils to serve food. Never touch with your hands.

Utensil Handling

- Do not handle cups or glasses near the drinking edge.
- Only handle cutlery by the handle.
- Do not handle plates on places that will come into contact with food.
- If an eating or serving utensil touches the floor, it must be washed and sanitised.

Personal Hygiene

- Do not taste food with your fingers.
- Do not cough or sneeze over or near food.

It is important that strict hygiene measures are followed when serving food, to reduce the risk of possible contamination. Cross contamination could occur if the above measures are not followed.

Section 5 – Food Labelling, Ingredients & Allergens

5.1 Responsibility

Food handlers have a responsibility to be careful with food labelling, ingredients and allergens.

The 'nominated supervisor' for a food 'event' is responsible to ensure that additives and ingredients of foods served are known, and allergens, if present, are declared.

When serving unpackaged food in a food service setting, and a parishioner or guest asks about the contents of the food, the nominated supervisor must know or have access to the information requested. The information provided must be correct.
Food Standards Australia New Zealand (FSANZ)

Ingredients and additives include:- Food additives which are often chemical based aids to manufacturing and food ingredients. Both can be causes of an intolerance or allergic reaction.

5.2 Food Additive

Food additives are shown on ingredient panels with a number.

Colours - denoted by numbers and will be described as a "colour". [100] to [181]
Preservatives - denoted by numbers [200] to [297].
Flavour Enhancers - denoted by numbers [620] to [641]

Colours, preservatives and flavour enhancers are the most common food additives to cause intolerances or allergic reaction.

5.3 Food Ingredients as Allergens

The following listing includes known food ingredients which may cause intolerances or allergic reactions.

1.	Cereals containing gluten and their products (wheat, rye, barley, oats, spelt)	GLUTEN
2.	Milk and milk products	DAIRY
3.	Eggs and egg products	EGG
4.	Peanuts and peanut products	PEANUTS
5.	Nuts and nut products	NUTS
6.	Soy and soy products	SOY
7.	Fish and crustacean	SEAFOOD
8.	Sesame seeds	SESAME
9.	Bee pollen, royal jelly, bee propolis	BEE PRODUCTS

5.4 Explanation of Intolerances and Allergens

Intolerances – are dose related reactions to an additive or food ingredient. When the 'tolerance' threshold is exceeded a reaction occurs which may include rashes, diarrhoea, nausea, headaches, sneezing, itchiness etc.

Allergic reaction – is an auto immune response and can be caused by a vapour or microscopic dose of the additive or ingredient to which the person is allergic. Symptoms can include hives, asthma, eczema and breathing difficulty. An allergic reaction can result in an anaphylactic shock reaction that can lead to death if not treated correctly. Please refer to managing anaphylaxis page 26.

Section 6 - Facility Maintenance

All equipment and other operating facilities should be listed and checked on a regular basis, where their operation can affect the safety of food.
This includes: –

- Refrigerator
- Ovens and cook tops
- Brat pans and fryers
- Exhaust and Air-conditioning systems
- Grease traps and
- Water Purification systems.

The listing needs to include a Critical Check List of all common failure points and record the operating level + or -.

Section 7 - Waste Management

7.1 Clearly Distinguishable Receptacles

- Waste disposable bins must be clearly distinguishable from other bins. Garbage can contaminate food, smell bad and attract pests. It is important that garbage bins are easily recognized and different from food bins. Garbage bins must never be used to store food, and food storage bins must never be used for garbage.

7.2 Cleaning and Sanitising Bins

- All bins should be washed, sanitised or steam cleaned regularly. As garbage bins are in contact with bacteria carrying waste, it is essential that they are cleaned and sanitised on a regular basis. They must be left to air dry, off the floor, to prevent recontamination.

"Waste disposable bins must be clearly distinguishable from other bins"

7.3 Refuse Disposal

- Plastic bin liners are recommended.
- Bins must have tightly fitting lids (kitchen bins should be pedal bins).
- Regularly dispose of refuse to minimize, bacteria, vermin and insects.

Remember 'A clean place is a safe place'

Section 8 - Pest Control

8.1 Commonly Found Pests

- Flies
- Cockroaches
- Rodents.

8.2 Minimise Pests – Minimise Contamination

Good environmental health is essential, as pests are attracted to filth, food and the smell of food. Pests have the potential to contaminate and spoil food. They all carry bacteria that cause food poisoning. Disease can be present in their droppings and can also be spread by their bodies coming into contact with food.

8.3 Pest - Prevention

- Follow good waste disposal procedures.
- Store food in containers with secure lids.
- Seal cracks, install fly screens, fill gaps.
- Use bait stations to keep away rodents (keep the bait stations away from food preparation areas).
- Keep the working environment clean.
- Check all deliveries and reject any that may indicate infestation.
- Keep food covered at all times.

Insects and vermin present a serious health risk. It is, therefore, essential that pests be controlled.

MANAGING ANAPHYLAXIS

There is a high probability that some people (particularly some young children) in the congregation, or in the ministries that we run, will suffer from allergies of various types.

In some cases they may suffer very severe reactions to the trigger substance. Therefore we need to consider this in our subject of Food Safety.

What is Anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

What causes Anaphylaxis?

Common triggers of anaphylaxis include:

Food
Milk, eggs, peanuts, tree nuts, sesame, fish, crustaceans and soy are the most common food triggers, which cause 90% of allergic reactions, however, any food can trigger anaphylaxis. It is important to understand that even trace amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to even the smell of a food (e.g.fish).

Insect Venom
Bee, wasp and jumper ant stings are the most common causes of anaphylaxis to insect stings. Ticks and fire ants also cause anaphylaxis in susceptible individuals.

Medication
Medications, both over the counter and prescribed, can cause life threatening allergic reactions. Individuals can also have anaphylactic reactions to herbal or 'alternative' medicines.

Other
Other triggers such as latex or exercise induced anaphylaxis are less common and occasionally the trigger cannot be identified despite extensive investigation.

Signs and Symptoms

The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first 20 minutes after exposure. Rapid onset and development of potentially life

threatening symptoms are characteristic markers of anaphylaxis.
Allergic symptoms may initially appear mild or moderate but can progress rapidly. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

Common Symptoms

Mild to moderate allergic reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

Severe allergic reaction- ANAPHYLAXIS

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (young children)

Diagnosis

A person who is suspected of having a food allergy should obtain a referral to see an allergy specialist for correct diagnosis, advice on preventative management and emergency treatment. Those diagnosed with severe allergy must carry emergency medication as prescribed as well as an Anaphylaxis Action Plan signed by their doctor. Food allergic children who have a history of eczema and/or asthma are at higher risk of anaphylaxis. Administration of adrenaline is first line treatment of anaphylaxis.

Management & Treatment

Anaphylaxis is a preventable and treatable event. Knowing the triggers is the first step in prevention. Children and caregivers need to be educated on how to avoid food allergens and/or other triggers.

However, because accidental exposure is a reality, children and caregivers need to be able to recognise symptoms of an anaphylaxis and be prepared to administer adrenaline according to the individuals Anaphylaxis Action Plan.

Research shows that fatalities more often occur away from home and are associated with either not using or a delay in the use of adrenaline.

Anaphylaxis Australia April 2008

There are a number of very helpful websites:

Anaphylaxis Australia
http://www.allergyfacts.org.au/

Australasian Society of Clinical Immunology and Allergy
http://www.allergy.org.au/

ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare
http://www.allergy.org.au/content/view/31/258/

Health Insite
http://www.healthinsite.gov.au/topics/Anaphylaxis

Anaphylaxis Action Plan

People (especially children) who have been diagnosed as having an anaphylactic reaction to a substance, should be under the care of a medical practitioner, who will have prepared an Anaphylaxis Action Plan specifically for the person concerned. The action plan, signed by their doctor, should be carried with them at all times, along with emergency medication (e.g. an EpiPen®).

Page 29 is a sample of an action plan for a child.

Adults at risk of anaphylaxis

Adults who have been diagnosed as being at risk of anaphylaxis should have an action plan designed by their doctor and carry an EpiPen® at all times.

While it may be assumed that an adult can generally be responsible for their own health and welfare, the potential severity of the anaphylactic reaction means that NO person should be expected to be completely responsible for the administration of their EpiPen®. Therefore others should be trained to recognise severe allergic reactions and administer adrenaline via their EpiPen®, if the person is not able to administer it themselves.
This means that:

- Every adult who is a member of your church family, who is aware that they are at risk of anaphylaxis should be encouraged to let the "leadership" know about it.
- There needs to be a specific question on all enrolment forms for parish activities, particularly Sunday School, youth camps, holiday programs and outings for example.
- If there is an adult present who is at risk of anaphylaxis, it would be highly desirable to also have someone present who is trained in first aid and in administering an EpiPen®.
- Staff members who are aware that they are at risk of anaphylaxis must declare that and their colleagues must be trained to recognise severe allergic reactions and to administer an EpiPen®.

Action plan for Anaphylaxis

Name: _____

Date of birth: _____

Photo

Known severe allergies: _____

Parent/carer name(s)

Work Ph:

Home Ph:

Mobile Ph:

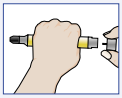
Plan prepared by:

Dr.

Signed

Date

How to give EpiPen® or EpiPen® Jr



1. Form fist around EpiPen® and pull off grey cap.

2. Place black end against outer mid-thigh.

3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.

4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed) .....
- locate EpiPen® or EpiPen® Jr
- contact parent/carer

watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

1 **Give EpiPen® or EpiPen® Jr**

2 **Call ambulance. Telephone 000**

3 **Contact parent/carer**

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

ascia
australasian society of clinical immunology and allergy inc.

www.allergy.org.au

Children at risk of anaphylaxis

Children cannot be expected to be responsible for their own health management. Therefore anaphylaxis needs to be one of the medical questions asked in enrolments for all parish activities, along with medications and dietary requirements.

The parents are to supply their child's Anaphylaxis Action Plan and the leaders responsible for the child are to discuss the action plan with the parents and must be trained to recognise severe allergic reactions and to administer an EpiPen®.

Please note: When it is suspected that a person is having an acute allergic reaction, NOT giving the EpiPen® can be much more harmful than giving it when it may not have been necessary. *Anaphylaxis Guidelines for Schools, 2006, page 22*

Food Management

Peanuts seem to be the best known food trigger. Milk, eggs, tree nuts, sesame, fish, crustaceans and soy are also common food triggers.

It may be thought that the safest and best way to manage the risk is to ban substances containing say, peanuts, from church properties and activities. That does not seem to be the case, as discussed below.

FOOD POLICY MEASURES SPECIFIC TO SCHOOL AGE CHILDREN

Risk minimisation with regard to particular foods (peanuts and tree nuts) is indicated, however the implementation of blanket food bans or attempts to prohibit the entry of food substances into schools are not recommended.

Issues considered in not recommending blanket food bans were;

- the practicalities of such measures
- the issue that for school age children an essential step is to develop strategies for avoidance in the wider community as well as at school
- the lack of evidence of the effectiveness of such measures
- other guidelines and position statements and experts do not recommend such measures
- some guidelines state that such a policy should be "considered" for a specific foodstuff such as peanut rather than recommended
- food bans at schools are not recommended by allergy consumer organisations
- the risk of complacency about avoidance strategies if a food is banned.

For schools where there are children with severe allergies to nuts (peanuts and

tree nuts) a risk minimisation policy for school canteens should be implemented. This involves removal of items with the relevant nut as an ingredient, but does not apply to those foods labeled "may contain traces of nuts".

Risk minimisation in schools may also include asking parents of classmates not to send peanut butter on sandwiches if a class member in early primary years (Kindergarten to 7 year old) has peanut allergy. This is due to the higher risk of person to person contact in younger children.

On school camps where there are children with severe nut allergy, it should be requested that foods containing nuts are not taken or supplied, consistent with the nut minimisation policy in the school canteen.

Bullying by provoking food allergic children with food to which they are allergic should be recognised as a risk factor and addressed by anti-bullying policies.

ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare

Please Note

When it is suspected that a person is having an acute allergic reaction, NOT giving the EpiPen® can be much more harmful than giving it when it may not have been necessary.

Examples of strategies that may be used to avoid allergens

Risk	Strategy	Who?
Minimising risk – food allergies Morning/afternoon teas, suppers, lunches, dinners	• Determine food policy. If providing allergen-free table, appoint people to oversee stock of allergen free products and provide written information. • Discuss anaphylaxis awareness with catering volunteers and address training needs if necessary.	Minister, Wardens, Parish Council Person responsible for risk management
Sharing other foods	• Regular discussions with relevant groups about the importance of eating own food and not sharing. • Meals in an area which is being supervised. • Encourage parent of child to be involved with food.	Leaders and person responsible for risk management
Trigger food in the parish kitchens	• Identify foods that contain or are likely to contain trigger substances and replace with other suitable nutritious foods. • Advise other organisations / groups using the facility that it is to be free from the particular trigger substance of concern. • Place a copy of the individual person's Anaphylaxis Action Plan in the kitchen (with permission).	Wardens, person responsible for risk management, leader of the activity
Parties and special events	• Advise person at risk / parent of child at risk of food allergies ahead of time so that they can provide suitable food. • Food for allergic child should only be approved by the child's parent. • Inform other people / parents of trigger substances and request that these food be avoided. • Consider non-food rewards. • Cupcakes, as replacement for a piece of birthday cake, can be stored in an identifiable container (labelled with the child's details) in a freezer.	Leader / leader of the activity
Non-food sources	• Check first-aid kits and replace any nut-based ointments. (Be aware that other names are given for nuts, e.g. arachais, mandelonas, etc.). • Be aware that craft items can be a risk e.g. egg cartons, milk containers, peanut butter jars.	Leader of the activity, person responsible for risk management

Insect sting allergies Grassed and garden areas	• Ensure children allergic to insect stings wear shoes at all times. • Seek to reduce their activities in grassed and garden areas. • Child must be supervised at all times.	Leader of the activity
Medication activities Children taking other children's medication brought from home without the leader's knowledge	• Parish community and parents to be made aware of policy regarding administration of medications. • Monitor the policy to minimise children bringing unauthorised medications. • Educate the child and peers about medication allergies and the importance of only taking medication prescribed for them. • Encourage children with allergies to wear a medic alert bracelet or necklace.	Parish Council Person responsible for risk management, leader of the activity
Latex allergies	• Avoid use of party balloons. • Avoid contact with items such as swimming caps and latex gloves. • Source non-latex based gloves (e.g., vinyl gloves) .	Leader of the activity, parents/carer of the child at risk

Risk Management