Ontario's Approach to the Risk Categorization of Food Premises- Questions and Answers

The following information is provided to assist public health units in the application of the new provincial approach to the Risk Categorization of Food Premises, released in January 2015. This document should be reviewed in along with the corresponding Guidance Document for the Risk Categorization of Food Premises, Food Premises Risk Categorization Template, and the Risk Categorization of Food Premises: Backgrounder. Please note: only information not readily available in the above documents has been provided.

1. How is the Ontario risk categorization of food premises different from previous risk categorization processes?

The revised *Food Safety Protocol, 2013* outlines the minimum requirements of an annual on-site risk categorization but does not include specific factors to be applied. As a result, public health units previously used a variety of approaches to determine risk categories of food premises, leading to inconsistencies across the province. Ontario's new approach uses standard profile and performance factors to categorize risk levels, each with an associated weighting. This approach can be applied to current public health practice, provides provincial consistency for efficient allocation of resources, and contributes to preventing or reducing the burden of food-borne illness.

2. Are public health units required to use Ontario's new approach to the risk categorization of food premises?

This approach was released on January 9, 2015 and is to be used by all public health units in the annual on-site risk assessment of each food premises, completed during the first inspection of the year. The *Food Safety Protocol, 2013* is being updated to reference the requirement for implementing the new approach. Full implementation of the provincial approach by all 36 public health units is anticipated by June 30, 2015.

3. How is this approach being integrated into public health unit operational practices?

Public health units may use either the Ministry of Health and Long-Term Care's (MOHLTC) Excel *Risk Categorization of Food Premises Template* or integrate its content (i.e., factors and weightings) into their existing IT system. Many public health units have already incorporated the template into their systems and have tailored it to their individual requirements for operational and evaluation purposes (e.g., disclosure programs, compliance with bylaws, private water supply, etc.).

4. Why is Ontario's new approach to the risk categorization of food premises being implemented now?

The MOHLTC recognized the need to develop a common approach to assist in allocating public health resources to food premises that require appropriate interventions based on their level of risk of contributing to adverse health outcomes, such as food-borne illness. The development of a standard

approach also supports consistent reporting by all public health units and will provide data to support future evaluation activities.

5. What stakeholders were consulted in the development of the risk categorization of food premises?

Because the development of the risk categorization of food premises approach was a program enhancement exercise, members of public health units at the management level were primarily engaged to provide substantive advice and assistance through a time-limited working group process. Public Health Ontario contributed by providing research data related to foodborne illness attribution in food service settings. In November 2014, all 36 public health units were asked to provide feedback on the draft approach. As part of this feedback process, the MOHLTC developed and provided all public health units with various scenarios to test the approach and to assist in determining any local operational implications.

6. How were the factors in the risk categorization of food premises approach determined?

It was agreed that a program enhancement approach based on existing practices would be applied. The process consisted of:

- A survey of all public health units to determine existing methods and tools;
- A jurisdictional scan of similar types of risk categorization tools used in other provinces and countries;
- An analysis of the key factors and a prioritization and weighting process carried out by the working group and led by the MOHLTC; and
- Validation of factors and weightings by working through over 30 food premises scenarios.

7. How was the scoring system for the risk categorization of food premises approach validated?

Multiple food premises scenarios were developed to test and validate the standard factors and associated weightings used in the assignment of risk categories. Based on feedback from the members of the working group, a number of adjustments were made to refine the template. The refined template and scenarios were then provided to all 36 public health units for further testing and validation. Based on the significant feedback received, the approach was finalized and provided to the public health units for implementation.

8. How will public health units manage the potential increase in number of inspections if significant changes to risk categories occur?

The MOHLTC recognizes that some public health units may see a change to their proportion of high, moderate, and low risk premises over time. The degree of change will be dependent on how close the new approach aligns with their previous process.

Once fully implemented over 2015, public health units should have a better understanding of short and long-term impacts to their planning and resources. Over time, food premises that show improved compliance, increased food handler training, etc., may require fewer routine inspections resulting from a lower risk category.

It is important to note that settings serving vulnerable populations (i.e., hospitals, long-term care homes, retirement homes, or childcare settings) will continue to be categorized as high risk due to the nature of

their operation. The MOHLTC will request that these settings to be reported as a sub-group of all high risk establishments.

9. Why does the scoring for all facilities, such as all hospitals and long-term care homes, categorize these premises as high risk?

Food premises primarily serving vulnerable populations in hospitals, long-term care homes, retirement homes, and some child-care settings will always be classified as a high risk food premises. The performance of each of the facilities may continue to be monitored; however the risk category will not be lowered. Clients of these settings are more likely to experience serious complications associated with the consumption of contaminated food, and because of this high impact, a minimum of three inspections each year will be maintained.

10. How are public health units to manage applying risk categories to multi-unit premises?

A number of public health units sub-divide food premises into distinct units where food handling functions may differ due to the extent of food handling being done (e.g.: a grocery supercenter with a bakery and deli counter).

While we recognize the level of risk may differ from unit to unit, for the purpose of establishing risk categories to determine the number of routine inspections to the food premises, public health units are to base their approach on the entire food premises, using the most complex food handing area of the premises. The result is that the risk category is based on the entire food premises. This approach follows the principle that public health inspectors will inspect all areas of the facility during routine inspections.

Legally separate business entities within a food premises, would however, receive their own risk categories (e.g.: a chain coffee shop located within a gas bar/variety store complex).

Public health units may continue to use units for planning resources, quantifying workload, and other operational purposes within multi-unit facilities. Public health units are advised that reporting of risk categories to the MOHLTC should be based on the entire food premises.

11. What is the rationale for including certified food handlers as a factor in the risk categorization of food premises approach?

The *Food Safety Protocol, 2013* states that the board of health shall promote for all high and moderate risk food premises, that there is at least one certified food handler present at the food premises during all hours of operation.

This factor has been included to encourage the promotion of certified food handlers and to provide baseline data of for future evaluation purposes and to inform policy changes. This factor alone should not change the risk level of any food premises without other factors contributing to the overall weightings.

12. Does the MOHLTC recognize food handler training courses offered by large food retail chains?

The MOHLTC values organizations that provide food handler training in Ontario. Non-public health unit providers are encouraged to apply to the MOHTLC to be evaluated for equivalency to training and certification offered by Ontario's public health units. Once deemed equivalent, all public health units in Ontario will accept the certifications issued by these providers after the date that they are listed as equivalent. Large organizations that offer training courses for their staff, without an exam or

certification card, must ensure that they meet the core content requirements for safe food handling practices and complete a provincial exam through a public health unit.

13. Why aren't the following factors included in the risk categorization of food premises approach?

Hazardous Foods: Almost every food premises serves some degree of hazardous foods, therefore it is more effective to capture risk by including the extent to which food is prepared (i.e., preparation steps) rather than the presence of hazardous foods itself.

Volume: Volume is an important determinant in risk; however, there was limited supporting evidence to provide a specific number of meals as an indicator of increased risk. Instead, this factor has been captured under settings that produce large volumes of food in a short time for a defined group of people (i.e., "full service banquet halls" and "food premises primarily serving catered meals off-site").

*Water Supply***:** Although it was agreed that this is an important factor to take into consideration, it is covered and monitored under the Safe Water Program. Public health units may customize the risk categorization of food premises template to include the identification of small drinking water systems, as long as the risk weighting and score are not altered.

Suspected Foodborne Illness: The template ensures that only laboratory-confirmed or epidemiologically-linked food-borne illness or outbreak, attributed to improper food handling practices at the food premises, are captured in the risk categorization. This reduces subjectivity and provincial inconsistency in applying the approach.

14. Why aren't the number of critical infractions captured in the risk categorization of food premises approach?

The purpose of this factor is to assess general compliance with the regulations to support simple decision-making for the assignment of the number of routine inspections for the year. However, local IT systems generally have the functionality which allows public health units to analyze this information in more detail.

15. What are examples of critical/non-critical infractions?

The MOHLTC's "*Food Premises Inspection Report-Items Critical to Food Safety"* and *"Food Premises Inspection Report- Establishment Sanitation, Design, and Maintenance Items"* are to be used as a guide for public health units in assessing critical vs non-critical infractions. These forms are based on the existing Food Premises Regulation 562.

16. Is the *Risk Categorization of Food Premises: Backgrounder* available to the public?

Though not available on the MOHLTC's public health standards website, the backgrounder may be shared with the public and is available in the new Risk Categorization of Food Premises community on the eHealth portal.

17. Will the MOHLTC provide training support to follow the release of the new approach to the risk categorization of food premises?

In the spring of 2015, the MOHLTC will host a workshop with public health inspectors who have experience using the new approach to identify the need for training and tools to support the new approach to the risk categorization of food premises.

18. Will the new approach to the risk categorization of food premises lead to a mandatory disclosure system?

The *Food Safety Protocol 2013* (or as current), section 4c) requires boards of health to establish and implement a procedure for the public disclosure of food premises inspection results. The provincial approach to the risk categorization of food premises would support a mandatory disclosure program, should it be considered in the future.