



FOOD ADVISORY COMMITTEE MEETING
1:00 PM – 3:00 PM; Thursday, November 9, 2017
3140 N Street, Lincoln NE
2nd Floor Room 2135 (Far West End of Building)
Proposed Agenda

WELCOME TO EVERYONE. THE FOOD ADVISORY COMMITTEE MEETING COMPLIES WITH THE OPEN MEETINGS LAW AND A COPY OF THE OPEN MEETINGS LAW IS POSTED AT THE ROOM ENTRANCE.

- I. Roll Call - Hubka**
- II. Approval of Agenda - Hubka**
- III. Approval of Minutes for the June 23, 2017 Meeting – Hubka**
- IV. Old Business – Action Items**
Reconsideration of Proposed additions to Lincoln Municipal Code 8.20 Lincoln Food Code; Vomiting & Diarrheal Events Procedures, Kit Requirements and Handwashing Signage -- Daniel
- V. New Business – Action Item**
 - A) Proposed addition to LMC 8.20 Lincoln Food Code; Temporary Food Servers Food Handler Permit Exemption – Daniel**
 - B) Nomination of a new FAC Chair & Vice Chair -- Daniel**
- VI. New Business – Informational Items**
 - A) Term Expirations – Andrew Tipton, Linda Hubka (2nd Term), Linda Dennis, Matthew Morrison**
 - B) Multiple businesses occupying the same kitchen – Daniel/Holmes**
 - C) FDA Standards update – Daniel**
 - D) NDA Contract -- Daniel**
 - E) Take 20! Update – Ben Davy**
 - F) Update on Special Processes Trainings thru UNL – Ben Davy**

VII. Public Session - Hubka

Any person is free to speak to any item on this agenda at the time it is discussed. Any person wishing to address the Committee on a matter not on this agenda may do so at this time.

VIII. Schedule Next Meeting – Tentatively March 2018

IX. Adjournment

Copies of the meeting materials will be provided at the meeting. If you are not able to attend, please contact Justin Daniel at jdaniel@lincoln.ne.gov or 402-441-8033.

This agenda will be kept continually current and will be available for public inspection within the Lincoln-Lancaster County Health Department during normal working hours. A copy of the Open Meetings Law is posted at the meeting site.

The City of Lincoln complies with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 guidelines. Ensuring the public's access to and participating in public meetings is a priority for the City of Lincoln. In the event you are in need of a reasonable accommodation in order to attend or participate in a public meeting conducted by the City of Lincoln please contact Marcia Huenink at the Lincoln-Lancaster County Health Department at 402-441-8634 as soon as possible before the scheduled meeting date in order to make your request.



FOOD ADVISORY COMMITTEE MEETING

1:30 PM – 3:00 PM; Friday, June 23, 2017
3140 N Street, Lincoln NE
2nd Floor Room 2135 (Far West End of Building)
Proposed Agenda

Announcement of Open Meetings Act
Meeting was called to order by Linda Hubka at 1:39 PM.

I. Roll Call - Hubka

Present: Linda Hubka, Jay Jarvis, Jim Partington, Eric Bahm, Vince Murphy, Linda Major, Linda Dennis, Kathy Siefken, Matt Morrison

Absent: Julie Albrecht, Michelle Crites, Tom Hansen, Andrew Tipton, Edith Zumwalt

Staff Present: Justin Daniel, Scott Holmes, Angie Keim

Introductions: Daniel

II. Approval of Agenda – Hubka

Linda Hubka asked if there were any corrections to the agenda.

Motion: Moved by Jim Partington that the agenda be approved as printed. Second by Linda Major. Motion carried by 9-0 vote.

III. Approval of Minutes for the April 11, 2017 Meeting – Hubka

Linda Hubka asked if there were any additions or corrections to the minutes.

Motion: Moved by Eric Bahm that the April 11, 2017 minutes be approved as printed. Second by Vince Murphy. Motion carried by a 9-0.

IV. New Business – Action Item

Addition of new code sections into LMC 8.20 Lincoln Food Code to maintain consistency with the 2013 FDA Model Food Code.

- Clean-up of Vomiting and Diarrheal Events
- Handwashing Signage

Justin Daniel provided a summary of Standard 1. Mary Murrieta is currently working on our self-assessment for this. FDA code language included in packet of materials provided to all members. Examples of materials we have online for clean-up of vomiting and diarrheal events were also included in the packet. Kathy Siefken expressed concern in deviating from state code due to entities owning stores within Lincoln/Lancaster County and outside of Lincoln/Lancaster County and possibly causing confusion within those entities. Matt Morrison stated the state doesn't oppose the issues, so believes when a code overhaul is done, they will be included. Justin Daniel explained we are trying to maintain our compliance in Standard 1, so would need these added in order to do this. We have two years from July 2016 to complete this. Jim Partington advised we should take advantage of the two year grace period and begin letting establishments know this is

coming. Kathy Siefken said the state adopted new food code in 2016, made corrections in 2017 and doesn't see them correcting again in 2018. She also stated it was an oversight in the state adoption and was brought up in the meeting two weeks ago with little opposition. Matt Morrison mentioned the handwashing signage is being done even though it is not being mandated, however the bodily fluid clean up kits/procedures are not. Jay Jarvis said they have the kits in all of their establishments currently. Linda Hubka stated they use Lincoln policy as company policy in all of their stores. Linda Dennis stated they have clean up kits in all Runzas, but none have been used. They would have to amend their procedures to be compliant with the code change. Kathy Siefken asked how the procedures are going to be regulated by inspectors. Justin Daniel explained inspectors would look at the procedures and kits to make sure they are available. Linda Dennis stated they purchased ready-made, one-time use kits for \$26.50 and added face shields. Linda Hubka mentioned Phil gives a clean-up demonstration in his food manager renewal classes. Vince Murphy expressed concern with us adopting before the state due to the pandemonium and confusion it could cause in chain establishments. Also, doesn't agree with FDA "forcing" Lincoln/Lancaster Co. to comply instead of the state. Justin Daniel explained it is our self-assessment and our wanting to be in compliance, not FDA "forcing" us. Kathy Siefken reiterated the state missed adopting this section and believes the state should take the lead on adoption and Lincoln/Lancaster Co. should follow. Justin Daniel mentioned food handler permits and preventing contamination by hands were adopted in Lincoln/Lancaster Co. and not anywhere else. Eric Bahm asked if there were any benefits to being in compliance. Justin Daniel mentioned we are in compliance on seven of nine standards. We apply for FDA grants and remaining in compliance on standards aids our chances in getting these grant funds. They ask questions regarding compliance on the grant applications. Kathy Siefken and Matt Morrison asked for the consequences of not meeting the standards/being in compliance. Justin Daniel explained that now instead of listing on grant applications we are in compliance with seven, we are in compliance with six. Scott Holmes mentioned FDA wanting consistency in departments across the country. Linda Hubka mentioned OSHA and already being in compliance. Jim Partington asked the department to take some time to research what is already happening in establishments to try and make the transition easier. Matt Morrison expressed concern for the private owners (not chains). Scott Holmes reminded the committee their responsibility is to Lincoln/Lancaster Co. and not the rest of the state. Linda Major asked for a draft of minimum requirements (clean up procedures and kit contents) to be in compliance.

Motion: Vince Murphy motioned to table additions to code sections into LMC 8.20 as read until the fall meeting. Second by Jim Partington. Motion carried by an 8-1 vote (Linda Hubka opposed)

V. New Business – Informational Items

- A) FDA AFDO Grant Update (Consultative Program, Take 20!) – Ben Davy**
Justin Daniel gave report as Ben is out investigating. Ben has worked with 21 establishments as a consultant (cooling, heating, sanitizing, etc.). Eric Bahm asked if there were any trends in the establishments being worked with. Justin is going to follow up with Ben on this for more information. Ben has approximately 100 establishments participating in Take 20!.
- B) Update on Special Processes Trainings thru UNL – Ben Davy**
Justin Daniel gave report as Ben is out investigation. Ben, Renae & Scott are working with UNL on these trainings. The first training is being scheduled in October (ROP, Sous Vide, cook/chill).

C) FDA Standards Update – Daniel

Standard 1 reassessment is in final stages. Items needed to be in compliance were previously discussed and tabled. Justin working on self-assessment of standard 9 – risk factor study.

D) On-Line Food Handler Update – Daniel

The FBST online food handler site underwent upgrades in early June. The upgrades include 30 day email notification of expiration, day of expiration email, just in time testing, and opt out of future trainings.

VI. Public Session - Hubka

Any person is free to speak to any item on this agenda at the time it is discussed. Any person wishing to address the Committee on a matter not on this agenda may do so at this time.

Terrie Urtel with Dipities LLC was present, but did not participate in any discussion.

VII. Schedule Next Meeting – Tentatively October 2017

VIII. Adjournment

Copies of the meeting materials will be provided at the meeting. If you are not able to attend, please contact Justin Daniel at jdaniel@lincoln.ne.gov or 402-441-8033.

This agenda will be kept continually current and will be available for public inspection within the Lincoln-Lancaster County Health Department during normal working hours. A copy of the Open Meetings Law is posted at the meeting site.

The City of Lincoln complies with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 guidelines. Ensuring the public's access to and participating in public meetings is a priority for the City of Lincoln. In the event you are in need of a reasonable accommodation in order to attend or participate in a public meeting conducted by the City of Lincoln please contact Marcia Huenink at the Lincoln-Lancaster County Health Department at 402-441-8634 as soon as possible before the scheduled meeting date in order to make your request.

Percentage of Food Establishments that have Bodily Fluid Clean-Up Procedures, Kits, and have had Incidents

	yes	Total responses	Average (%)
procedures	82	149	55.03355705
kit	74	149	49.66442953
Incident	47	149	31.54362416

Source: Food Managers attending a Food Protection Manager Renewal Class and Person(s) in Charge during routine food establishment inspections

8.20.XXX

Clean-up of Vomiting and Diarrheal Events.

A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus and fecal matter.

8.20.XXX

Bodily Fluid Clean-Up Kit Requirements.

A food establishment shall provide a Bodily Fluid Clean-Up kit to protect employees from exposure. At a minimum, the kit shall include eye, and respiratory protection, gloves, barrier gown, coagulating agent, disinfectant, paper towels, disposable scoop, biohazard bag, and garbage bag.

8.20.XXX

Handwashing Signage.

A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.

8.20.195 Food Handler and Food Manager Permits; Types.

- (a) A serve/clean food handler permit shall be required for any person serving food and/or cleaning at a food establishment. Employee positions shall include, but not be limited to wait staff, dishwasher, or bus staff.
- (b) A prep/cook food handler permit shall be required for any person preparing potentially hazardous foods. Employee positions shall include, but not be limited to salad prep or cook staff.
- (c) A restricted/shift food manager permit shall be required for any person working as a Person In Charge of a food establishment not serving potentially hazardous foods.
- (d) A food protection manager permit shall be required for any person working as the Person In Charge of a food establishment serving potentially hazardous foods.

8.20.197 Food Handler Permits; Exemption.

A food handler permit shall not be required for any volunteer person who only serves food at a temporary food establishment or temporary event if, prior to working, the food server:

- (a) Is trained in proper hand washing, no bare hand contact, and safe food practices by the Food Protection Manager in charge using training approved by the Health Director, and
- (b) Signs a form affirming that he or she has not had diarrhea or vomiting in the past 48 hours, and that he or she understands and will practice no bare hand contact.

**Risk Factor Study on the Occurrence of
Foodborne Illness Risk Factors in Food Establishments
for September 1, 2015 thru July 12, 2017**



**Lincoln-Lancaster County Health Department
Environmental Public Health Division
Food Safety Program**

**Prepared by: Justin L. Daniel, REHS, CP-FS
Environmental Health Supervisor
Disease Prevention Section**

INTRODUCTION AND PURPOSE

The Lincoln-Lancaster County Health Department (LLCHD) initially obtained compliance with FDA Retail Program Standard #9 in 2004 by conducting a baseline study of all 9 facility types to determine the level of compliance with the five risk factors that contribute to foodborne illnesses. The identified risk factors included:

- Food From Unsafe Sources
- Inadequate Cooking Temperatures
- Improper Holding Temperatures
- Contaminated Equipment/Protection from Contamination
- Poor Personal Hygiene

LLCHD began completing food establishment inspections electronically in 2006. Unfortunately, the database was not designed to readily conduct a risk factor study. In 2015, Nebraska adopted the 2013 FDA Food Code, which required major changes to our inspection software program InspecTab and to its corresponding database. Data collection was modified so that the risk factor study could be completed using routine inspection data. The standard was designed to collect data on the occurrence of foodborne illness risk factors in selected foodservice and retail food establishments at five-year intervals. LLCHD is now at the point where risk factor inspection data can be readily retrieved and analyzed on a periodic basis. The standard allows for the jurisdiction to use routine inspection data in completing a risk factor study. The inspection data used for this report consist of inspections completed between September 1, 2015 and August 31, 2016 (our fiscal year) and September 1, 2016 thru July 12, 2017. Using the data from multiple collection periods, LLCHD hopes to evaluate trends and determine whether progress is being made toward the goals of reducing the occurrence of foodborne illness risk factors.

SELECTION OF FACILITY TYPES

The target industry segments are institutional food service establishments, restaurants, and other retail food facility types (deli, meat, produce and seafood departments).

Below represents the 3 industry segments and the 9 facility types selected.

INSTITUTIONS

- Hospitals
- Nursing Homes
- Elementary Schools

RESTAURANTS

- Fast Food Restaurants
- Full-Service Restaurants

OTHER RETAIL FOOD FACILITIES

- Deli Departments
- Meat Departments
- Produce Departments
- Seafood Departments

DATA SOURCE

The source of the data for this risk factor study is inspections conducted by LLCHD staff. To comply with FDA Standard #2, LLCHD has a rigorous standardization process. A “Standardizing Officer” is regularly standardized by a Nebraska Department of Agriculture Standardizing officer. As a result, LLCHD’s standardizing officer standardizes all staff without the Registered Environmental Health Specialist (REHS) credential annually, and all staff with the REHS credential bi-annually to ensure consistency during the inspection process.

RISK FACTOR STUDY DATA COLLECTION PROCEDURE/FORM

The 5 major risk factors contributing to foodborne illness provided the foundation for the data collection assessment form. Several code violations may be associated with a specific risk factor. So for the purposes of this study, if any of the specified code violations were marked as a violation, the respective risk factor was identified as out of compliance.

The Foodborne Illness Risk Factors and Public Health Interventions data collection form (Figure 1) is completed electronically during each routine inspection. When Nebraska adopted the 2013 FDA Food Code, a few “Nebraska specific” changes were made. These are designated in the table below by code reference numbers beginning with 81-2. In addition, LLCHD worked with our regulated community to move forward on adopting a more stringent requirement than the Nebraska Food Code on Preventing Contamination from Hands, which is designated in the table as LMC 8.20.070 under Risk Factor 7.

The following is a breakdown of risk factors and the corresponding State of Nebraska and City of Lincoln Food Code References:

Identified Risk Factor	Risk Factor #	Nebraska Food Code or LMC 8.20 Section(s)
Poor Personal Hygiene	4	2-401.11, 3-301.12
	5	2-401.12
	6	2-301.11, 2-301.12, 2-301.14, 2-301.15, 2-301.16
	7	3-301.11, 3-801.11, 8.20.070 , 81-2,272.10
	8	5-202.12, 5-203.11, 5-204.11, 5-205.11, 6-301.11, 6-301.12, 6-301.13
Food From Unapproved Sources	9	3-201.13, 3-201.14, 3-201.15, 3-201.16, 3-201.17, 3-202.110, 3-202.13, 3-202.14, 5-101.13

	10	3-202.11
	11	3-101.11, 3-202.15
	12	3-202.18, 3-203.12, 3-402.11, 3-402.12
Contaminated Equipment/Protection from Contamination	13	3-302.11, 3-304.11, 3-306.13
	14	4-501.111, 4-501.112, 4-501.113, 4-501.114, 4-501.115, 4-601.11, 4-602.12, 4-702.11, 4-703.11
	15	3-306.14, 3-701.11
Inadequate Cooking Temperatures	16	3-401.11, 3-401.12, 3-401.14
	17	3-403.10, 3-403.11
Improper Holding Temperatures	18	3-501.14
	19	81-2,272.01 (a)
	20	81-2,272.01 (b)
	21	3-501.17, 3-501.18, 81-2,272.24
	22	3-501.19

For each of the above listed risk factors, LLCHD staff have the ability to select the following options from LLCHD’s InspecTab inspections program:

Figure 1. Foodborne Illness Risk Factors and Public Health Interventions data collection form

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					Use	Protection from Contamination							
Supervision					14	IN	OUT	N/A		Food-contact surfaces: cleaned and sanitized	RF 14		
1	IN	OUT		PIC present, demonstrates knowledge, and performs duties	RF 1	15	IN	OUT		Proper disposition of returned, previously served, reconditioned, and unsafe food	RF 15		
Employee Health/Responding to Contamination Events					Time Temperature Control for Safety Food (TCS Food)								
2	IN	OUT		Management and food employee knowledge, and conditional employee; responsibilities and reporting	RF 2	16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	RF 16	
3	IN	OUT		Proper use of reporting, restriction and exclusion	RF 3	17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	RF 17	
Good Hygienic Practices					18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	RF 18		
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use	RF 4	19	IN	OUT	N/A	N/O	Proper hot holding temperatures	RF 19	
5	IN	OUT	N/O	No discharge from eyes, nose, and mouth	RF 5	20	IN	OUT	N/A	N/O	Proper cold holding temperatures	RF 20	
Preventing Contamination By Hands					21	IN	OUT	N/A	N/O	Proper date marking and disposition	RF 21		
6	IN	OUT	N/O	Hands clean and properly washed	RF 6	22	IN	OUT	N/A	N/O	Time as a public health control: procedures and records	RF 22	
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods or a pre-approved alternate properly followed	RF 7	Consumer Advisory						
8	IN	OUT		Adequate handwashing sinks, properly supplied and accessible	RF 8	23	IN	OUT	N/A		Consumer advisory provided for raw or undercooked food	RF 23	
Approved Source					Highly Susceptible Population								
9	IN	OUT		Food obtained from approved source	RF 9	24	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	RF 24	
10	IN	OUT	N/A	N/O	Food received at proper temperature	RF 10	Food/Color Additives and Toxic Substances						
11	IN	OUT		Food in good condition, safe, and unadulterated	RF 11	25	IN	OUT	N/A		Food additives: approved and properly used	RF 25	
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	RF 12	26	IN	OUT	N/A		Toxic substances properly identified, stored, and used; held for retail sale, properly stored	RF 26
Protection from Contamination					Conformance with Approved Procedures								
13	IN	OUT	N/A	N/O	Food separated and protected	RF 13	27	IN	OUT	N/A		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	RF 27

- **IN** = Item found IN COMPLIANCE with Food Code Provisions
- **OUT** = Item Found OUT OF COMPLIANCE with Food Code Provisions. The Environmental Health Specialist will provide an explanation in the comment section of the inspection report for each item marked OUT OF COMPLIANCE.
- **N.O.** = Item was NOT OBSERVED. The N.O. notation is used when an item was a usual practice in the food service operation, but the practice was not observed during the time of assessment.
- **N.A.** = Item was NOT APPLICABLE. The N.A. notation is used when an item was not part of the food service operation.

All of the routine inspection data is stored electronically within LLCHD’s electronic inspection database.

DATA REPORTS AND DISCUSSION

Table 1 and 3 provides the percent of **Out of Compliance** observations for each facility type as they pertain to controlling the 5 risk factors contributing to foodborne illness. Each table represents a different fiscal year, and each item was grouped by risk factor and facility type.

Table 1. Percent out of compliance observations by facility type and risk factor FY 2016 (September 1, 2015 thru August 31, 2016)

Food Service Type	Food From Unsafe Sources	Inadequate Cooking	Improper Holding Temperatures	Contaminated Equipment/Protection from Contamination	Poor Personal Hygiene
Elementary School	1.5%	0.0%	10.3%	19.1%	8.8%
Fast Food	3.3%	2.6%	33.3%	44.4%	25.6%
Full-Service	6.5%	3.2%	44.6%	58.7%	37.7%
Hospital	8.3%	0.0%	33.3%	41.7%	33.3%
Nursing Home	0.0%	0.0%	14.3%	50.0%	14.3%
Other Retail Facility Types	5.3%	0.8%	23.0%	30.5%	24.2%

Figure 2. Risk Factor Percent out of Compliance by Facility Type FY 2016
(September 1, 2015 thru August 31, 2016)

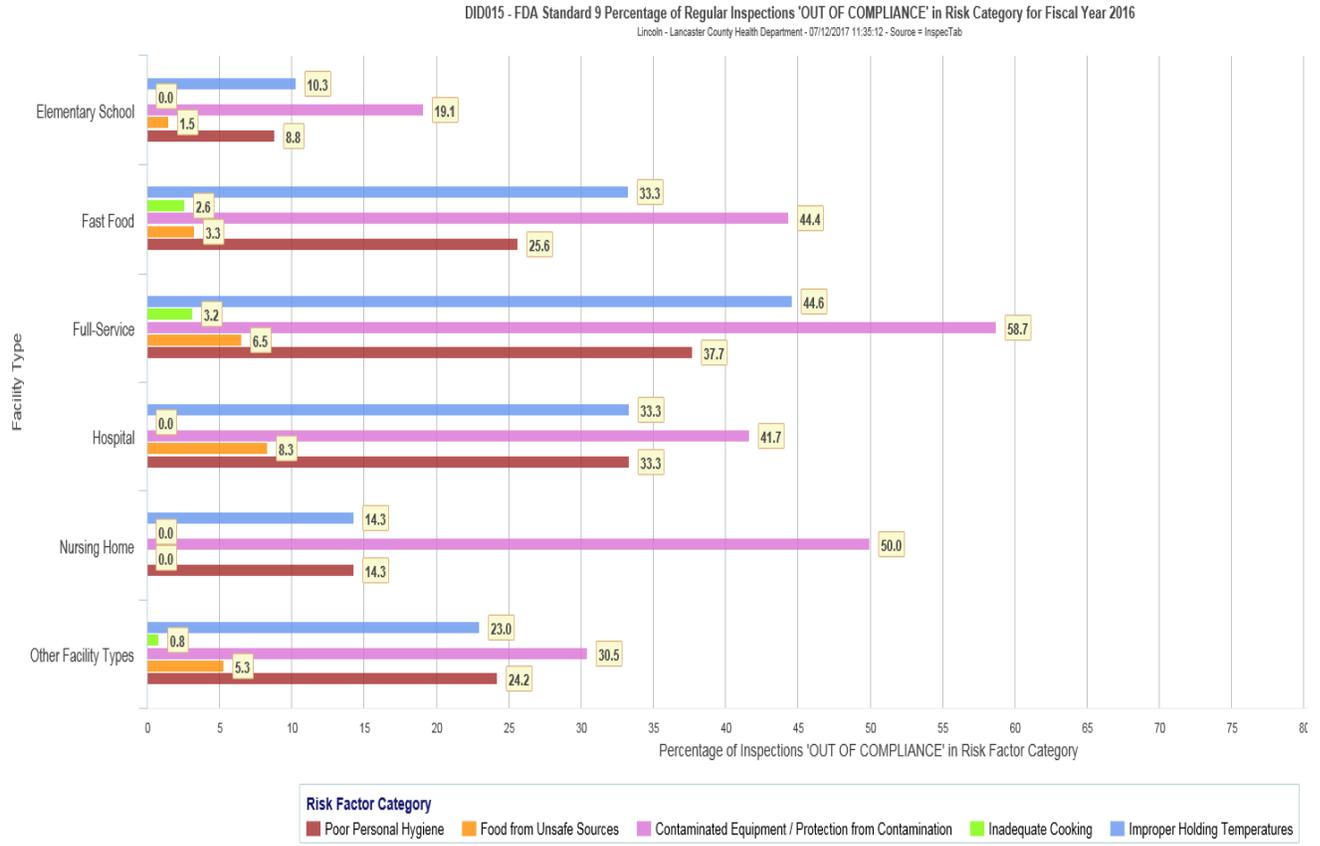


Table 2. Two highest risk factors Out of Compliance when combining all the facility types for FY 2016

Risk Factor	% Out of Compliance
Contaminated Equipment/Protection from Contamination	40.73%
Improper Holding Temperatures	26.47%
Poor Personal Hygiene	23.98%

Table 3. Percent out of compliance observations by facility type and risk factor FY 2017 (September 1, 2016 thru July 12, 2017)

Food Service Type	Food From Unsafe Sources	Inadequate Cooking	Improper Holding Temperatures	Contaminated Equipment/Protection from Contamination	Poor Personal Hygiene
Elementary School	1.9%	1.0%	10.5%	11.4%	7.6%
Fast Food	2.7%	2.4%	26.1%	47.5%	27.7%
Full-Service	6.5%	3.9%	40.9%	58.7%	39.8%
Hospital	8.3%	0.0%	33.3%	41.7%	33.3%
Nursing Home	6.7%	0.0%	27.3%	54.5%	0.0%
Other Retail Facility Types	6.5%	0.4%	18.1%	31.3%	19.8%

Figure 3. Risk Factor Percent out of Compliance by Facility Type FY 2017 September 1, 2016 thru July 12, 2017

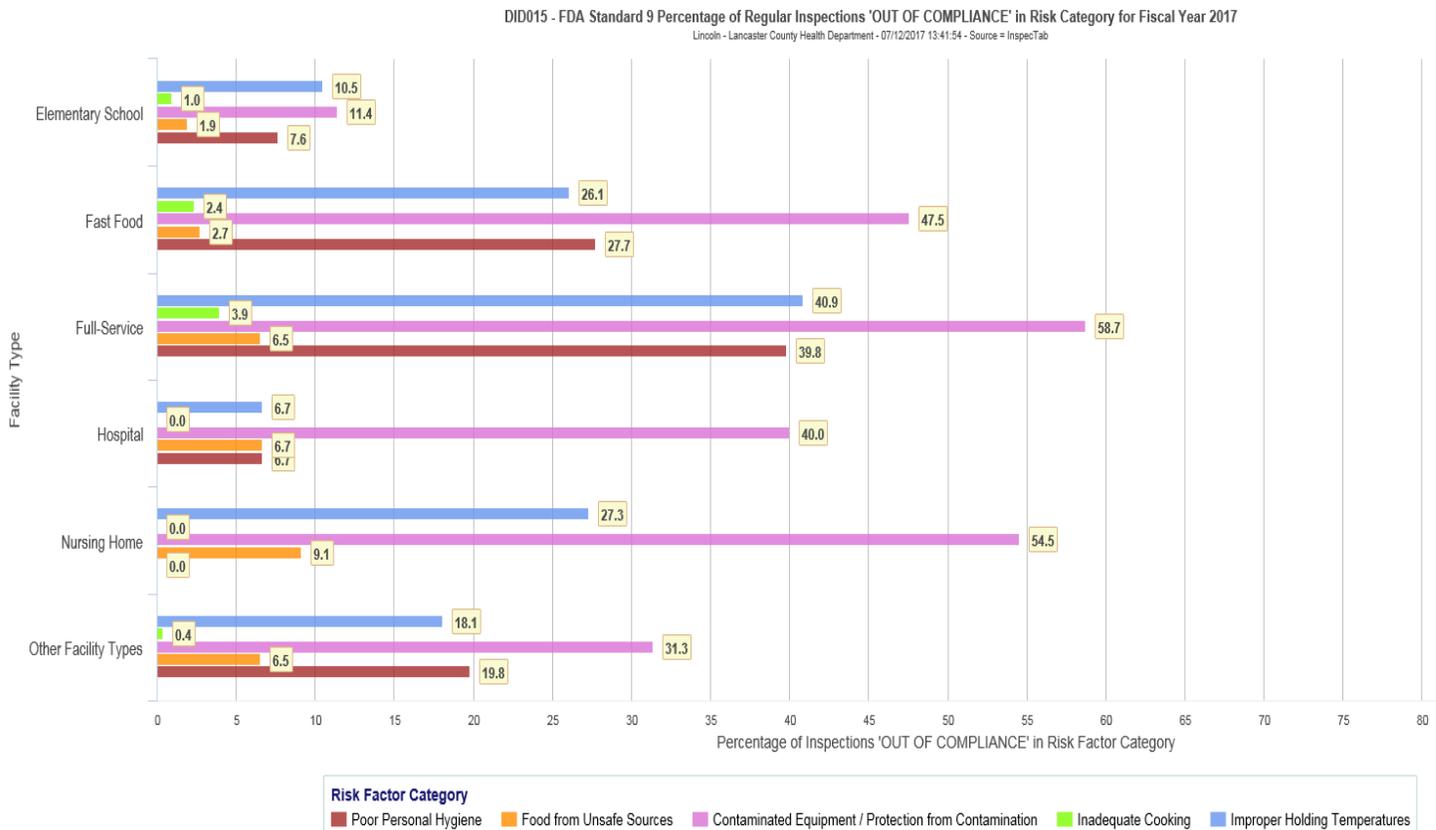


Table 4. Two highest risk factors Out of Compliance when combining all the facility types for September 1, 2016 thru July 12, 2017

Risk Factor	% Out of Compliance
Contaminated Equipment/Protection from Contamination	40.85%
Improper Holding Temperatures	26.00%
Poor Personal Hygiene	21.37%

Inspection data for both time periods shows that Contaminated Equipment/Protection from Contamination, Improper Holding Temperatures, and Poor Personal Hygiene are the most frequent risk factors marked out of compliance.

Figures 4 thru 9 depict the relationship (expressed as a percentage) of out of compliance observations for the five separate risk factors for each facility type.

Figure 4. Breakdown of Percent of out of compliance observations by risk factor for Elementary Schools

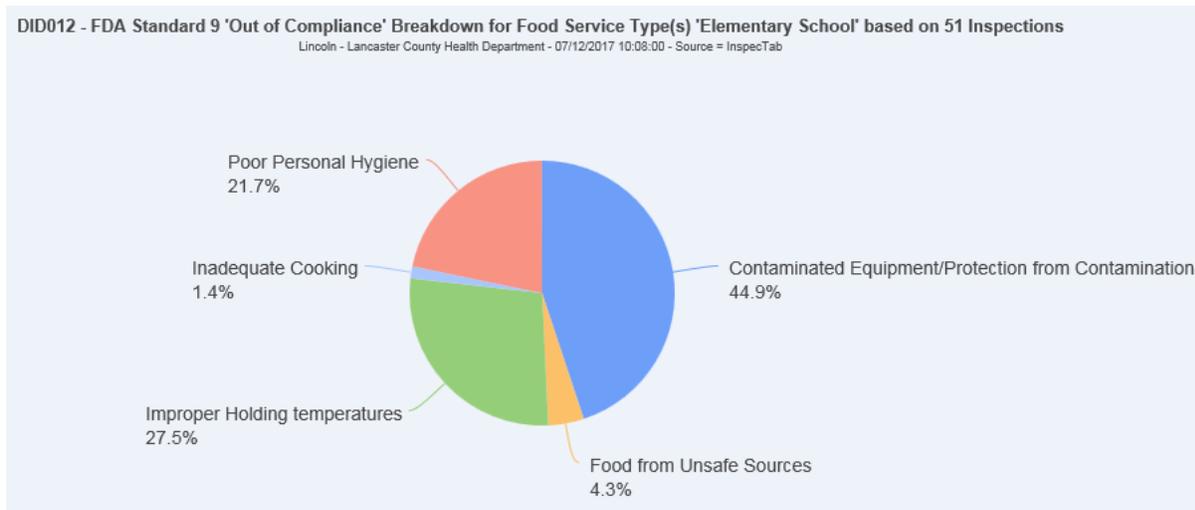


Figure 5. Breakdown of Percent of out of compliance observations by risk factor for Full-Service Establishments

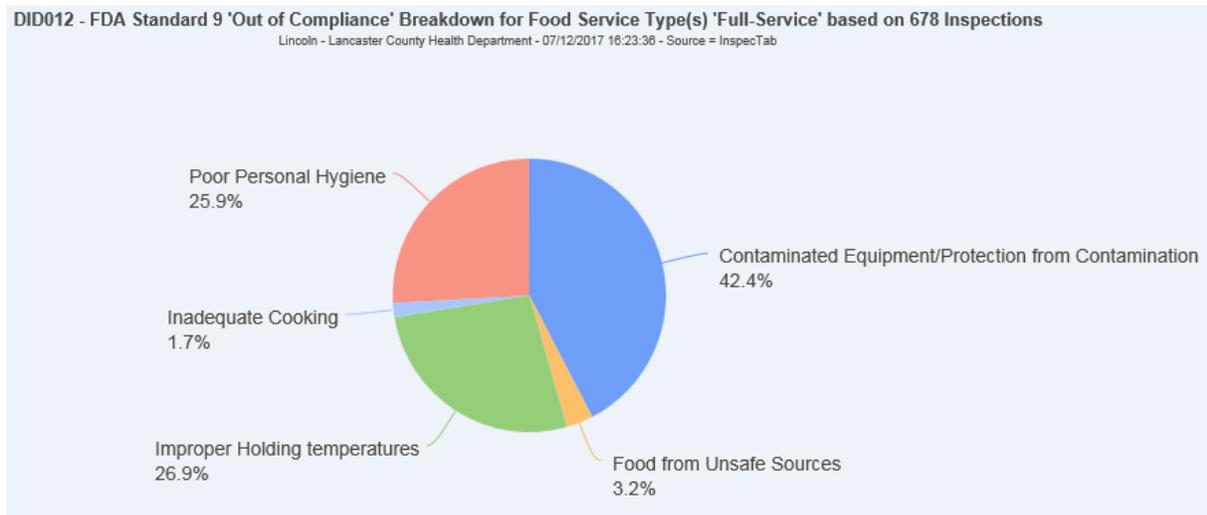


Figure 6. Breakdown of Percent of out of compliance observations by risk factor for Fast Food Establishments

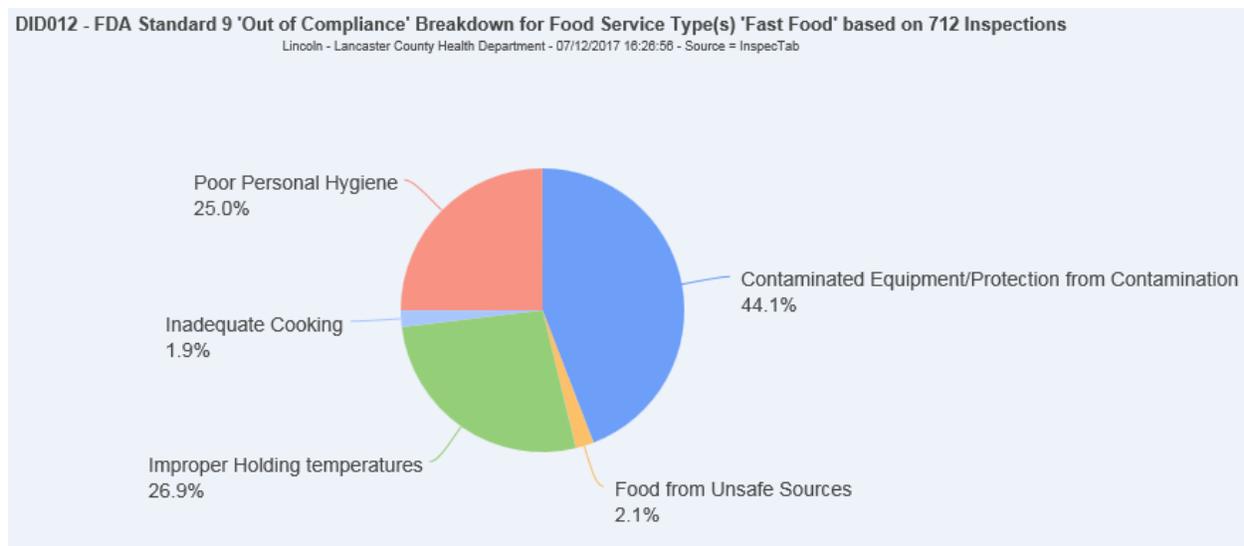


Figure 7. Breakdown of Percent of out of compliance observations by risk factor for Hospitals

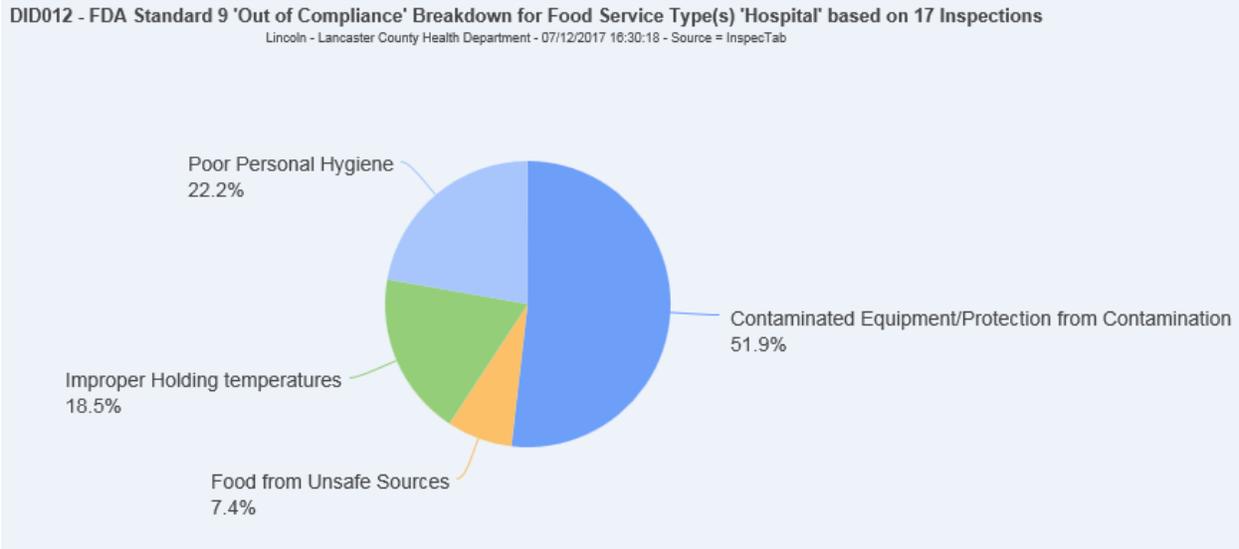


Figure 8. Breakdown of Percent of out of compliance observations by risk factor for Nursing Homes

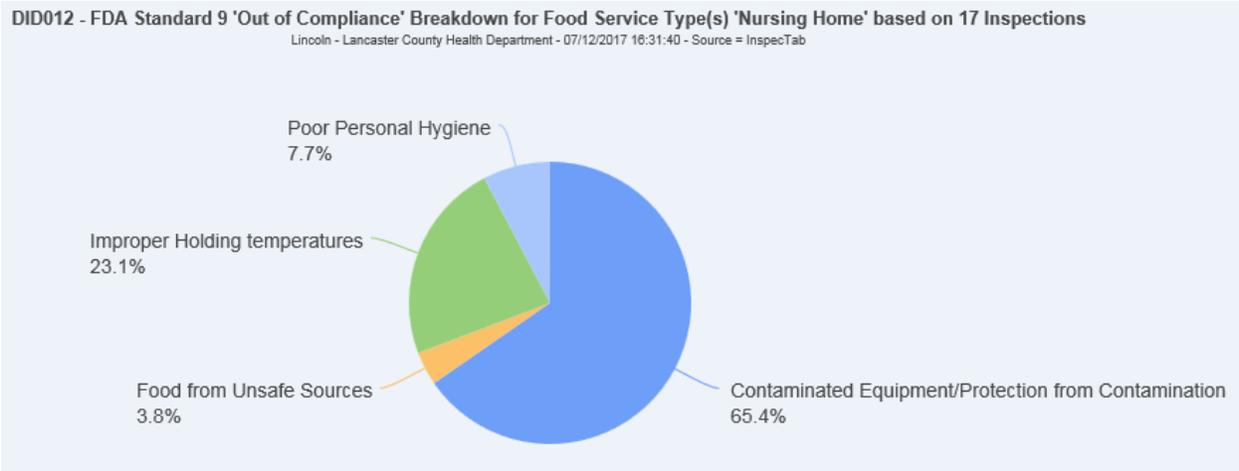
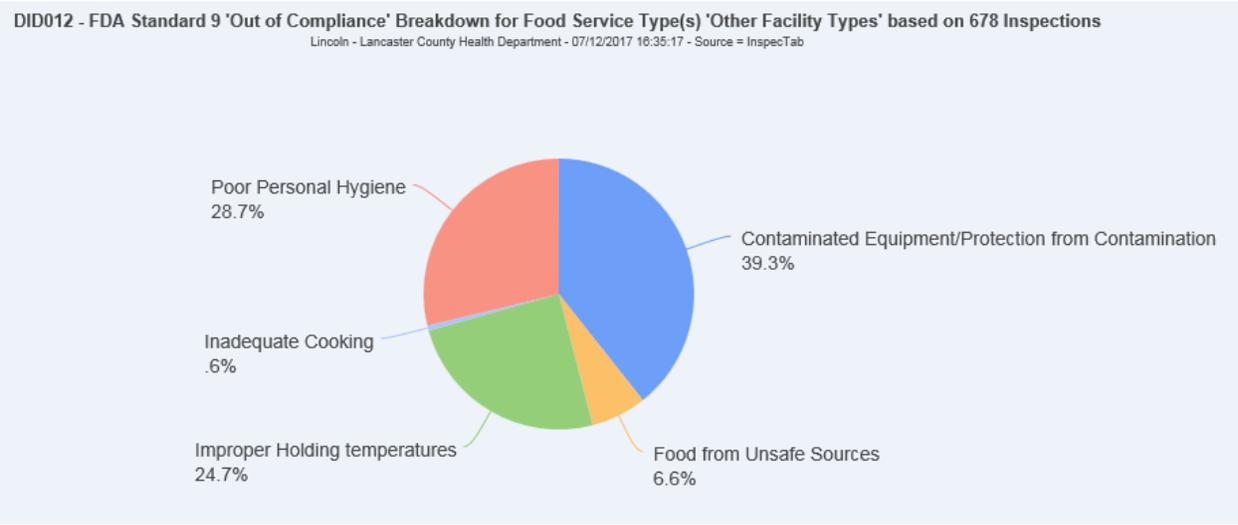


Figure 9. Breakdown of Percent of out of compliance observations by risk factor for Other Facility Types



Figures 4 thru 9 support the data from Figures 1 & 2 showing that Contaminated Equipment/Protection from Contamination, Improper Holding Temperatures, and Poor Personal Hygiene are the risk factors that are marked out of compliance most often.

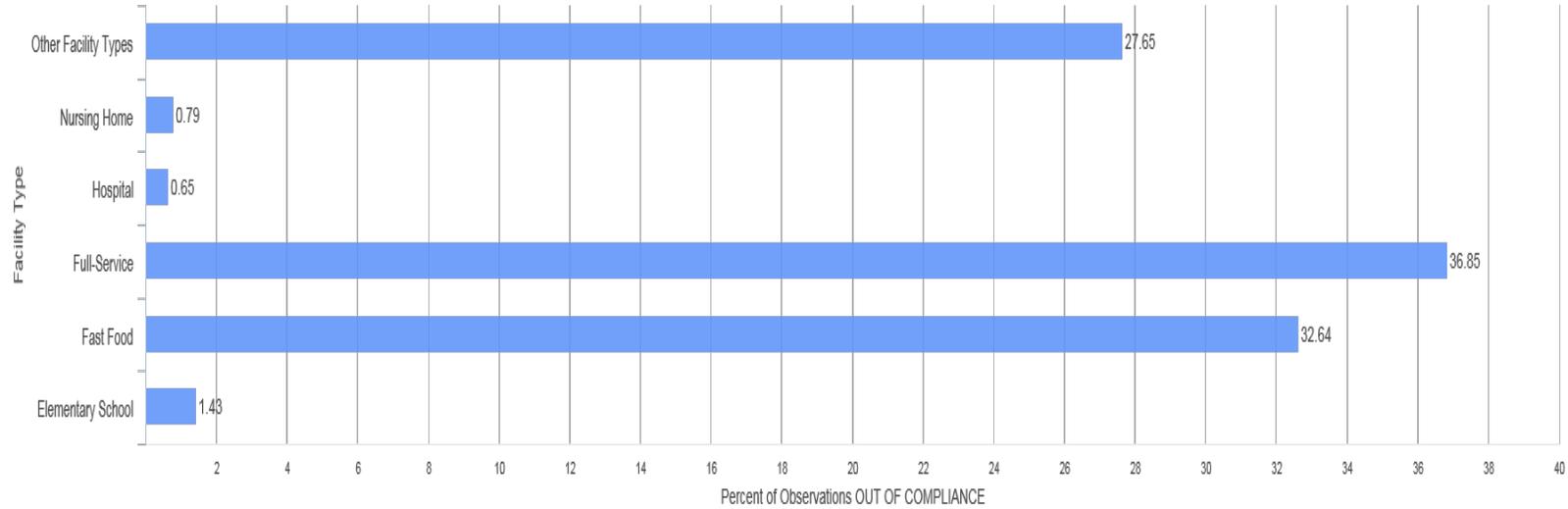
CONTAMINATED EQUIPMENT/PROTECTION FROM CONTAMINATION

Pathogens can be transferred to food from utensils, equipment, and work surfaces that have not been properly cleaned and sanitized. Cross contamination can occur when ready-to-eat foods come in contact with raw animal foods or surfaces having contact with raw animal foods. Foods improperly stored, and food contact surfaces not being properly cleaned and sanitized are some of the data items included in this risk factor.

Figures 10 thru 14 indicate the relationship (expressed as a percentage) of out of compliance observations of each risk factor for each separate facility types.

Figure 10. Breakdown of percent of out of compliance observations by facility type for Contaminated Equipment/Protection from Contamination.

DID013 - FDA Standard 9 'Out of Compliance' Breakdown for Risk Category 'Contaminated Equipment/Protection from Contamination' based on 1278 Regular Inspections
 Lincoln - Lancaster County Health Department - 07/13/2017 13:41:55 - Source = InspeTab

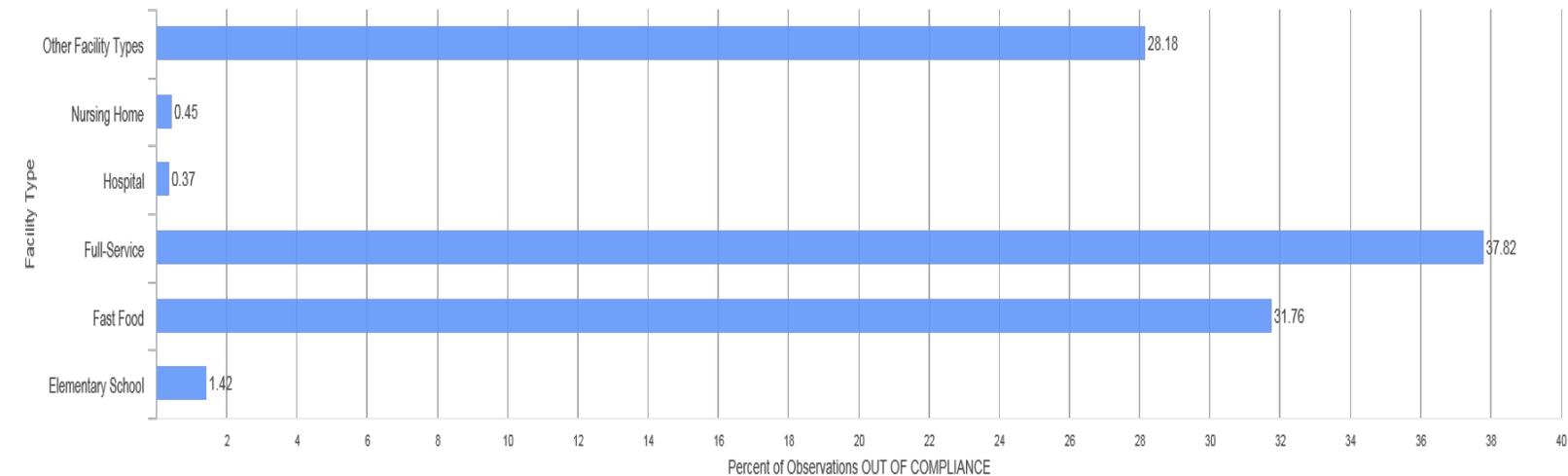


IMPROPER HOLDING TEMPERATURES

Maintaining foods at safe temperatures is essential to limit the potential growth of pathogenic organisms. If foods are held at improper temperatures, pathogenic organisms can multiply in large numbers increasing the risk of food borne illnesses. Cold holding, proper cooling, hot holding, date marking, and time as a public health control are some of the data items included in this risk factor.

Figure 11. Breakdown of percent of out of compliance observations by facility type for Improper Holding Temperatures.

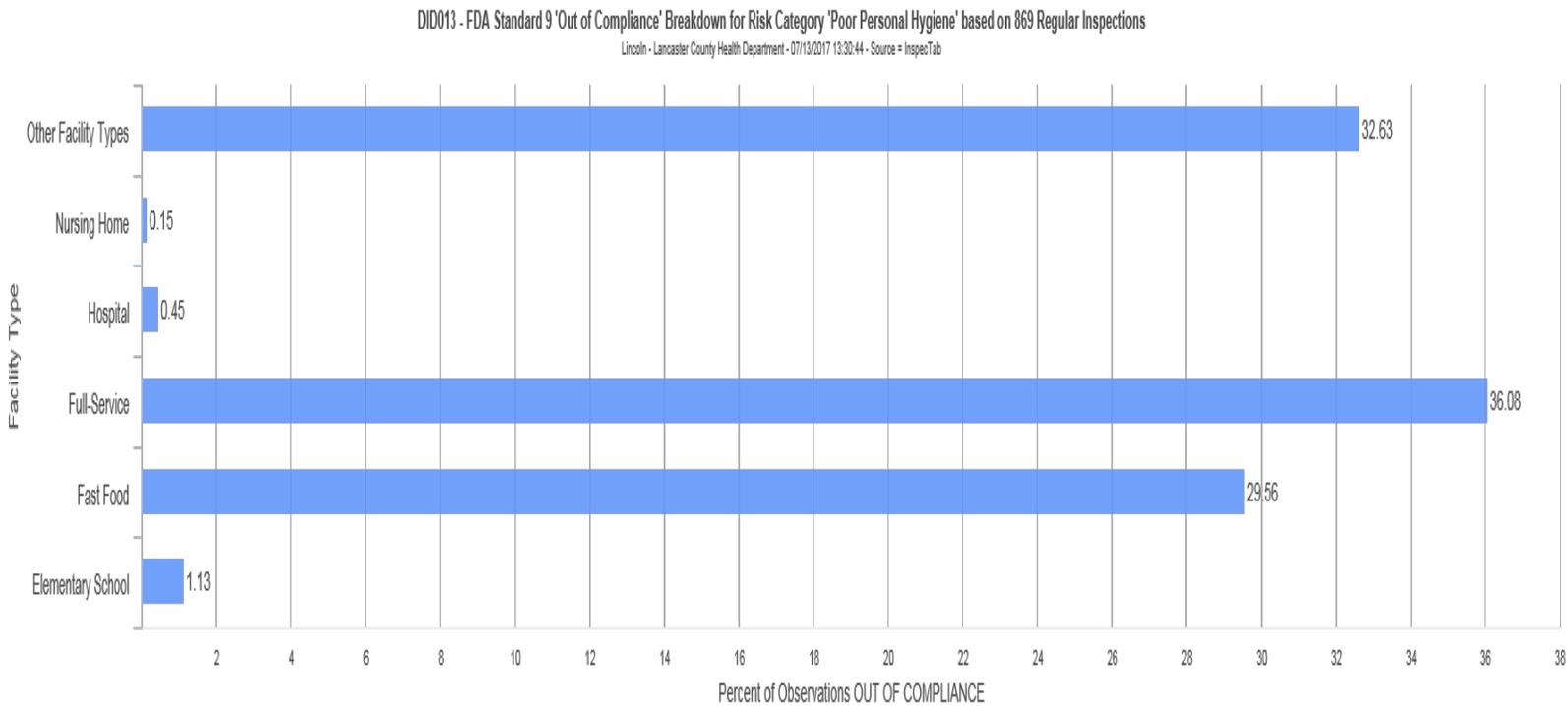
DID013 - FDA Standard 9 'Out of Compliance' Breakdown for Risk Category 'Improper Holding Temperatures' based on 926 Regular Inspections
 Lincoln - Lancaster County Health Department - 07/13/2017 13:49:35 - Source = InspeTab



POOR PERSONAL HYGIENE

The spread of pathogens from the hands of food workers to food is an important cause of foodborne illness outbreaks in restaurants. Proper and adequate handwashing is critical in controlling the transmission of pathogenic organisms from employees to food. Proper handwashing, prevention of contamination from hands, good hygienic practices, and adequate/accessible facilities are some of the data items included in this risk factor.

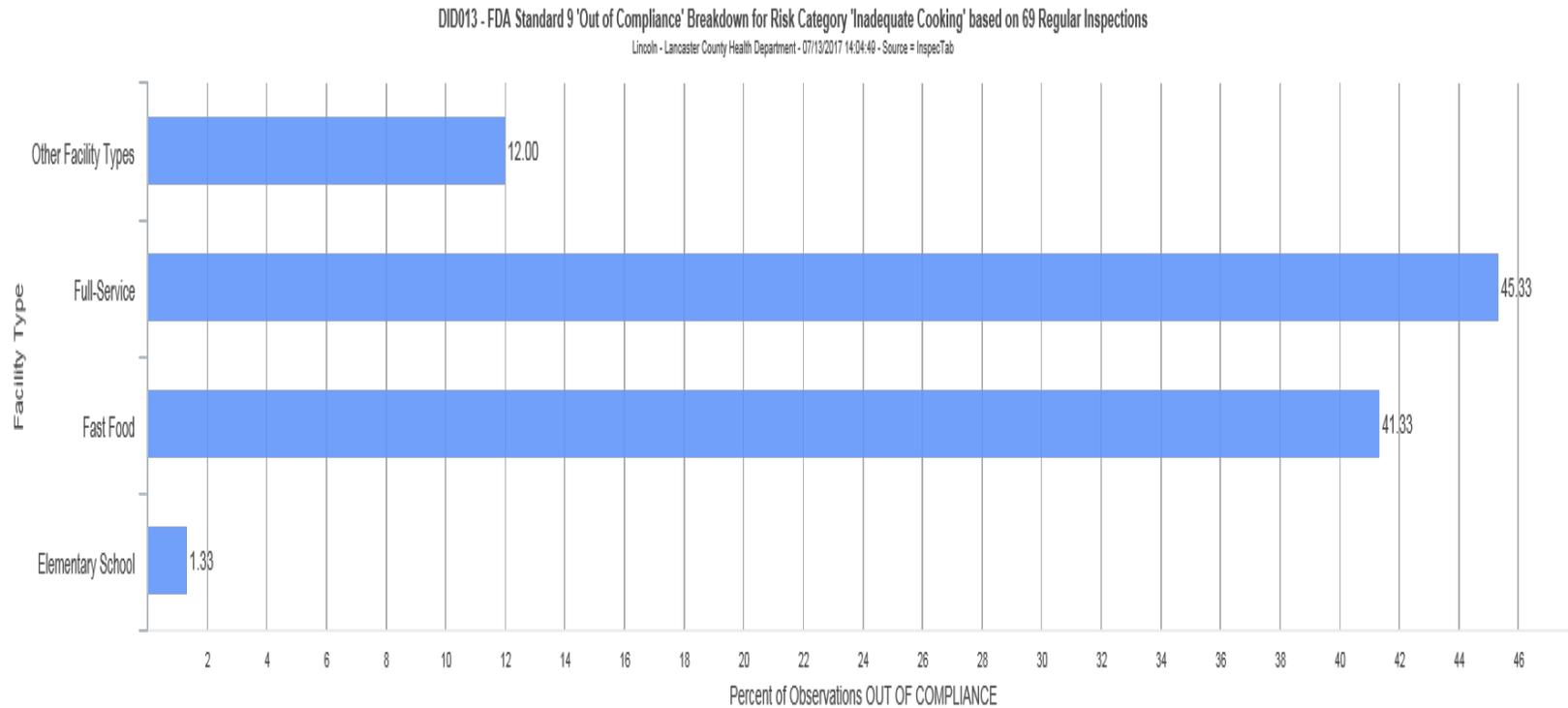
Figure 12. Breakdown of percent of out of compliance observations by facility type for Poor Personal Hygiene.



INADEQUATE COOKING

The Food Code provides specific time and temperature cooking requirements for various products prepared in retail food establishments. These cooking requirements are based on a particular pathogen's resistance to heat. Inadequate cooking is not a frequent out of compliance observation.

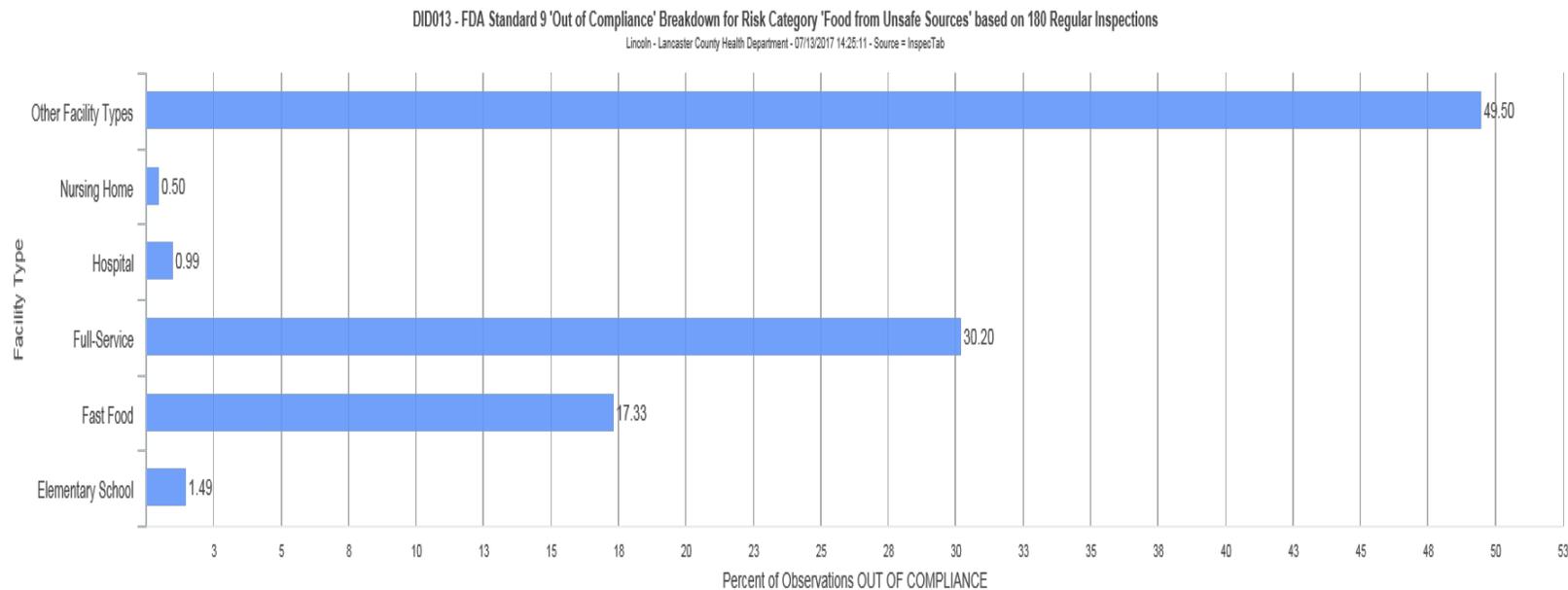
Figure 13. Breakdown of percent of out of compliance observations by facility type for Inadequate Cooking.



FOOD FROM UNSAFE SOURCES

Foods being sold to the public must be from an approved source based on a determination of conformity with principles, practices, and generally recognized standards that protect the public health. Dented cans, homemade food items/canning, shellstock tags and parasite destruction documentation are some of the data items included in this risk factor.

Figure 14. Breakdown of percent of out of compliance observations by facility type for Food from Unsafe Sources.

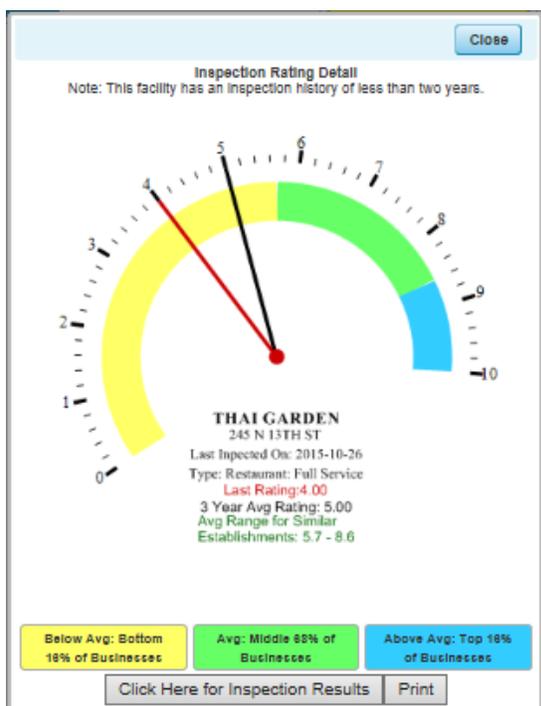


RECOMMENDATIONS / INTERVENTIONS

The data for both FY 2016 (September 1, 2015 to August 31, 2016) and September 1, 2016 thru July 12, 2017 indicate that **Contaminated Equipment/Protection from Contamination, Improper Holding Temperatures, and Poor Personal Hygiene** are the three risk factors that are most commonly observed to be out of compliance. LLCHD received an FDA grant to provide consultative services to poor performing food establishments. This consultative program is known as the “INFUSE” program. The INFUSE program has been developed to assist poor performing food establishments to focus their efforts on implementing Active Managerial Control (AMC) to reduce the priority violations related to the Five Key Risk Factors for Foodborne Illness. Inspectors use AMC-based resources (e.g. holding logs, cooling logs, etc.) at their discretion as a routine part of field inspections, but there is limited capacity to follow through to assure these are implemented and maintained. Through the FDA Grant, LLCHD implemented a voluntary Retail Food Safety Consultation Program working with lower performing establishments to implement AMCs to address priority violations related to the Five Key Risk Factors to Foodborne Illness.

During the course of the development of this AMC-based consultation service, LLCHD had two major advances that were concurrently rolled out: 1) all food establishment inspections became available online, 2) an online “Establishment Rating Detail” tool was created, which provides a comparative rating to other establishments of the same facility type (see Figure 15). The Rating Detail uses statistical analysis (Z-scores) to evaluate the inspection violation history for each establishment over a 3-year period and the most recent inspection. Establishments for each grouping based on facility type are then organized into three different segments: 1) the upper 16% of establishments (equivalent to 1 standard deviation above the mean), 2) the middle 68% of establishments (within 1 standard deviation of the mean), and 3) the lower 16% of establishments (1 standard deviation below the mean).

Figure 15. Food Establishment Ratings Dial



These two advancements were significant for the LLCHD Food Safety Program in several ways. The first is that the lower performing establishments are now clearly and continually identified through a fair rating system. Prior to this, although inspectors and management had a clear idea of many of the lowest performing establishments, there was no publicly available index by which to determine which establishments were poor performers. The public and staff now have an easily accessible resource anywhere there is access to the internet. With this clearly defined metric of performance, one can easily differentiate between an establishment with a single poor inspection and those with chronically poor performance. This new tool has greatly aided the FDA-funded Retail Food Safety Consultation Program in recruitment efforts with lower

performing restaurants by providing a visual depiction of where the establishment stands in relation to other establishments in the community.

The Retail Food Safety Consultation process has revealed that motivation to change is essential for realizing any sustained use of AMCs. For some establishments, seeing their rating in the lower 16% has served as a significant motivation to cause behavior change through the consultation process. However in other retail food establishments, the consultation success has been limited by the restaurant’s lack of internal motivation to change and adopt AMCs and they have been unwilling to engage in the consultation process voluntarily. They have operated with a low level of compliance for years, barely meeting minimum standards, even though they have received enforcement notices. In a few cases, tremendous effort from the inspector and/or from the food safety consultant to provide AMC-focused guidance has not resulted in lasting change.

To address these gaps in the LLCHD Food Safety Program, the Hybrid Enforcement-Consultation approach was proposed and developed under this grant aims to leverage food establishments to adopt AMCs through joining the consultation process into the enforcement process.

LLCHD strongly believes this overarching approach is essential to see any sustained food safety improvement. The key difference with this new Hybrid approach lies in the consultation process springing from the enforcement procedures of the department, rather than a voluntary enrollment approach.

Much of the foundation for this new approach to an integrated enforcement-consultation process was laid through the work being done on the 2012 FDA Grant #4661. This foundational work includes the whole set of Infuse resources that include various logs, foodborne illness articles, and SOP templates. The Active Managerial Control approach also remains consistent, working with establishment owners, Food Protection Managers, and shift managers on the concepts of Active Managerial Control.

The Food Team's Inspection Dashboard is used by the inspectors to track upcoming inspections and includes a "3 Yr Avg Rating". This feature highlights which establishments with inspections coming due that fall into the bottom 16% of Lincoln establishments (see Figure 17). This addition to the Dashboard made identification of establishments in the Bottom 16% is easily accessible and integrated into the daily routine of the inspectors.

Figure 16 outlines the process by which the Food Safety Consultation Process is integrated into the enforcement process. The figures shows that there are two criteria by which the Food Safety Consultant will become involved in the process: 1) 3 year average in the Bottom 16% of food establishments, 2) AMC-based Risk Factor violations during their inspection. If these two conditions are met, the establishment will then be required to work with the Food Safety Consultant. There are three stages for this process depending on the severity of their violations:

Stage 1: Notice Issue requiring establishment to work with Food Safety Consultant on the Action Plan.

Stage 2: Administrative Meeting with Food Safety Consultant, required enrollment into the Food Safety Consultation Program.

Stage 3: Administrative Hearing and Suspension, with reopening contingent on working with Food Safety Consultant to incorporate AMCs into practice.

The stage-wise approach allows the inspector to route the establishment into the appropriate channel rather than requiring the establishment to pass through each steps.

Figure 16. Hybrid Consultation Program Flow Chart

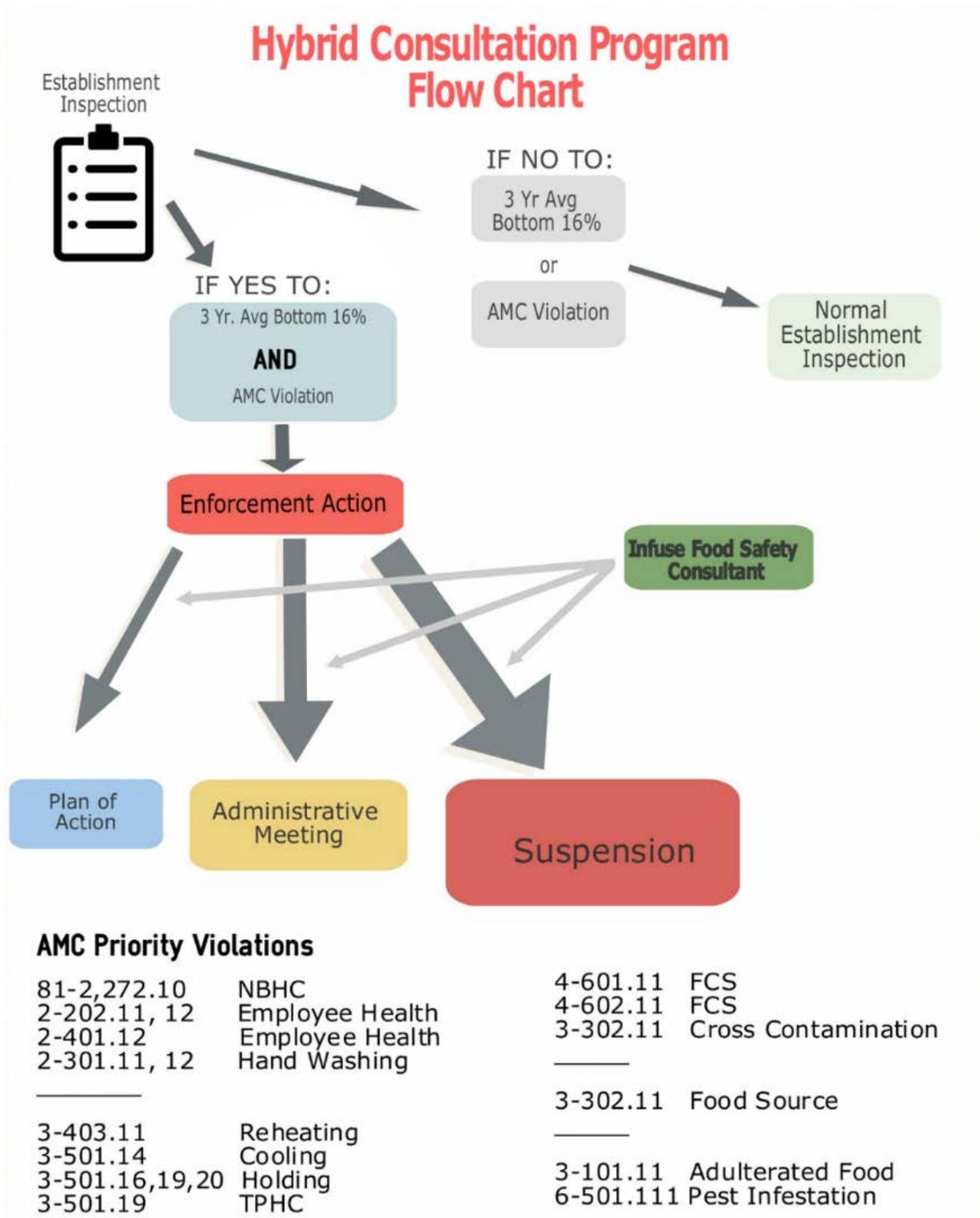


Figure 17. Inspector dashboard indicating which facilities are in the bottom 16%, or Below Average

DIF004A- 23 Inspections Due within 30 Days for Area 'HF67' as of 2017-07-14

P	PF	Core	Crit	Non	RL	Freq	InspecTab	Days Since	Due In	Sub	APD No	Estab Name	Date	3 Yr Avq Rating	BareHandContact
4	1	6	5	6	3	180	1/19/2017	176	4	City	HF20035933	HONG KONG MARKET - CITY - 1228 N 27TH ST LINCOLN, NE 68503-1806	7/14/2017		
2	3	3	3	5	4	180	1/19/2017	176	4	City	HF21038181	EGG ROLL KING - CITY - 2515 N 11TH LINCOLN, NE 68521	7/14/2017		
1	1	5	4	3	4	180	1/20/2017	175	5	City	HFE050838	LNK FOOD PLAZA - CITY - 3111 NW 12TH ST LINCOLN, NE 68521	7/14/2017	BELOW AVERAGE	
4	4	12	8	12	4	180	1/23/2017	172	8	City	HF21608923	IMPERIAL PALACE - CITY - 701 N 27TH ST LINCOLN, NE 68503	7/14/2017	BELOW AVERAGE	
3	1	7	4	7	4	180	1/23/2017	172	8	City	HFE047104	SINBAD'S RESTAURANT - CITY - 2630 ORCHARD ST #3 LINCOLN, NE 68503	7/14/2017		
1	2	5	1	7	4	180	1/24/2017	171	9	City	HF21037109	D'LEON'S - CITY - 1221 N 27TH ST LINCOLN, NE 68503	7/14/2017		
3	1	5	3	6	4	180	10/31/2016	171	9	City	HFE049693	CHINA INN - CITY - 2662 CORNHUSKER HWY #8 LINCOLN, NE 68521	7/14/2017		
1	3	8	3	9	3	180	1/26/2017	169	11	City	HF21045817	SUPER SAVER #27 - CITY - 840 FALLBROOK BLVD LINCOLN, NE 68521	7/14/2017		
0	0	1	0	1	4	180	1/26/2017	169	11	City	HFE049253	SUSHI WITH GUSTO - CITY - 840 FALLBROOK BLVD LINCOLN, NE 68521	7/14/2017		
1	0	5	1	5	3	180	1/27/2017	168	12	City	HF21624481	FAZOLIS #1751 - CITY - 4603 VINE ST LINCOLN, NE 68503	7/14/2017		
0	0	3	0	3	2	270	10/31/2016	256	14	State Only	HFE047739	HARVEST EUROPEAN GROCERY - STATE ONLY - 4451 N 26TH ST LINCOLN, NE 68521	7/14/2017		
1	0	4	1	4	3	180	1/30/2017	165	15	City	HF21042814	MCDONALDS #04856 - CITY - 1145 W BOND ST LINCOLN, NE 68521	7/14/2017		
2	1	5	2	6	2	270	11/1/2016	255	15	City	HF21604421	KWIK SHOP #635 - CITY - 2330 N 1ST ST LINCOLN, NE 68521	7/14/2017	BELOW AVERAGE	
1	2	1	3	1	3	180	1/30/2017	165	15	City	HFE050504	ANDY'S EXPRESS CONVENIENCE STORE - CITY - 2500 WILDCAT DR LINCOLN, NE 68521	7/14/2017		
6	0	7	6	7	2	270	11/2/2016	254	16	City	HF21031818	FAST MART - BASKIN ROBBINS - CITY - 6835 N 27TH ST #A LINCOLN, NE 68521	7/14/2017	BELOW AVERAGE	
2	3	10	3	12	4	180	1/31/2017	164	16	City	HF21045878	BANHWICH CAFE - CITY - 940 N 26TH ST #201 LINCOLN, NE 68503	7/14/2017	BELOW AVERAGE	
0	1	6	0	7	4	180	1/31/2017	164	16	City	HF21045896	PHO FACTORY - CITY - 940 N 26TH ST #206 LINCOLN, NE 68503	7/14/2017		
1	1	2	2	2	2	270	11/4/2016	252	18	City	HFE048225	PAPA JOHN'S PIZZA - CITY - 2720 DAN AVE #102 LINCOLN, NE 68521	7/14/2017		
0	2	10	2	10	4	180	2/2/2017	162	18	City	HFE049610	AJORA FALLS ETHIOPIAN RESTAURANT - CITY - 313 N 27TH ST LINCOLN, NE 68503	7/14/2017		
1	1	2	2	2	1	365	8/2/2016	346	19	State Only	HF20038558	SHOPKO #172 - 3400 N 27TH ST LINCOLN, NE 68521	7/14/2017		
1	0	6	1	6	2	270	11/7/2016	249	21	City	HF21037257	SUBWAY - CITY - 505 N 27TH ST LINCOLN, NE 68503	7/14/2017		
3	0	6	3	6	2	270	11/8/2016	248	22	City	HF21036325	SHELL FOOD MART BELMONT - CITY - 1107 BELMONT AVE LINCOLN, NE 68521-2239	7/14/2017		
1	1	5	2	5	1	365	8/8/2016	340	25	State Only	HF20039262	NILE GROCERY - 611 N 27TH ST #9 LINCOLN, NE 68503	7/14/2017		

One of the key concepts to the Hybrid process is building a greater level of accountability that is built into the enforcement process. When more fully utilized by this Hybrid process, that accountability structure is present at all three stages. In Stage 1, when a Food Enforcement Notice (FEN) is issued to an establishment, the establishment is required to submit an Action Plan within 3 business days, with inspection follow-ups completed at 5 days and 30 days after the FEN is issued. Under this process, the Action Plan is developed under advisement from the Food Safety Consultant. This Action Plan serves as a litmus test of compliance. If the establishment fails to fulfill the components of the Action Plan during a subsequent inspection, they can be moved to Stage 2 or Stage 3. Both Stage 2 and Stage 3 will result in written requirements following the Administrative Meeting or Administrative Hearing outlining the practices that need to be accomplished with the Food Safety Consultant. Failure to meet the requirements of any stage would lead to progressive levels of enforcement, which is consistent with LLCHD’s enforcement policy.

In 2015, LLCHD modified its online food handler training for the Restricted/Shift Manager to more fully address Active Managerial Controls. This level of training is required for anyone that serves in a shift manager capacity in a food establishment.

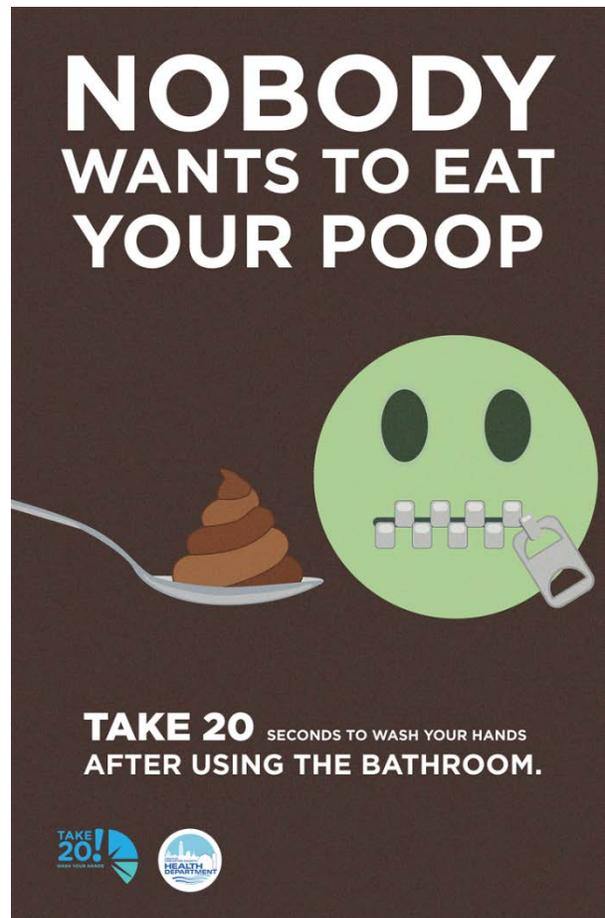
LLCHD is working with the University of Nebraska-Lincoln Food Processing Center to develop courses for Food Protection Managers and shift supervisors on special food processes which can present higher risks of foodborne illness. These courses will cover special food processes such as sous vide, reduced oxygen packaging, cook/chill, and low acid foods. These courses will be recorded and made available online.

LLCHD is in the first stages of launching our Take 20 behavior change program.



The Food Safety Consultant worked with the Food Managers for Excellence Taskforce to identify one of the “5 Key Food Safety Risk Factors” they believed most needed to change in order to improve food safety in Lincoln. The food managers selected improving hand washing in food establishments to reduce risk factor violations for poor personal hygiene.

The “**TAKE 20! WASH YOUR HANDS**” project, a community behavior change effort, was piloted last summer and launched in Lincoln Public Schools and several restaurants in early 2017. Specialized training on hand hygiene is provided to supervisors who then train their own staff. Coaching is provided on how to use the “TAKE 20!” phrase to remind staff to wash their hands. So far the feedback has been very positive, with reports of significant improvements in handwashing behavior. “TAKE 20!” also uses an engaging set of posters on specific handwashing topics that generate conversation among food handling staff and serve as a visual reminder to wash hands. In addition, the project provides exercises to demonstrate the how, when and why of good handwashing. Regardless of how strong a restaurant’s handwashing culture is, good hygiene is such a vital part of food safety that there is always the need to reinforce good handwashing practices with staff and look for ways to improve. Check out the “Take 20!” website to view the innovating posters and participating establishments.



<http://lincoln.ne.gov/city/health/envIRON/Food/Infuse.htm>

LLCHD will evaluate the following options to decrease risk factor violations in our local food establishments to include, but not limited to:

- 1) Increasing our focus on consultative assistance targeting specific risk factors and implementing AMCs
- 2) Updating our mandatory Food Protection Manager continuing education course to focus even more on reducing risk factors through AMCs
- 3) Creating a Risk Factor Reduction/Active Managerial Controls class that will be offered as an option for our mandatory Food Protection Manager continuing education
- 4) Working with new food establishments in the plan review process to ensure AMC policies and procedures are in place before they open for business