

## Chapter 23: Safety & Sanitation

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## **Background**

Child Nutrition Program (CNP) employees are entrusted with the health and safety of the students and staff they serve. It is therefore absolutely essential that all employees are equipped with a thorough understanding of how to keep food and people safe in the kitchen.

Various federal and state laws require CNP employees to maintain proper sanitation and health standards. An overview of the requirements is provided in this chapter of the Program Reference Manual. For additional information on food safety topics and for training materials, refer to Chapter 32 – Resources. The Office of Nutrition Programs, South Carolina Department of Education (SCDE) recommends that all safety and sanitation practices required of employees also be followed by students, staff and organizations that use a School Food Authority's (SFA's) food service facility.

## **Federal Requirements**

Section 111 of the Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) amended section 9(h) of the National School Lunch Act by requiring SFAs to:

1. Implement a food safety program for the preparation and service of school meals in the school year beginning July 1, 2006. The program must be based on Hazard Analysis and Critical Control Point (HACCP) principles and conform to guidance issued by the U.S. Department of Agriculture (USDA).
2. Request two food safety inspections from the South Carolina Department of Health and Environmental Control (DHEC) each school year for each school/site.
3. Publicly post the most recent food safety inspection and make a copy of the inspection report available to the public upon request.

## **HACCP**

HACCP is a systematic approach used to construct a food safety program designed to reduce the risk of food borne hazards by focusing on each step of the food preparation process--from receiving and storage to service and handling leftovers. Following USDA's recommendation, South Carolina schools use the Process Approach to HACCP. Using this approach, all foods served are divided into four broad categories based on the number of times the food moves through the temperature danger zone and the level of potential danger the food presents.

## **Food Safety Plan**

Each SFA must have a comprehensive food safety program with a written plan for every school food preparation and service site. South Carolina schools must write their food safety plan using the guidance provided by Dr. Angela Fraser, Associate Professor/Food Safety Education Specialist, Clemson University at the following web site:

<https://www.clemson.edu/extension/food/>

For assistance with writing or modifying your plan, use the information provided at the above website, contact SCDE at (803) 734-8188, or see the food safety resources listed in Chapter 31 – Resources. Note that the web site given above also provides several monitoring forms.

### **State Requirements**

#### **S.C. Department of Health and Environmental Control**

All food service facilities in South Carolina, including school food service operations, are required to follow the procedures in DHEC’s Food Code. This publication is titled the “Retail Food Establishments Regulation 61-25” and governs all food preparation, service and storage in an establishment. Each school is encouraged to obtain a copy of it by contacting DHEC’s Food Protection Division at (803) 896-0640 or by downloading a copy from DHEC’s website at [www.scdhec.gov/health/envhlth/food\\_protection](http://www.scdhec.gov/health/envhlth/food_protection).

#### **Certified Food Protection Manager**

DHEC regulations require that each school cafeteria have at least one managerial employee designated as a Certified Food Protection Manager. This designation requires the successful completion of ServSafe® or 10-hour HACCP certification, including a passing score on the examination, as described in a memo of understanding between the SCDE and SCDHEC in March 2015. A copy of the MOU can be found at [link to memo](#)

The Office of Nutrition Programs, SCDE is responsible for ensuring that all federal regulations are followed by SFAs. Therefore, food safety is evaluated as part of reviews conducted by SCDE staff.

#### **Food Safety Training is Available**

Two, four and ten hour HACCP classes are available for Food Service Directors and their staff. For additional information, contact your education associate in the Office of Nutrition Programs.

#### **Local Requirements**

Local SFAs have the authority to establish rules that are stricter than the federal and state regulations. For example, federal and state regulations require that CNP employees wear closed toe shoes but do not address the back of the shoe. For safety reasons, the Food Service Director or Supervisor may choose to require that all staff wear closed toe and closed heeled shoes.

### **Employee Safety**

Although Child Nutrition Program regulations do not address employee safety, school kitchens and large equipment can be very dangerous. It is in the best interest of each SFA to ensure that all CNP employees, and others who may use the kitchen facilities, know how to prepare and serve food safely.

### **Knife Safety**

Never play with knives or other sharp tools.

Concentrate on what you are doing when using a knife.

Use sharp knives. Dull blades cause more accidents because they are harder to work with and require more pressure.

Always use a cutting board. Do not cut or slice foods while holding them in your hand.

Keep knives away from the edge of the counter to lessen the chance of their being knocked on the floor. If a knife is dropped **do not** try to catch it.

Use a knife for its intended purpose. Do not use it as a substitute for a can opener, screwdriver, staple remover or box opener.

Carry a knife by the handle with the tip pointed down and the blade turned away from the body.

Keep knife handles free of grease or other slippery substances. Repair or discard knives with loose handles.

Choose a knife that is the correct size and has the proper blade for the job to be done.

### **Washing and Storing Knives**

Wash knives and sharp tools when you finish using them. Never put them in sinks of soapy water where they cannot be seen.

Keep the sharp edge of the knife away from you when washing or drying it.

Store knives in a knife rack or special knife drawer when not in use. Don't throw them in a drawer with other small objects. Don't leave them lying around.

### **Preventing Slips and Falls**

Wear low-heel shoes with non-skid soles.

Clean up food, water and grease spills immediately.

Pick up what you drop. Wipe up what you spill.

Place "Wet Floor" or "Caution" signs on wet or slippery floors.

Walk – don't run – in the food service area, even when you are in a hurry.

Stand on a sturdy ladder or step stool instead of boxes or lower shelves to get out-of-reach items.

Remove clutter from aisles and pathways.

Avoid twisting your body losing your balance when reaching for an item.

Close cabinet doors and drawers.

Cover containers when moving them to avoid spills.

Use carts instead of trays when practical.

Open and approach swinging doors carefully.

Make sure you can see where you are going.

Report any major hazards to your manager immediately

### **Preventing Fires**

#### **Daily Checklist**

- Freezer doors without emergency escape knob locked out in the open position
- Exhaust fans running when any cooking equipment is turned on
- Ensure the equipment is aligned properly under hood system
- No combustibles under the hood
- Manual pull stations not blocked
- Portable fire extinguishers in charge position
- Portable fire extinguishers not blocked
- All boxes empty or full shall not be blocking exits, exits egress, or exit discharge area
- Check for high storage in dry food storage
- Watch for trip hazards
- Exit lights are illuminated

### **Using a Fire Extinguisher**

Know the types available

A – Common materials such as paper, wood and most other combustibles

B – Flammable liquids such as gasoline, paint remover or grease

C – Electrical fires

D – Combustible metals usually found in industry

Remember PASS word:

**Pull** the pin.

**Aim** the extinguisher nozzle at the base of the flames.

**Squeeze** the trigger while holding the extinguisher upright.

**Sweep** the extinguisher from side to side, covering the area with the extinguishing agent.

### **First Aid Suggestions**

#### **Treating Cuts**

Apply direct pressure to the wound with a clean cloth or sterile gauze pad.

Elevate the wound above the heart, if possible, unless you suspect a broken bone.

Maintain pressure and elevation until bleeding has stopped.

If the cloth or pad becomes soaked with blood, apply another directly over the first.

If the bleeding has stopped, gently wash the wound with soap and water; Repeat pressure and elevation if bleeding starts again.

Rinse well.

#### **Treating Minor Burns**

Relieve pain by running cold water over burned area or by applying a clean soft pad of gauze that has been soaked in cold water.

Gently blot dry.

Cover loosely with a dry sterile gauze pad, if necessary.

Do not use ice, ice water, butter, grease, ointment or other medications on burns.

Do not try to remove burned clothing if it seems to be stuck to the skin.

Get medical help for more serious burns.

### **Treating Sprains and Bruises**

Apply ice pack or ice wrapped in cloth to the injured area.

Elevate the affected area until it is above the level of the heart, if possible.

Do not allow the injured person to walk or put weight on a leg if the ankle or knee is sprained.

Encourage injured person to get medical help.

If you think a bone has been broken, get medical help right away.

Do not move anyone who has a possible back or neck injury unless absolutely necessary.

### **Lifting Techniques to Help Protect Your Back**

Stand close to the object to be lifted.

Get a firm footing.

Bend your knees, not your back.

Grasp the object firmly and hold it close to you.

Use leg muscles for lifting, not back muscles. Lift smoothly as you straighten your legs.

Make sure you can see where you are going.

Turn by moving your feet, not by twisting your body.

Ease the object into its resting place.

Always get help when moving heavy loads or lifting objects over your head.

Use carts when possible.

### Food Borne Illness Report Form

- Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_
- Description of Illness (Record details exactly as stated):
- Symptoms:   nausea               vomiting               diarrhea fever               Other: \_\_\_\_\_  
                   dizziness           headache           blurry vision       cramps               Other: \_\_\_\_\_  
                   How long did symptoms last? \_\_\_\_\_ Onset: Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Doctor or Treatment Facility: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Treatment Received: \_\_\_\_\_
- Beginning with the day you became ill, describe all the food/drinks consumed in the last 72 hours:

**Day 1:**       Day \_\_\_\_\_ Date \_\_\_\_\_

<b>Breakfast:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Lunch:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Dinner:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Snacks:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____

**Day 2:**       Day \_\_\_\_\_ Date \_\_\_\_\_

<b>Breakfast:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Lunch:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Dinner:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Snacks:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____



**Day 3:** Day \_\_\_\_\_ Date \_\_\_\_\_

<b>Breakfast:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Lunch:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Dinner:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____
<b>Snacks:</b>	Place eaten: _____ List all foods eaten: _____	Time: _____

6. Has there been any evidence of a virus or other illness in your family recently? Yes \_\_\_\_ No \_\_\_\_  
If yes, describe. \_\_\_\_\_
7. Have any of your friends become ill from eating the same foods? Yes \_\_\_\_ No \_\_\_\_  
If so, who? \_\_\_\_\_
8. Have you missed any school time recently due to illness? Yes \_\_\_\_ No \_\_\_\_  
If yes, describe. \_\_\_\_\_
9. What class were you in when you first noticed you were sick? \_\_\_\_\_
10. Do you like that class? \_\_\_\_\_
11. Are/were you worried about anything (such as a test in the class) when you became ill?

<b>FOR SFA Office USE ONLY:</b>	
Interviewer's Name: _____	Title: _____
Date Report Completed: _____	
Follow-up Conducted by: _____	
Was the Health Department Called? Yes ____ No ____ Date/Time: _____	
If yes, DHEC Person Contacted: _____	
Final Results: _____	