

Summary for Residential Care Facilities of the Provincial Health Officer's Report:

Listeria Outbreak: Review and Recommendations for Food Safety in Facilities

Preventing Foodborne Illness, Allergic Reactions and Choking in Residential Care Facilities and Private Hospitals

Introduction

Ensuring the health and safety of residents in care is one of the most important responsibilities of BC residential care facilities and private hospitals.

In 2008 a nationwide outbreak of listeriosis (foodborne illness) resulted in five BC residents contracting the illness and the subsequent death of two. Although listeriosis is not a common infection in the healthy population, for vulnerable individuals symptoms can be severe with a mortality rate of up to 20-30%.

Vulnerable populations such as residents greater than 65 years of age, those with immune suppression secondary to medical conditions or pregnant women are most commonly affected by food associated risks such as foodborne illness (e.g. food poisoning), allergic reactions and choking.

In response to this outbreak the Provincial Health Officer has provided recommendations for food safety in BC residential care facilities and private hospitals. The following is a summary of those recommendations.

Admissions

Upon admission to a residential care facility or private hospital, the resident assessment and care plan should specifically identify the individual's risk factors and/or vulnerability to foodborne illness, in addition to existing assessments for risk of choking and known allergies. ¹

Food Safety

Food handling

Facilities should ensure that:

- All meat products are purchased from federally registered, provincially licensed or health authority approved processing plants. ²
- If unfrozen foods frequently approach or exceed the expiry date before consumption, then smaller packages should be purchased. Note: throw out food after the expiry date.
- When preparing eggs (e.g. scrambled) they are cooked to a minimum of 63°C/145°F for at least 15 seconds. If this temperature will not be reached (e.g. soft boiled egg) then only pasteurized eggs or egg products should be used. Dishes containing eggs (e.g. casseroles) should be cooked to a minimum temperature of 74°C/165°F. ^{1, 2}
- When deli meats are served, they should be provided in moderation. A varied diet can decrease the likelihood of listeriosis, and will assist in improving the nutritional value of facility menus.

Workers who prepare, serve or handle food

- All facilities should maintain records of staff completion of appropriate food safety training as required by legislation. ^{1, 2}
- Hepatitis A vaccination should be provided to all food workers who prepare or handle food.
- Facility food preparation workers should be trained in preparing texture-modified foods for residents with choking risks. ¹
- Facility food preparation workers should be trained in preparing allergen-free meals, e.g. how to prevent cross-contamination of foods. ¹
- Those staff responsible for providing patient care during meals or overseeing the activity of volunteers should maintain currency in allergy and choking response protocols. ¹

Foodborne illness and reportable incidents

When it is suspected that a resident /patient/client of a facility has become ill as a result of a food served, this should be reported to the Licensing Officer. In addition, the facility should consult with Environmental Health Officers (EHOs) and follow all recommendations for outbreak response.

Reminder: Foodborne illness, an allergic reaction to food, and choking incidents that require medical attention are "reportable incidents". ¹

Vulnerable populations and food safety

Immune compromised individuals and individuals with other conditions

Immune compromised individuals have an increased risk of listeriosis ranging from 865X (under treated AIDS patients) to 2584X (transplant patients), making them an extremely vulnerable group.

Other medical conditions may also increase vulnerability to foodborne illness. Facilities should ensure that immune compromised individuals and those with other immunocompromising conditions are served a diet to reduce the risk of foodborne illness.

Immune compromised individuals include patients/residents with:

- Bone marrow transplants
- Solid organ transplants
- Oncology patients
- Haematological malignancies
- Chronic renal failure on dialysis
- Undertreated HIV/AIDS (medical assessment needed)

Immune compromising conditions include:

- Liver disease
- Iron overload disorders

The diet for these individuals should exclude “high risk foods”.¹

Residents over 65 years of age (non-immune compromised)

As an individual ages their risk of listeriosis increases. Individuals aged 60-69 years of age have a 10X greater risk of contracting listeria than healthy individuals.

Given that facilities are the resident’s home, unless the resident is immunocompromised, complete avoidance of high risk foods is not recommended in order to maintain an acceptable quality of life for the residents. Additional considerations for these facilities are:

- In the case of an outbreak of foodborne illness, greater caution is warranted, i.e. high risk foods should be avoided altogether.
- Residents may request to either eat, or avoid, the high risk foods. Regardless of their immune status, if this type of dietary request is made, then the requested diet may be provided at the discretion of the facility, ensuring that the resident is aware of the potential risk.

High risk foods

- All soft cheese such as Brie, Camembert, feta, blue veined and Hispanic-style fresh cheeses
- Hot dogs, luncheon meats and deli meats should not be served unless they are reheated to 74°C/165°F and served promptly. Only reheat these foods in individual servings.²
- Refrigerated pâtés or meat spreads, unless from a canned source. Only use commercially canned foods.
- Refrigerated smoked seafood and fish, unless in a cooked dish or from a canned source. Only use commercially canned foods.
- Store bought, pre-made sandwich fillings such as ham salad, chicken salad, egg salad (unless the ingredients have been processed to reduce the risk of foodborne pathogens).²
- Raw or undercooked meat, poultry, fish and shellfish.²
- Raw (unpasteurized) milk, milk products or juices.

Pregnant women in facilities

Pregnant women, especially in the third trimester, are particularly susceptible to infection with listeria. Although symptoms may be mild in the women, outcomes such as miscarriage, stillbirth or illness in the newborn may occur.

Pregnant women should not be served foods on the high risk list unless the food is properly prepared to minimize the risk of listeria.


Preventing choking and allergic reaction for adults in facilities

Upon admission to a facility, the resident assessment and care plan should consider the individual’s need for diet modifications due to choking risks or food allergies. Facilities should then provide texture modified and allergen free meal plans as required.¹

Those staff responsible for providing patient care during meals, or overseeing the activity of volunteers, should maintain currency in allergy and choking response protocols.¹

¹ Related to requirements under the Residential Care Regulation.

² Related to requirements under the Food Premises Regulation



For more information contact your local Licensing Officer or local Environmental Health Officer.

Reference

Office of the Provincial Health Officer. 2009. Listeria Outbreak: Review and Recommendations for Food Safety in Facilities.

