

# Clinton County Profiles in Public Health:

## FOOD SAFETY

Winter 2018-19

### OVERVIEW

More and more, Americans depend on the convenience of foods prepared outside of the home. Consumers assume the food they eat away from home is safe and will not make them sick. However, it is only safe to assume this if an effective prevention and monitoring system is in place.

Food service establishments across the country are routinely inspected by public health departments. Inspections assure compliance to food safety regulations, call out potential hazards to health and require such hazards be addressed.

Public Health takes on this role because outbreaks of foodborne illness (food poisoning) at food service establishments have the potential to impact a significant number of residents within a community.

Foodborne illnesses are a preventable and underreported public health problem, causing an estimated 48 million illnesses and 3,000 deaths in the U.S. each year.

While only a small percentage of foodborne illnesses are the result of identified foodborne outbreaks, when they occur public health departments work quickly to investigate the outbreak to prevent more people from getting sick.

Preventing foodborne disease outbreaks and investigating foodborne illnesses are important tasks assumed locally by the Clinton County Health Department (CCHD).



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### FSE INSPECTIONS

The CCHD's **Food Service Establishment (FSE)** Program ensures compliance with food safety regulations to protect the health of the community. Each year the FSE Program completes food service inspections and reviews and approves plans for new or remodeled food services. Operating permits are required for FSEs serving food to the public. This includes restaurants, catering companies, bars or taverns, schools, mobile food service establishments or food carts, and temporary FSEs. In 2018, Clinton County's FSE Program completed:

**497**

food service inspections

at

**469**

permitted operating food service establishments.

### FSE RISK CATEGORIES

FSEs are categorized according to their risk level. Generally, **high risk** facilities are inspected 2x per year, **medium risk** facilities are inspected 1x per year, and **low risk** facilities are inspected every other year. Inspections may also be prioritized based on the facility's history of compliance.

#### HIGH RISK

Use complex cooking processes, such as advance preparation, cooling and reheating (e.g. table-service restaurants, diners and school kitchens).

#### MEDIUM RISK

Prepare foods to order, such as pizza, hamburgers and sandwiches, or receive, hold and serve food from other FSEs.

#### LOW RISK

Serve foods that require minimal preparation (e.g. bars and coffee shops).

### TYPES OF FSE VIOLATIONS



#### CRITICAL (RED) VIOLATIONS

Relate directly to factors that could lead to foodborne illness. These violations generally involve the food source and condition, food cooking and storage temperatures, sanitary practices of food workers, water and sewage, pest contamination of food and the use of toxic materials.



#### NON-CRITICAL (BLUE) VIOLATIONS

Do not directly cause foodborne illness but could negatively affect the operation of the restaurant. They relate to the design and maintenance of the establishment as well as cleanliness.



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## MOST COMMONLY CITED FSE INSPECTION VIOLATIONS, CLINTON COUNTY, 2018

### CRITICAL (RED) VIOLATIONS

-  **2E.** Accurate thermometers are not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.
-  **5A.** Potentially hazardous foods are not kept at or below 45°F during cold holding, except smoked fish not kept at or below 38°F during cold holding.
-  **5B.** Potentially hazardous foods are not cooled by an approved method where the food temperature can be reduced from 120°F to 70°F or less within two hours and 70°F to 45°F within four hours.

### NON-CRITICAL (BLUE) VIOLATIONS

-  **11A.** Manual [cleaning, washing & sanitation] facilities inadequate, technique incorrect: mechanical facilities not operated in accordance with manufacturer's instructions.
-  **15A.** Floors, walls, ceilings, not smooth, properly constructed, in disrepair, dirty surfaces.
-  **15B.** Lighting and ventilation inadequate, fixtures not shielded, dirty ventilation hoods, ductwork, filters, exhaust fans.

## FOODBORNE ILLNESS RELATED INVESTIGATIONS

When a resident thinks they may have food poisoning, they should report it to the local health department. In Clinton County, when a report is received, the foodborne related illness investigation is completed by the CCHD's Health Care Services and Environmental Health & Safety Divisions. The time between eating a bad food and feeling sick is usually 2-3 days but can be much longer. That is why investigators often ask for a 3-day food history; it helps them identify possible food sources causing sickness. Symptoms of foodborne illnesses can include nausea, vomiting, diarrhea or fever. If indicated, CCHD may also complete an inspection of or visit to a food service establishment as a result of a report of illness. Residents are also encouraged to contact their medical provider and to request that a stool sample be ordered, if food poisoning is suspected.

**22** In 2018, 22 laboratory-confirmed infections from potential foodborne pathogens were reported in Clinton County. No definitive connection to any food source was identified in any of the cases.

## MOBILIZING ACTION

### Recommendations for Residents, Health Professionals and Community Leaders

#### RESIDENTS

- Practice proper food safety steps in your home and be aware of symptoms of food poisoning. Visit <https://bit.ly/2lq0RJQ> for more information.
- Stay informed on results of restaurant inspections in your community by visiting <https://on.ny.gov/1MtXwVA>.
- Report possible food poisoning to your local health department and your doctor. Be prepared to give a 3-day food history, and request a stool sample.

#### HEALTHCARE PROFESSIONALS

- Educate patients on the importance of proper food safety practices and ways to prevent food-related illnesses.
- Be aware that many but not all cases of foodborne illness have GI symptoms.
- Request stool cultures in suspect cases.
- Appreciate that any patient with foodborne illness may be a sentinel case of an outbreak.
- Follow mandated communicable disease reporting requirements.

#### COMMUNITY LEADERS

- Support measures and necessary enforcements that prevent foodborne illness.
- Advocate for food safety programs and policies that teach and promote safe food handling.
- Be aware of state and national food regulatory systems, how they work and their limitations.
- Direct food service entrepreneurs to local permitting departments.