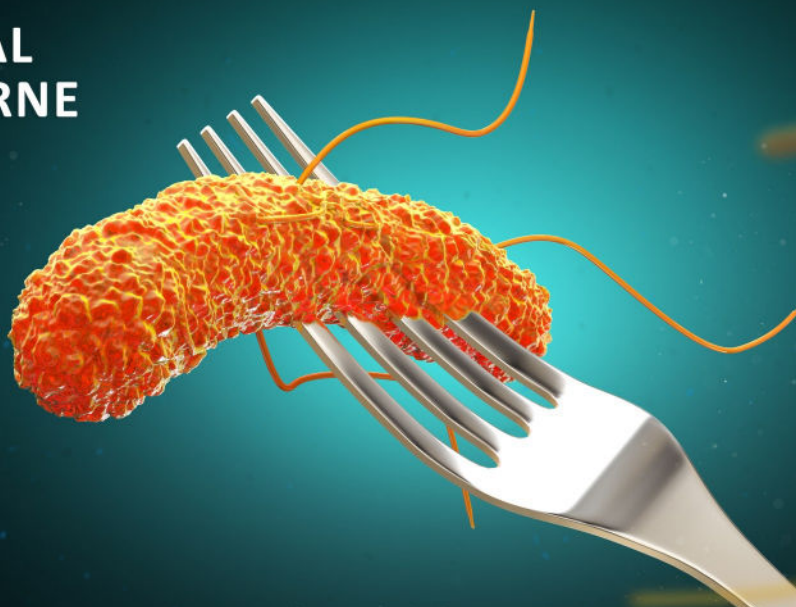


Image source: stock.adobe.com

BACTERIAL FOODBORNE ILLNESS



At a glance, it may appear that the above image is of someone eating Cheetos. However, it is an illustration of one of the most common foodborne pathogens called ***Salmonella***. Admittedly, it is grossly out of proportion. *Salmonella* are a group of bacteria that, when accidentally swallowed, can cause food poisoning typically between 12-96 hours with a sudden onset of symptoms including headache, stomach pain, diarrhea, nausea, and sometimes vomiting.

Campylobacter is another common cause for foodborne illness that causes similar symptoms, with two species that most often infect humans. The symptoms usually begin 2 to 5 days after exposure and illness is largely self-limiting in healthy individuals and resolves usually in one week. ***Shigella*** bacteria can also transmit via contaminated food (by infected food handlers) and water among other routes. Unlike *Salmonella*, only a small number of bacteria are needed to make people ill. Shigellosis is characterized in humans by sudden and severe diarrhea (bacillary dysentery) and stomach cramps within 1-2 days after exposure.

Verotoxin-producing *E. coli* (VTEC), most common of them being O157:H7, is also a contributor to food and water related outbreaks that can cause severe bloody diarrhea and even serious kidney condition in some people. *E. coli* O157:H7 was first identified in 1982 during an outbreak traced to contaminated hamburgers, and is also one of the pathogens responsible for the contamination of drinking water supply in the town of Walkerton, Ontario in May 2000 that was widely covered in the news media.

Salmonella and *Campylobacter* are usually found in raw or undercooked meats, especially chicken, and their juices. Whereas, VTEC contamination is more common in ground beef. Raw or undercooked eggs, and raw or unpasteurized milk are another source of exposure. Ready-to-eat foods, such as fruits and vegetables that get contaminated with the juices of raw meats during preparation are also sources of foodborne infections. All of the above pathogens can also easily spread via the fecal-oral route when proper hand hygiene is missing, or when consuming water that has been contaminated with fecal matter from an infected person or animal.

Sources: www.simcoemuskokahealth.org | www.cdc.gov | www.publichealthontario.ca | www.canada.ca

SAFE HANDLING AND COOKING OF MEATS, POULTRY, EGGS, AND SEAFOOD

Every year, more than 4 million Canadians get food poisoning. Food safety is important to everyone but vulnerable populations such as seniors, pregnant women, and people with weakened immune systems are at increased risk for food poisoning. Apart from viruses like norovirus, and parasites like Cyclospora, there is a list of bacterial pathogens that cause food-related illness in humans. Fortunately, the preventive measures to avoid getting sick are similar in most cases. Below are some of the key measures to follow when handling and cooking meats (includes beef, pork, lamb, and goat) poultry (includes chicken and turkey), eggs, and seafood:



- Thoroughly wash and **clean** all utensils, cutting boards, and countertops with hot, soapy water after contact with raw meat, poultry, or seafood item.
- Use one cutting board or plate for raw meat and poultry, and a **separate** cutting board for produce, bread, and other foods that are not going to be cooked.
- Always **cook** all meat and poultry to a [safe internal temperature](#) to kill harmful germs and use a food thermometer to check the temperature. Ground meat should be cooked to at least 71°C/160°F and poultry should be cooked to 74°C/165°F.
- Avoid using raw eggs in foods that will not be cooked. If needed, use pasteurized eggs and egg products instead. In Canada, pasteurization of eggs is not a requirement so check the label first.
- Do not eat foods that contain raw or undercooked eggs, such as homemade salad dressing, desserts, and eggnog. IPAC wasn't one of Rocky Balboa's forte. Always keep eggs at 4°C/40°F or colder.
- **Chill** leftovers at 4°C/40°F or colder within 2 hours after preparation. If the prepared food is exposed to a temperature over 32°C/90°F (like in a hot car), it should be refrigerated within 1 hr.
- Large cuts of meat should be divided into small quantities for refrigeration to cool them faster. Thaw meat, poultry, and seafood in the fridge, *not at* room temperature on the counter.
- Avoid drinking unpasteurized or raw milk, or eat food made with unpasteurized or raw milk. Milk that is not pasteurized can carry harmful microbes such as *Listeria*, *Salmonella*, *Campylobacter*, *E. coli*, and *Brucella*.
- Avoid eating raw or undercooked fish or shellfish, or food containing raw or undercooked seafood such as some sushi, sashimi, and ceviche. Shellfish should be cooked until the flesh is opaque and pearly or white. Clams, mussels, and oysters should be boiled until the shells open, and boiling should continue for another 3-5 minutes.
- Raw poultry is ready to cook and *does not* need to be washed first. Doing so can result in contamination of the surrounding environment, including other foods.
- Most importantly, **wash your hands** often with soap and water for 20 seconds, especially before and after handling food.. and after eating Cheetos.

FRUIT AND VEGETABLE SAFETY - ROMAINE CALM AND READ ON

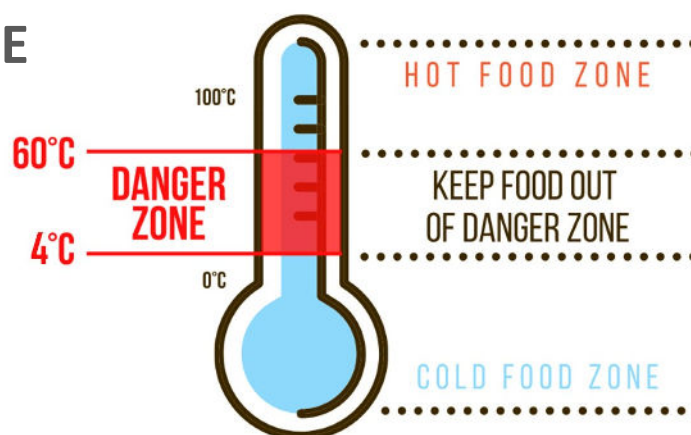


Fresh fruits and vegetables do not naturally harbour microbes like *Salmonella*, *Listeria*, and *E. coli* that can cause food poisoning. However, fresh produce can become contaminated at any point in time during the production chain and cause a large percentage of foodborne illnesses. The safest produce to eat is cooked. **The next safest is washed.** When consuming uncooked fruits and vegetables, taking the following steps can help to mitigate the risk of foodborne illness:

- Wash your hands thoroughly for at least 20 seconds before and after preparing fruits and veggies.
- Raw fruits and vegetables, *including* berries, should be washed or scrubbed under running water before eating, cutting, or cooking.
- Always keep produce separate from raw meat, poultry, and seafood. This applies even when using a shopping cart or bags in the grocery store, and during refrigeration. Produce should never be kept next to or *below* raw meat, poultry, and seafood as these items can drip juices that may have pathogens and contaminate the produce.
- Use a separate cutting board for fruits and vegetables that is never used for raw meats, poultry, or seafood.
- Refrigerate cut, peeled, or cooked fruits and vegetables as soon as possible, or within 2 hours. If exposed to temperatures above 32°C/90°F, chill the produce within 1 hour. Storage should be at 4°C/40°F or colder in a clean container.
- Washing fruits and vegetables with soap, detergent, or commercial produce wash *is not* recommended. Just clean water is sufficient. After washing, fruit and vegetables should be dried with a clean paper towel to reduce moisture and limit growth of mould.
- Special attention should be given when preparing bean sprouts. The warm and humid conditions needed to grow sprouts also provide an ideal environment for microbial growth. Hence, eating raw or undercooked sprouts may also lead to food poisoning.

Sources: www.cdc.gov | www.simcoemuskokahealth.org | www.health.gov.on.ca | www.publichealthontario.ca

TEMPERATURE DANGER ZONE



ALWAYS KEEP
HOT FOOD
HOT

ALWAYS KEEP
COLD FOOD
COLD

Image adapted from: www.facebook.com/wrap.fps

COVID-19 GUIDANCE DOCUMENT FOR LTCH, RH, AND OTHER CLS - **UPDATED**

The Ministry of Health (MOH) released their updated COVID-19 guidance document for long-term care homes (LTCH), retirement homes (RH), and other congregate living settings (CLS) on **June 26, 2023**. The complete guidance document can be accessed by clicking on the icon to the right. Changes were made to the mandatory masking policy indoors for staff, self-isolation duration for staff after testing COVID-19 positive, and revised isolation requirements for residents in LTCH and RH among other things. Some of the key updates effective as of June 26, 2023 are:



FOR LTCH/RH/CLS

- Indoor masking is now required for health care workers based on a **point-of-care risk assessment** (PCRA), and in consideration with occupational health and safety. Indoor masking is not mandatory at all times anymore in LTCH, RH, and other CLS.
- Staff may consider wearing a mask for source control when providing prolonged direct care (<2m and >15 min) indoors and outdoors, especially for residents/clients with risk of severe outcomes.
- Masks are recommended but *not required* for general visitors, essential visitors, and staff who are not health care workers.
- All staff and essential visitors/caregivers providing direct care or interacting within 2m of a resident/client with suspect or confirmed COVID-19 or in an outbreak area *should* wear the recommended PPE, including gown, gloves, eye protection, and a fit-tested, seal-checked N95 respirator. Individuals who are not fit-tested should wear a well-fitted surgical mask or a non-fit-tested N95 respirator.
- If tested COVID-19 positive, staff can now return to work once their symptoms have been improving for 24 hrs (48 hrs if vomiting/diarrhea) and have no fever. However, staff should strictly adhere to **workplace measures** (see Appendix D, page 48) for a total of 10 days after specimen collection or symptom onset (whichever is applicable/earlier) to reduce risk of transmission to others.

FOR LTCH/RH

- A resident who is a confirmed or probable COVID-19 case should self-isolate for at least 10 days after the date of specimen collection or symptom onset, *and* until symptoms have been improving for 24 hrs (48 hrs for GI symptoms) with no fever.
 - ⇒ **If able to mask**: residents may participate in group activities (no communal dining) after day 5, wearing a well-fitted mask at all times when outside their room, if asymptomatic or symptoms have been improving for 24 hrs (48 hrs for GI symptoms).
 - ⇒ **If unable to mask**: residents can leave their room for walks in the immediate area with a staff who is wearing the recommended PPE.

FOR CLS

- A client who is a suspected or confirmed COVID-19 case should self-isolate for at least **5 days** after symptom onset, *and* symptoms are improving for 24 hrs (48 hrs for GI) with no fever.