Guidance Document for the Risk Categorization of Food Premises

This document supports the *Food Safety Protocol, 2013* (or as current) under the Ontario Public Health Standards.

Public Health Division
Ministry of Health and Long-Term Care

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Preamble
The Ontario Public Health Standards (OPHS)\(^1\) specify the minimum public health programs and services that all boards of health are required to provide. The OPHS\(^1\) are published by the Ministry of Health and Long-Term Care (MOHLTC) under section 7 of the Health Protection and Promotion Act (HPPA).\(^2\) In addition, the Ontario Food Premises Regulation (562/90),\(^3\) under the HPPA, has specific requirements to be followed in order to operate a food premises in the province of Ontario.

The OPHS are supported by incorporated protocols that further delineate expectations for carrying out the standards’ requirements. As part of the Food Safety Program Standard, the purpose of the Food Safety Protocol, 2013 (or as current)\(^4\) is to assist in the prevention and reduction of food-borne illness by providing direction to boards of health on the delivery of local, comprehensive food safety programs. Risk categorization of food premises enables boards of health to plan resources and food safety strategies aimed at preventing and reducing the burden of food-borne illness.

As set out in section 1(b) of the Food Safety Protocol, 2013 (or as current)\(^4\), the boards of health shall implement a food safety management system utilizing a hazard identification and risk-based approach for all food premises in the health unit and shall include, but is not limited to, the following components: a site-specific risk categorization process to determine the risk level, inspection frequency, and any other food safety strategies for the safe operation of the food premises; an annual site-specific risk assessment of each food premises and, based on the results of the assessment, assign a risk category for each food premises as high, moderate, or low; etc.

Purpose
This guidance document\(^1\) outlines how the boards of health are to assign risk categories for food premises using a standard approach. Specifically, this guidance document will:

a. Outline the scope and standard approach to the risk categorization of food premises that shall be used by the boards of health;

b. Provide definitions of key terms used in the process to ensure consistent application; and

c. Provide minimum requirements for the use of the accompanying Risk Categorization of Food Premises Template

\(^1\) Disclaimer
This guidance document is not intended to provide legal advice or to be a substitute for the professional judgment of staff employed by local boards of health or legal counsel. Professional staff employed by local boards of health should consult with their manager and/or legal counsel, as appropriate. Where there is conflict between this guidance document and the Food Safety Protocol, 2013 (or as current), the OPHS, or the HPPA or its regulations, the Food Safety Protocol, 2013 (or as current), OPHS, or HPPA or its regulations, as the case may be, shall prevail.
Guidance for Board of Health Staff

Risk Categorization of Food Premises

The purpose of Ontario’s approach to the risk categorization of food premises is to contribute to the prevention and reduction of food-borne illness in food premises in Ontario and to support efficient allocation of board of health resources. Because food premises do not all present the same potential risk of causing food-borne illness, a standard approach to risk categorization (of high, moderate or low) is necessary to ensure that resources are appropriately focused on the premises that pose the highest levels of risk. Levels of risk are attributable to a number of factors including:

- **Profile factors** such as those that consider the type of operation, population served, and the complexity and extent of food handling; and

- **Performance factors** such as those that are attributable to the operators’ performance and commitment to food safety practices (i.e., compliance with regulations, commitment to training of food handlers, and the extent to which they incorporate food safety plans into their operations).

Risk Categorization of Food Premises Process

All boards of health shall incorporate the standard approach and requirements outlined in this guidance document into their food safety program operational practices. At minimum, implementation of the standard approach will consist of:

- Developing and implementing a plan to review and update standard operating procedures, categorization forms, templates, or tools (either paper based or electronic) to incorporate the new approach;

- Provide training to all staff that have a direct or supporting role in conducting, reporting, or monitoring the risk categorization process; and

- Developing and implementing a reporting system of outcomes from the risk categorization process that may be used for monitoring trends and changes to risk categories, as well as providing summary data on Profile and Performance factors that may be used for evaluation purposes.

Assigning Risk Categories

All boards of health must use the risk categorization of food premises approach in their annual on-site risk assessment of each food premises, and the annual assignment of risk categories must be completed during the first inspection of each calendar year.

With the exception of new premises that begin operation within a given year, for planning purposes and to ensure reporting requirements are met, food premises that are likely to be high risk should be inspected between January 1st and April 30th or as soon as possible within the calendar year. This process should provide a consistent baseline to assess changes to the proportion of high and moderate risk categories in future years.

Boards of health are required to either use the template provided (Appendix A) or integrate the content, including the Profile and Performance factors and assigned weightings, into their
existing IT system. Although paper versions of the template may also be used, boards of health must ensure that the data is available for reporting and evaluation purposes.

When available, inspection results from the previous 12 months shall be used to inform the annual risk categorization in terms of Performance factors (e.g., compliance with the regulations and the implementation of food safety plans by operators). Improvement in Performance factors over time should improve food safety practices and reduce the potential of food-borne illness.

**Risk Categories**

A risk category of high, moderate, or low will be assigned for each food premises based on the total calculated score using the Risk Categorization of Food Premises Template. The minimum frequency of inspection for each risk category is based on the requirements outlined in section 1(c) of the *Food Safety Protocol, 2013.*

**Table 1: Risk Category and Frequency of Inspection**

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Score</th>
<th>Frequency of Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>55-230</td>
<td>Not less than once every four months</td>
</tr>
<tr>
<td>Moderate</td>
<td>20-54</td>
<td>Not less than once every six months.</td>
</tr>
<tr>
<td>Low</td>
<td>0-19</td>
<td>Not less than once every twelve months</td>
</tr>
</tbody>
</table>

**Definitions**

**Food premises:** A premises where food or milk is manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, but does not include a private residence.¹

**High risk premises:** An establishment which represents a high likelihood of occurrence of a food-borne illness outbreak.⁵

**Moderate risk premises:** An establishment which represents a moderate likelihood of occurrence of a food-borne illness outbreak.⁵

**Low risk premises:** An establishment which represents a low likelihood of occurrence of a food-borne illness outbreak.⁵

The factors and associated weights are established to provide a consistent province wide approach to the risk categorization of food premises. Therefore, the design and use of the process must not be changed or modified in the determination of risk categories. Boards of health may however, expand the use of the template to include other information that may be required for local operational and evaluation purposes (e.g., disclosure programs, compliance with bylaws, private water supply, food handler certification, etc.).
Factors in Determining Risk Categories

Ontario’s risk categorization of food premises approach utilizes Profile and Performance factors that contribute to the assignment of risk categories. Each factor is weighted in such a way that gives priority to risks that contribute to food-borne illness. The approach of establishing risk categories will be applied to all year round and seasonal food premises with fixed locations.

The Ontario risk categorization of food premises approach should not be applied to individual transient and temporary food premises, including those operating at temporary special events. This includes temporary special event halls that do not have their own dedicated food operator and are mostly rented out for special events or celebrations (e.g., churches, community halls, etc.). In this case, as described in the Food Safety Protocol under Section 1 (d), boards of health shall establish and implement procedures to monitor and inspect, and educate operators of, transient and temporary food premises, including those operating at temporary special events. Boards of health may however, use the established principles of the approach to assist in the development of operational priorities to address these types of food premises.

Food Premises with Multiple Operations

In some cases, food premises may have multiple types of operations within the same facility or include satellite locations supplied by a central kitchen. In order to assess, plan, and manage resources and work effort for these types of premises, boards of health may subdivide distinct operations into “units”. Recognizing that the use of units to further describe these facilities is an important tool for managing inventories of food premises, the application of the risk categorization of food premises approach will be based on the following principles:

- One risk categorization will be applied to the entire food premises, based on the most complex aspect of the operation. Each “unit” will not receive a separate risk category.

- All areas of food premises will be included during routine inspections outlined in Section 1 (c) of the Food Safety Protocol. Re-inspections for compliance, complaints and inspections carried out for other purposes will focus on the particular issue being investigated.

The following examples are provided to clarify the application of the risk categorization approach to food premises with multiple operations:

- A hospital with one main kitchen and ten serveries operating under the same owner would receive one risk categorization, which shall be based on the main kitchen, as it is the most complex operation. The main kitchen and its ten serveries would be considered one premises, and if the risk category is “high”, it would apply to the main and all serving kitchens. Public health inspectors (PHIs) would include most, if not all serveries during their routine inspection based on the identification of critical control points (CCPs) beyond the main kitchen.

- Multifunctional supermarkets with multiple specialty departments (e.g., delis, butcher shops, bakeries, seafood counters, etc.) operating within one location under the same owner would undergo one risk categorization assessment. For example, a supermarket may have a bakery, deli counter, and hot food counter (where chicken is cooked from raw, sandwiches are made to order, and pasta salads are made from scratch) in addition to the retail grocery area. In this case, the risk categorization would be based on the hot food
counter, which is the operation with the most complex food handling, and the determined risk category would then apply to all other operations within the supermarket. Other distinct food businesses within the establishment operated by a different owner would be subject to a separate risk categorization (e.g., a sushi outlet operating as a sub-contractor within the supermarket).

Profile Factors

These factors describe operational attributes of the food premises that may not change over time and are significant considerations to assigning risk categories.

Population Served

Vulnerable or at-risk population: People who are more likely to experience serious complications associated with the consumption of contaminated food, such as immunocompromised individuals, the elderly, and children. Food premises that serve these populations include kitchens and serveries in hospitals, nursing or long-term care homes and child care settings (e.g., day nurseries, nursery schools and pre-schools). Before and after school programs are not considered at-risk settings because they typically have very limited food preparation of mostly low risk foods (e.g., cutting up fruits and vegetables).

Preparation and Serving

Hazardous foods: Ontario’s MOHLTC’s Food Premises Inspection Report- Items Critical to Food Safety includes those foods that are capable of supporting the growth of disease causing (pathogenic) organisms or the production of toxins of such organisms.6

Preparation steps: The number of steps or amount of food handling involved in the preparation of food (e.g., assembling, cooking, cooling, reheating, hot holding, etc.). The weight of the scores reflects that the likelihood of contamination increases with the number of steps that are involved.

- **Extensive food handling (3+ preparation steps):** Foods that are extensively handled during preparation can increase the potential of microbial growth and cross-contamination. Extensive handling/preparation would include a number of steps before service such as cooking, hot holding, cooling, and reheating of foods.5

- **Limited food handling (1-2 preparation steps):** This category is for foods that require only one or two preparation steps, such as assembling and/or reheating (e.g., preparation of sandwiches/submarines for sale directly to the consumer, cutting fruit and vegetables, slicing deli meats, etc.).5

- **Prepackaged:** There is no food preparation involved.

Catering: Food retail or food service establishment primarily providing catering services off-site where foods are prepared/cooked in the facility kitchen and then delivered to a function off site for further processing, including hot and cold holding, are shown to be at higher risk of being implicated in food-borne illness.5

Full-service banquet hall: Premises with on-site preparation, used for holding special events or celebrations. Operating hours are usually off normal business hours. Premises has full kitchen and/or receives delivery of meals, and the facility is not usually available for hire. Full-service banquet halls often produce a high volume of food in a limited amount of time. An increase in
volume includes additional food handling and an increased risk for temperature abuse, potentially resulting in food-borne illness.

- Due to the transient nature in the operation of temporary special event halls (e.g., church basements, community centres, etc.), they shall be treated as temporary and transient food premises, and the Ontario risk categorization of food premises approach should not be applied to them. It is recommended that boards of health inspect these premises no less than once per year.

**Performance Factors**

These factors are metrics that may be observed over time and can be used as indicators of food safety practices by operators. Performance factors provide a specific opportunity for PHIs to work with food premises operators to improve their overall performance, resulting in improved food safety practices and reducing the number of follow up inspections to ensure compliance. The performance factors used in the risk categorization of food premises approach are referenced in Sections 1-3 of the Food Safety Protocol and include: the identification, monitoring and documentation of CCPs through a food safety management plan; food-borne illness or outbreak management; compliance history including the consideration of both existing and repeated infractions of regulation; and food handler training and safe food handling practices.

**Compliance**

**Infraction:** Any violation, contravention, or failure to meet legal requirements of the Ontario Food Premises Regulation (562/90), within a food establishment. Observed infractions of the regulation may be either critical or non-critical, and include those that are corrected at time of inspection

- **Critical infraction:** An infraction which has the potential to pose an immediate public health risk and/or lead to a food-borne illness (e.g., improper hot/cold holding temperatures, etc.). These infractions would appear as “not in compliance” on the ministry’s Food Premises Inspection Report – Items Critical to Food Safety.6
  - Observed critical infraction(s) at one inspection: The observation of critical infraction(s) during only one inspection within the past 12 months.
  - Observed critical infraction(s) at two or more inspections: The observation of critical infraction(s) during two or more inspections within the past 12 months. These infractions may be the same critical infraction or different critical infractions.

- **Non-critical infraction:** An infraction which does not pose an immediate health risk in and by itself, is not likely to lead to a food-borne illness, and/or does not directly relate to food handling practices (e.g., structural deficiency of floors or walls, etc.). These infractions would appear as “not in compliance” on the ministry’s Food Premises Inspection Report – Establishment Sanitation, Design and Maintenance Items.7
  - Observed non-critical infraction(s) at one inspection: The observation of non-critical infraction(s) during only one inspection within the past 12 months.
Observed non-critical infraction(s) at two or more inspections: The observation of non-critical infraction(s) during two or more inspections within the past 12 months. These infractions may be the same non-critical infraction or different non-critical infractions.

Food-borne Illness/Outbreaks

Confirmed as source of food-borne illness/outbreak: A laboratory-confirmed or epidemiologically-linked food-borne illness or outbreak, attributed to improper food handling practices at the food premises.

- **Outbreak:** An incident in which two or more persons experience similar illness after a common source exposure. An outbreak is identified through laboratory surveillance or an increase in illness that is unusual in terms of time and/or place. An outbreak is confirmed through laboratory and/or epidemiological evidence.\(^5\)

- **Laboratory evidence:** Evidence shown by the isolation/identification of the same pathogen, toxin, or contaminant from cases of human illness and the suspect food.\(^5\)

- **Epidemiological evidence:** In the absence of other types of evidence, epidemiological evidence must show a statistically significant association between human illness and consumption of specific food(s).\(^5\)

Food Safety Management Plan

Food safety management plan (e.g., HACCP): A documented, systematic approach, applied by the food premises operator or a third party quality assurance company, to identify and assess hazards and risks associated with a food operation and defining the means of their control.

Demonstrated evidence of CCP monitoring: Evidence includes observations by a PHI that food premises operators have incorporated operational processes or tools to identify and monitor CCPs without a formal food safety management plan. Processes and tools may include signage at CCPs for hot holding, refrigeration temperatures, and hand-washing, food handlers observed using thermometers, etc. to demonstrate active understanding of critical control points.

Food Safety Knowledge and Training

Food handler: Any person employed in a food premises, including the operator, who handles or comes in contact with any utensil or with food during its preparation, processing, packaging, service, storage, or transportation.

Certified food handler: A food handler who has successfully completed a course from a recognized food handler training provider (i.e., board of health or other recognized provider), with proven documentation from within the previous five years.

Reporting

All boards of health will use the standard approach to report information to the MOHLTC pertaining to food premises risk categories, which include, but are not limited to:

- Reporting of performance and monitoring indicators;
- Annual reporting required on February 1\(^{st}\) of every year in accordance with the Food Safety Protocol; and
• Other requests by the MOHLTC related to program evaluation.

References


## Appendix A: Risk Categorization of Food Premises Template

1. **Does this food premises primarily serve clients of the following settings?**
   - Hospital, long-term care home, retirement home: 60
   - Child-care setting (i.e., day nursery, nursery school): 35
   - Child-care setting (i.e., before and after school program): 0
   - Not applicable: 0

2. **To what extent is food prepared and served? (Select ONE of the following)**
   - Extensive food handling (3+ preparation steps): 35
   - Limited food handling (1-2 preparation steps): 20
   - Prepackaged: 0

3. **Is this premises a full-service banquet hall or does it primarily cater off-site?**
   - Full-service banquet hall and/or primarily serves catered meals off-site: 30
   - Not applicable: 0

4. **What is the level of compliance over the past 12 months with Ontario Food Premises Regulation 562/90? (Select ALL that apply)**
   - **Critical infraction(s) (Select ONE of the following three options)**
     - Observed critical infraction(s) at one inspection: 10
     - Observed critical infraction(s) at two or more inspections: 25
     - No observed critical infractions at this or previous inspections: 0
   - **Non-critical infraction(s) (Select ONE of the following three options)**
     - Observed non-critical infraction(s) at one inspection: 5
     - Observed non-critical infraction(s) at two or more inspections: 10
     - No observed non-critical infractions at this or previous inspections: 0
   - **Other (IF applicable)**
     - Insufficient history (new premises or no previous inspections - EXCLUDING premises that serve only prepackaged foods): 20

5. **Foodborne illness/outbreak over past 12 months**
   - Premises confirmed as the source of foodborne illness/outbreak, attributed to improper food handling practices: 50
   - Not applicable: 0

6. **Is there a food safety management plan (HACCP)? (Select ONE of the following)**
   - Documented food safety management or written HACCP plan in place; principles and procedures are applied; plan is audited for effectiveness: -5
   - Demonstrated evidence of CCP monitoring: -5
   - No food safety management plan/HACCP program documented (food safety plan is warranted): 10
   - Not applicable to this premises (food safety plan is not warranted): 0

7. **Food safety knowledge & training, at the time of inspection (Select ALL that apply)**
   - One or more certified food handler(s) on site: -5
   - Food handler(s) demonstrate safe food handling practices: -5
   - Food handler(s) do not demonstrate safe food handling practices: 10
   - Not applicable to this premises (food handling does not occur on site): 0

### RISK CATEGORIZATION & TOTAL SCORE

<table>
<thead>
<tr>
<th>High: ≥55</th>
<th>Moderate: 20-54</th>
<th>Low: ≤19</th>
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