

handwashingforlife®



Employee
Hand Hygiene
Manual

Safe Hands



The Handwashing[®]
Leadership Forum

www.handwashingforlife.com



Safe Hands-Safe Food Policy

Example of
a Safe Hands Policy
for Foodservice
Operation

As managers and employees of ABC Foods we are responsible for the safety of our customers and fellow employees. We recognize that foodborne pathogens can be a serious problem leading to illness and death. We are committed to minimizing the risk of foodborne illness by adhering to best practices in personal hygiene and handwashing.

Employee Responsibility

Employees are responsible for using safe food handling methods as trained and instructed, and for practicing good personal hygiene including good handwashing. Employees must be able to describe these procedures and practices.

Management Responsibility

Managers are responsible for insuring that employees are trained in safe food handling methods, that safe hygiene management processes are followed and that facilities are equipped and supplied at all times with products meeting best practices.

**for on-line
certification courses**

Access
www.handwashingforlife.com

Click on Learning Center

Enter: Company name and
password (from PIC)

Click on Certificate Program

Follow instructions

Damages Created by Foodborne Illness

Protect your business from the tsunami wave of foodborne illness



The emotional and financial nightmares that accompany a serious outbreak of foodborne illness impacts you, and your business, immediately and it lasts a lifetime. In many cases businesses are forced to close their doors, if not for financial reasons, then for the emotional impact on owners.

When assessing the damages that a foodborne illness could inflict on your operation consider the impact of:

Sick Customers & Employees

The emotional distress experienced by operators when customers and/or employees die or suffer life-altering disabilities from foodborne illness will often far outweigh the impact of even the most punitive of financial damages. It is a life-altering event.

Loss of Public Confidence

Foodborne Illness is a major news event that becomes public knowledge immediately. A business, and personal reputation, built on trust and confidence over many years is dramatically impacted within hours.

Product Recall

Product recall, reworking, repackaging and disposal activity is a major expense that consumes all functions within an organization. It has an immediate impact on product availability, market presence and cash flow. Many times it also results in a permanent loss of distribution, retail space and retail support.

Lost Revenue

How long can your operation meet its financial obligations with 0% of its current revenue? How long at 80% of its revenue or at 50% of its revenue? When foodborne illness occurs it impacts all products & outlets in your operation and not just the one infected. What actions will you need to take to dramatically cut costs to survive? What impact will these actions have on your business? On the lives of your employees? On your own family?

Lost Market Share

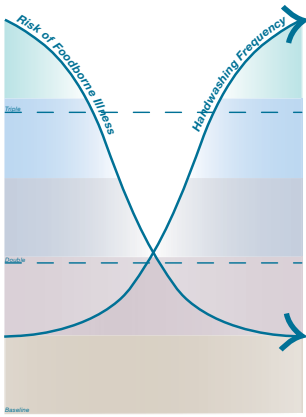
Where will your customers go when your product or service is temporarily unavailable? Will they return when the problem is resolved? Why? What will it take for them to regain confidence in your operations? Can you afford the time and money necessary to rebuild their confidence and trust?

Fines Under the principles of strict liability and constructive knowledge expect to pay damages to your customers and their families. Also expect fines. What will insurance cover?

Closure

Unfortunately, an often occurrence. Sometimes temporary, sometimes forever.

Top Ten Foodborne Facts to Consider



10. The fecal-hand-oral transfer route is the primary pathway for foodborne pathogens. Toilet paper is a very poor barrier for the viruses and bacteria in fecal matter. All bathroom surfaces must be considered a source of serious contamination. Washing hands after visiting the bathroom for any reason is critical.
9. Invisible dirt is the most dangerous dirt. Just because hands look clean doesn't mean they are clean.
8. In an average customer base, one-fifth are highly susceptible to foodborne illness. If you serve mainly children, the elderly or institutionalized groups, the risk is even higher.
7. Because infectious periods without symptoms occur (asymptomatic periods) you must operate as though you have an ill employee on every shift. Handwashing is the number one intervention.
6. One gram of feces can contain 10 to the 9th power Noro virus (ten billion particles of virus); the infectious dose for the Noro virus is only ten particles!
5. Dry hands are 94% less likely than wet hands to transmit pathogens to food.
4. Running out of soap is one of the most common breakdowns in a handwashing program.
3. For better cleaning and faster rinsing, wet your hands before applying the soap. Scrub fingertips and cuticles by using the “claw paw” — rubbing the fingertips with friction into the opposite palm.
2. Single-use paper towels are at least ten times faster than air dryers and aid important friction based cleaning. Hands must be thoroughly dry when gloving and to return to work safely.
1. “Handwashing is the single most important means of preventing the spread of infection.” CDC (The Center Disease Control)

The Science of Foodborne Illness

Your ability to wage the war against foodborne illness begins with an appreciation of the strength and resilience of the enemy. With microbes being an important part of our immune system, how do we identify the pathogens? How do we harness the constructive power of science?

Customers: More vulnerable

As the pathogens mutate to resist our efforts many of our customer's immune systems are becoming more vulnerable with age, disease and more frequent exposure. Twenty (20%) of the North American population falls into the "highly vulnerable" category with this percentage growing each year as our population ages.

THIS "HIGHLY VULNERABLE" CATEGORY INCLUDES:

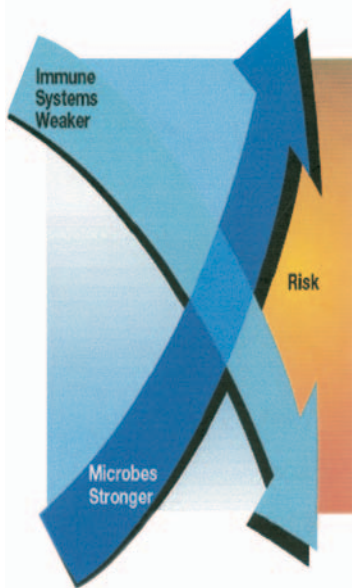
- People over 60
 - Children under 10
 - Pregnant women
 - HIV infected
 - Heavy antacid users
 - Highly stressed individuals
 - Medically compromised
 - Heart, cancer, diabetes, transplants, asthma
 - Extreme condition athletes
- Global travel creates the opportunity for new pathogens to move rapidly across natural borders.
- The over 50 and traveling segments of population represent a high percentage of away from home dining
- What is your share of "at risk" customers?
- Take a survey of your patrons tonight.

Pathogens: Stronger

The "pathogen" enemy fights a guerrilla war. In the right conditions (i.e. your kitchen) microbes mutate and evolve at astonishing pace, resisting efforts to control their impact. The "BUG" chart [www.handwashingforlife.com] provides details on some of the more common pathogens that can inflict their damage thanks to inadequate food handling practices and poor hand hygiene.

Regulations: Better equipped

Combine these increasing risks with the advancement in Trace Back Technology over the past decade and Science can now, better than ever before, tell us the HOW, WHEN AND WHERE of foodborne illness incidents. The "bugs" may be invisible but the source of infection can't hide from modern science and increasingly effective communication.



Five Faces of Foodborne Illness

Is eating out safer than eating at home? Actually it can be thanks to the diligence of operators, regulators and foodservice workers. Unfortunately, even with the best intentions not all foodservice is safe. The five faces of foodborne illness is based on USA statistics provided by the Centers for Disease Control (CDC):

54 billion Safe Meals served

54,000,000,000, at 884,000 locations. Eating out is one of our favorite activities: over 40% of adults eat in a restaurant every day. While most meals are wholesome, some cause illnesses. Just over 50% of the American food dollar is spent on food prepared or served away from home.



76,000,000 foodborne illnesses

1 of every 4 people will "catch" a foodborne illness this year. Typically, you start to feel sick, develop diarrhea and/or vomiting, and start feeling better all in the same day – the "24 hour flu" that isn't the flu!

- The "visible" costs grossly understate the reality:
- Lost work: estimated at billions of dollars each year!
- Lost customers: will never return to "that restaurant"!



3,800,000 Doctor visits

About 5% of the people who get sick from food see a doctor: they may be weak and dehydrated from the "food flu", or they may have a more serious illness, such as Hepatitis A. Most recover in one to three weeks but chronic conditions often are an unexpected consequence.

- Regulatory action: tracking & shutting down "that restaurant"



325,000 Hospitalizations

Some people become very sick, especially children less than 6 years old, pregnant women, adults over 60, and people with other medical conditions, such as liver disease, cancer, organ transplants or immunodeficiency. Many suffer long lasting effects, including rheumatoid arthritis, Crohn's disease and Guillain-Barre syndrome, causing life-long suffering and cost.

- Legal action: litigation, fines and settlement costs



5000 Deaths

While most people recover from foodborne illness, many don't. About 14 people die each day from something they ate or drank. Highly susceptible people are most at risk, but some foodborne diseases have unusually high mortality rates even among the healthy (these include *Listeria monocytogenes*, *Vibrio parahaemolyticus*, and *E. coli* 0157 H:7)

- Media: the worst publicity...Continues for weeks.
- Lost customers: "other" restaurants chosen.
- Depression: personal toll on owners/managers/staff



The Science of Hand Hygiene

Scientific study into the transmission of infection as a result of poor hand hygiene practices is helping us to understand the nature of the problem as well as the steps necessary to combat it. Following are highlights from just a few studies completed over the past decade.

study:

Foodborne illness & causes of foodborne illness
Washington Department of Health 1990-1994
Key Findings;

Cross-contamination	28%
Infected worker	13%
Hand contact	4%
Poor handwashing	32%

study:

1000 foodservice workers personal hygiene habits
U.K. Study - October, 2002

Key Finding;

47% of foodservice workers fail to wash their hands prior to food preparation
39% of foodservice workers fail to wash their hands after going to toilet.

study:

Use of gloves by food handlers
Paulson, D. 1996. Boseman, MT>, Bioscience Laboratories

Key Findings;

Without a prior handwash, contaminant Escherichia coli increased their population numbers when gloves were worn at both 1 hour and 3 hour glove change times.

No significant contaminant microbial growth was observed if effective handwashing was performed prior to gloving.

study:

Residual moisture determines the level of touch-contact-bacterial transfer following handwashing.

Findon, P.G., Miller, T.E. Epidem Infect: 1997

Key Findings;

With dry hands, bacterial numbers transferring to skin, food and utilities on touch contact reduced by 99.8, 94 and 99% when compared to the same hands when wet.

study:

Hand drying: A study of bacterial types associated with different hand drying methods and with hot air dryers.

Redway, K., Knights, B., Bozoky, Z., Theobald, A, & Hardcastle. London UK.
University of Westminster, 1994

Key Finding:

Using towels after washing reduced bacterial counts on the hands by over 42% (paper) and 10% (cotton).

Hot air dryers increased bacterial counts on the hands by more than 500%. Bacteria were relatively numerous in the airflows and on the inlets of 100% of the dryers sampled.

Staphylococci and Micrococci were blown out of 97% of the dryer nozzles.

Handwashing Guide

When hands **MUST** be washed to Control Pathogens that can cause foodborne illness?

must wash situations

- 1] Before and after any visit to the restroom/toilet regardless of purpose.
- 2] Touching the body, human contact
 - a] Anywhere on the head (ears, nose, eyes, mouth, pimples).
 - b] Shaking hands with people
 - c] Using a nose tissue, handkerchief
- 3] Touching selected raw food (particularly raw meat, fish, and poultry products)
- 4] Touching bottoms of boxes that could be contaminated by meat and poultry juices on the floor of the delivery truck

should wash situations

Situations where handwashing **MAY NOT** lead to contamination but is recommended, include touching items such as:

- 1] Money
- 2] Soiled apron, soiled uniform / clothes
- 3] Shoes
- 4] Items that have fallen on the floor
- 5] Floor
- 6] Soiled cleaning tools (mops, brooms)
- 7] Hair, skin
- 8] Items such as used tableware before handling ready-to-eat food, particularly wet, ready-to-eat food such as lettuce

The use of a hand sanitizer would be a suitable substitute for core handwashing in the above situations

not always necessary to wash

Situations that do not **NORMALLY** lead to contamination and where hands do not need to be washed after every contact include:

- 1] Touching equipment
 - a] Cash register / scale keys
 - b] Clean wipe rags, wash water, rinse water
 - c] Clean slicer / knife handles, serving utensil handles
- 2] Touching facilities
 - a] Door handles on refrigerators holding ready-to-eat food
 - b] Door knobs, faucet handles, fixtures, furniture
- 3] Touching supplies
 - a] Sterilized, pasteurized, washed food

However, foodservice and food production personnel should wash their hands at any time if there is any possibility of cross-contamination.

Foodservice personnel should always minimize bare-hand and arm contact with ready-to-eat food by preparing and mixing food with clean, sanitized equipment and utensils and by serving food with deli tissues, spatulas, tongs, or other dispensing equipment.

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Handwashing Frequency Standard

Instructions — [w = Wash | wb = Wash with Brush | s = Sanitize]

1. For each task posted in the left column, determine the appropriate hand hygiene activity.
2. Place a number in each appropriate column to represent how often this hand hygiene activity occurs per shift.
3. Total to determine frequency goal per shift for each hand hygiene activity.
4. Celebrate Success!

	Food Prep			Dishwasher/Busser			Server/Drive-Thru			
	w	wb	s	w	wb	s	w	wb	s	
Arrival										
Pre/Post Break										
Restroom Use										
Task Change/ Equipment or Surface Touches										
Pre/Post Gloving										
Hair, Nose, Facial or Body Touch/ Sneeze or Cough After Smoking										
Customer or Co-worker Contact										
Departure										
Totals										

Our Handwashing Frequency Standard — Handwashes per employee per shift

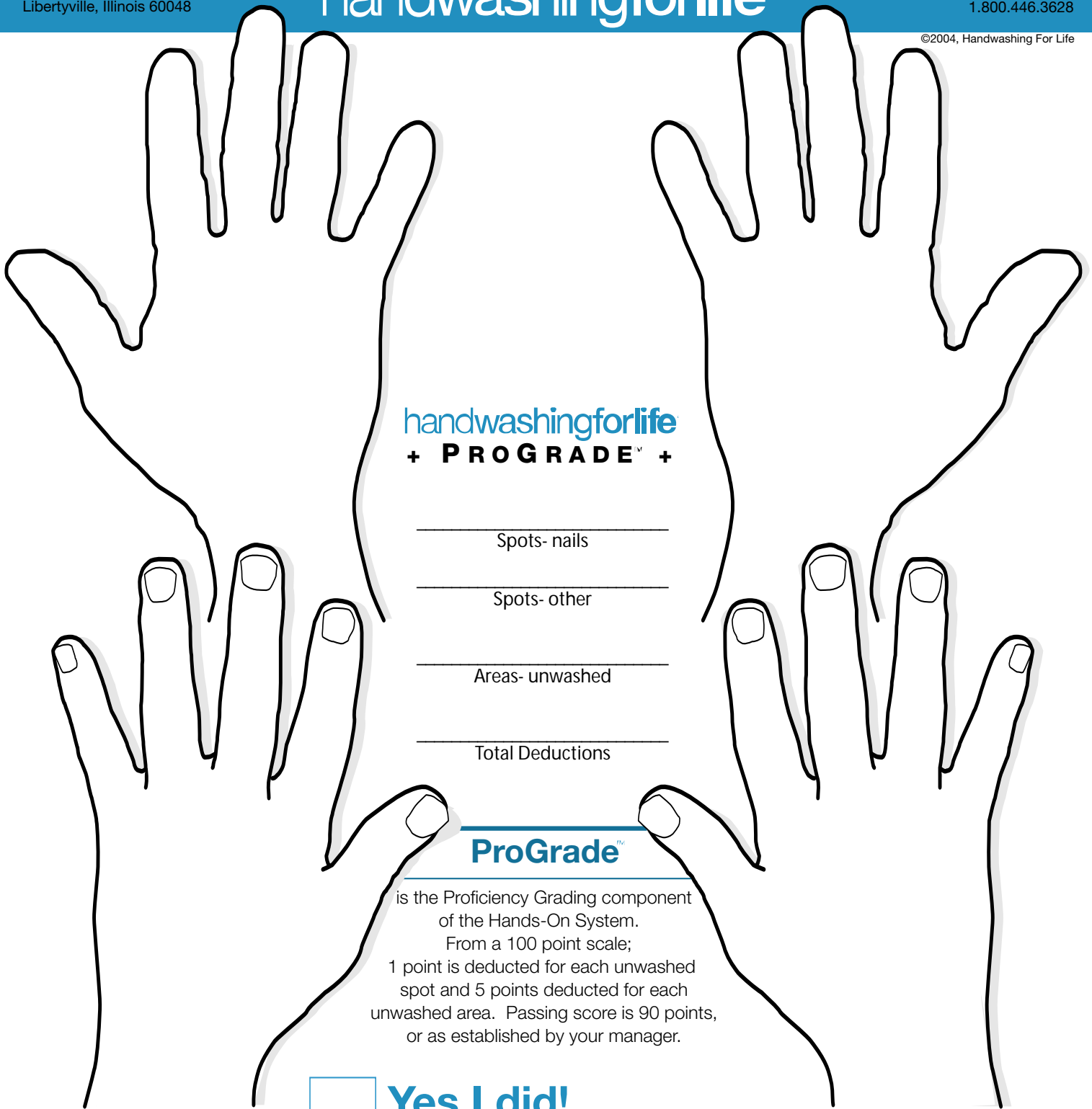
The Core Handwash

1. Wet hands in warm water.
2. Apply a dollop (1/2 oz.) of liquid hand soap to hand.
3. Lather and rub hands, fingers and wrists thoroughly, paying particular attention to:
 - Finger tips and nails.
 - Side of thumb and index finger.
 - Wrists and forearms.
 - Palms of hand.

This scrubbing process should take 20 seconds to complete thoroughly.

4. Rinse thoroughly in fast flowing water.
5. Dry thoroughly with paper towels.
6. Turn off faucets with paper towel to prevent recontamination.





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+ PROGRADE™ +

_____ Spots- nails

_____ Spots- other

_____ Areas- unwashed

_____ Total Deductions

ProGrade™

is the Proficiency Grading component of the Hands-On System. From a 100 point scale; 1 point is deducted for each unwashed spot and 5 points deducted for each unwashed area. Passing score is 90 points, or as established by your manager.



Yes I did!

Take the Hand Hygiene Pledge of Professionalism

Name: _____ Employee #: _____

Company: _____ Date: _____

Hand Condition (Circle One)

1. Dry, cracked, callused, cut, and/or long nails | 2. Dry, cracked | 3. Dry | 4. Healthy, rough skin | 5. Healthy, smooth



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Graduate

Date

Hand Sanitizing: Why, When, How

why sanitize

Alcohol based hand sanitizers approved for use in food preparation and foodservice environments are effective in killing microbes that cause illness.

Sanitizers are a waterless option when handwash facilities are not available, not practical or not suitable.

A SaniTwice procedure (see below) can achieve a 99.9% reduction in contamination when hands are not visibly soiled.

when to sanitize

Handwashing with water, soap and paper towels is the preferred hand hygiene practice in all situations. However, when proper handwash facilities are not available, the use of hand sanitizers is strongly recommended.

Hand sanitizing, as an added step, after a core handwash is also an acceptable means to further reduce the risk of hand contamination.

Hand sanitizing should NOT be considered as safe option:

- When visible dirt is present on hands

- After using toilet

- When first entering the workplace

how to sanitize

Core procedure:

- Apply a liberal amount of hand sanitizer to hands

- Rub hands together insuring sanitizer is applied to all areas of hands, fingers, fingernails and wrists

- Allow hands to air dry

This procedure is ideal for situations where sanitizing is being done as a supplement to regular washing with soap, water and paper towels

SaniTwice procedure:

- Follow steps 1 & 2 in Core procedure

- Before hands air dry vigorously dry them with a paper towel

- Repeat using the core procedure but allow hands to air dry

This procedure is best alternative for core handwashing with soap and water when soap and water is not available

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Hand Sanitizing Program
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Graduate

Date

Gloving: Why, When, How

USA Food Code on Gloving

If used, **SINGLE-USE** gloves shall be used for only one task such as working with **READY-TO-EAT FOOD** or with raw animal **FOOD**, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

Handwashingforlife Institute (HFLI) comment:

It is critical to change gloves when changing workstations or taking a break. Hands must be washed before and after using gloves. Pathogens on hands and fingernails will multiply rapidly in the dark, moist conditions experienced in a glove. Do not reuse, under any circumstances, a previously worn or soiled glove.

(B) Slash-resistant gloves that are used to protect the hands during operations requiring cutting shall be used in direct contact only with **FOOD** that is subsequently cooked as specified under Part 3-4 such as frozen **FOOD** or a **PRIMAL CUT** of **MEAT** subsequently cooked.

(C) Slash-resistant gloves may be used with **READY-TO-EAT FOOD** that will not be subsequently cooked if the slash-resistant gloves have a **SMOOTH**, durable, and non-absorbent outer surface; or if the slash-resistant gloves are covered with a **SMOOTH**, durable, non-absorbent glove, or a **SINGLE-USE** glove.

(D) Cloth gloves may not be used in direct contact with **FOOD** unless the **FOOD** is subsequently cooked as required

HFLI comment:

Insure that the proper glove is used in the proper situation. Always use gloves that are approved for use in foodservice operations by a standard such as NSF. Seek the direction of your supervisor for proper glove selection.

other advise

on when to glove

Injured Hand:

Gloves will be worn to cover bandages covering cuts and abrasions. The affected area must be cleaned with soap and water, disinfected, bandaged, and covered with a properly fitting vinyl glove

Note:

There is no food safety issue, except to prevent a physical object from falling into the food.

There is no need to put a glove on the other hand if it is not injured or infected.

When the ungloved hand gets dirty, remove the glove and wash and dry both hands before applying a clean, vinyl glove to the affected hand.

Gloving: Why, When, How

**other advise
on when to glove**

Body Fluid Contact:

Before touching the blood or any other body fluid such as vomits of another person, properly fitting latex or vinyl gloves must be worn. Dispose promptly and properly after removal and double wash and dry using disposable paper towels.

Clean Up:

Heavy-duty, non-disposable gloves are needed to protect hands from harsh chemicals, (e.g., strong detergent solutions)

Note:

Gloves should not be shared with any other person to prevent skin cross-infection.

Wash and dry hands thoroughly before gloving, and after removal.

Protection when Cutting:

Cut-resistant gloves must NOT be shared with others in order to avoid cross contamination. Employees should wash and dry hands before and after gloving.

Ready-to-Eat Food:

Employees who serve Ready to Eat food must always wash their hands in the manner described below, and, where directed, use utensils, paper sheets or disposable gloves to handle and serve food.

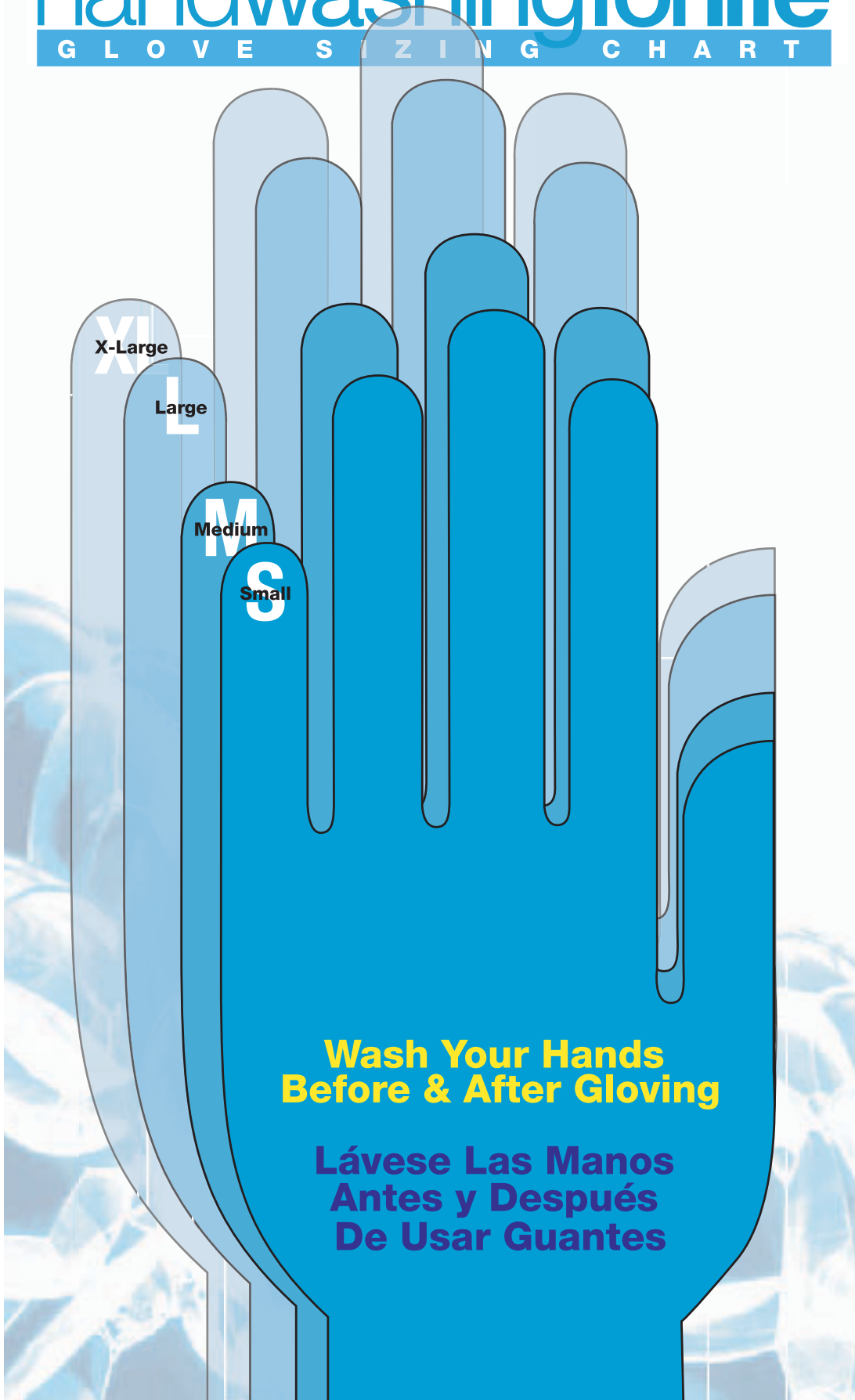
how to glove

- 1] Wash hands before applying gloves using the HFLI core hand wash procedure.
- 2] Glove hands with new, sanitary, disposable gloves meeting NSF foodservice standards.
- 4] Remove gloves when dirty, changing workstations or taking a break.
- 5] Immediately dispose of gloves in waste receptacle.
- 6] Wash hands using core handwash procedure.

Important: Insure gloves are properly sized to your hand.

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G L O V E S I Z I N G C H A R T



**Wash Your Hands
Before & After Gloving**

**Lávese Las Manos
Antes y Después
De Usar Guantes**



Certified
Hand Gloving Program
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Date