



MUNICIPALITY HEALTH SERVICES

FOOD MANAGEMENT POLICY

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CONTENTS

1. BACKGROUND
2. POLICY AND LEGISLATIVE REQUIREMENTS/MANDATES
3. STRATEGY OBJECTIVES AND OUTCOMES
4. FOOD QUALITY MANAGEMENT PLAN
5. SAMPLING PLAN
6. FINANCIAL IMPLICATIONS
7. REPORTING FRAMEWORK
8. COMMUNICATION STRATEGY
9. INTERVENTION
10. FUTURE INITIATIVES

1. **BACKGROUND**

THE NEED FOR A FOOD QUALITY MANAGEMENT STRATEGY

Contaminated food and water have been known to be sources of illness in human societies since antiquity. Food borne diseases are still among the most widespread health problems in the contemporary world. In rich and poor countries alike, they impose substantial health burdens, ranging in severity from mild indisposition to fatal illnesses.

Food contamination by biological agents of disease is now recognized as a major public health problem all over the world. The migration of millions of people (tourists, immigrants, refugees) has resulted in the international spread of human enteric pathogens. Food habits have changed significantly in recent decades and increasing environmental pollution has resulted in new transmission cycles and hence the contamination of a high percentage of food and feedlots. Apart from epidemic diarrhoea-diseases such as cholera, it is estimated that currently up to 70% of diarrhoea episodes in infants may be of food origin. This is especially important in the case of South Africa where it is estimated that almost a third of the population has no access to safe drinking water, and almost half no access to proper sanitation.

Food safety is an increasingly important public health issue and according to the WHO, governments all over the world are intensifying their efforts to improve food safety. A major contributing factor in this regard derives from the globalization of the world as we know it and the emphasis placed on and the interest shown in the importance of the safety of food crossing national boundaries in international trade. Together with this, there has been a dramatic increase in the number of people travelling internationally for, amongst other, tourism and business purposes.

The socio-economic costs of food borne illness include loss of productivity, loss of income, loss of trade, resulting in a loss of job opportunities and therefore unemployment and possible increase in crime, loss of food as a result of recalls and condemnations and loss of tourism. It is, however, the damage that incidences of outbreaks of food borne diseases can cause to the reputation of South Africa as a desirable destination for tourists and for export of foodstuffs from a food safety point of view, which are probably the most serious consequences economically.

The services rendered by health authorities in South Africa aimed at ensuring that the food consumers are exposed to do not cause them any harm, are generally referred to as "food safety control". This can be defined as a mandatory regulatory activity of enforcement by the relevant health authority to provide consumer protection and to ensure that all foods during production, handling, storage, processing, and distribution are safe and fit for human consumption and conform to safety requirements as prescribed by law.

The statutory mandate of local authorities related to food control derives firstly, from the authorization of individual local authorities by the Minister of Health to enforce the provisions of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972) and the regulations published there under within its area of jurisdiction. Secondly, the National Health Act, 2003 (Act 61 of 12003) states the responsibility of all district municipalities and metros to render inter alia, environmental health services, including food safety control.

WHAT IS FOOD POISONING?

Food poisoning is an illness brought about by eating harmful food. The symptoms are usually vomiting, diarrhoea and abdominal pains. Vomiting and diarrhoea are the body's method of disposing harmful substances from the digestive tract thus preventing them from getting into the blood stream. In a few types of food poisoning the poisons enter the blood stream, causing illness in the body generally, with a wide variety of symptoms.

The causes of food poisoning fall into four main categories:-

1. Bacterial Food Poisoning

Bacteria cause the vast majority of all food poisoning cases. The food is poisonous because pathogenic bacteria have contaminated it, which has been allowed to multiply during incorrect storage of the food.

2. Viral Food Poisoning

Certain viruses, which cause vomiting, and diarrhea can be transmitted by water and food. Viruses require living tissue for growth and therefore will not multiply in the food. The food is merely a means of transport to the human body. They are destroyed by the temperatures reached in normal cooking methods and so viral food poisoning is usually transmitted by food which has not been cooked or has been handled after cooking by a human who is a carrier of the virus. Inadequately cooked shellfish collected from sewage-contaminated waters have caused viral food poisoning.

3. Chemical Food Poisoning

The food is poisonous because chemicals during the growth, preparation, storage or cooking of the food have contaminated it. Most cases of chemical food poisoning are caused by carelessness in the home or in an industrial establishment. Pesticides, paraffin, detergents and sterilizing agents should be stored away from food and in such a way that they will not contaminate the food.

4. Vegetable Food Poisoning

Certain plants naturally contain substances, which are poisonous to human beings, for example: a toadstool, hemlock, deadly nightshade, rhubarb leaves. The most common cause of vegetable food poisoning is the toadstool, which can easily be mistaken for a mushroom. The consumption of raw or undercooked red kidney beans is also a cause of severe vomiting.

How many bacteria must be available to cause illness?

Quite frequently we eat food, which contains a few food poisoning bacteria, but small numbers of bacteria do not cause illness. Approximately one million bacteria must be present before a healthy adult will feel harmful effects. If approximately one-tenth of these numbers is present, a child under one year, an old person or a sick person would be affected. Special care must therefore be taken when preparing food for people in these categories. Food poisoning is occasionally fatal. The deaths caused by food poisoning are usually in very young babies or in old or severely ill people.

Incubation period

This is the time that passes between the entry of the poisonous food into the body and the occurrence of the first symptoms. The length of the incubation period helps to decide which type of bacteria has caused the food poisoning. Some types of bacteria

cause food poisoning with a relatively long incubation period (up to 2 days) and other types of bacteria cause food poisoning with a relatively short incubation period (2 hours). The length of the incubation period also depends on the number of bacteria present as well as the type of bacteria causing the food poisoning. If the food is very heavily contaminated with a certain type of bacteria, the incubation period will be shorter than if the food is only contaminated with only half the number of the same type of bacteria.

Duration of illness

The duration of the illness is the time between the appearance of the first symptoms of food poisoning and the clearing up of the last ones. When all the symptoms of the food poisoning have gone, it does not necessarily mean that there are no harmful bacteria in the intestinal tract but that the numbers present are no longer sufficient to produce symptoms.

CRITICAL ELEMENTS OF A FOOD QUALITY MANAGEMENT STRATEGY

The activities of local authorities related to food safety control generally centre around the following:

- Law enforcement based on inspections of food premises and sampling of foodstuffs, (including milk and other perishable foodstuffs).
- Health education to food processors, handlers and consumers, especially within the informal sector.
- Advising existing and prospective entrepreneurs of requirements related to food premises and the safe handling of food.
- Controlling of illegal imported foodstuffs offered for sale within their areas of jurisdiction.
- Investigating and introducing appropriate control measures of all incidences of food borne diseases, which come to their attention.
- Investigating and taking remedial action of all food safety related complaints received.
- Health certification of foodstuffs destined for export in line with the national guidelines provided by the Directorate: Food Control for this purpose.

2. POLICY AND LEGISLATIVE REQUIREMENTS/MANDATES

The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972).

This Act governs the manufacture, sale and importation of all foodstuffs from a food safety control point of view. The Act is supplemented by a comprehensive set of Regulations published by the Department of Health aimed at setting the minimum standards and requirements all foodstuffs should comply to, including the correct labeling thereof. Included under Annexure B is a list of the Regulations in question.

The Act is the most important piece of legislation aimed at inter alia, addressing the safety of all foodstuffs manufactured, sold or imported into the country. Apart from the delegated legislative authority of the Minister of Health to promulgate regulations on those matters specified in the Act, it empowers the Director General of the Department to execute the following actions in respect of all foodstuffs:

- Authorize persons as inspectors

- Authorize persons as analysts
- Concur with Customs and Excise to remove imported foodstuffs to a place approached in terms of this subsection and make an order in respect thereof
- Decide that payment to be made by an importer of foodstuffs is acceptable and to accept a guarantee
- Order that imported foodstuffs: - be confiscated and destroyed; - be returned to port of shipment or place of origin; may be imported on certain conditions; shall be dealt within a specific manner.

In addition to the above-mentioned, the Minister of Health has the authority to apply the provisions of the Act to a state/government outside the Republic of South Africa in respect of foodstuffs imported through the country to such a country.

Regulations under Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), as amended

Regulations promulgated under the Act govern, among others, the hygiene aspects of food premises and the transport thereof; milking sheds and the transport of fresh milk; and, the inspection of premises, stipulating for instance the powers and duties of inspectors authorized in terms of the Act. A list of the regulations in question is included under Annexure C.

An extensive set of regulations related to the hygienic handling of food: The Regulations Governing the General Hygiene Requirements for Food Premises and the Transport of Food (R. 962), were published by the Department of Health on 23 November 2012. These regulations are applicable to all food handling situations, including restaurants, café's, shebeens, taverns, street food vendors etc., and covers the following important aspects related to the requirements for the handling of food:

- Prohibition on the handling and transport of food
- Standards and requirements for food premises
- Standards and requirements for facilities on food premises
- Standards and requirements for food containers
- Standards and requirements for the display, storage and temperatures of food
- Standards and requirements for protective clothing
- Duties of a person in charge of a food premises
- Duties of a food handler
- Standards and requirements for the handling of meat
- Standards and requirements for the transport of food
- Provisions concerning unprocessed products

A certificate of acceptability issued by an inspector is required before food is allowed to be handled by a person.

3. STRATEGY OBJECTIVES AND OUTCOMES

The main objectives are:

- Collection of food samples to get reliable data
- Collection of food samples control and monitor
- build capacity;
- Provide specialist technical and strategic support;

- Share information on food safety to the community
- Manage food safety related information;
- Promote transparent decision taking through Co-operative Governance and participative management;
- To educate the community on food safety
- The inception and development of a food safety database
- The development of an understanding of the food safety discipline
- Ability to identify and address issues requiring urgent attention
- Ensure the continuous improvement of Food Quality Management
- Promote cooperative governance across all spheres of management

4. FOOD QUALITY MANAGEMENT PLAN

The Thabo Mofutsanyane District Municipality's Municipal (Environmental) Health Services Department implements a Food Quality and Safety Plan that is designed to regulate, monitor, evaluate and control the quality and safety of food products supplied to the citizens of the District. The aim is to reduce the health and safety risks resulting from exposure to contaminated or misbranded foods supplied by any formal and informal food retail and processing establishments located within the Thabo Mofutsanyane District Municipality.

The services rendered by this Plan extend to the following:-

- Certification of all food preparation facilities.
- Conducting unannounced investigations and inspections of all food preparation facilities.
- Food sampling programs.
- Investigating all reported cases of food poisoning.
- Investigating all consumer complaints & concerns related to food services and food products.

Under the Act, the inspector [Environmental Health Practitioner (EHP)] is empowered to enforce legislation that is with regard to tolerance for poisonous or harmful substances, food additives, or pesticides and other chemical contaminants; and to specify labelling and advertising requirements. Its duties include the inspection of establishments, collecting samples for analysis, and investigating complaints. When violations are found the EHP can detain, seize, and destroy products and may implement legal action.

MONITORING PLAN

WHAT WILL BE MONITORED

FOOD TYPE	ANALYSES PERFORMED
HIGH RISK FOOD	
Meat	Coliforms, E.coli, Staphylococcus aureus count, Salmonella detection and pathogens
Dairy Products	Total Count, Coliforms, E.coli, Pasteurization, Brucellosis and pathogens
Fresh Produce	Pesticide residues
Peanut Butter	Aflatoxin
Cooking Oil	Polymerized triglycerides
LOW RISK FOOD	
Maize and corn	Fortification
Salt	Iodization
Products containing sudan red	Sudan Red dye

In addition to the above food samples to be taken, surface and hand swabs are also been taken at high risk food premises:

FOOD PREMISES	SWAB ANALYSES
Formal & Informal Food-handling establishments/businesses	Total count, E coli and pathogens

5. SAMPLING PLAN

FOOD SAMPLE	FREQUENCY	NUMBER	EST. COST OF ANALYSES	EST. COST OF ANALYSES PER YEAR	SAMPLING POINT
Meat	Quarterly	24 x R245.00	R 5 880.00	R 23 520.00	Butcheries, hawkers
Dairy Products	Monthly	36 x R370.00	R 13 320.00	R 159 840.00	Milk shops, local producers
Fresh Produce	Quarterly	24 x R53.00	R 1 272.00	R 5 088.00	Markets, hawkers
Peanut Butter	Bi-annually	12 x R87.00	R 1 044.00	R 2 088.00	Local producers, food outlets
Cooking Oil	Quarterly	24 x R67.00	R 1608.00	R 6 432.00	Food outlets
Maize and Corn	Quarterly	12 x R108.00	R 1 296.00	R 5 184.00	Mills
Products containing Sudan Red	Annually	12 x R53.00	R 636.00	R 636.00	Local producers, supermarkets, hawkers
FOOD PREMISES					
Formal Food-handling	Monthly	24 surface			Food handler hands &

establishments. Surface/Hand swabs		x R90.00 24 hands x R90.00	R 2 160.00 R 2 160.00	R 51 840.00	preparation areas
Informal Food- handling establishments. Surface/Hand swabs	Monthly	24 surface x R90.00 24 hands x R90.00	R 2 160.00 R 2 160.00	R 51 840.00	Food handler hands & preparation areas
			TOTAL	R 306 468.00	

6. FINANCIAL IMPLICATIONS

With reference to the Sampling Plan – Table 1-the following:-

- The financial implications for the implementation of the Sampling Plan are based on a 12 month period starting July 2013 and ending June 2014.

With reference to the Sampling Plan and estimated cost of analyses the Food Sampling Plan will thus cost: R 306 468.00.

It must be noted that these costs and sampling program does not take into account any followed-up samples, but is purely based on a routine monthly monitoring plan. Also the financial implications does not provide for any education, training and communication of results towards the community.

7. REPORTING FRAMEWORK

Monthly reports

- As requested by the Provincial Health Department, feedback on the status of food sampling results will be reported on a monthly basis to the Province. The report will also avail information on compliance of food premises to Regulation 962. The report will also include feedback on any actions or communiqué required as received from the National Health Department concerning safe food measures.

8. COMMUNICATION STRATEGY

Communication lines are essential in any management and intervention strategy and needs clarity.

Internal communication

The Municipal Health Services division and Dairy Standards Agency interact on a regular basis to ensure the sustainability of the milk quality control programs.

The Department receives ad hoc notices and communiqué from the National Health Department concerning food safety measures and actions to be taken..

The mechanisms which will be used are:

- Fax

- E-mail
- Telephone
- Meetings and Workshops

9. INTERVENTION

The Municipal Health Services division will intervene in the areas that are identified as persistent problematic areas (red areas) with reference to the Sampling Plan. Legal intervention as depicted in the relevant Acts, in areas where the reports indicated that no improvements were made in the quality of the food sampling products or food premises requirements, will have to be an alternative after persistence of non-compliance and non-adherence.

10. FUTURE INITIATIVES

1. Extending Frequency of Sampling

With reference to high-risk food premises and products, the frequency of sampling will need to be extended as a means to limit any potential food safety risks.

2. Acquire specialized quick-sampling kits to improve on-site quality assessment and decision making