

what's

the safety factor

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School cafeterias have an excellent record of preventing food-borne illness, but one outbreak is one too many

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ood-borne illnesses in schools made up just 3 percent of reported outbreaks nationwide in the 1990s, according to the latest analysis available from the U.S. General Accounting Office. That translates to about 195 incidents in a decade—a miniscule number, considering the 29 million lunches served in school cafeterias each school day.

But if you're an administrator in a district hit with one of those illnesses, the problem can be catastrophic.

Superintendent David Schmidt still considers the *E. coli* outbreak in his Waukesha, Wis., school district just over five years ago the toughest stretch of his career. After a child with diarrhea apparently contaminated a self-service food bar in the Bethesda Elementary School cafeteria, four children were hospitalized and three were treated for hemolytic uremic syndrome, a sometimes-fatal condition that attacks the kidneys. Some 20 other youngsters also became ill.

"Superintendents have a lot of challenges—the political, the personal, the human," says Schmidt. "In this case, we had children in the hospital. I was going there and talking with their parents and hoping for the best, and it doesn't get any more frightening than that. You just pray that all is going to turn out well."

While school cafeterias boast an excellent safety record overall, frightening scenarios like this do occur, and some signs suggest that outbreaks of food-borne illness are happening more often. The number of such incidents reported to the U.S. Centers for Disease Control and Prevention rose by 56 percent from 1990 to 1997, the most recent period studied by the Atlanta-based federal health agency.

Food safety advocates say the rise is particularly worrisome given that food-borne illnesses are grossly underre-

ported, mainly because symptoms such as diarrhea and abdominal cramps mirror those of common stomach viruses.

The worst cases can leave children with high blood pressure, gastrointestinal disorders, failing kidneys, and other long-term health problems.

"This is one of those silent but deadly phenomena," says Jennifer Berg, director of the graduate program in food studies at New York University. "What needs to be done first is to increase awareness of how critical this is."

WHEN THINGS GO WRONG

The good news is that critical cases are not the norm, though examples are not hard to find.

In 2002, for instance, more than 100 students and teachers were sickened—and three dozen pupils were sent to the hospital—after eating ammonia-tainted chicken tenders in a Joliet, Ill., elementary school. And a 1998 case continues to get attention when district liability is discussed: Washington state's Finley School District paid \$4.75 million to 11 children who fell ill after eating—or coming into contact with those who ate—taco meat contaminated with an especially toxic strain of *E. coli*.

The bad news is that food-poisoning cases still happen—even when food safety procedures are in place and the cafeteria staff has been trained to follow them.

When that happens, safety measures get extra scrutiny. For example, food-service provider Sodexo Inc. stepped up precautions in Oklahoma's Putnam City school district after 10 middle-schoolers this past January ate at least one bite of hamburger that had been left on a tray for nearly two weeks. Two students had diarrhea and were vomiting, according to district spokesman Steve Lindley.

Cafeteria workers forgot to empty a warming pan containing foil-wrapped hamburgers before Christmas break, then accidentally mixed the burgers with foil-wrapped fish sandwiches once school was back in session. Three workers employed by Sodexo were disciplined, and all were retrained by the company after the incident.

Sodexo and the school also initiated several procedural changes. For example, doors to the cabinets that hold the warming pans now remain open at all times so that leftovers won't be overlooked.

GETTING THE WORD OUT

Administrators who have come through highly publicized food-poisoning outbreaks recommend spreading the word as soon as possible and taking the necessary steps to prevent incidents from recurring.

Waukesha school officials spared no time alerting the county health department about the incident at Bethesda Elementary School. The county called the state health department after a nurse at the elementary school suspected a problem. But what made a tense situation more frustrating was that officials couldn't be sure the outbreak was isolated to one school—the cause was unclear, and the district's prep kitchens served several buildings in the 15,000-student system.

Parents of students at all 17 elementary schools were notified in hopes of squelching rumors and keeping the pub-

lic up to date on the investigation, which took weeks to conclude. County and school officials held joint press conferences along the way to keep parents and others abreast of the situation.

Keeping the teachers informed at every step, however, was perhaps the most important public relations move. "Parents trust teachers first, the principal second, and the superintendent about 23rd," Schmidt says.

In the end, pristine logs kept by cafeteria staff went a long way in helping clear the employees of any wrongdoing. The district eventually settled with the families of the four hospitalized children.

"I was scared to death when [health department inspectors] came in that they were going to shut the kitchen down and find some sloppy records," recalls Schmidt. "But it was just the opposite. I was not only proud but thankful that this was a class operation, and that really helped us."

The district since has eliminated all open foods in its cafeterias; containers of fruit and pudding are covered with see-through lids. An immediate lockdown on all food coming from outside the district's prep kitchens stayed in effect

Does irradiated meat belong in schools?

IN ITS 2003 REPORT on school meal programs, the U.S. General Accounting Office recommended that districts consider serving irradiated meat to lessen the number of food-borne illnesses in schools.

Irradiation directs low doses of electrons or gamma rays at meat to kill harmful bacteria such as salmonella and E. coli. Proponents applaud the process as a way to cut down on food poisoning, while critics argue that children should not be scientific guinea pigs, given the absence of long-term studies on the potential health risks of the procedure.

In May 2003, the U.S. Department of Agriculture gave schools the green light to use irradiated meat and included the option on annual food order forms sent to districts nationwide. So far no orders have been placed through the USDA; Minnesota and a handful of other states expressed interest in doing so for the 2004-05 school year but ultimately rejected every bid the department received from meat suppliers.

"The cost was ridiculous," says USDA spokesman Jerry Redding. "It didn't justify the extra step in the process at all. It was obvious nobody wanted to get involved in this."

At least six school boards in California have prohibited their districts from purchasing irradiated meat.

In 2004, California Assemblywoman Loni Hancock, D-Berkeley, introduced the California Safe School Lunch Act in

hopes of a statewide ban on irradiated ground beef provided through the National School Lunch program. The Legislature passed the bill, AB1988, though references to a ban were replaced with a requirement that schools choosing to serve irradiated food notify parents and students.

Gov. Arnold Schwarzenegger vetoed the bill a month later, claiming that the extra cost to each school district for additional administrative duties would be better spent in the classroom, considering that information on irradiated food already is available from a variety of sources.

Hancock's fiscal committee put the figure closer to \$100,000, contending that information could be folded into menus and other paperwork already being sent home.

The controversy over irradiated meat proves that people are becoming more aware of food safety issues, according to Ken Streiff, a Minneapolis, Minn., father whose 9-year-old son was hospitalized in 2000 after eating a school lunch later confirmed to be contaminated with E. coli.

Streiff has traveled to the nation's capital to speak with legislators and lobbying groups about the need for more food safety education.

"Education on all levels is the answer to this problem," says New York University's Jennifer Berg. "It's not brain surgery to treat food correctly. It doesn't take multiple advanced degrees. But it does take respect and care for training."

for about nine months.

Public disclosure was also swift in the New Brighton Area Schools in Pennsylvania when food-borne sickness struck there in February 2005. Administrators sent home letters alerting parents that undercooked chicken served at lunch was being tested for salmonella. Reports at the time cited at least 20 fourth-graders falling ill.

"You just need to be honest with the public, to be able to react to the situation immediately," says Superintendent John Osheka.

That reaction did not include disciplinary action against any cafeteria workers. "The individual who was responsible had been a loyal employee for 30-something years," Osheka says. "This was a once-in-a-lifetime accident."

As the district's food-service provider, however, Metz Inc. conducted a daylong training session for workers, and the county health department came back for a second time in several months to do another inspection.

TAKING STEPS FOR SAFETY

Because pathogens that cause mild indigestion in adults can be a serious health hazard for children, whose immune systems are still developing, many schools are going back to the basics to teach students about food safety.

The Meridian Public Schools in Sanford, Mich., is focusing on clean hands with the installation of hand sanitizers at the beginning of its cafeteria food lines. Joanne Geiling, the district's food service director, spent a week at Meridian Junior High earlier this school year helping the principal demonstrate how to use the machines—all the while reciting the slogan "Be wise. Sanitize."

"This isn't in place of washing hands, but it's not always feasible for everyone to do that," says Geiling, who expects the district's elementary schools to have sanitizers by late spring. Officials plan to compare attendance records as a measure of success.

Posting safe food-handling guidelines in cafeterias is another safeguard. Many districts, however—particularly those with high numbers of immigrant workers—find diagrams work better than printed instructions for explaining safety procedures.

Technology has a part to play as well. In Kansas City, Mo., new laser thermometers make it easier for cafeteria workers in the Hickman Mills C-1 School District to check food temperatures more regularly. "[The thermometer] has a probe, but you can just point and shoot and it will take the temperature," explains Leah Schmidt, director of nutrition services. "It's kind of a toy."

Other efforts are more far-reaching.

One advocacy group hopes to limit food-borne outbreaks by making public the names of meat suppliers associated with the \$8 billion-a-year National School Lunch Program. The Burlington, Vt.-based advocacy organization Safe Tables Our Priority is pushing for full disclosure from the U.S.

A food safety checklist

IN RHODE ISLAND, schools use a scorecard provided by Kids First to help determine their food safety awareness. The self-assessment tool, adapted below, is designed to indicate progress toward becoming what Kids First calls a "food safe school."

Here's how it works: Give your school or district three points for each item on the checklist that is "fully in place," two points for each "partially in place," one point for "under development," and no points for "not in place."

Does your school or district have:

1. Written policies or procedures on food safety
2. An outbreak crisis-management plan
3. Staff development on food safety
4. Food-service manager certification
5. Continuing education for the food-service manager
6. Staff development for all food-service staff
7. Extended staff development for all food-service staff
8. Staff development for teachers who cook in the classroom
9. Staff development for culinary and family and consumer science teachers
10. Food-service facilities and equipment
11. Hand-washing facilities
12. Hands washed before meals and snacks
13. Safe food preparation in the cafeteria
14. An assessment of students and staff for potential food-borne illness
15. Food safety and hand washing taught by grade levels
16. Education for families about food safety and hand washing
17. Collaboration on food safety
18. A schoolwide approach.

Total your answers and divide by 54 (the total number of points possible), then multiply by 100 to find your percentage. "Food safe schools" are those that reach a score of 85 percent.

For more information:

www.kidsfirstri.org

www.foodsafeschools.org

www.fightbac.org

Department of Agriculture, which buys about half of the food that public schools serve. Schools buy the rest on their own.

“We believe schools should have the same knowledge the government has,” says STOP President Barbara Kowalczyk. “Right now they can end up in a situation where they buy directly from a buyer that the government deemed unfit for the school lunch program, and that’s a problem.”

INCREASED AWARENESS AND REGULATION

Just a few years ago, food-borne illnesses weren’t even on the radar for many school districts.

In 2001, Kids First, a nonprofit nutrition education agency based in Providence, R.I., found in surveys and focus groups that many administrators and school board members were not aware of possible food safety problems. Those who were tended to think it was an issue only for cafeterias, neglecting to count food served in classrooms, on field trips, at awards banquets, and at other events, according to the agency’s Elizabeth Bugden.

Kids First now helps schools integrate lessons on food safety into core classes (language-arts students might read a book on bacteria and hygiene, for instance) and distributes an action guide developed with the National Coalition for Food-Safe Schools. The group also emphasizes staff development for the cafeteria staff.

Training geared specifically for lunchroom workers varies by state. Rhode Island, for example, mandates that workers take a 15-hour food safety course—one of the longest in the country and nearly twice as long as the course required in neighboring Massachusetts.

Rhode Island also requires at least one worker in each school who is certified by the National Restaurant Association. The Pawtucket School District’s Joseph Jenks Junior High School has eight certified staffers who provide two-hour training sessions for the rest of the employees, according to Solange Morrissette, a general manager for Sodexo and the district’s school lunch program. Basic tips focus on what are widely known as the four C’s of food safety:

1. Clean (wash hands and surfaces often),
2. Cook (always reach proper temperatures),
3. Combat cross-contamination (separate foods), and
4. Chill (refrigerate promptly).

Meanwhile, provisions in the Child Nutrition Reauthorization Act of 2004 are intended to make school meals safer.

One mandates doubling the number of yearly cafeteria inspections from one to two in public schools that receive federal money for food. There’s a hitch, though: School food inspectors typically come from the county health department, and in many areas there aren’t enough of them to meet the new requirement.

“It’s an unfunded mandate and a little bit of a dilemma because it’s not my people that are responsible for doing the

official inspections,” says Kathy Lazor, director of food and nutrition services for the Montgomery County Schools in Maryland.

And there is no penalty for noncompliance. Lazor estimates that roughly half of the district’s 128 elementary schools won’t be getting a second inspection.

Another provision requires that reports of school cafeteria inspections be publicly posted. After the law went into effect in July 2005, the nonprofit watchdog group Center for Science in the Public Interest graded 25 localities on their practices for disclosing inspection results, giving failing marks to 15 of them for not providing the information online. Only one jurisdiction—Maricopa County, Ariz., which includes Phoenix—earned an “A” for including inspectors’ comments in its online reports. The group plans another report card next year.

Still another new federal mandate requires schools to reduce and prevent contamination risks using a series of checkpoints known as the Hazard Analysis and Critical Control Point system. Compliance with HACCP (pronounced HAS-sup) was previously voluntary. Mark Truax, director of food and nutrition services for the District of Columbia Public Schools, created the position of safety and sanitation officer this spring, in part to be sure every building complies with HACCP. The checkpoints are particularly crucial in older districts like Washington, where the average age of school buildings is 73.

Nutrition professionals also are seeking training on the checkpoints. Since March, the School Nutrition Association and its Child Nutrition Foundation have been hosting one-day seminars, explaining how to write and carry out an effective HACCP plan and how to train colleagues back home to do the same.

Training workshops on meeting the challenges of food-borne illnesses are also available to other school professionals. The American Nurses Foundation, for example, offers a two-day course once a year for registered nurses who work in schools and have some experience in peer education. Participants learn how to prevent, detect, and manage outbreaks of food-borne illness and then are required to host a similar workshop for nurses in their home districts.

But school nurses can do only so much on their own—and it has become clear to Elaine Brainerd, director of the foundation’s Food-Safe Schools project, that they need more help from senior officials.

“Nurses have told me, ‘If I go to an administrator and say that I think what I’m seeing is food related, they’re going to say to keep it quiet because they don’t want a problem,’” Brainerd says. “But one of the major problems of food-borne illness is that it’s not being reported, and if it’s not being reported, it’s not getting into the statistical databases so we can get a handle on how large the problem is.”

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