

2019 Regional Meeting #2

Food Protection Team



North Carolina
Public Health

<https://ehs.ncpublichealth.com>

Overview – QA

- Components of the QA Policy
- QA Field Assessments Requirements
- QA File Review Requirements
- Recap of Presentation
- Questions/discussion by counties

New Statewide QA Policy

- What does the new policy require?
 - Creation and use of a prioritization policy
 - Evaluation of staffing levels and needs
 - Specific details on field assessments of REHS
 - Regional Staff involvement
 - Documentation of field assessments and file review

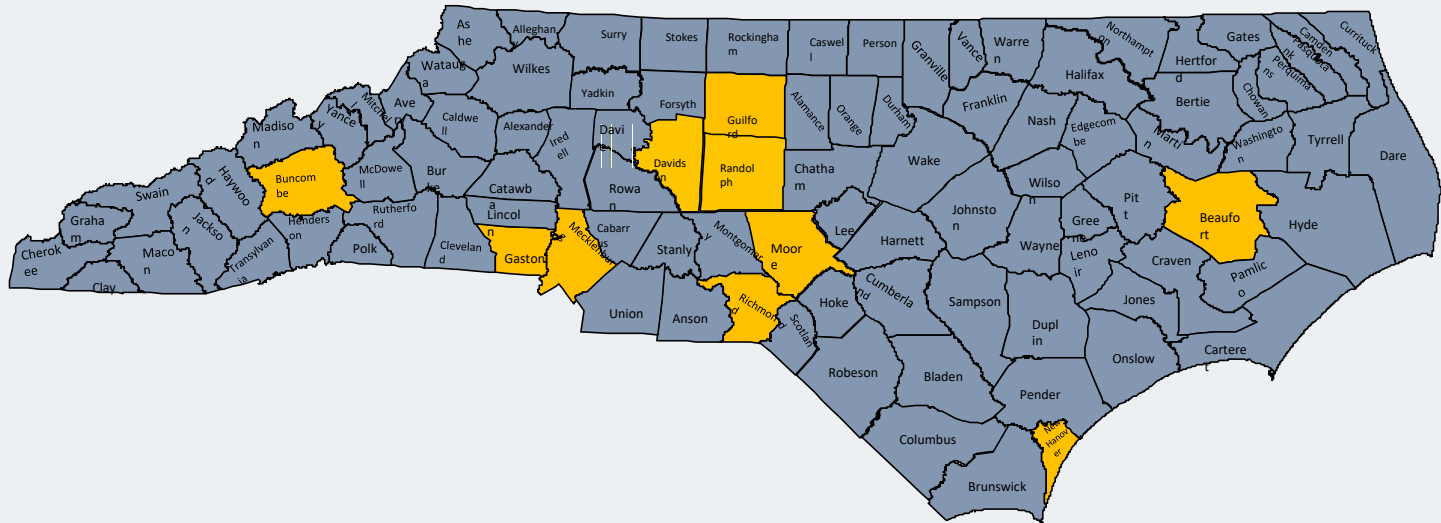
Quality Assurance workgroup

- Erik Johnson, Hoke
- Stacy Harris, Beaufort
- Doc Thompson, Gaston
- Paula Cox/James Priddy, Guilford
- Susan Cole/Matthew Muris, Mecklenburg
- Holly Haire/Tommy Jarrell, Richmond
- Alicia Pickett, New Hanover
- Cris Harrelson, Brunswick

Regional Food Protection Staff:

- Carolyn Griffin
- Terri Ritter
- Shane Smith
- Cheryl Slachta
- Jennifer Moore
- Melissa Ham

Pilot Counties for QA Project



QA Field Assessments

- July 1, 2019 – June 30, 2020
- Must complete ≥ 2 QA Field Assessments per REHS
 - Routine Inspections
 - Standardization
 - County options for review (Regional vs. Leader vs. Peer)
 - Planning and communication

Has your county started QA field assessments this FY?

- A. Yes; completely finished
- B. Yes; work in progress
- C. No; but started planning
- D. Haven't done anything yet
- E. Don't know

Before you begin...

- Understand how to do a risk-based inspection

Have you taken the RBI Course?

- A. Yes; FDA 218
- B. Yes; CIT abbreviated course
- C. Yes; RBI 1-day course
- D. No

Before you begin...

- Read Annex 5 of the FDA Food Code: Conducting Risk-Based Inspections (p. 589)
- Read and understand the NC Quality Assurance Field Assessment Marking Instructions
- Ask questions

Annex

5

Conducting Risk-Based Inspections

1. PURPOSE AND SCOPE
2. RISK-BASED ROUTINE INSPECTIONS
3. WHAT IS NEEDED TO PROPERLY CONDUCT A RISK-BASED INSPECTION?
4. RISK-BASED INSPECTION METHODOLOGY
5. ACHIEVING ON-SITE AND LONG-TERM COMPLIANCE
6. INSPECTION FORM AND SCORING
7. CLOSING CONFERENCE
8. SUMMARY

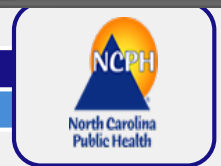
Documentation of QA Assessments

Fieldwork Evaluation Checklist				
Establishment Name	EHS Name:			
ID #	REHS#:			
	Date:			
	Evaluator:			
Items Evaluated	IN	OUT	NA	Comments
Prior to Inspection				
1. Reviews (1-3) previous inspections				
2. Reviews permit conditions, TPHC, variance/HACCP				
3. EHS properly equipped				
Conducting the Inspection				
4. Properly identifies him/herself				
5. Menu review				
6. Asks PIC to accompany during inspection				
7. Verifies ownership, demographics				
8. Surveys facility; prioritizing risk factors				
9. Appropriate attire/complies with facilities policies				
10. Professional Rapport				
Risk Factors/Processes				
11. Verifies Food Certification Manager; duties 1				
12. Employee health 2,3				
13. Good Hygienic Practices 4,5				
14. Handwashing 6,8				
15. No bare hand contact 7				
16. Approved Sources -9, 10, 11, 12, 15, 30				
17. Food storage and protection 13, 31, 12, 31				
18. Cleaning & sanitizing food contact surfaces 14				
19. Cooking 16				
20. Reheat 17				
21. Cooling Parameters 18				
22. Hot Holding 19				
23. Cold Holding 20				
24. Datemarking 21				

Documentation of QA Assessments

	IN	OUT	NA
15. No bare hand contact 7	1		
16. Approved Sources-9,10,11,12,15,30	1		
17. Food storage and protection 13,37,12,31	1		
18. Cleaning & sanitizing food contact surfaces 14		1	
19. Cooking 16	1		
20. Reheat 17			1
21. Cooling Parameters 18	1		
22. Hot Holding 19	1		
23. Cold Holding 20	1		

Josh Jordan:
REHS did not ask about the frequency of cleaning for in-use utensils and food-contact surfaces.



Compilation of QA Assessments

- All assessments must be compiled together in the Totals from Field Assessment tab
- The Compliance Totals tab will tabulate based on this data
 - Shows strengths and weaknesses the FLI program
 - Identifies training needs

Items Evaluated	IN	OUT	NA		IN	OUT	NA
Prior to Inspection							
1. Reviews (1-3) previous inspections	4	1	0		80%	20%	0%
2. Reviews permit conditions, TPHS, variance/HACCP	5	0	0		100%	0%	0%
3. REHS properly equipped	5	0	0		100%	0%	0%
Equipment/Supplies							
4. Properly identifies him/herself	3	2	0		60%	40%	0%
5. Menu review	1	4	0		20%	80%	0%
6. Asks PIC to accompany during inspection	4	1	0		80%	20%	0%
7. Verifies ownership, demographics	2	3	0		40%	60%	0%
8. Surveys facility; prioritizing risk factors	0	5	0		0%	100%	0%
9. Appropriate attire/complies with facilities policies	5	0	0		100%	0%	0%
10. Professional Rapport	5	0	0		100%	0%	0%

Individual Score

- Scores are tabulated at the bottom of each inspection column on the Totals from Field Assessments tab and on the field assessment form. Scores are as follows:

$\geq 85\%$ = Acceptable

70% - 84% = Acceptable, but needs improvement

$< 70\%$ = immediate training and re-assessment is needed

File Review Requirements

- With each QA Field Assessment a corresponding review of the establishment's file shall be completed.
 - The 3 most recent inspections will be used to set the time frame in which the file will be assessed (instructions provided in the File Review marking doc)
- In addition to those 2 file reviews, 1 randomly selected establishment file will be reviewed per REHS in the FLI program
- Total of 3 files reviewed per REHS per FY
- The county may use the file review tabs provided in the QA workbook or use their own file review document as long as it includes the criteria in the workbook

Grievances

- An REHS may request a meeting to review any portion of the Quality Assurance assessment.
- This review should be done with the supervisor or director of the program and may include the Environmental Health Regional Specialist.
- A grievance may be requested for any area of disagreement related to the assessment.

Corrective Action Plans

- Regional will request and review the QA documentation as described in the QA policy
- A Corrective Action Plan (CAP) may be required from the Environmental Health Regional Specialist for any deficiencies noted in this policy.

Overview of QA Requirements

- Implementation of a prioritization policy
- Staffing Levels will be assessed every accreditation cycle beginning Spring 2021
 - Activities must be tracked during this FY to prepare
- 2 QA Field Assessments per REHS per FY
- 3 File Reviews per REHS per FY
- QA activities began July 1, 2019 (FY 19-20)
- Counties and regional staff need to discuss individual QA plans throughout the FY

Questions?