EATING SAFELY AT SCHOOL

WHAT EDUCATION POLICYMAKERS NEED TO KNOW AND DO TO PREVENT AND RESPOND TO FOOD-RELATED ILLNESS IN SCHOOLS

BY EVA MARX
What Education Policymakers Need to Know and Do to Prevent and Respond to Food-related Illness in Schools
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The National Affiliate program is pleased to provide this important publication to local school leaders.
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School boards across the United States are leading their communities toward improving student achievement and school success for all students. That is the number one goal for our schools. At the same time, it is of paramount importance that school policymakers and administrators not neglect the environment in which students learn and teachers teach.

Among the many events related to school environment that might push a school community off its educational course is an outbreak of foodborne illness or a food allergy reaction that results in severe illness or even death. Less severe outbreaks of food-related illness also have a detrimental effect on learning and teaching because they result in student and teacher absences that could be prevented.

_Eating Safely at School_ is a reminder to school policymakers and administrators that preventing food-related illness is an important concern. This publication provides essential information for establishing food safety policies and practices to ensure that foods available at school or school events—including school board meetings—are safe to consume. Because errors do happen, _Eating Safely at School_ also addresses how to prepare for and manage a crisis resulting from a food-related illness.

I commend this publication to you as another important tool for you and your school community to use in making sure that schools are safe and supportive learning environments.

Anne L. Bryant
Executive Director
National School Boards Association
Eating Safely at School was developed by the National School Boards Association (NSBA) with support from the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health, to help school district policymakers and administrators prevent costly, debilitating foodborne illness outbreaks and respond quickly and appropriately should such an outbreak occur in their district. This document provides guidance and tools for developing, implementing, and monitoring policies to promote the safety of the foods and beverages consumed daily by the more than 49 million students and more than 5.7 million employees in our nation’s schools. The guide also addresses a sometimes overlooked aspect of food safety—the well-being of the six percent of students who have allergies.

The Child Nutrition and WIC Reauthorization Act of 2004, federal legislation which funds school meals, requires that school food preparation facilities meet certain safety standards in compliance with Hazard Analysis and Critical Control Point (HACCP) principles. These precautions help to safeguard the foods and beverages served in the school cafeteria, but they do not necessarily protect the school community from possible contamination of the many foods or beverages that are not prepared by school foodservice staff. These include the contents of brown bag lunches, goods sold at school fund-raising events, edibles available on field trips, commercial products sold in vending machines or by concessions, and foods prepared in the classroom by teachers and students as part of a lesson. This guide recommends policies and practices to protect the safe preparation and storage of all items likely to be consumed in conjunction with school activities, whether prepared and stored by school foodservice staff or others.

This publication complements the Food-Safe Schools Action Guide, a resource developed by the National Coalition for Food-Safe Schools (www.FoodSafeSchools.org), a coalition of national organizations and federal agencies committed to promoting the safety of foods in schools. The Food-Safe Schools Action Guide provides tools for individual schools to develop a coordinated approach to assessing, planning, and implementing policies and programs to protect students and staff from foodborne illnesses.

Although Eating Safely at School addresses district-level policymaking, its recommendations are relevant for implementation at the building level where most food and beverage consumption occurs. As described in the document, implementation requires the involvement of both district- and school-level teams to create a systematic, systemic approach to protecting the health of the school community.

When something goes wrong in a school, the school board and administrators are held accountable. The establishment of policies, such as policies to prevent foodborne illness, demonstrates school board members’ commitment to promoting, safeguarding, and sustaining a healthy environment so that teachers can teach and students can learn.

Brenda Z. Greene
Director, School Health Programs
National School Boards Association
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The author also wishes to thank the school district policymakers, administrators, and staff who are already carrying out policies and practices that promote and protect the well-being of our nation’s students and to those who are preparing to strengthen their efforts through the implementation of policies and practices such as the ones offered in this publication.

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- Martin Gonzalez, California School Boards Association
- Jean Harkness, New Jersey School Boards Association
- Greta Gardner, Ohio School Boards Association
Every day millions of students consume food and beverages at school. What happens when the food and beverages these students and their teachers eat or drink at school make them ill? When students are too sick to attend school because of something they ate or drank, they are not learning. When teachers are not at school because something they ate or drank made them too sick to attend, they are not teaching. People can contract a foodborne illness when they eat or drink something that has been contaminated, accidentally or intentionally, by bacteria, viruses, parasites, toxic chemicals, or other harmful substances. When these contaminants enter the intestinal tract they can cause flu-like symptoms such as nausea, vomiting, abdominal cramps, diarrhea, or fever, and more serious complications such as kidney failure and death. The Centers for Disease Control and Prevention (CDC) estimates that each year as many as 76 million people in the United States experience a foodborne illness, resulting in 325,000 hospitalizations and 5,000 deaths. A study by the Government Accountability Office (GAO) found that about 3% of the foodborne illness outbreaks reported nationwide between 1990 and 1999 occurred in schools.

What if something in the school building threatened the safety of 6% of the student body? Would you do something about it? Approximately that many school-age children have a significant food allergy and may be at risk for anaphylaxis, a potentially life-threatening allergic reaction. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. Symptoms may include gastrointestinal reactions similar to those listed for foodborne illness, swelling, rashes, itching, breathing difficulties, and heartbeat irregularities. Most foodborne illnesses last hours or days; others have repercussions that last months or even years. An outbreak occurs when two or more people become ill after consuming the same unsafe food or beverages. An outbreak may develop when a group has eaten a meal together somewhere, or may occur among a group of people who do not know each other at all, but all of whom happened to eat the same contaminated item from a common source. Although most of these infections cause mild illness, severe infections requiring hospitalization and causing serious complications, including death, do occur. Medical costs and loss of productivity resulting from
seven of the most serious food pathogens, among them E. coli and salmonella, average between $34.9 million and $6.5 billion annually.

A changing environment is increasing the complexity of controlling foodborne illness. A growing number of school districts use centralized production systems or contract for their food services, amplifying the potential for one batch of contaminated food to affect a large proportion of a district’s population. The foods we eat come from all over the United States and the world, increasing the types of disease-causing substances to which we are exposed. More hazardous and antibiotic-resistant strains of microorganisms are emerging, creating situations that can make outbreaks even more life-threatening. Since September 11, 2001, concerns about the security of our food and water supply have added to the scope of efforts to protect what we eat and drink.

**HELPFUL DEFINITIONS**

**FOOD SAFETY**
Measures to prevent unintentional foodborne illness

**FOOD DEFENSE**
Measures to prevent intentional contamination of foods or beverages

**FOOD ALLERGY**
An immune system response triggered by certain foods or beverages. Eight foods are responsible for up to 90% of all food allergic reactions. They are milk, eggs, peanuts, soy, wheat, tree nuts, fish, and shellfish.

**A TIMELY TOPIC**

Recent legislation lends particular relevance to this guide’s purpose, which is to give school board members the information they need to develop policies that support a systematic, systemic approach to preventing and responding to foodborne illness. The Child and Nutrition WIC Reauthorization Act of 2004 (Public Law 108-265), which funds school meals, required all school food authorities to have a fully implemented food safety program that complies with certain standards known as Hazard Analysis and Critical Control Point (HACCP) principles no later than the end of the 2005-2006 school year. **Guidance for School Food Authorities: Developing a School Food Safety Program Based on the Process Approach to HACCP Principles**, published by the US Department of Agriculture Food and Nutrition Service, is downloadable at [www.fns.usda.gov/cnd/Lunch/Downloadable/HACCPGuidance.pdf](http://www.fns.usda.gov/cnd/Lunch/Downloadable/HACCPGuidance.pdf).

The legislation also requires all school districts that participate in federally funded school meal programs to establish a local school wellness policy through a process that involves parents, students, school representatives, and the public. Food safety and food defense policies can be incorporated into such a wellness policy.

Helpful resources that complement this guide’s contents are The Food-Safe Schools Action Guide (a guide for school-level implementation), other products available at the National Coalition for Food-Safe Schools website (www.FoodSafeSchools.org), and tools for safeguarding the health of students and staff with allergies available at the Food Allergy and Anaphylaxis Network website (www.foodallergy.org).
HOW DO FOODBORNE ILLNESSES AFFECT OUR SCHOOLS?

Although more than 33 million meals are served daily to children through the National School Lunch Program and School Breakfast Program, reports of outbreaks of foodborne illness in schools are rare. Nonetheless, while infrequent, any preventable illness is one too many. Foodborne outbreaks in schools represent approximately 5% of all foodborne outbreaks and 12% of outbreak-associated reported to CDC.

Foods prepared in school kitchens and served in school cafeterias constitute only a portion of the foods that students, staff, and visitors consume at school and school-related events. Many foods and beverages are prepared by and available from a variety of sources other than the school kitchen or lunchroom. A 2003 GAO report indicated that one third of large (i.e., involving 50 or more people) foodborne illness outbreaks in schools were the direct result of food either brought into the school from students’ homes or other sources. Of the 59 large outbreaks reported, 40 were associated with meals served through the federal school meals program and the remaining 19 were caused by food brought from home or another source other than the school meals program. Although regulations mandate that food service providers be educated in food handling and sanitation practices to reduce health risks related to food, policies and practices to govern other school activities that involve food preparation may not be as common. A survey of Rhode Island school district decision makers found that their districts had no policies governing food safety, and they had never considered food being brought into school to be a safety issue in need of policy guidelines.

When one thinks about it, many activities in school settings involve food. Food is often used in the classroom to enhance the learning process. These foods include snacks; cooking activities that provide experiences where children guess, observe, and draw conclusions; food in foreign language classes or international day meals that provide students with diverse cultural experiences; and bake sales to support school activities, to name a few. Students and other school community members also eat and drink on field trips and at athletic events, purchase foods and beverages from concessions or vending machines, and bring in brown bag lunches. Those who consume these foods must rely on the food safety practices of parents, caregivers, teachers, and outside vendors, who may or may not be trained in safe food handling procedures. The foods may have been improperly stored or held before being eaten, may not have been cooked or cooled properly, or may not have been reheated to proper temperatures because of lack of knowledge, time, or proper facilities.
Outbreaks can have substantial personal, academic, financial, and legal consequences for a school district and its community. Students who are absent due to illness miss precious classroom time that can negatively affect their academic performance. Students can experience considerable physical and emotional pain when they are sick. Districts may face financial losses including medical costs, damages and attorneys' fees if found liable, increased insurance costs, lower revenue due to decreased participation in school meals programs, and costs for substitutes when staff members are affected. Teacher absences result not only in monetary cost; interruptions in the flow of teaching are likely to have negative effects on student learning as well.

A 1986 outbreak in Oklahoma involving an estimated 202 cases of foodborne illness resulted in medical expenses totaling over $40,000 for the school's insurer. In 1998, when 11 elementary students in Finley, Washington, became sick after eating contaminated ground beef in the school lunch, a lawsuit filed by families against the district resulted in awards of $4.6 million to students' families. The costs go far beyond financial costs. As School Superintendent Robert Van Slyke observed, food safety is “too risky to ignore. You do not want to walk into the hospital . . . and watch those kids suffer.”
THE NEED FOR A SYSTEMATIC, SYSTEMIC APPROACH TO FOOD SAFETY

Food safety (measures to prevent unintentional foodborne illness) and food defense (measures to prevent intentional contamination of foods or beverages) are critical issues affecting the entire school district. Ensuring that the district’s foods are safe cannot be delegated to the foodservice manager alone. Food safety and food defense need to be addressed in a comprehensive, coordinated manner that includes everyone who provides, handles, and consumes food at school or has responsibility for food preparation and storage facilities. In addition to foodservice staff, this includes administrators, teachers, students and their families, custodians, nurses, and all other school community members (see Figure 1).

Article IV, Section 2.8 of NSBA’s Beliefs and Policies states: “NSBA encourages local school boards to address in their policies and crisis response plans the prevention of, and response to, foodborne illness outbreaks.” Developing policies before the occurrence of an incident that results in a crisis gives policymakers time to conduct the research needed to develop a sound, long-term policy, instead of reacting with hasty analysis and ad hoc policy statements. The purpose of this guide is to give school board members the information they need to develop policies that support a systematic, systemic approach to preventing and responding to foodborne illness within the context of a coordinated approach to promoting the health of students and staff. Figure 2 lists elements that need to be part of district policy to support food safety in district schools.

FIGURE 1 A COORDINATED APPROACH
Foods and beverages are prepared, served, and stored in a variety of school settings by many different people. A coordinated approach to protecting and promoting the health and well-being of students and staff brings together a broad range of school and community members representing health education, physical education, foodservice, health and mental health services, staff wellness, facilities management, families, and community agencies. Such an approach integrates all strategies that affect the health and safety of the school community, including food safety, and contributes to a safe, supportive learning environment. A coordinated approach supports the communication of a variety of perspectives, interests, and concerns; contributes to district-wide ownership of outcomes; and needs to be incorporated into district and school improvement plans as an essential component of actions addressing the district’s educational mission.
FIGURE 2
PREVENTING FOODBORNE ILLNESS IN DISTRICT SCHOOLS: ESSENTIAL ELEMENTS

Administrators, staff, teachers, students, and parents know and practice key principles of foodborne illness prevention in a district that promotes food safety. They are aware that foods—whether prepared and served in the cafeteria, brought from home, purchased from vending machines, or served at a school event—can cause illness if not handled properly. A district committed to promoting food safety takes the following actions (adapted from Creating Food-Safe Schools—A How-to Guide included in the Food-Safe Schools Action Guide, available from the National Coalition for Food-Safe Schools [www.FoodSafeSchools.org]):

• Promotes food safety throughout the district through policies, procedures, and programs that affect and engage the entire school community

• Assesses and documents district food safety and food allergy management practices regularly, not only in the cafeteria or lunchroom but also for all school-related activities

• Provides food safety and food allergy management training on an ongoing basis to all members of the school community, including foodservice and health services staff, teachers, other staff, students, and families

• Promotes a district-wide approach to preventing foodborne illness that ensures that food is as safe as possible in all places where it is stored, prepared, served, or consumed, including a food defense plan

• Provides a physical environment that encourages proper food safety and handwashing behaviors for students and staff

• Educates students, staff, and families about food safety and food allergies and encourages them to model appropriate behavior

• Promotes collaboration among staff, families, and other school community members to support handwashing and food safety

• Monitors, detects, and responds appropriately to foodborne illness and students and staff with food allergies in the district

• Has a foodborne illness outbreak and food allergy incident response plan

• Establishes guidance and regulations for use of school food preparation and storage facilities by non-school persons and organizations who use or rent school facilities
POLICIES AND PRACTICES TO PREVENT FOOD-RELATED ILLNESS IN SCHOOLS

UNDERSTAND THE ROLE OF POLICY

Developing policy is a crucial school board role in our system of education governance. Policies establish direction and structure for the district; they set the goals, assign authority, and establish controls that make school governance and management possible. Policies are the means by which educators are accountable to the public.¹¹

School boards and administrators set the tone for district initiatives. Policies are official statements of the district’s vision and judgment, communicating the district’s priorities based on law, beliefs, goals, and experience. Without policies that articulate the district’s commitment, food safety initiatives will have limited effectiveness. Moreover, policies to promote food safety in schools hold the school board and district administration accountable for providing necessary fiscal resources. The establishment of policy to prevent foodborne illness in schools communicates and institutionalizes the district’s endorsement of an environment that promotes food safety as part of the district’s overall systemic approach to protecting and promoting the health and safety of students, staff, and the community. No matter how committed a current district- or school-level administrator might be, policy at the district level institutionalizes food safety measures and ensures sustained implementation regardless of staff changes at the school or district level.

Policies guide the actions of students and school employees and typically express what should be done, why it should be done, and who should do it. Policies also articulate the district’s commitment to sustained collaborative relationships with the local health department and other agencies that have a role in preventing and responding to foodborne illness. Comprehensive policies spell out not only the district’s approach to preventing foodborne illness but also its responsibility for a planned and coordinated response in the event of a foodborne illness outbreak. In addition, because
there is no cure for food allergy, avoidance is the only way to prevent food-related anaphylaxis. Studies indicate that in spite of best efforts at avoidance, reactions are likely to occur. Additionally, lack of quick administration of epinephrine is believed to be a factor in fatal reactions to foods. Thus, every district needs to incorporate into its food safety policies a food allergy management plan that includes both prevention and response.

To be effective, policies need to be clearly written and specific to the problem. They should be part of an overall school improvement plan that includes a timeline for implementation, task assignments, specification of personnel and financial resources required, and a process for monitoring and evaluation. For example, a district food safety policy could provide the basis for an action plan addressing professional development for teachers and staff, distribution of food safety information to caregivers, or the provision of classroom instruction.

Legal and liability issues are a driving force behind the development of many policies that affect all aspects of school life. An attorney who is familiar with state and local education and public health laws, preferably those related to foodborne illness, should always review draft policies to ensure conformance with applicable legal parameters and governance structures. The legal and liability risks of foodborne illness require counsel from members of the legal community whose specialty is personal injury law. Options will vary in different localities.

NSBA and most state school boards associations provide policy information and services to support the development and continuous improvement of policies by school boards. *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*, developed by the National Association of State Boards of Education (www.nasbe.org), provides information on the process of policy development and many examples of health-related policies.

**LAYING THE FOUNDATION FOR POLICY DEVELOPMENT**

*Learn about food safety*

A legal, clear, and workable policy is aligned with federal and state requirements as regulated by law and administrative code. Regulations provide essential information about food safety. Most regulations governing the safety of foods in schools and other settings differ from state to state and locality to locality. Some key regulatory questions that need to be answered are:

- What is the state food regulatory agency? Who are state and local regulatory officials who oversee the regulation and inspection of food services? What role does the health department have in conducting and reporting on inspections?
What are the state and local food codes and regulations and their implications for the school district? What national resources and regulations should guide school district practices?

What are the legal ramifications of food safety issues? Which members of the legal community are familiar with the food industry or specialize in personal injury?

What do we need to know about risk management? A suggested source of information for this topic is the school district’s risk management officer or risk management specialist at the state department of health and/or land grant university/cooperative extension service. The latter group is directly involved in food safety issues and policy development as it relates to university campus events.

The cornerstone of sound policy development is adequate reliable information. Resources are available from a range of public and private agencies and organizations. See Appendix A for a comprehensive list. Additional resources that can inform and support the development of policies to support food safety in schools appear throughout this document.

Identify community partners
Developing policy that supports the safety of foods and beverages available to students and staff at school or school-sponsored events and preparing to respond to an emergency or a foodborne illness outbreak are endeavors far too complex for schools to address alone. School districts need to identify and develop relationships with the many public and private agencies equipped to promote and support food safety and food defense efforts. These include local health department staff; county cooperative extension agents; state agency personnel; school food producers, suppliers, and distributors; professional association members; and parents who can help build support and keep people informed. Each brings highly specialized expertise critical to the development and maintenance of food safety in schools.

State agency personnel
State health, agriculture, and education agencies have multiple roles that support food safety in school districts. State agencies administer a complex set of federal laws and regulations and are responsible for the administration of the federal school foodservice program. School district policies, procedures, and programs should be aligned with the policies, procedures, and programs of state health, agriculture, and education agencies. State agencies can:

- make policy recommendations and provide model or sample policies and procedures for school food safety, sample protocols for identifying and reporting students and staff with foodborne illness to the health department, and a model response plan for foodborne illness outbreaks
- provide technical assistance to help schools implement a school food safety program and provide professional development for local education and health agency staff on how to assess current food safety practices and develop and implement an action plan for improving food safety
- help to ensure the quality of professional services by recommending or mandating standards for certification and licensing of school service personnel
- gather, organize, and share resources from throughout the nation that can support district activities and develop resources such as implementation manuals, explanations of regulations, and resource listings
- offer staff development and sponsor conferences to assist with interpreting mandates
- promote networking, communication, and resource sharing among communities
- facilitate collaboration between school nurses and foodservice directors in a proactive way before a foodborne illness event occurs
Local health department
Public health professionals in local health departments are key partners for promoting food safety in schools and vital members of the district’s school food safety team (see Form a Team and Figure 3 below). As members of the team and in their role as public health agents, they have the expertise to provide technical assistance and training and are essential resources for developing, monitoring, and improving school food safety efforts. School district policies, regulations, procedures, and programs should be aligned with the policies, regulations, procedures, and programs of the local health department. Public health agency staff can help to make that happen. They can assist districts with the development of food safety and food defense policies and procedures and provide training for school staff. In most localities local health department staff members conduct routine inspections to ensure that the district’s schools are implementing food safety practices and, on the basis of their findings, can suggest improvements. Local health department staff also investigate suspected foodborne illness outbreaks and implement control measures to stop the spread of disease, including requiring the closing of a school if necessary. A strong pre-existing relationship with the health department can facilitate and expedite an appropriate response in the event of a suspected outbreak.

County cooperative extension services
County cooperative extension agents may be able to assist with the development of food safety policies and procedures, provide support and training for district and school staff, supply food safety curricula and materials, publicize and provide recognition for food safety activities in the district, advocate for food safety, and serve as members of or consultants to district or school food safety teams. The cooperative extension system is a partnership of federal, state, and local governments based in the nation’s more than 100 land grant colleges and universities. To find the county extension service serving your school district, see www.csrees.usda.gov/Extension/.

School food producers, suppliers, and distributors
USDA directly provides only a small percentage of foods served in schools. Most foods and beverages consumed in schools come from private industry. School food authorities purchase 83% of the food served in school lunch programs and all of the food served in school breakfast programs. Schools need to make sure that the foods and beverages they purchase have been produced and transported safely. Some decreases in the incidence of foodborne infections have been attributed to increased efforts on the part of the food industry to keep the food supply safe. As a major source of what is consumed by students and staff, the school food producers, suppliers, and distributors can be important partners in the effort to protect the school food supply. One formal step that can be taken is the integration of food safety criteria into purchase contracts. Such criteria might include requirements for refrigerated storage and transportation of food products and documentation of the source of food products delivered to schools.

WHAT ABOUT IRRADIATED FOODS?
According to some experts, irradiation of foods such as raw meat and poultry products to reduce or eliminate disease causing germs could reduce the risk of certain types of foodborne illness outbreaks. Although the World Health Organization, the US Department of Health and Human Services, the USDA, the American Medical Association, and the American Public Health Association have endorsed the use of this technology, some consumers have expressed concern about foods that have received this treatment. This is an issue that school board members may encounter as food safety strategies evolve.

For additional information about irradiation, see the following Centers for Disease Control and Prevention website: www.cdc.gov/ncidod/dbmd/diseaseinfofoodirradiation.htm
Parents and caretakers
Families have responsibility for their children’s behavior and care and can support the district’s efforts to promote food safety in a variety of ways. These include making sure that the food they send to school for lunches or special events is safe, teaching their children appropriate behaviors by modeling and enforcing practices such as regular handwashing, learning the causes and symptoms of foodborne illness, notifying the school when their child is diagnosed with a foodborne illness, advocating for the district’s food safety policies and practices, and becoming members of school food safety teams. Information that schools can provide families about food safety practices can be found in the Food-Safe Schools Action Guide (www.foodsafeschools.org).

Form a district-level team
Policies developed with input from those whom they affect tend to be more comprehensive and effective. The appointment of a district-level team to address food safety will lay the foundation for a district-wide systemic approach to policy development, implementation, and monitoring of the progress of food safety- and food defense-related activities. A team leader identified by the school board or superintendent can organize the team, maintain communication among team members, and, with the school board and administration, manage the needs assessment and planning process, monitor progress, and advocate for school food safety. The school board can either identify key stakeholders who will constitute the team or assign the role of identifying team members to the superintendent (see Figure 3).

The school board may choose to use an existing district-level team such as a coordinated school health team, a school improvement team, or an emergency preparedness team instead of creating a new team. The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) requires all school districts that participate in federally funded school meal programs to establish a local school wellness policy through a process that involves parents, students, school representatives, and the public. Meeting the requirements of this legislation can lay the foundation for establishing a school district health team or council that can help to develop goals for healthy schools including food safety and food defense measures. Food safety and food defense policies can be incorporated into an overarching wellness policy that addresses nutrition, food services, food allergy management, related health services, health education, physical activity, and family and community involvement.

FIGURE 3
POTENTIAL DISTRICT SCHOOL FOOD SAFETY TEAM MEMBERS
Team members need to represent a broad range of stakeholders. These might include:

- School administrators
- The school foodservice director, manager, registered dietitian, or designee
- A health department representative
- A representative of the local cooperative extension service
- Classroom teachers
- Students
- Students’ family members/caregivers
- School nurse(s), physician(s), or other school health professional(s)
- Facilities management or custodial services staff
- Risk managers
- School attorney
- Representatives of school food producers, suppliers, and distributors
DETERMINE WHAT POLICIES AND PRACTICES ARE IN PLACE AND WHAT POLICIES AND PRACTICES NEED TO BE DEVELOPED

Most districts already have some policies and practices in place to protect the safety of foods consumed by students, staff, and visitors. Before developing a plan of action, the school board needs to know the strengths and weaknesses of current efforts and what needs to happen to improve school food safety and preparedness to respond to a foodborne illness outbreak. This section summarizes recommended policies and practices and is designed to both inform the needs assessment process and guide policy development and implementation. A sample model policy appears in Appendix B. Appendix C provides a checklist outlining policies that need to be in place and a scale for tracking the progress of policy development and implementation.

Practice food safety at the building level
Many food-related activities occur at the school building level with a degree of specificity beyond the capacity of district-level policymakers and administrators to develop, administer, and monitor. Consequently, although general district policies govern the overall goal of ensuring that foods consumed by students and staff are safe and the district-level team assists administrators and school board members with oversight of those policies, each school needs to take responsibility for safety within its building and form a building-level team to develop, implement, and monitor policies and activities related to food safety. The school board needs to communicate to principals that it is the principals’ role to establish food safety as a priority in their schools, empower a school food safety team to create a safe food environment throughout the building, and periodically monitor the team’s progress.

School food safety team members at the building level commonly include the school principal, foodservice director, teachers, the school nurse, a custodian, the school secretary or other staff person with an interest in food safety, a student, and a parent or caregiver. Most schools have a school improvement team and many have a coordinated school health team. The main focus of the school improvement team is school-specific policy and curriculum or site-based management with the goal of improving student performance. Since students who are not healthy cannot learn as well as healthy students, health topics, including food safety, would fall within that team’s scope of work. The school health team aims to promote the health of students and staff to ensure that health issues do not interfere with learning and teaching. Members of either the school improvement or the school health team commonly include teachers, administrators, parents, nurses, student support services staff, and students. Instead of forming another team, the principal may choose to incorporate activities supporting food safety into the portfolio of one of these existing bodies, inviting those with a special interest in food safety, such as the foodservice director, to participate at appropriate times if they are not already part of the school improvement team.

The National Coalition for Food-Safe Schools (www.foodsafeschools.org) has developed a needs assessment and planning guide available on its website that gives detailed guidance for school-level food safety activities. The Food-Safe School Needs Assessment and Planning Guide is a tool that can help schools to assess their food safety policies, procedures, and programs and to develop plans for improvement. This tool includes a simple, straightforward questionnaire, score card, and planning guide that give administrators, school staff, families, and students a chance to get involved and work together to create a school with comprehensive, coordinated measures to prevent foodborne illness. A small investment of time can pay big dividends in improved school food safety, student health, well-being, and readiness to learn. Figure 4 summarizes basic steps that anyone handling food for consumption at school or any other setting can take to reduce the risk of foodborne illness.
Improper food handling or refrigeration, inadequate cooking or heating, prolonged standing, contaminated equipment, and careless personal hygiene are common contributors to foodborne illness. Four simple steps—Clean, Separate, Cook, and Chill—promoted by a consumer education program called Fight BAC!TM (Keep Food Safe from Bacteria) can reduce the risk of foodborne illness in any setting, including schools. A school that supports food safety ensures the application of these steps to all foods consumed by students and staff. For details visit www.fightbac.org.

- **Clean hands and surfaces often.** According to CDC, having clean hands is the single most important contributor to preventing the spread of infectious diseases, including foodborne illnesses. Hands must be clean before handling or consuming foods. Cutting boards, utensils, refrigerators, and other items that come in contact with foods need to be clean. Fruits and vegetables must be thoroughly washed.

- **Separate foods to prevent cross-contamination.** Raw fruits and vegetables, cooked food that is going to be consumed, and other ready-to-serve foods should never be placed on a plate or cutting board that has held raw food nor come in contact with surfaces or utensils that have held other raw foods, especially raw meats, seafood, or poultry.

- **Cook foods for a long enough time and to a high enough temperature** to kill harmful bacteria that can cause foodborne illness. Hot foods must be kept hot until they are ready to be eaten. For specifics on safe cooking and hot holding temperatures visit USDA’s Thermy website: www.fsis.usda.gov/food_safety_education/thermy/index.asp

- **Chill foods quickly** to safe temperatures. Microorganisms grow more rapidly at warmer temperatures. Cold foods must be kept cold until they are ready to be eaten. The USDA Thermy website indicated above provides information about safe chilling temperatures.

In addition, all schools that receive funding for school meals are required to develop and implement a food safety program in compliance with Hazard Analysis and Critical Control Point (HACCP) principles. Information about HACCP appears elsewhere in this publication.
RECOMMENDED COMPONENTS OF A FOOD SAFETY POLICY

Professional development to ensure that personnel are qualified and prepared

Require that foodservice directors and managers at the district and school level be trained and certified by an accredited program, i.e., a program that meets state standards and requirements, and receive continuing education at least annually to meet food safety and sanitation standards that address proper food preparation and handling practices. Certification increases staff knowledge and skills to ensure that foodservice practices are safe, enables staff to stay current on school nutrition issues, contributes to the credibility of the quality and safety of the foodservice program, and can raise staff morale by enhancing the staff’s professional image with administrators, students, parents, and peers.

At least 17 states or jurisdictions have passed legislation mandating certification in safe food handling for food handlers in restaurants, hospitals, schools, and other food service operations. However, implementation of regulations for mandatory certification of food handlers varies greatly from state to state. Regulations differ regarding who must be certified (managers vs. food handlers), whether the certified individual must be onsite at all times, recertification, approved examinations, training requirements, exemptions, allowed times for new establishments to come into compliance and for turnover, fees, instructor requirements, and how certification is checked.

In states requiring certification, training is generally available from the state health department. Some local health departments provide training and certification. The School Nutrition Association (SNA), a national membership organization of school food services providers (www.schoolnutrition.org), offers school foodservice certification and provides continuing education as a condition for maintaining certification. The National Environmental Health Association’s (www.neha.org) Food Safety Training Program also has a credentialing process with requirements based on level of education and experience.

The National Food Service Management Institute (NFSMI) and the USDA have developed Serving It Safe, a comprehensive 239-page foodservice and sanitation training package, which contains an instructor’s manual, teaching aids, case studies, and group activities. Also included is a poster summarizing key points. Serving It Safe is available at the NFSMI website (www.nfsmi.org/Information/sisindex.html), the National Coalition for Food-Safe Schools website (www.foodsafeschools.org), and on a CD-ROM provided with the Coalition’s Food-Safe Schools Action Guide Kit.
Require that all foodservice staff receive food safety training when hired and participate in ongoing professional development. Food handlers must meet standards for proper use of equipment as well as personal hygiene because they have the potential of making many people sick if they fail to meet those standards. These standards include frequent handwashing, clean hair and body, clean and appropriate clothing, and not coming to work when ill. Employee training and supervision in standard operating procedures to avoid unintended contamination of foods and to detect possible intentional contamination can prepare employees to meet necessary standards. Certified foodservice managers or directors are often qualified to provide appropriate training for their staff. For example, the Houston, Texas Department of Health and Human Services offers a training program using health department criteria and guidelines to prepare certified foodservice managers to train food handlers in their own establishments. After the training session, the health officer gives employees a written test and a demonstration test to check their knowledge of food safety.¹³

For those districts that do not have access to a local or state certification program, the SNA certification program offers professional development opportunities for foodservice staff that provide a career ladder from entry-level assistant to district director. The NEHA and NFSMI resources listed above also offer opportunities and resources for professional development of school foodservice staff.

Require that all culinary and family and consumer science teachers receive training in basic sanitation and the district’s food safety procedures. This policy addresses two concerns—the safety of food prepared in the classroom and the quality of instruction received by students regarding their roles as future preparers of food. Some districts require foodservice certification for classroom teachers who provide instruction in food preparation.

Require that all staff, including administrators, teachers, school nurses, foodservice staff, custodians and facilities managers, and secretaries, receive professional development on and copies of district food safety and food allergy management policies and procedures. Professional development should include handwashing requirements and safety of foods prepared in the classroom, brought from home, or offered at school events such as field trips, fundraising efforts, school stores, and sporting events. Such professional development can make staff members aware of risk factors that can cause foodborne illness or a food allergy incident and prepare them to incorporate food safety actions into their daily activities.

Require that school nurses and other school health services providers be prepared to (1) recognize foodborne illness symptoms and food allergy reactions, (2) document incidents of foodborne illness and food allergy, (3) follow procedures for contacting the local health department when foodborne
illness is suspected, (4) manage students and staff with reported food allergy and those suspected of having a foodborne illness, and (5) refer students and staff suspected of having a foodborne illness or food allergy reaction for further health care. As a health professional, the school nurse plays a critical role in illness surveillance for any disease outbreak. The school nurse needs to be able to identify quickly illnesses that have outbreak potential and take actions to prevent the spread of the disease or illness among the school population or community. School nurses must acquire and maintain current information about foodborne illnesses and skills for both identifying suspected cases and managing an outbreak at school. Early warnings of potential outbreaks can allow for immediate investigation, even before a diagnosis is confirmed. Liability in a negligence action requires proof that the defendant deviated from a standard of care. After a foodborne illness outbreak at school, the nurse’s documentation of care may be invaluable as defense against liability in a negligence action against the school nurse or the school district. The nurse’s documentation can also significantly facilitate investigation and management by public health authorities. Food-Safe Schools: Handbook for School Nurses: Prevention, Detection, & Management of Foodborne Illnesses, developed by The American Nurses Foundation, provides detailed descriptions of the role of the school nurse and includes sample protocols and scenarios (www.foodsafeschools.org).

As with students having any chronic condition that requires care and emergency planning and response during the school day, e.g., asthma, diabetes, seizure disorder, students with food allergies should have health plans that include information on symptoms, preventive measures, medications, and emergency orders. School officials should encourage parents to work with school nurses to develop such plans in partnership with their child’s health care provider.

Require the establishment of a trained leadership team at the district level and in every school to inform the development of policies and practices and ensure their implementation. Promoting food safety in schools affects everyone in the school community—administrators and office staff, foodservice managers and workers, classroom teachers and aides, facilities managers and custodians, health services staff, health care providers, policymakers, students, families, health departments, and other community agencies. Members of a trained leadership team should know about and understand the policies and practices required to maintain food safety and have the capacity to make or support change. The teams can have a role in policy development, implementation, and monitoring the progress of food safety- and food defense-related activities. The actual membership of a district level team will depend on the size and structure of the district and how other district level teams are designed. For example, a district of 15,000 or more students is more likely to have a wide range of district level staff who should participate, e.g., assistant superintendent, foodservice director, risk manager, etc., whereas a district of 500 students might have a district level coordinator for local school teams.

**A school environment that supports food safety**

Require adequate access to handwashing facilities and supplies wherever students or staff prepare, handle, or consume food. Student and staff illnesses caused by infectious diseases are responsible for millions of days of school absenteeism annually. According to CDC, handwashing is the single most important thing we can do to keep from getting sick and spreading illness. A number of foodborne illnesses are spread through lack of hand cleaning. For example, certain strains of E. coli, salmonella, and other bacteria known to cause foodborne illness can live on surfaces such as cafeteria tables and doorknobs for up to two hours. Rotavirus, a germ that causes gastrointestinal illness, can be transferred from a dry, smooth surface to a clean hand for as long as 20 minutes after the surface has been contaminated. According to one study of middle and high school students, students do not wash their hands often or well. Only 58%
of female and 48% of male students surveyed washed their hands after using the bathroom, and only 33% of the females and 8% of the males used soap.\textsuperscript{16}

An effective hand-cleaning program includes access to soap, warm water, and paper towels; provision of hand sanitizers as a hand-cleaning option when soap and water are not available; classroom instruction for proper handwashing; and provisions for hand cleaning on field trips and at other school-related events where food might be consumed. It is important to note that using a hand sanitizer is not an acceptable alternative to hand cleaning for individuals responsible for preparing food. Sanitizers are not sufficiently effective against some pathogens responsible for foodborne illness. Consequently, the use of instant hand sanitizers is only acceptable as a second follow-up step after traditional handwashing for food preparers.

According to the School Network for Absenteeism Prevention (SNAP), although commitment to handwashing means an obligation of time and supplies, the costs of not washing are far greater than the costs of washing. The SNAP website (www.itsasnap.org) provides information and resources for incorporating handwashing education into a school program that involves the entire school community.

**CLEAN HANDS FOR STUDENTS NEED NOT BE COSTLY**

Limited recess time did not give students at a Pawtucket, Rhode Island, middle school enough time to access handwashing facilities at meal times. The school installed hand sanitizers at the cafeteria entrance. Teachers monitor student use before students enter the cafeteria. Monthly cost for the sanitizer used each day by more than 700 students is $50; the dispenser is provided at no cost. \textsuperscript{20}

**HANDWASHING WORKS!**

Gastrointestinal illnesses and related absences were reduced by more than 50% among Detroit schoolchildren participating in a study that scheduled handwashing at least four times a day.\textsuperscript{17} A class of first-grade students who participated in a four-week handwashing program had fewer absences and prescribed antibiotics than during the previous school year. \textsuperscript{18} A study of more than 6,000 students showed that those who used classroom-dispensed, instant hand sanitizers at specific times during the day, in addition to normal hand-cleaning habits, had 20% fewer absences due to illness than did a control group.\textsuperscript{19}

Require and document regular inspection and maintenance of the foodservice area and foodservice equipment. Food safety in the foodservice area begins with a facility that is clean and in good repair. The entire facility—work areas and equipment—should be designed for easy cleaning and maintenance. It is important to eliminate hard-to-clean work areas as well as faulty or overloaded refrigerators and other equipment. Tools required to support food safety, such as thermometers and test strips, must be readily available and staff members need proper training in their use. A facility that follows food safety practices has scheduled procedures for the cleaning and maintenance of all surfaces and equipment and has regularly scheduled, documented inspections based on state and local public health regulations.\textsuperscript{21}

**Require and document regular inspection, at least twice annually, of foodservice preparation practices in keeping with Hazard Analysis and Critical Control Point (HACCP) principles.**\textsuperscript{22}

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265), which funds school meals, required all school food authorities to have a fully implemented food safety program in compliance with HACCP principles by no later than the end of the 2005-2006 school year. HACCP is a systematic approach that focuses on each step of the food preparation process from receiving to service as opposed to simply inspecting the facility’s equipment and space. The US Department of Agriculture Food and Nutrition Service has

Require guidelines for those who will have access to food preparation facilities. Access to food preparation areas should be either carefully controlled or limited to foodservice staff members. Use of the area by outsiders should be closely supervised or prohibited. Guidelines need to address issues such as who has keys to the kitchen, use of the kitchen by outside groups, and food-handling certification for those who use the kitchen. The foodservice preparation area should not be used as a shortcut to another part of the building. Foodservice staff members need to ensure that food preparation areas are safe and sanitary when non-foodservice personnel use those facilities. Although some schools make the cafeteria kitchen available for students and staff to store foods requiring refrigeration or freezing, allowing students to walk through the kitchen to store personal food in kitchen refrigerators can be hazardous.

Require that foodservice staff receive training in measures to protect the school food supply from intentional contamination. Staff members need to understand the meaning of adulteration or contamination and its detection and to know how to recognize any sign of possible product tampering or other breach of food security. An alert school cafeteria employee in Massachusetts observed that a recently delivered box of produce was not properly sealed. He alerted the foodservice manager who found that a disgruntled employee of the produce provider had contaminated the contents.

Require that the district and schools work with students, families, and health services providers to minimize risks and provide a safe educational environment for students with food allergies. Food allergies can be life-threatening. Because food allergy is a condition for which there is no cure, avoidance of foods that can cause anaphylaxis is the only preventive measure. Food allergy safety must be ever-present in the minds of teachers and other personnel in planning lessons, class activities, field trips, lunchroom procedures, and every aspect of the school day, so that children with food allergies can participate safely with their classmates. Children with food allergy must learn to always be vigilant about their food allergy inside and outside of the classroom. Moreover, parents who bring foods into the classroom or on field trips also need to be informed about substances that might trigger a reaction in a vulnerable student.

School staff also need to be prepared to respond to allergic reactions. Studies have shown that a delay in getting help can have deadly outcomes. Just as all school personnel practice fire drills and other emergency precautions, they must be fully trained and have an action plan in the event of a food allergic reaction.
Every district needs to incorporate the development and implementation of a food allergy management plan that includes prevention and treatment into its food safety policies. Education, cooperation, and awareness are keys to keeping children with food allergies safe. Parents, physicians, school administrators, teachers, school nurses, and foodservice staff need to work together continuously to determine appropriate precautions and procedures and to develop an individualized plan of action for managing each student’s food allergy in school. According to the Food Allergy and Anaphylaxis Network (FAAN), no single way to manage food allergies in school exists. Each child’s situation needs careful consideration and cooperation before any plan of action is taken.

FAAN (www.foodallergy.org) has developed “The School Food Allergy Program” to guide and educate school staff and the community about the serious nature of food allergies and how school officials, classmates, and families can provide the needed environment of support and assistance in protecting a child with food allergies.

Require the inclusion in the district’s emergency preparedness plan of a food defense or biosecurity management plan to protect the schools’ and district’s food supply from intentional contamination. Food biosecurity, or food defense, refers to the protection of food from the intentional introduction of biological or chemical agents for the purpose of causing harm.

A Biosecurity Checklist for School Foodservice Programs: Developing a Biosecurity Management Plan, published by the USDA Food and Nutrition Service, provides guidance for developing a plan, including a method for establishing priorities to permit implementation in phases until all measures are addressed. The checklist is downloadable from http://healthymeals.nal.usda.gov/hsmrs/biosecurity.pdf.

Food served outside of school meals

Require the establishment of guidelines for foods prepared outside the school cafeteria and served or sold at school-sponsored events. Policies need to address foods brought from home or other sources, available or prepared in the classroom, or sold in vending machines, concessions, or food sales. At the Jenks Junior High School in Pawtucket, Rhode Island, any time food is brought from home for a school event the person(s) providing the food must receive the school’s policies for safe food preparation, handling, and storage. The school also has a policy that requires the school to provide facilities to keep the food safe, such as a refrigerator or ice chest. Burrillville, Rhode Island, middle school guidelines require that food prepared at home and brought to school for before-, during-, or after-school activities be stored at proper temperatures according to local, state, and federal guidelines. Whenever possible, the cafeteria kitchen is available to store foods requiring refrigeration or freezing. The guidelines also require the mailing to families of an annual publication detailing safe practices for bag lunches and general safe
food preparation and handling practices. Teachers who are planning to prepare and serve foods other than commercially packaged foods in the classroom are encouraged to attend a workshop on food safety practices. Before preparing food in a class a teacher must complete a foods-use form, which must be approved by the principal. A food safety tip sheet must be attached to the approved form. Similarly, a food safety tip sheet must be attached to field trip approval forms when those on trips will not return to school in time for the scheduled meal period.

Classroom and community education

Require classroom instruction to prepare students for lifelong food safety practices. Students need education to identify the characteristics of dangerous foods and learn how to avoid becoming ill from improper food handling. Students will engage in handling, preparing, and consuming foods throughout their lives; they are “the food preparers of the future.” In fact, because many parents work outside the home, many children are already responsible for shopping for and preparing food for themselves and, at times, for others in the household. A study of students in grades 3-10 found that students lacked information about what food-handling practices were unsafe. Another study found that middle school students surveyed had a fair amount of knowledge about food safety. Nonetheless, one fifth reported taking frequent risks in personal food handling. In fact, one fifth reported having been sick because of something they ate but still considered their susceptibility low. Educational materials need to emphasize safe food-handling practices and the consequences of unsafe practices; this education needs to be school-based, age-specific, and reinforced throughout elementary and secondary education. To be effective, food safety education must be a collaborative effort between children, parents, educators, and food safety professionals.

SNAP has developed teaching ideas, which are linked to national education standards, for incorporating hand-cleaning lessons into mathematics, science, social studies, language arts, family and consumer sciences, and health curricula. A curriculum for middle and high schools developed by the Food and Drug Administration and the National Science Teachers Association (NSTA) can be ordered online from the NSTA (www.nsta.org/store/). Lessons for elementary, middle, and high school students developed by Kids First in Rhode Island are available at the National Coalition for Food-Safe Schools website and on the CD-ROM included in the Coalition’s toolkit.

Require the distribution of information about safe food preparation and storage to parents, caregivers, vendors, and any other community members who provide or are likely to provide foods for consumption at school events. Actions could include annual presentations of school food safety policies at PTA/PTO or other parent meetings, an annual mailing to families containing food safety practices for bag lunches and general safe food preparation and handling practices, distribution of food safety procedures preceding field trips or other events where food is going to be provided by someone other than school foodservice staff, or making information available at health fairs or similar events. Information should address transportation, packaging, cleaning, acceptable foods (e.g., foods not requiring refrigeration), food allergens, disposition of leftovers, food storage, cooking temperatures, and general principles of sanitation. Materials should be available in languages other than English, as needed, so that everyone can easily understand them.

The Food-Safe Schools Action Guide toolkit and website provide sample handouts with guidelines. Another resource is Cooking for Crowds: A Volunteer’s Guide to Safe Food Preparation developed by the Department of Food Science, Penn State University and the Pennsylvania Department of Agriculture, available at www.cookingforcrowds.psu.edu/default.html.

Preparing for and responding to emergencies

Require systems to be in place and foodservice managers trained to manage external emergencies that can affect the school food supply. Foodservice managers need
to be prepared to respond to challenges presented by uncontrollable emergencies, such as systems failures, natural disasters, accidents, or, in today’s atmosphere of heightened homeland security, biological, radiological, or chemical terrorism and the disruptions that they can cause. Systems failures include power outages, sewage backups, burst pipes, water service disruption or contamination, solid waste collection disruption, or accidental chemical releases from nearby industries or railroad or trucking routes. Natural disasters can include flooding, tornado, or high wind damage. Foodservice operations should be discontinued immediately whenever an emergency incident compromises food safety. Moreover, the operation should remain closed until the local health department grants approval to reopen. Foodservice managers need to know, before an emergency occurs, when to stay open or to close, whom to contact, whether and how to dispose of food and care for equipment, what to document, and what steps to take in preparation for reopening a facility.27


Require that a plan for responding to a suspected or actual foodborne illness outbreak be in place and reviewed annually. The plan should include procedures with clearly delineated roles and lines of responsibility to guide the actions of school administration and staff in the event a foodborne illness outbreak is reported.

In all school settings where food is served a response plan is essential in the event of a foodborne illness outbreak. Such a plan, which can be incorporated into a district’s emergency preparedness plan, provides procedures to guide the actions of school administration and staff when a foodborne illness outbreak is suspected or reported. Foodborne illness outbreaks can endanger the health of students as well as result in liability issues for schools and districts.28
Designate a foodborne illness outbreak response team whose members understand the plan and are prepared to fulfill their assigned roles. The team should be the lead entity that deals with planning, preparation, response, and recovery with regard to food safety. At the district level the team would likely include the district superintendent or a designee, the district foodservice director or manager, the director of health services, the communications director, the risk manager, a health department representative, and the district’s school attorney. At the school level the team would include the principal and other key personnel, such as the school nurse, family and consumer science teacher, school or district foodservice director or manager, a health department representative, the school district’s medical director or local health practitioner, and, when considered appropriate, a parent liaison.

Have a communications plan. A key role for the crisis response team is to make sure that a comprehensive, up-to-date communications plan is ready for implementation. Part of the plan would include maintaining a complete and current list of emergency names and contact numbers. The plan also needs to specify a mechanism for keeping the school board informed and should delineate the school board’s role in communicating with the public and making decisions that will affect the school district.

Identify a designated spokesperson. A single spokesperson for the school district or school is more likely to provide a consistent message. A spokesperson in a high-level position lends credibility and conveys concern for the seriousness of the situation. Determine a strategy and write out key messages in advance. Be sure that anyone who could possibly be answering questions has adequate information and understands that there is no need to violate confidentiality by disclosing confidential information about the health status of individuals. Keep records of every contact with the public, especially the media. (See also Figure 6: Tips for Spokespersons.)

Cultivate media relationships before an incident occurs. Provide media representatives with positive stories about issues related to school nutrition, food safety precautions taken by the district, and recommendations for food safety actions that families can take at home. Sustain positive relationships by thanking media representatives for accurate, fair reporting.

Educate teachers and staff. Staff meetings, handouts, workshops, and other forms of communication are useful for educating teachers and staff on the existence of the foodborne illness outbreak management plan and what their role will be should an outbreak occur.
Take immediate action steps in the event of a suspected foodborne illness outbreak. (1) Seek assistance for affected students or staff who need medical treatment. (2) Contact the local health department immediately when foodborne illness is suspected. The health department’s role is to identify whether an illness is foodborne, investigate its cause, and recommend corrective measures. (3) Record ill students’ or staff members’ symptoms, date and time of symptom onset, duration of symptoms, medications dispensed, visits to the nurse, and parent or caretaker calls reporting school absences in a school health log. Inquire about food intake and sources of food when gastrointestinal illness or other possible foodborne illness symptoms are present. This information can help to identify trends and recognize signs that health problems may be food related. Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) requirements restrict access to health information about individual students or staff members. To avoid compromising confidentiality, clarify before an incident occurs what information can be shared. (4) When the health department confirms that a foodborne illness outbreak is suspected, activate the emergency management call list. (5) Isolate suspected food, wrap suspect leftovers securely, label them “do not eat,” and refrigerate them for future examination. Avoid relying on quick judgments or anecdotal information such as “It must have been the potato salad” or “It might have been the ground beef.”

Gather information. Have a plan for communicating with health services providers, administrators, staff, students, and parents as appropriate to have a clear picture of the situation. Refer reporters to the designated spokesperson. The spokesperson needs to know what media representatives already know, with whom they have already spoken, and whether they have expressed interest in speaking with particular school personnel.

Be prepared to communicate with parents. Without adequate information, rumors develop, people panic, and a situation can spin out of control. Include in the response plan a template for a letter to parents for a suspected foodborne illness outbreak and another for a confirmed foodborne illness outbreak. Prepare a plan for meeting with parents and other concerned community members, as appropriate.

Debrief on an ongoing basis. The spokesperson needs objective feedback on how messages are received. Following each communication with the public, review its impact, asking whether the audience appeared satisfied with what was communicated and how the message might be improved. Monitor media reports to ensure accuracy and respond with correct information as needed.

Evaluate the plan. Following the incident, convene the team to evaluate implementation of the action plan and revise the plan as appropriate.

— Adapted from Food Safety in Schools: Communicating During Times of Crisis, School Nutrition Association, 2002.
FIGURE 6
TIPS FOR SPOKESPERSONS

Respond as quickly as possible. Be accurate. Do not issue statements that cannot be verified. The media want to know who, what, where, when, and why.

Tell the truth. Do not leave anyone with the impression that something is being hidden.

Do not blame. Take responsibility for the actions of the staff, if that is where the responsibility lies.

Never say “No comment.” Saying “no comment” gives the appearance of guilt. When choosing not to answer a question, explain why, e.g., the answer may be unknown or may involve legal issues.

Answer only the questions asked. Stay focused on the issue. If a reporter asks something irrelevant, respond with “That’s an interesting point; however, the real issue is . . .” or “What parents really need to know is . . .”

Remember there is no such thing as “off the record.” Anything a spokesperson says may appear in print or on the air.

Rehearse. Anticipate answering hard questions and practice focusing on key positive messages. Stay focused on the issue. Use clear, understandable language. Remain calm and professional.

Express concern and understanding. Do not downplay the fears or concerns that parents, students, and the community may have. Acknowledge the seriousness of the situation.

— Adapted from Food Safety in Schools: Communicating During Times of Crisis, School Nutrition Association, 2002.
**Monitoring and evaluation**

Require regular, at least annual, review of the status of policies and practices and regular reports to the school board.

Monitoring examines whether actions are being taken. Progress toward promoting and implementing food safety, food defense, and food allergy management practices in the district needs to be tracked and documented on an ongoing basis. The School Food Safety Policy Checklist (Appendix C) is one tool for determining the status of policy development and implementation. This checklist can help to follow progress and, at the same time, identify areas that require attention or strengthening. The district food safety team should report to the school board at least annually and more often if issues of special concern arise. Figure 7 lists suggested topics for reports to the board.

Evaluation asks what is working, what is not working, whether policies and practices are making a difference, and how policies and practices can be made better. Evaluation helps to determine whether policies and practices are accomplishing what they are designed to do, what needs to continue, and what needs to change. Evaluation helps to ensure accountability and justify actions to the public.

**FIGURE 7**

**MONITORING AND EVALUATION QUESTIONS**

- What progress has been made toward policy development?
- Which policies have been implemented and how?
- What changes have occurred as a result of the policies?
- What gaps exist and what might be strengthened?
- How can this information help the district to improve efforts to prevent foodborne illness and readiness to respond to a foodborne illness outbreak? If there has been an outbreak, how effective was the response?
- What has been the level of participation in foodborne illness prevention? Who has been involved? Has this been a broad community effort? How well has the community been educated?
CONCLUSION

Providing safe food is a key aspect of maintaining a healthy school environment that promotes learning. Everyone in the school community has a critical responsibility for supporting the safety of foods and beverages consumed at school and school-related activities. These include foods and beverages served in the cafeteria, foods prepared in the classroom, foods available at school events, and foods brought from home. The most decisive factor contributing to the success of any school function is the school board’s endorsement of goals, policies, and practices. School boards cannot afford to ignore the importance of food-related illness prevention and its role as a safeguard for student and staff well-being. Doing so is critical to the district’s achieving its mission of preparing young people to become educated, healthy, and productive adults.
APPENDIX A: INFORMATION SOURCES

The Food-Safe Schools Action Guide Toolkit developed by the National Coalition for Food-Safe Schools, a partnership of federal agencies and national organizations including NSBA, provides access to an array of resources to inform and support the development of food safety in schools. Exploring the resources on the coalition’s website at www.FoodSafeSchools.org and its many links to other sites is an important step toward preparing policies and planning their implementation.


NSBA’s School Health Programs has developed Food Safety 101, a packet of sample policies, excerpts from publications, articles, and other materials about food safety that can be ordered by going to www.nsba.org/schoolhealth.

The FDA Model Food Code, a reference document developed by the FDA and updated every four years, helps state and local regulatory agencies achieve uniformity in their food safety regulations and gives them both the technical and legal foundations to regulate the retail food and food service industries in their area. Available at www.cfsan.fda.gov/~dms/foodcode.html.

The National Environmental Health Association’s (NEHA) food resource materials database contains information on print, audio-visual, and other materials that NEHA (www.neha.org) has reviewed, evaluated, and recommended for content quality and compatibility with the 2001 FDA Food Code.

The Food Allergy and Anaphylaxis Network (FAAN) has developed “The School Food Allergy Program” (www.foodallergy.org) to guide and educate school staff about the serious nature of food allergies and how school officials, classmates, and families can provide the supportive environment and assistance needed to protect a child with food allergies.

Several states, including Massachusetts (www.doe.mass.edu) and Connecticut (www.state.ct.us/sde/deps/Student/Health/Food_Allergies.pdf) have developed guides to school policymaking and planning to prevent and treat food allergies.

*Key websites of interest:*

Centers for Disease Control and Prevention  
www.cdc.gov/foodsafety/hotschools.htm  
www.cdc.gov/cleanhands  
www.cdc.gov/healthyyouth
Food and Drug Administration (FDA) Food Code
www.cfsan.fda.gov/~dms/foodcode.html

FDA/National Science Teachers Association (NSTA)
Science and Our Food Supply curriculum
www.nsta.org/store/

Government Food Safety Website
www.foodsafety.gov

National Food Service Management Institute
www.nfsmi.org

School Network for Absenteeism Prevention
www.itsasnap.org

USDA National Agricultural Library
http://foodsafety.nal.usda.gov

US Partnership for Food Safety Education
www.fightbac.org

Other resources are listed throughout this document. Most of the relevant websites can be accessed through the National Coalition for Food Safe Schools at www.foodsafeschools.org.

Note: These URLs were accessible on November 6, 2007.
APPENDIX B: FOOD SAFETY—SAMPLE POLICY LANGUAGE

Below is a sample comprehensive food safety policy. As is appropriate for school board policy, the language describes what is wanted and who should be responsible. The details of implementation would be stated in procedures, regulations, and guidelines overseen by the district superintendent or designee. Through its cyclical policy development process, the school board will receive reports on the implementation and effectiveness of the policy and revise the policy as needed. In addition, any policy addressing food safety should be cross-referenced with policies on professional development; media relations; communications with staff, students and families; school facilities and sanitation; and risk management.

Purpose: To support the health and well-being of students, staff, and school visitors by making foodborne illness prevention at school or school-sponsored events and preparation for response to an outbreak of foodborne illness an integral part of district practice.

Rationale: Foodborne illness can result in missed school and work days and may result in serious, long-term health consequences. A comprehensive and coordinated approach to properly storing, preparing, and serving foods consumed at school or at school-sponsored events can prevent foodborne illness.

Plan: The district will promote food safety and prevent foodborne illness at all schools and school-sponsored events through a comprehensive and coordinated approach that recognizes food safety is not limited to the school meals program. The superintendent or designee will establish a district food safety team that includes representatives of foodservice, health education, teachers, risk management, facilities and sanitation, health services, procurement, parents, students, public health, cooperative extension, and others. The team will assist with the development, implementation, and monitoring of a comprehensive and coordinated approach to food safety. This approach will ensure alignment and compliance of district policies, planning, and resource allocation with federal, state, and local food safety laws and regulations.

Professional development, leadership, and coordination

Foodservice directors and managers will receive annual professional development to ensure appropriate preparation and qualifications.

All foodservice staff will receive food safety training when hired and will participate in ongoing professional development.

All culinary and family and consumer science teachers will receive training in basic sanitation and the district’s food safety procedures.

All staff—including administrators, teachers, school nurses, instructional and health services paraprofessionals, foodservice staff, custodians and facilities managers, and administrative support staff—will receive copies of district food safety policies and procedures and relevant professional development.

School nurses and other school health services providers will be prepared to (1) recognize foodborne illness symptoms, (2) document incidents of foodborne illness, (3) follow procedures for contacting the local health department when foodborne illness is suspected, (4) manage students and staff suspected of having a foodborne illness, and (5) refer students and staff suspected of having a foodborne illness for further health care.
The establishment of trained leadership teams at the district level and in every school will support the development of food safety policies and practices and ensure their implementation.

**School facilities and environment**
Adequate access to handwashing facilities and supplies will be available whenever and wherever students or staff prepare, handle, or consume food.

Regular inspection and maintenance of the foodservice area and foodservice equipment will be established and documented.

Regular inspection of foodservice preparation practices in keeping with Hazard Analysis and Critical Control Point (HACCP) principles will be conducted and documented at least twice annually.

Guidelines for who can have access to food preparation facilities will be developed, implemented, monitored, and documented.

Foodservice staff will receive training in measures to protect the school food supply from intentional contamination.

School staff will work with students, families, and health services providers to minimize risks and provide a safe education environment for students with food allergies.

The district’s emergency preparedness plan will include a food defense or biosecurity management plan to protect the school’s food supply from intentional contamination.

**Classroom and community education**
The health education curriculum will include age-appropriate and sequential instruction about food safety and foodborne illness symptoms and prevention. [cross-reference to policy on curriculum and instruction]

Parents, caregivers, vendors, and any other community members who provide or are likely to provide foods prepared for consumption at school events will receive information about safe food preparation and storage.

**Preparation for emergencies**
Systems will be established and foodservice managers will receive training to manage external emergencies that can affect the school food supply.

**Crisis response to foodborne illness outbreak**
Plans for responding to a suspected or actual foodborne illness outbreak will be established, practiced, and reviewed annually or following any foodborne illness outbreak.

**Monitoring and evaluation**
The superintendent will report to the school board on the implementation and effectiveness of this policy at least annually.

**Provisions for food served outside of school meals**
Guidelines for foods prepared outside the school cafeteria and served or sold at school-sponsored events will be established.
**APPENDIX C: SCHOOL FOOD SAFETY POLICY CHECKLIST**

The checklist below lists policies that should be in place and provides a scale for tracking the progress of policy development and implementation. Space for comments appears below each item.

1 — No action  
2 — Policy being considered or developed  
3 — Policy in place  
4 — Policy partially implemented  
5 — Policy fully implemented  
6 — Policy reviewed annually

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<th>Policy Description</th>
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<td>Professional development to ensure that personnel are qualified and prepared</td>
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<td>Trained and certified foodservice directors</td>
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<td>Trained foodservice staff</td>
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<td>Trained culinary and family and consumer science teachers</td>
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<td>All staff receive professional development and copies of district food safety policies and procedures</td>
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<td>School nurses and other school health services providers prepared to manage foodborne illness</td>
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<td>A trained leadership team at the district level</td>
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<td>A trained leadership team in every school</td>
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<td>A school environment that supports food safety</td>
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<td>Adequate access to handwashing facilities and supplies</td>
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<td>Regular inspection and maintenance of the foodservice area and equipment</td>
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<td>Regular inspection, at least twice annually, of foodservice preparation practices</td>
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<td>Guidelines for access to food preparation facilities</td>
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<td>Foodservice staff trained for food defense</td>
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<td>A food allergy prevention and management plan</td>
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<td>District’s emergency preparedness plan includes a food defense or biosecurity management plan</td>
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<td>Food served outside of school meals</td>
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<td>Guidelines for foods prepared outside the school cafeteria</td>
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<td>Classroom and community education</td>
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<td>Classroom instruction to prepare students for lifelong food safety practices</td>
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<td>Food safety information offered regularly to parents, caretakers, and others who prepare food that will be consumed at school-sponsored activities</td>
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<td><strong>Provision for emergencies</strong></td>
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<td>Systems to manage external emergencies that can affect the school food supply</td>
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<td>Plan for responding to a suspected or actual foodborne illness outbreak</td>
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<td><strong>Monitoring and evaluation</strong></td>
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<td>Provision for regular review of status of policies and practices and regular reports to the school board</td>
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<td><strong>Additional Notes:</strong></td>
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REFERENCES


20 Conversation with Solange Morrissette, Facilitator, National Coalition for Food-Safe Schools, January 2006.


