

## BULLETIN

# Listeria Planning in Assisted Living

### Introduction

In response to a Canada-wide outbreak of listeria in June 2008, the Provincial Health Officer published *Listeria Outbreak: Review and Recommendations for Food Safety in Facilities*.<sup>1</sup> This Bulletin contains the recommendations in that report that are relevant to assisted living residences.

### How does listeria affect people?

Harmful bacteria such as listeria, viruses and toxins found in food primarily affect individuals who are vulnerable due to an already weakened immune system, including seniors and people with an existing illness such as cancer. Healthy adults and children that come into contact with listeria usually experience no symptoms. However, for seniors and the immune-compromised, infection can be invasive, resulting in serious illness and even death. Symptoms can include nausea, vomiting, cramps, diarrhea and fever. Dehydration can also result and, for seniors, an age-related decreased sense of thirst. Dehydration, in turn, can be associated with cloudy thinking and confusion, weakness and problems with balance, thus increasing the risk of falls and other trauma. People with poorer immune function, including seniors, are at higher risk of the severe life-threatening form of listeria infection characterized by septic shock, meningitis and encephalitis. Less commonly, patients may have inflammation of the heart or joints.

### The Recommendations:

#### Food Handling:

Registrants should ensure that:

1. All meat products are purchased from federally registered, provincially licensed or health authority approved processing plants.
2. If unfrozen foods frequently approach or exceed the expiry date before consumption, then smaller packages should be purchased.

When preparing eggs that are broken and prepared for immediate service, such as scrambled eggs, they are cooked to a minimum temperature of 63°C/145°F for at least 15 seconds. Pasteurized eggs should be used if eggs are served raw or lightly cooked (do not reach 63°C/145°F).

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<sup>1</sup> Health Authority administered or licensed facilities, licensed child care facilities, and residences registered by the Office of the Assisted Living Registrar.

Dishes containing raw eggs, such as casseroles, should be cooked to a minimum of 74°C/165°F.

### Food Service Workers and Volunteers

1. All registrants should maintain records on staff completion of appropriate food safety training as required by legislation.
2. Residences with fewer than seven residents should ensure all staff involved in the preparation or handling of food complete the following short self-guided course about food safety: [www.foodsafety.gov.bc.ca](http://www.foodsafety.gov.bc.ca). See also the *Food Safety Policy* at Policies Tab 11 in the *Registrant Handbook*. Under the [BC Public Health Act, the Food Premises Regulation](#) states that every operator of a food-service establishment (residences with seven or more residents), must hold a FOODSAFE Level 1 certificate, or a certificate from a course recognized as equivalent to FOODSAFE. If the registrant is absent from the establishment at least one employee must be present who holds a FOODSAFE Level 1 certificate (or its equivalent).
3. Hepatitis A vaccination should be provided to all staff who prepare or handle food.
4. Registrants should train food service workers about how to prepare texture-modified foods for residents with choking risks.
5. Registrants should train food service workers about how to prevent cross-contamination of foods.
6. Food service workers and volunteers should keep their allergy and choking response protocols current.

### Risk Reduction

1. When a resident moves into an assisted living residence, registrants should identify in the resident's personal services plan any dietary-related risk factors including known allergies, vulnerability to food borne illness and choking.
2. Registrants should serve deli meats in moderation. A varied diet will decrease the likelihood of listeria, and can help improve the nutritional value of the residence's menu.

### Immune-Compromised Residents

Registrants should educate residents that if they are immune-compromised<sup>2</sup> to reduce the risk of food borne illness they should either not eat, or minimize their consumption of, high risk foods such as:

- Raw (unpasteurized) milk (illegal in BC) or raw milk products.

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<sup>2</sup> Have: a bone marrow or solid organ transplant; cancer; a blood disorder; dialysis because of a chronic renal failure; HIV/AIDS where the treatment is not controlling their symptoms; malnutrition; liver disease; or an iron overload disorder.

- All soft cheese such as Brie, Camembert, feta, blue veined and Hispanic-style fresh cheeses.
- Hot dogs, luncheon meats, deli meats, unless they are heated to  $\geq 74^{\circ}\text{C}/165^{\circ}\text{F}$  and served promptly.<sup>3</sup>
- Refrigerated pâtés or meat spreads, unless from a canned source. Use only commercially canned foods.
- Smoked seafood and fish, unless in a cooked dish or from a canned source. Use only commercially canned foods.
- Store-bought, pre-made sandwich fillings, such as ham salad, chicken salad, egg salad, unless the ingredients of concern are known to have been processed as recommended to reduce the risk of food borne pathogens.
- Raw or undercooked meat, poultry and fish.

### **Non Immune-compromised Residents**

Registrants should serve any deli meats in moderation and in line with the earlier recommendations for risk reduction. If there is an outbreak of food borne illness, greater caution is warranted, i.e. high risk foods should not be served.

### **Accommodating Residents' Dietary Requests**

Assisted living residents, who are able to appreciate the consequences of their actions, have the right to make their own choices about whether to eat high risk foods or avoid them and should be able to make these choices within the overall menu plan. If an immune-compromised resident wants to eat high risk foods, registrants should make the resident aware of the potential risks. Registrants may choose whether, and to what extent, to accommodate residents' dietary requests associated with high risk foods.

### **Choking and Allergies**

Before entry to an assisted living residence, registrants should make clear what dietary modifications they can accommodate. See the *Meal and Dietary Services Policy* at Policies, Tab 10 of the *Registrant Handbook*. Upon entering an assisted living residence, the resident's personal services plan should document any need for diet modifications (e.g., texture modifications or allergen free meal plans) due to choking risks or food allergies. Food service workers and volunteers should maintain currency in allergy and choking response protocols.

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<sup>3</sup> This heating recommendation applies to individual servings rather than bulk preparation. Safe heating of bulk quantities of ready-to-eat meats has not yet been evaluated, and ready-to-eat meats prepared in bulk offsite should not be heated, other than in individual portions, and served until further review has occurred.

## Reporting Incidents

Food-related illness is not a reportable incident to the Office of the Assisted Living Registrar. However:

1. When a registrant suspects a resident has become ill as a result of a food served, the registrant should report it to the local health unit and follow all their recommendations for outbreak response.
2. A single case of listeria occurring within the appropriate incubation period should be considered to be due to contaminated processed food consumed at the residence unless considered otherwise (i.e., food was consumed outside the residence and provided by a third party). This should trigger aggressive investigation of the source and, as with all listeria cases, be immediately reported to the local health unit.

## More information

<http://www.bccdc.ca/search.htm?query=listeria&domain=www.bccdc.ca&page=0> and  
<http://www.healthlinkbc.ca/healthfiles/hfile75.stm>.