



2010-2012 Hand Hygiene
Committee Report
Indianapolis, Indiana
15 April 2012

Presenter : Katherine MJ Swanson, Ph. D. - Ecolab

Discussion Topics

1. Charge
2. Members
3. Approach
4. Output
5. Recommendations
6. Issues

Committee Charge

The Conference recommends that a committee be formed to include appropriate stakeholders including Center for Food Safety and Applied Nutrition (CFSAN), CDC and Center for Drug Evaluation and Research (CDER) to address:

1. The efficacy/risk reduction strategies of alternative hand hygiene regimes compared to handwashing with respect to foodborne pathogens including viruses,
 2. Identify settings where alternatives to handwashing are appropriate,
 3. Recommend studies that should be completed to get research questions answered for when scientific literature is not available
- and report back to the 2012 Conference.

Members

- Interest was very high
 - Initial 50+ people volunteered to serve
 - Too large to effectively function
 - Finished with 32
 - Academia, 2
 - Local regulatory, 2
 - State regulatory, 2
 - Industry, 12
 - Other, 9
 - Federal regulatory advisors, 5

Final Committee Members

Industry

- Katie Swanson, Co-chair, Ecolab
- Mark Sampson, Co-chair, Sterilox
- Catherine Adams Hutt, NRA
- Thomas Bell, Procter & Gamble
- Pat Brown, Great Atlantic & Pacific Tea Co.
- John Chrisman, Darden
- Michael Dolan, GOJO
- Dale Grinstead, Diversey
- Courtney Halbrook, Yum!
- Christina Johnson, Publix
- Jennifer Johnson, Walt Disney Parks & Resorts
- Tom Johnson, JDP, Inc.
- Terrence Kennedy, Starbucks
- Eric Moore, Aramark
- Jim Mann, Handwashing for Life Institute
- Erin Palumbo, Supervalu-Shaws
- Andrew Plante, Brinker
- Angela Sanchez, CKE Restaurants
- Aaron Smith, Stop & Shop
- Daniel Tew, Yum! Brands
- Linda Zaziski

Academic

- Margaret Binkley, The Ohio State University
- Don Schaffner, Rutgers University

State and Local Government

- Marlene Gaither, Coconino Co Health Dept
- Steve Moris, Kansas Dept of Agr
- Sheri Morris, PA Dept of Ag
- Michele Samarya-Timm, Somerset Co Dept of Health

Federal Government Advisors

- Laurie Williams, FDA-CFSAN
- Glenda Lewis, FDA-CFSAN
- Meryl Silverman, USDA-FSIS
- John Hicks, USDA-FSIS
- Donald Sharp, CDC

Note: CDER participated in only one call

Approach

Three (3) sub-committees formed to engage large group and output combined

- Regulatory status, Science, Behavior

1. *Regulatory status of hand hygiene products for food handlers*

- Provide a fact-based summary of current regulatory requirements for hand hygiene products, the jurisdiction and allowed claims to form a common understanding for the committee and CFP members.
- *Attempts to change existing requirements are out of scope*

Approach

2. *Science* of hand hygiene

- **Identify the hazards** associated with hand hygiene related food safety issues including bacteria, viruses, allergens and others if appropriate
- **Briefly review** the pros and cons of **methods** used to evaluate effectiveness of hand hygiene solutions (*in vivo* versus *in vitro*)
- **Summarize the available science** on the efficacy of hand hygiene approaches at removing hazards and reducing risk, including hand washing and other approaches
- **Recommend research** to answer unresolved questions

Approach

3. *Behavioral* aspects of hand hygiene

- Identify compliance issues and behavioral aspects of hand hygiene
- Identify settings where alternatives to handwashing may be appropriate, and public health effects
- Recommend research to answer unresolved questions
- Work of 3 sub-committees were combined to create report
 - Little interaction until final report review

Charge 1

Address efficacy/risk reduction strategies of alternative hand hygiene regimes compared to handwashing with respect to foodborne pathogens including viruses

- Comprehensive peer reviews of the scientific literature are available
 - No standard approach, thus difficult to compare
- Norovirus is the leading pathogen associated with hand hygiene-related foodborne outbreaks
- Regulatory requirements for hand hygiene products are defined
 - No Food Code compliant products with claims for viruses
- Behavior is key because efficacy involves more than the product used

Charge 2

Identify settings where alternatives to handwashing are appropriate

- Settings where alternatives to handwashing are NOT appropriate:
 - Anywhere there is a properly functioning hand sink
 - After toilet use
 - At the start of a shift
 - After lunch break
 - Between handling raw and RTE foods
 - After sneezing into hands
 - If person has cuts, skin infections
 - When hands look or feel soiled
- When hands are not visibly soiled hand antiseptics MAY potentially be an option:
 - Between glove use
 - After touching hair
 - After coughing / sneezing / drinking
 - In areas where there is environmentally no water
 - In water outages / boil water situations
 - During temporary events
 - In farm stands
 - For mobile vendors

Charge 2 (continued)

- Given time and integration of scientific and behavioral considerations, specific recommendations may be possible using a risk management approach.

Charge 3

Recommend studies that should be completed to get research questions answered for when scientific literature is not available

- If hand antiseptic use was allowed in lieu of soap and water handwashing, would there be a significant increase in desired behaviors and would this reduce foodborne illness?
- Does providing options in foodservice or retail settings increase real-world compliance? If so, what is the public health benefit?
- Can studies on hand hygiene behaviors in hospitals be extrapolated to foodservice?
- What handwashing / hand hygiene options increase frequency of use?
- Why are food handlers not washing their hands?

Charge 3

- What is the range of temperatures that are considered to be comfortable for handwashing?
- Can new risk assessment and risk management models be applied to hand hygiene in food services settings to quantify the changes in risk when different interventions are applied?
- Can case-control epidemiological studies be conducted to compare hand hygiene related foodborne illness outbreaks in regulatory jurisdictions that allow the use of alternatives to handwashing, to those that do not?
- What is the clinical endpoint effect of various hand hygiene practices in a food setting?

We need to get these questions to the research community

Recommendations

1. Acknowledge the 2010-12 Hand Hygiene Committee report
 - Thank the 2010-2012 Hand Hygiene Committee for its work
2. Disseminate the work of the 2010-2012 Hand Hygiene Committee through peer reviewed literature
 - List the 2010-2012 Hand Hygiene Committee as a co-author
 - If published, post the peer reviewed paper on the CFP website
3. Re-create the Hand Hygiene Committee to examine “**when**” hand washing with soap and water is required and suggest modifications if appropriate.
 - Use the 2010-2012 report as a reference
 - Limit the size to less than 20 members (including advisors and chairs) of balanced constituency
 - Report back findings to the 2014 Biennial Meeting

Requested Actions

- The Hand Hygiene committee submitted four issues
 - Report – 2010-2012 Hand Hygiene Committee
 - Disseminate the 2010-2012 Hand Hygiene Committee Report
 - Re-create – Hand Hygiene Committee
 - Limit Hand Hygiene Committee Size

Thanks to the 2010-2012 Hand Hygiene Committee members for their hard work and passion in addressing a complex and important food safety issue