

# SAFE FOOD NEWS

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**This newsletter can be found on the SafeFood web site.**

**Check it out at:**

<http://www.colostate.edu/Orgs/safefood/>

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## FOOD SAFETY ISSUES FOR PERSONS LIVING WITH HIV/AIDS

Since Human Immunodeficiency Virus (HIV) was first recognized in 1981, it has spread around the globe, affecting more than 60 million worldwide, one-third of whom have died. In the U.S., there are more than 800,000 people currently living with HIV and some 40,000 who become newly infected each year.

HIV is transferred via body fluids (blood, semen, vaginal fluid and breast milk) from an infected person to an uninfected one. The virus is carried in infected CD4 T cells, macrophages and as free virus in blood, semen, vaginal fluid and breast milk. With the exception of breast milk, HIV is not transmitted by food. Following initial infection with HIV, the number of circulating CD4 T cells drop and the person may show signs of a flu-like illness, lasting from 2 to 6 weeks. During this time the body is vulnerable to opportunistic infections.

Eventually, the body's immune system responds, producing CD8 T cells, which destroy HIV-infected cells. This leads to a lengthy asymptomatic phase, during which the level of free HIV virus in the body fluids remains low but continues to replicate. This phase can last for years, thanks in part to the development of more than 20 FDA-approved drugs that block HIV replication, thus delaying the progression of the infection to AIDS.

When the CD4 T cell count reaches half of normal, HIV enters the symptomatic phase, leading to a loss of cell-mediated immunity and increased vulnerability to opportunistic infections. Once the CD4 count drops to less than 200 cells/microliter, the person is considered to have developed AIDS (Acquired Immune Deficiency Syndrome), the term used for advanced HIV infection.

## **Pathogens of Concern for HIV/AIDS**

Within a few years of the discovery of HIV, research studies began to document the increased rates of foodborne infections among persons with AIDS. A 1997 review of these studies found persons with AIDS to have a 20 to 100 times higher risk of infection with *Salmonella* than the general population. Other bacterial pathogens have not been so intensely studied, but one study reported a 35-fold increase in infections caused by *Campylobacter jejuni* among persons with AIDS. A review of all foodborne illness data collected in Denmark between 1991 and 1999 found persons with AIDS to be 10 times more likely to be diagnosed with *Salmonella*, *Campylobacter* and *Shigella* infections than the general population.

Some studies suggest that persons with AIDS have a greatly increased risk of listeriosis, caused by the pathogen *Listeria monocytogenes*, due to the fact that a large majority of documented listeriosis infections occur in people with depressed T-cell mediated immunity. Another pathogen of concern for AIDS patients is *Cryptosporidium parvum*, a microorganism spread easily via human and animal feces and food or water contaminated with feces. Fortunately, improvements in the medical management of AIDS have helped to minimize the occurrence of life-threatening diarrhea caused by *Cryptosporidium* infections.

*Toxoplasma gondii* is another opportunistic pathogen of concern for those with HIV/AIDS. When healthy persons are exposed to the parasite, they develop protective immunity (become seropositive). However, HIV-infected persons who are seropositive for *Toxoplasma gondii* may experience a reactivation of the tissue cysts if their CD4 count drops below 100. HIV-infected individuals are usually tested for antibodies to *Toxoplasma* soon after diagnosis. If they are seropositive, they are put on prophylactic drug treatment to help prevent reactivation of the *Toxoplasma* cysts. If individuals test seronegative (no prior exposure to *T. gondii*), it is important to avoid consumption of raw or undercooked meats and unwashed raw vegetables and to avoid contact with cat feces – all common sources of *T. gondii*. A treatment option called HAART is proving to be highly effective in helping boost immune function in

HIV-infected persons, thereby greatly minimizing the risk of opportunistic infections.

## **Food Safety Recommendations**

Food safety recommendations for persons with HIV/AIDS are similar to those for pregnant women and the elderly discussed in previous newsletters. Key recommendations include:

- **Practice personal hygiene.**
  - Wash hands well with soap and warm water before handling food, after using the toilet, after changing a baby's diaper, coughing or sneezing, and after touching animals.
  
- **Cook foods adequately.**
  - Use a food thermometer to make sure meat and poultry (including ground) are cooked to safe temperatures.
  - Use a thermometer to make sure leftovers are reheated to 165°F.
  - Cook shellfish until the shell opens and the flesh is fully cooked. Cook fish until the flesh is firm and flakes easily with a fork.
  - Cook eggs until both the yolk and white are firm.
  
- **Avoid cross-contamination.**
  - Wash knives, cutting boards, and food preparation areas with hot, soapy water after touching poultry, meat and seafood.
  - Wash hands with soap and warm water after handling foods
  - Thoroughly rinse fresh fruits and vegetables under running water before eating.
  - Keep cooked and ready-to-eat foods separate from raw meat, poultry, seafood and their juices.
  
- **Keep foods at safe temperatures.**
  - Keep your refrigerator below 40°F.
  - Store all perishable foods such as eggs, meat, and dairy at or below 40°F.
  - Throw away perishable ready-to-eat or leftover foods after 4 days.

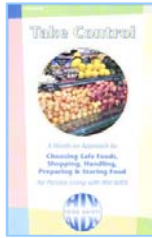
- Thaw foods in the refrigerator or under cold running water.
- Do not prepare food more than 2 hours before serving without plans for proper cooling.
- Take only foods that can be kept at safe temperatures in carried meals such as lunch boxes, picnics and potluck dinners.

• **Avoid risky foods.** These include:

- Raw or undercooked meat, poultry, eggs, fish, and shellfish,
- Unpasteurized milk and chilled fruit juices,
- Raw sprouts (like alfalfa),
- Soft cheeses made with raw milk,
- Hot dogs and luncheon meats that have not been reheated to steaming hot,
- Refrigerated pates and meat spreads,
- Refrigerated smoked fish and pre-cooked seafood, such as shrimp and crab.

**Education Materials**

Food safety education materials designed specifically for persons with HIV/AIDS can be found on the Colorado State University SafeFood website. Go to [www.colostate.edu/orgs/safefood](http://www.colostate.edu/orgs/safefood) and click on Food Safety for High Risk Groups.



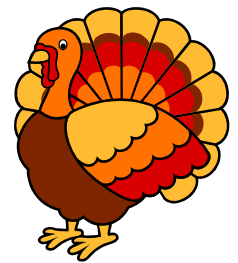
*Sources:*

1. Online continuing education course: Food Safety for High Risk Populations; Pilot Oct. 2004. Available at <http://www.hec.osu.edu/highriskfoodsafety/>. Presenter: Hillers, V. Professor, Extension Specialist. Washington State University.
2. Smith, JL. Long Term consequences of foodborne toxoplasmosis: Effects on the unborn, the immunocompromised, the elderly, and the immunocompetent. *J Food Prot.* 1997;60:1595-1611.



**LET'S TALK TURKEY AND OTHER HOLIDAY FOOD SAFETY ISSUES**

**W**hen the holidays roll around, food safety sometimes takes a back seat in the minds of consumers who are cooking for larger gatherings than usual. Safely cooking and serving the turkey is often the biggest concern, primarily because it's so BIG! Careful planning is required to allow enough time to safely thaw the bird and to cook it to a safe internal temperature of 180°F. Fortunately, the USDA has several useful fact sheets to help us get through the season without incidence of foodborne illness. Below are some of the pointers addressed in "Let's Talk Turkey—A Consumer Guide to Safely Roasting a Turkey."



**Fresh Turkey**

A good rule of thumb is to plan on about 1 pound of turkey per person. If buying fresh, purchase your turkey only 1 to 2 days before you plan to cook it. Keep it stored in the refrigerator until you're ready to cook it. Place it on a tray or in a pan to catch any juices that may leak. Avoid buying fresh pre-stuffed turkeys. If not handled properly, harmful bacteria that may be in the stuffing can multiply very quickly.

**Safe Thawing**

There are 3 ways to thaw a turkey safely – in the refrigerator, in cold water or in the microwave oven. If thawing in the refrigerator, allow approximately 24 hours for every 4 to 5 pounds. For a 20 lb. turkey that can mean 5 or 6 days to thaw completely. Keep the turkey in its original wrapper and place on a tray or in a pan to catch any juices that may leak. A thawed turkey can remain in the refrigerator for 1 to 2 days.

For cold water thawing, allow about 30 minutes per pound. First wrap your turkey securely, making sure the water is not able to leak through the wrapping. Submerge your wrapped turkey in cold tap water, changing the water every 30 minutes. Cook the turkey immediately after it is thawed. Do not refreeze.

For thawing in a microwave oven, check your owner's manual for the size turkey that will fit, the minutes per

pound, and power level to use for thawing. Remove all outside wrapping. Place on a microwave-safe dish to catch any juices that may leak. Cook your turkey immediately. Do not refreeze or refrigerate the turkey after thawing in the microwave oven. Be sure and remove the giblets from the turkey cavities after thawing. Cook these separately.

### Roasting a Turkey



Set your oven temperature no lower than 325°F. Place the turkey on a rack in a shallow roasting pan. For more even cooking, it is recommended to cook the stuffing outside the bird in a casserole. Refer to a roasting times

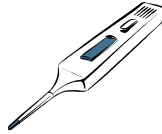
chart for stuffed or unstuffed turkeys.

Use a food thermometer to check that the following internal temperatures are reached as measured in several places:

Stuffing: 165°F.

Whole turkey: 180°F.

Turkey breast only: 170°F.



Even if your turkey has a pop-up temperature indicator, it's recommended that you also check the internal temperature of the turkey with a food thermometer. For quality, let the turkey "rest" for 20 minutes before carving to allow juices to set. Remove all stuffing from the turkey cavities. It is safe to cook a turkey from the frozen state, but the cooking time will take at least 50% longer than recommended for a fully thawed turkey.

### Safe Handling/Storing of Leftovers

Remember to always wash with soap and water hands, utensils, the sink, and anything else that comes in contact with raw turkey and its juices. After the meal, discard any turkey, stuffing, and gravy left out at room temperature longer than 2 hours; 1 hour in temperatures above 90°F. Divide leftovers into smaller portions. Refrigerate or freeze in covered shallow containers for quicker cooling. Use refrigerated turkey and stuffing within 3 to 4 days. Use gravy within 1 to 2 days. If freezing leftovers, use within 2 to 6 months for best quality. When reheating turkey, use a food thermometer to check that the internal temperature reaches 165°F.

### Fact Sheets

The Fact Sheet "Let's Talk Turkey-A Consumer Guide to Safely Roasting a Turkey" is available at: [www.fsis.usda.gov/Fact\\_Sheets/Lets\\_Talk\\_Turkey/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Lets_Talk_Turkey/index.asp) or at

[http://www.fsis.usda.gov/PDF/Lets\\_Talk\\_Turkey.pdf](http://www.fsis.usda.gov/PDF/Lets_Talk_Turkey.pdf).

A variety of other fact sheets on seasonal safe food handling are available at:

[www.fsis.usda.gov/Fact\\_Sheets/Seasonal\\_Food\\_Safety\\_Fact\\_Sheets/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Seasonal_Food_Safety_Fact_Sheets/index.asp).

Source:

Fact Sheet: "Let's Talk Turkey-A Consumer Guide to Safely Roasting a Turkey." USDA Food Safety and Inspection Service. Available at: [www.fsis.usda.gov/Fact\\_Sheets/Lets\\_Talk\\_Turkey/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Lets_Talk_Turkey/index.asp).

## SIT-DOWN SERVICE GOES SKIMPY ON FOOD SAFETY

From time to time most of us enjoy dining out at our favorite full service restaurant. Whether we're enjoying the local cafe around the corner or the fancy bistro down the street, we have come to expect one thing from our favorite eatery...that our food is safe to eat. A report released in September of this year by the Food and Drug Administration (FDA) suggests just the opposite. Restaurants and other food service entities are not taking the proper precautions to prevent food borne illnesses.

### FDA Study

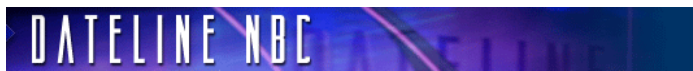
Some may remember the dismal outcomes reported in the FDA's restaurant food safety study released back in the year 2000. In a nutshell, food establishments had failed to make the grade when it came to ensuring that safe food practices were being followed. Unfortunately, the results have not changed much according to the latest report. Of over 900 foodservice operations examined, full service restaurants reported the greatest number food safety faults. The area where they scored lowest was in keeping or handling foods at the proper temperatures. In fact, two-thirds of the full service restaurants inspected failed to keep foods at the proper temperatures needed to avoid spoilage and the spread of harmful bacteria. In addition, almost half of the full service restaurant workers failed to wash their

hands properly before handling food or after using the restroom. Whether you're at home or in a food service operation, hand washing is the first line of defense against harmful bacteria.

Not only are restaurants skimping on food safety procedures, but so are schools, hospitals, and even nursing homes. In the FDA study, hospital food service operations received low scores for food handling practices. Findings showed that three out of five nursing home workers did not wash their hands properly. Additionally, one out of four elementary school cafeterias failed to clean and sanitize surface and utensils adequately, and more than 16% of cafeteria personnel showed poor hygiene.

### Dateline Report

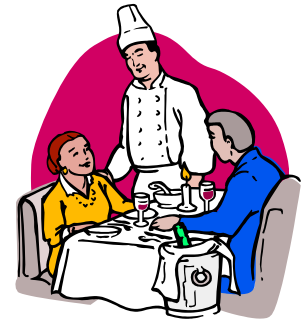
Coinciding with the FDA study is a recent consumer report by NBC's Dateline, who embarked on a study of their own to uncover the scary truth about restaurant safe (or better yet...unsafe) food practices. The Dateline staff first selected 1,000 restaurants, 100 each of the largest ten casual dining restaurant chains in the nation. Next, they compiled data from over 3,000 restaurant inspection reports for a given 15 month period (Jan.1, 2003- March 1, 2004) to identify what inspectors term "critical violations."



They discovered that 82% of the 1,000 restaurants they reviewed had at least one critical violation. What is even more disturbing is that many of the violations reviewed by the Dateline crew were repeat offenses. Armed with a food safety inspector and hidden cameras, a Dateline crew then visited some of the family style restaurants having the most critical food safety violations. As one can imagine, the unsafe practices they saw didn't surprise them. Interviews with managers confirmed that although progress is being made, greater attention to food safety standards is needed in all types of food establishments. On a positive note, the facilities that had appointed someone on the staff to ensure compliance with food-handling procedures had the lowest incidence of risk for foodborne illnesses.

### Be a Consumer "Food Safety Cop"

What can consumers do to prevent becoming a victim of food borne illness from food establishments? One option is to take a proactive approach and notice safe or unsafe practices the next time you eat out. Here are a few suggestions:



- Check to see if the utensils, dishes, and glasses look clean. This is a good indicator of kitchen cleanliness.
- Check to see if kitchen workers are wearing gloves. When handling ready-to-eat foods, it is important to wear gloves and wash hands.
- Ask how long food has been set out on tray line or how long food is placed under heat lamps.
- Talk to the manager. Ask them about the company's food safety policies and procedures.

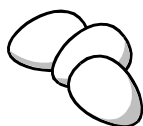
Given the publicity that reports such as the FDA or Dateline studies generate, food establishments are beginning to realize the impact that food safety can have on their businesses. Serving food that is both tasty and safe must be of equal importance. As consumers become more food safety savvy, their dollars will likely be spent at those establishments having the highest food safety scores. The full 208 page "FDA Report on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice, Restaurant and Retail Food Store Facility Types-2004" is available at [www.cfsan.fda.gov/~acrobat/retrsk2.pdf](http://www.cfsan.fda.gov/~acrobat/retrsk2.pdf).

#### Sources:

1. Soto, Alonso. "Food Handlers Get Low Marks in FDA Report." The Wall Street Journal Online. September 22, 2004; page D-7.
2. "FDA Report on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice, Restaurant and Retail Food Store Facility Types-2004." [http:// www.cfsan.fda.gov/~acrobat/retrsk2.pdf](http://www.cfsan.fda.gov/~acrobat/retrsk2.pdf).
3. Thompson, Lea. "How safe are your favorite restaurants?" September 26, 2004. Available at: <http://www.msnbc.msn.com/id/6083318/>.

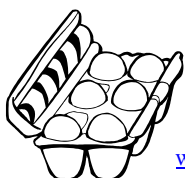
## IMPROVING SHELL EGG SAFETY

On September 20, 2004, the Food and Drug Administration (FDA) announced a new proposed regulation designed to significantly reduce the number of eggs contaminated with *Salmonella* Enteritidis (SE). It is currently estimated that 118,000 illnesses per year are caused by consumption of SE-contaminated eggs. Eggs become contaminated with SE in the laying hen's reproductive tract, a process known as transovarian contamination. The proposed prevention measures are designed to reduce the likelihood of transovarian contamination and include the following:



- Provisions for procurement of chicks and pullets.
- A biosecurity program.
- A pest and rodent control program.
- Cleaning and disinfection of poultry houses that have had an environmental sample or egg test positive for SE.
- Refrigerated storage of eggs at the farm.
- Producer testing of the environment for SE in poultry houses. If the environment test is positive, FDA proposes that egg testing for SE be undertaken, and that, if the test is positive, the eggs be diverted from the table egg market.
- Identification of a person responsible for SE prevention at each farm.

The proposed rule will affect farms having 3,000 or more hens (some 4,100 farms) and is expected to cost \$82 million per year to implement. The proposal is part of a coordinated effort by the FDA and USDA's Food Safety Inspection Service (FSIS) to more effectively promote egg safety for both shell eggs and egg products. It is designed to help achieve the agency's public health goal of a 50% reduction in SE outbreaks and incidence of salmonellosis cases by the year 2010. The final rule is expected following the 90-day comment period.



Source:  
"FDA Proposes Further Action to Improve Farm-to-Table Shell Egg Safety." FDA News Release. September 20, 2004. Available at:  
[www.fda.gov/bbs/topics/news/2004/NEW01117.html](http://www.fda.gov/bbs/topics/news/2004/NEW01117.html)

## IN THE NEWS

### ARE "FREE-RANGE" CHICKENS SAFER TO EAT?

A belief held by many is that meat produced from a free-range raised animal may be healthier and safer to consume than meat obtained from conventionally raised animals. Organic growers often raise their chickens under free-range conditions – where the chickens are free to roam outside cages or other confined areas.



Are chickens raised without overcrowding and minimal or no hormone/ antibiotic use less likely to be contaminated with foodborne pathogens? To help answer this question, a microbiologist at the Richard B. Russell Research Center in Athens, GA recently examined 110 processed free-range chickens from three organic producers. The result – some 25% of the chickens tested positive for *Salmonella*, the same rate as found in conventionally raised chickens.

This should not deter consumers from purchasing free-range chicken if they prefer it for other reasons. They just need to use the same safe food handling precautions recommended with all types of raw meats and poultry. Food safety guidelines to remember are:

- **Store it safe.** Store raw meats on a plate or tray in the refrigerator below ready-to-eat items such as fresh produce.
- **Avoid cross-contamination.** Wash hands and all contact surfaces (including sink, knife, utensils, cutting boards, countertop) with hot soapy water after contact with raw meat, fish or poultry.
- **Cook it well.** Use a food thermometer to ensure that foods are adequately cooked. Cook chicken breasts to 165°F; whole chicken to 180°F.
- **Serve it safe.** Use a clean plate and utensils to serve the cooked meat, not the ones that held raw meat.

Source:  
Durham, S. "Free-Range" Chicken-No Guarantee It's Free of Salmonella." Agricultural Research Service Online. Available at  
[www.ars.usda.gov/is/pr/2004/040920.htm](http://www.ars.usda.gov/is/pr/2004/040920.htm)

## TARGETING *E. COLI* FROM THE INSIDE OUT

**E.** *coli* O157:H7 is one particularly nasty bacteria often implicated in foodborne disease outbreaks caused by consumption of undercooked or raw ground beef. Symptoms include bloody diarrhea and can lead to Hemolytic Uremic Syndrome, the leading cause of acute kidney failure in children. While meat processors experiment with various chemical washes to reduce the numbers of harmful *E. coli* bacteria on beef products, others have taken a different approach.

Researchers at the National Animal Disease Center in Ames, Iowa, are working on an oral vaccine to prevent the attachment of *E. coli* O157:H7 bacteria to the intestinal walls of infected cattle. The vaccine uses intimin, a protein found on the outer membrane of the O157:H7 strain and needed for the bacteria to attach themselves to intestinal tissue. Calves injected with purified bacterial intimin develop antibodies that keep *E. coli* O157:H7 from setting up an infection in the cow's intestine, thus reducing the presence of *E. coli* O157:H7 in the cow. The vaccine only interferes with the harmful O157:H7 strain, not beneficial *E. coli* strains.

In other news, these researchers have also found that testing calves' gallbladders is a good way to determine if an *E. coli* infection has actually set up in the calf and are recommending that gall bladder tissue samples be cultured for *E. coli* O157:H7 as a way to help identify infected cattle at slaughter. While its reassuring to know that strides are being made to improve the safety of our food supply, the best line of defense for consumers still remains to follow safe food handling guidelines and cook ground beef to at least 160°F.

*Source:*  
Pons, L. "Targeting *E. coli* Bacteria at Their Source." Agricultural Research Service online. August 4, 2004. Available at:  
[www.ars.usda.gov/is/pr/2004/040804.htm](http://www.ars.usda.gov/is/pr/2004/040804.htm).

## FOOD CODE CHANGES REFLECTED IN SERVSAFE® 3<sup>RD</sup> EDITION

**S**ervSafe® instructors may be wondering about making the switch to the new 3<sup>rd</sup> edition-2004 materials for upcoming trainings. As those who have conducted recent Managers Level Certification Trainings know, enough changes have been made, primarily in content organization, to justify doing so.

### In General

Although not a problem if both the instructor and attendees all have 2<sup>nd</sup> edition materials, it is quite awkward when a combination of both 2<sup>nd</sup> and 3<sup>rd</sup> editions are used. The 3<sup>rd</sup> edition PowerPoint® slides, ServSafe® Essentials and Coursebook have all been restructured quite differently. In our opinion, the new flow of material, with enhanced visuals, is easier to follow than the previous editions. New slides with short quizzes at the end of each unit offer a handy review of material just covered and stimulate group discussion. The total number of chapters has increased from 14 to 15, as the "Flow of Food" has been expanded. Additionally, the new chapter title "Food Safety Systems" emphasizes the need for foodservice operations to develop an all encompassing food safety management system, not just a HACCP program, in order to effectively promote food safety within each organization.



An updated video series "ServSafe Steps to Food Safety Six-Video Set," is also available, which reflects temperature changes (as discussed below). These changes have been "voiced over" those in the 2<sup>nd</sup> edition series. According to the National Restaurant Association Educational Foundation, the 3<sup>rd</sup> edition video series can be purchased through local chapters (i.e., The Colorado Restaurant Association) for a discounted price of \$435.00 until December 15, 2004. After that, the retail price will be \$535.00.

For those conducting basic Food Handler trainings, the ServSafe Employee Guides have also been updated to reflect the new changes. The current cost remains \$5 each or \$45 per 10-pack. These are available in English, Spanish and Chinese.

**Temperature Changes**

OF GREATEST IMPORTANCE to the 3<sup>rd</sup> Edition ServSafe® materials are the temperature changes outlined in the Supplement to the 2001 FDA Model Food Code. Based on recommendations by the National Advisory Committee on Microbiological Criteria for Foods (NACMCF) and the 2002 Conference for Food Protection, the decision was made to lower the hot holding temperature of potentially hazardous foods from 140°F to 135°F. The old temperature danger zone (41°F to 140°F) now reads 41°F to 135°F.

Research has shown that *Clostridium Perfringens* and *Bacillus cereus*, the microorganisms most critically associated with foods held at improper temperatures, cannot survive in temperatures over 126°F.

Therefore, it was decided that the upper level of 135°F for hot holding of potentially hazardous foods provides a sufficient margin of safety, while minimizing possible adverse effects to product quality during hot holding. Likewise, cooling verbiage now states that “cooked potentially hazardous food shall be cooled from 135°F to 41°F or below within 6 hours, provided that the food is cooled from 135°F to 70°F within the first 2 hours.” The Colorado Department of Public Health and Environment adopted these standards into its Colorado Retail Food Establishment Rules and Regulations, effective August 1, 2004. It is up to each state to decide if and when to adopt these Food Code recommendations.

Information on the new 3<sup>rd</sup> Edition ServSafe® materials can be found on the National Restaurant Association Educational Foundation’s website at [www.nraef.org](http://www.nraef.org).



**COMING EVENTS**

**SERVSAFE® TRAININGS**

**Denver Metro Region**

Manager level ServSafe® trainings are offered monthly in the Denver metro area through the Colorado Restaurant Association. Cost: members - \$130; non-members - \$170. Please call 303-830-2972 for a complete schedule of dates and locations.

**Eastern Region**

Contact Joy Akey (970) 332-4151

<u>Date</u>	<u>Location</u>	<u>Intended Audience</u>	<u>Fee</u>
11/15/04 1:30 – 6p	Sterling, CO	Food Handler Trng	\$ 25

**Western Region**

<u>Date</u>	<u>Location</u>	<u>Intended Audience</u>	<u>Fee</u>
01/24/05 8 – 5p	Grand Jctn, CO	Mgrs Certification Trng	\$100 (after 1/10, \$120)

Contact: Norraine Harvey Ph: 970.244.1834

**NOTICE OF DIETARY SUPPLEMENTS  
PUBLIC MEETING**

The Food and Drug Administration (FDA) is soliciting comments on FDA's premarket notification program for new dietary ingredients (NDIs) to be discussed at a public meeting on November 15<sup>th</sup> at the Center for Food Safety and Applied Nutrition. FDA is soliciting comments from industry, consumers, and other interested members of the public concerning the content and format requirements for NDI notifications made under the Federal Food, Drug, and Cosmetic Act. FDA is holding this meeting to give the public an opportunity to provide information and views on the topics outlined in the Federal Register. The agency intends to consider all comments received during the meeting and made to the docket in determining whether any future action is necessary or appropriate. Interested parties and/or participants should submit their comments, presentations, and copies of audiovisuals electronically to the following website: <http://www.fda.gov/dockets/ecomments>. Further information regarding the meeting is available at: [www.cfsan.fda.gov/~dms/ds-ndi.html](http://www.cfsan.fda.gov/~dms/ds-ndi.html).

## RESOURCES



### HOW CAN CHILD NUTRITION PROFESSIONALS PROMOTE HANDWASHING?

Poor handwashing practices are a major reason why colds spread within a school setting. According to the Centers of Disease Control and Prevention, approximately 22 million school days are lost each year due to the common cold. Because proper handwashing habits and messages have been a part of Child Nutrition Programs for years, the National Food Service Management Institute (NFSMI) teamed up with USDA to develop the teaching package “**Wash Your Hands: Educating the School Community.**” It provides an all-school approach to promoting clean hands within a school foodservice operation, the school staff, and the student body. The “**Wash Your Hands**” teaching package includes a variety of easy-to-use resources including a booklet, CD-ROM, activities, video, posters and tote bag. The video provides a just under five-minute wordless presentation on how and when to wash hands, making it a useful tool for training those who do not



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speak English. Training kits are being distributed to schools and others this fall. For more information, contact Theresa Stretch at 800-321-3954 or visit the website to download materials at:

[www.nfsmi.org/Information/handsindex.html](http://www.nfsmi.org/Information/handsindex.html).

*This newsletter was prepared by Food Science & Human Nutrition Extension Specialists:*

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