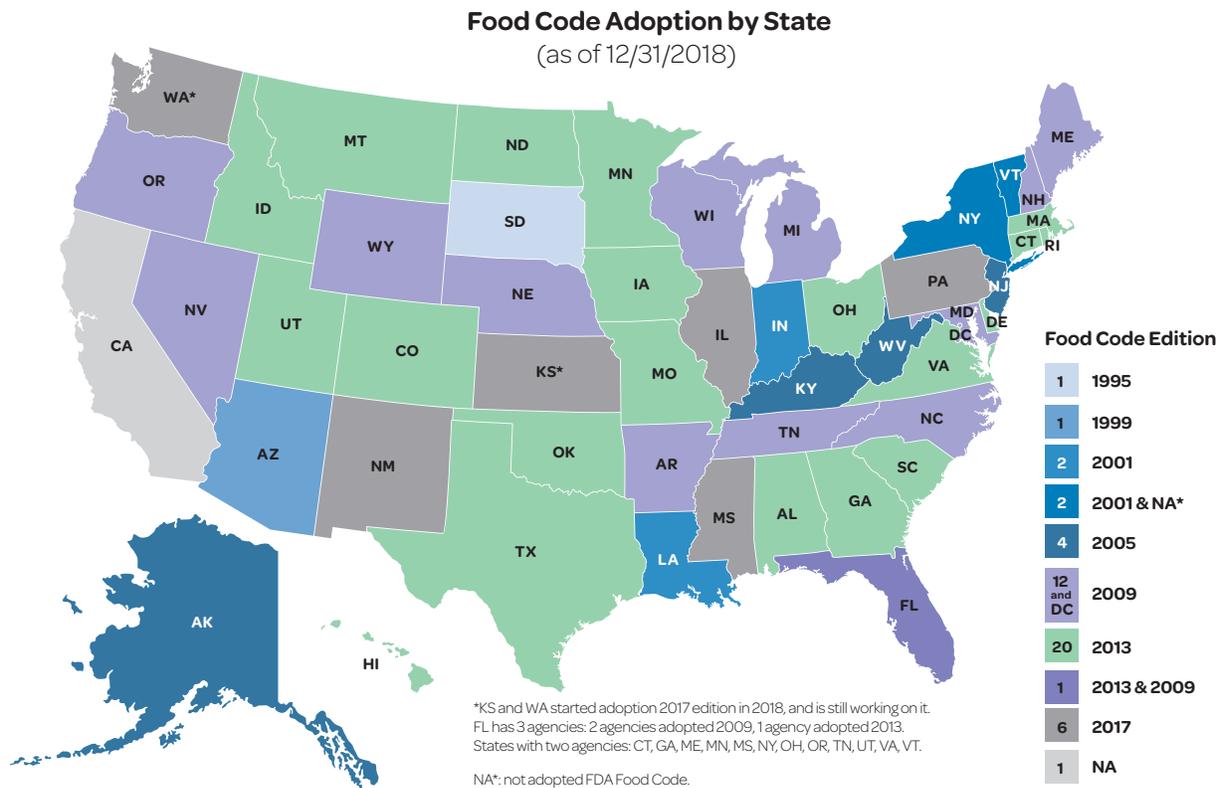


The Changing Landscape of Food Codes: What's Your State of Readiness?



Food Codes Adopted by Most States Require Plans for Blood or Body Fluid Clean Up. Are You in Compliance?

Since 2009, U.S. Food Codes require foodservice establishments to have written procedures in place for employees to follow in the event that body fluid clean up is required, including any vomitus and fecal matter event. According to the FDA, 37 states currently have adopted versions of the food code that have these requirements (2009 & 2013), and that number is expected to increase as the recently published 2017 Food Code ([Section 2-501.11](#)) becomes more widely adopted. As the importance of preventing the spread of Norovirus and other illnesses from body fluid spills increases, operators can expect these new regulations to be enforced more widely in the near future.

Foodservice operators with locations in multiple states should be aware of these regulatory changes, since the rules in one

state may be very different than those in another state. And as states and local governments often make and enforce changes to these national food codes at a local level, it's important to know which states follow which food code.

Important Components for Your Compliance Program

- Foodservice establishments must now have written procedures for employees to follow when responding to vomiting or diarrheal events that include isolating the area, evaluating the scope of the spill, initial cleanup, and disinfecting of the area.
- Identifying and appropriately cleaning contaminants from both hard and soft surfaces.
- Disinfection products used in cleanup must be registered by the EPA as sufficient to eliminate Norovirus—*Note: Some states do not consider Quaternary Ammonia an effective sanitizer for Norovirus.*

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Foodborne Illness Doesn't Just Happen in the Kitchen.

Preventing the spread of germs in restaurants is becoming increasingly important, and mitigating the risks associated with a body fluid spill is an essential part of every restaurant's compliance program. Having the proper procedures in place can help restaurant operators protect guests and employees from the spread of Norovirus and other foodborne illnesses.

The Role of Commercial Spill Kits

Although not required for food code compliance, a spill kit can be invaluable in the event of an accident. They represent a comprehensive solution for spill cleanup, and help eliminate cross-contamination that can occur when everyday cleaning tools are used for body fluids, vomit and feces, and returned to storage after use.

Additionally, by streamlining the cleanup process, operators can protect guests and employees from the spread of Norovirus, while showing their commitment to preparedness, safety and a quality experience.

The Benefits of a Comprehensive Spill Kit

- **Faster Cleanup** – Having everything in one place lets staff address the situation and get back to work quickly.
- **Simplified Compliance** – A quality kit has everything operators need to maintain compliance—in one convenient location.
- **Protection** – Kits provide the equipment and instructions to quickly and effectively clean and sanitize the area after a body fluid spill, reducing the chance of spreading germs.

What to Look for in a Kit:

- Written procedures and instructions for use
- Cleanup and disposal tools
- PPE – gloves, protective eyewear, etc.
- An EPA-rated disinfectant to eliminate Norovirus

Why Norovirus Prevention Matters

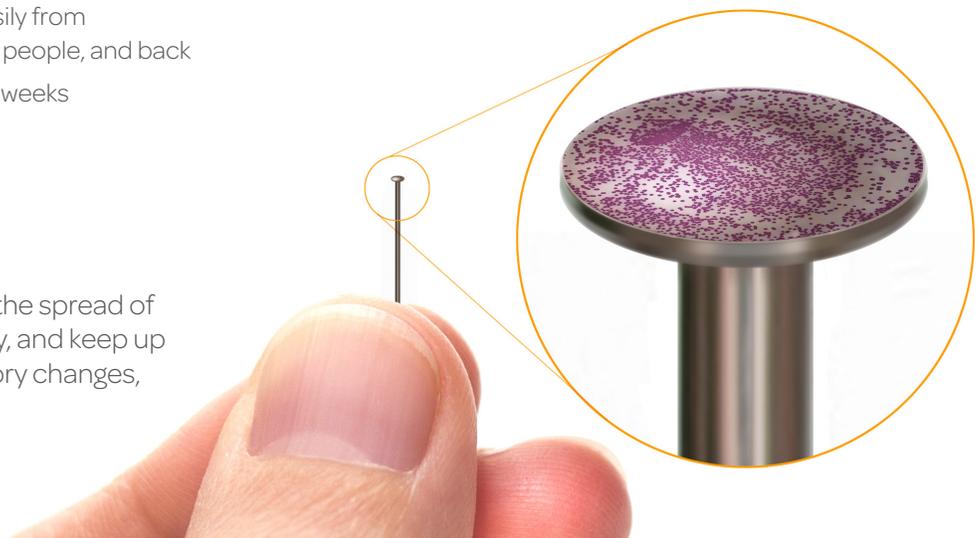
- Norovirus is the #1 cause of foodborne illness in the U.S.—it affects up to 20 million people each year
- It is highly contagious—it spreads easily from contaminated surfaces to food and people, and back
- Viral particles are able to survive for weeks on hard surfaces
- Symptoms can persist up to 3 days

Source: FDA.gov

To learn more about preventing the spread of Norovirus, promoting food safety, and keep up with industry trends and regulatory changes, visit FoodSafeTruth.com.

This is all it takes to start a Norovirus outbreak that could spread and infect over 1,000 people.

Source: Journal of Medical Virology, August, 2008



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