Script for ALR Online Training

Slide 1.1: Food Safety Made Easy: Navigating 6 CCR 1011-1, Chapter 7, Assisted Living Residences, the Requirements for ALR with under 20 Beds.
This course is specifically based on the new food safety requirements for Assisted Living Residences with under 20 beds in 6 CCR 1011-1, Chapter 7**,** Assisted Living Residences. It will explain in detail each basic, minimum food safety requirement in Section 15 in the order they appear in the regulations. You are encouraged to follow along in your regulation and take notes for future reference.

Slide 1.2: Course Objectives
In the first half of this course you will learn about the burden of foodborne illness specifically in adults over 65 years of age, those with underlying medical conditions and those living in assisted living residences and other institutions.

The second half of the course will cover the new requirements for food handling in Assisted Living Residences. You will learn the intent behind each requirement and how to easily comply. At the end you will be able to print a certificate showing your successful completion of the course.

Flashing Icon: Throughout the course, you will see buttons with hints that provide the rationale behind the regulations and cost savings tips for meeting each requirement without breaking the bank. You are encouraged to click on these to get the full content and understand how and why to follow the requirements

Slide 2.1: Foodborne Illness Statistics and Costs
The Center for Disease Control and Prevention estimates that 48 million people or 1 in 6 Americans gets sick from foodborne illness every single year.

128,000 of those are hospitalized and 3,000 die from foodborne disease each year.

Slide 2.2: Highly Susceptible Populations
The majority of those sickened from foodborne illness and those that experience severe consequences such as hospitalization and death are more often those that are considered highly susceptible. Highly susceptible populations are defined by the US Food and Drug Administration as persons who are more likely than others in the general population to experience foodborne illness because they are immunocompromised, preschool age children, or older adults; and they obtain food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization center such as a senior center.

Assisted living residences many have many residents that have three separate conditions, older than 65 years of age, underlying medical conditions and meals provided in an institutional setting, making ALR residents among the most vulnerable people there are.

Slide 2.3:
The CDC has developed materials and signs specific to older adult and highly susceptible populations and why they are so vulnerable to foodborne illness. This is one example. You can find more information at the link www.cdc.gov/foodsafety

Slide 2.4: Why are Highly Susceptible Populations Vulnerable?
We know that people over the age of 74 are 5 times more likely to die from foodborne illness than the next highest group, children under the age of 2, and 15 times more likely to die from foodborne illness than younger adults.

Studies attribute this heightened risks to several factors, including the aging of the GI tract, a higher prevalence of underlying medical disorders; and malnutrition and a decline in the immune response.
Slide 2.5: This graph shows rates of hospitalization for five of the top bacterial foodborne illnesses by age. For each illness the rates of hospitalization increase with age. Listeria indicated by the blue bar in the center hits highly susceptible populations the hardest. In fact, 90% of all listeria cases occur in individuals with compromised immune systems, pregnant women and people over 65.

Flashing Icon: Severe consequences from food borne illness requiring hospitalization, increase with age for all of the top food borne illnesses.

Slide 2.6: Now let's test your knowledge.

Slide 2.7-2.10: Quiz and results

Slide 3.1: Let's talk about what Causes Foodborne Illness
Now that we have learned about foodborne illness and its effects on vulnerable populations, let's shift gears and talk more about what causes foodborne illness.

Slide 3.2: So what causes foodborne Illness
The US Food and Drug Administration and the Centers for Disease Control and Prevention conducted a 10 year study of food establishments that had caused large foodborne illness outbreaks. They determined there were five primary causes.
These five causes are referred to as "foodborne illness risk factors" and they include:

- Poor Personal Hygiene
- Improper Holding Temperature
    - (including cold holding, hot holding, cooling and reheating)
- Contaminated Equipment
- Inadequate Cooking and
- Food from Unsafe Sources

Flashing Icon: All of the new requirements are based on these five foodborne illness risk factors.

Slide 3.3: Top 5 Causes of Foodborne Illness
You may be asking, "What pathogens cause the majority of foodborne illness?" The vast majority of foodborne illness is cause by a virus. In fact, Norovirus causes 58% of the illness caused by food. Preventing norovirus will make a big impact on the rates of foodborne illness. Norovirus and four bacteria are responsible for 90% of all foodborne illness in the US. Those bacteria include Salmonella species, Clostridium perfringens, Campylobactor jejuni and Staphylococcus aureus.
Some are less common but quite serious for highly susceptible populations including, Clostidium botulinum, the germ that causes botulism poisoning, Listeria monocytogenes, the bacteria responsible for the deadly cantaloupe outbreak, and E. coli O:157 H7, Vibrio vulnificus.

Flashing Icon 1: Did you know that nearly 75% of norovirus outbreak in Colorado occur in long-term care settings.

Flashing Icon 2: According to CDC, researchers have identified over 250 foodborne diseases.

Slide 3.4: Comparison of Foodborne Illness Risk Factors Violations
In Colorado, patient feeding operations licensed as health facilities are exempt from the statewide food program licensing and inspection. During a study in 2016 rates of foodborne illness risk factor violations in long-term care facilities were compared to restaurants and other institutions. The rates of serious and significant violations were significantly higher, causing concern and an opportunity to improve food safety for residents living in assisted living settings. This is one reason food safety specific requirements were added to regulations for Assisted Living Residences with under 20 beds in 6 CCR 1011-1, Chapter 7**,** Assisted Living Residences.

Slide 3.5: Now let's test your knowledge.

Slide 3.6-3.10: quiz and results

Slide 4.1: Regulations and requirements
Now we'll cover each section of the regulations in the order they appear.
You are encouraged to follow along and make notes in your regulations for future reference.
Slide 4.2: Anyone preparing or serving food is required to take a food safety training and maintain evidence of completion on site.

Flashing Icon: Luckily, this course is designed to meet the requirements for training. It's free and available online, so spread the word, this is all you need. Pass the final quiz and printing off your certificate once you finish and keep it on hand to show your surveyor.

Slide 4.3: Personal Health
Food handlers must be in good health and free of communicable disease while handling, preparing and serving food or handling utensils.

Anyone experiencing vomiting, diarrhea, sore throat with fever, jaundice or lesions containing pus on the hands or wrists cannot handle prepare or serve food.

Staff with any of these symptoms can't return to food handling until at least 24 hours after symptoms resolve.

Flashing Icon 1: Ill employees are a significant factor in large foodborne illness outbreaks.

Flashing Icon 2: If you only have one person that prepares food and that person is sick, then you can serve prepackaged food, serve self-service items and single use utensils until that person is well enough to return to food handling.

Slide 4.4:
When an employee is diagnosed with Norovirus, Shigella, E. coli, Hepatitis A, Salmonella Typhi, or other bacterial enteric pathogens the person in charge is required to consult with the Department before the employee is allowed to return to handling food or utensils. You can start by contacting your surveyor at the Health Facilities IEmergency Medical Services Division and they will put you in contact with a disease control specialist that can assist with your specific situation.

Flashing Icon: These are serious illnesses that can easily spread though food. Keeping anyone diagnosed with these conditions from handling food is your best defense against a devastating outbreaks and resulting liability for causing preventable severe illnesses, hospitalizations and deaths.

Slide 4.5: Now let's test your knowledge.

Slide 4.6-4.9: quiz and results

Slide 5.1: Handwashing
Proper handwashing is one of the best ways to prevent foodborne illness. It's important to know not just how to wash your hands, but also when.

Slide 5.2: Proper Handwashing Technique
Proper handwashing technique is done using warm water between 100°F and 120˚F. Using soap, lather and scrub all surfaces of the hands and wrists for at least 20 seconds. *A good measure for the length of time to wash is to sing "Happy Birthday" to yourself twice before rinsing*. Rinse your hands clean and thoroughly dry your hands with a disposable paper towel. Use the paper towel to turn off the sink faucet before throwing it away.

Flashing Icon: Assisted living facilities with fewer than 20 beds can use a kitchen sink for hand washing and washing dishes and produce as long as the sink is cleaned and sanitized between uses.

Slide 5.3: When to Wash Hands
When you wash your hands is also very important for controlling foodborne illnesses. Food handlers must wash their hands any time they leave the restroom, and again before returning to food and beverage preparation, or dishwashing.

They must also wash their hands before handling or putting on single use gloves used for food handling and between removing soiled gloves and putting on new gloves.

Slide 5.4:
Food handlers must also wash their hands after coughing, sneezing, using a tissue, smoking or eating; after touching their hair, face or body; after handling soiled dishes or utensils; feeding or caring for residents; after caring for pets or other animals and after engaging in any activity that may contaminate the hands such as handling garbage, mopping, working with chemicals and other cleaning activities.
When switching between raw animal foods and ready-to-eat foods and as often as necessary to remove contamination and prevent cross contamination when changing tasks.

Slide 5.5: Now let's test your knowledge.

Slide 5.6-5.8: quiz and results

Slide 6.1: Employee Hygiene
Aside from handwashing, employees must practice good personal hygiene. This includes wearing clean clothing, smocks or uniforms while handling food or utensils.

- Not using common towels or aprons to wipe or dry their hands, remember single use paper towels are ideal!
- Not eating or smoking in areas used for food preparation or storage. Drinking in these areas is allowed with enclosed containers.
- Not touching their faces, hair or other body surfaces while handling food.
- Not tasting food during preparation with a utensil that is not clean and sanitized. Remember, the same utensil must be washed, rinsed and sanitized before it can be reused.
- Keep utensils to dispense food and ice out the food and ice

Flashing Icon 1: Good handwashing will keep your residents and staff from getting sick and missing work, it's good for business!

Flashing Icon 2: Poor personal hygiene causes a third of all outbreaks of foodborne illness.

Slide 6.2: Bare Hand Contact with Ready-to-eat Foods
Bare hands can transfer bacteria and viruses to foods. Ready-to-eat foods that aren't cooked after they are handled by staff should never be handled with bare hands. Always use gloves or a utensil to handle ready-to-eat foods. Ready-to-eat foods include cold cuts, produce, breads, garnishes and even ice.

Flashing Icon 1: A person can begin shedding viruses before they even know they are sick, making the prevention of bare hand contact with ready-to eat-foods one of the best ways to prevent norovirus and hepatitis A.

Flashing Icon 2: Eliminating bare hand contact with ready-to-eat foods is the most effective means of controlling NOROVIRUS, an illness that spreads rapidly through food and from person to person making nearly everyone exposed sick.

Slide 6.3: Why is Norovirus Hard to Control
Let's take a moment to talk more about norovirus. Now we've already learned that norovirus causes well over half of all food borne illnesses. We also learned that if you are sick with norovirus you should not handle food or utensils. People can start shedding norovirus in their stool before they even know they are sick.

Norovirus like many food borne illnesses is spread through fecal-oral transmission. That means when someone is sick with norovirus they shed the virus in their feces. Even if they are excellent at handwashing they can contaminate foods and surfaces with their hands.
Someone else can then ingests those viral particles making them sick and starting the cycle of transmission all over again.

This image from the Centers for Disease Control and Prevention. It demonstrates how many viral particles can be in a very small amount of feces, just one gram, about the weight of a paperclip, can contain 1 trillion with a T viral particles. After good handwashing, you are likely to reduce the number of viral particles on your hands to 10 billion. If you then handle ready to eat food without a utensil or glove, you can then transfer 1 billon viral particles to that food. Norovirus is so contagious, that it can only take 10 particles to make a person sick.

Handwashing isn't enough! Gloves and utensils are required when handling ready-to-eat foods.

Slide 6.4: Norovirus Clean-Up Instructions
As we mentioned in Section 1 of this course, norovirus is responsible for 58% of all foodborne illness. Norovirus can spread very quickly through an assisted living facility. One way to prevent the illness from spreading is to immediately and effectively clean up after indents of vomiting. The link below is to an infographic from CDC on the proper ways to clean up after ill persons.

https://waterandhealth.org/resources/posters/#norovirus

Slide 6.5: Clean up and Disinfection for Norovirus
Below is an example of how to clean and disinfect for norovirus. You can use these directions to respond to any vomiting or diarrheal accident. Please take the time to review the information. This handout will also be found in the course resource tab in CO-TRAIN.

Slide 6.6:
Norovirus is awful for healthy adults causing vomiting, diarrhea and cramping all at once for 24-48 hours. It can be much worse for people over 65 and anyone with underlying medical conditions. It also spreads very rapidly and can quickly overwhelm an assisted living residence.
Do your part and prevent norovirus by staying home while sick, washing your hands well and often, using gloves or utensils when handling ready-to eat foods.

Slide 6.7: Proper Glove Use
Gloves are a great way to prevent contamination of food from hands. But they must be used correctly. If not they can actually lead to food borne illness. Here is what you need to know about using gloves.
Your gloves should be changed whenever you switch tasks. For example, whenever you switch from handling raw animals derived foods, meats, poultry, fish and eggs, before you handle ready to eat foods

or clean utensils. Your gloves should be changed anytime they become contaminated. When you change your gloves, throw them away and wash your hands before handling food or putting on a new pair of gloves.

Flashing Icon: You can prevent handling ready to eat foods using utensils or deli tissues instead of gloves.

Slide 6.8: Now let's test your knowledge.

Slide 6.9-6.14: quiz and results

Slide 7.1: Approved Food
The foods you prepare and serve in your assisted living facility must be from licensed and approved supplier. Grocery stores, and discounted food warehouses such as Costco and Sam's Club are examples of approved food suppliers.

Raw unprocessed produce can be grown on site or obtained from a farmers markets or neighborhood garden.

Slide 7.2: Gardens

If you have a garden, or would like one, you can find great tips on how to keep the foods you grow as safe as possible. You can download the document at this link. Feel free to share it with your neighborhood garden and anyone else you get produce from and ask that they follow the food safety tips.
https://cdphe.colorado.gov/food-safety-for-assisted-living-residences

Slide 7.3: Special Considerations for HSPs and Prohibited Foods
There are some foods that are far too risky to serve to highly susceptible populations. You are prohibited from serving or preparing these foods to the residents in your assisted living facility. If a resident brings these foods into your facility to eat or prepare for themselves, that is okay.

Food that are prohibited from being prepared or served by your assisted living facility staff to serve to residents include: Raw animal derived foods such as raw fish, shellfish, meat or poultry; partially cooked animal derived foods, such as poached fish, soft cook or boiled eggs that were not pasteurized, rare burgers, and raw, unpasteurized milk. Juice that is not pasteurized is also prohibited. Fresh juice made onsite is okay as long as it's squeezed or pressed to order.

Flashing Icon 2: Eggs can be served undercooked as long as they are purchased pasteurized. You can find pasteurized eggs at large food suppliers or ask your local grocery store to order them for you. They may cost slightly more, but you only need to use them for eggs you will be undercooking. Use regular eggs for baked good and other preparations that are to be cooked completely.

Flashing Icon 2: Again, these requirements do not preclude residents from consuming these foods if they acquire them themselves or from loved ones.

Slide 7.4: Listeria Monocytogenes, the Reason for Date Marking Foods
Listeria monocytogenes is a bacteria that is particularly deadly for older adults. 90% of Listeria monocytogenes cases occur in highly susceptible populations. Listeria was the cause of the deadliest outbreak in US history when it contaminated cantaloupe grown in Colorado. Listeria bacteria can grow at temperatures as low as 40˚F, this means it can grow in your refrigerator. The best way to control Listeria from growing to dangerous levels is to use or throw out refrigerated foods after 7 days.

Slide 7.5: High Risk Foods for Listeria Monocytogenes
Date marking is indicating on refrigerated foods when they must be used or discarded by. Date marking foods is the best way to protect your residents from serious illness from Listeria monocytogenes.
Some foods are particularly susceptible to growing listeria. These foods include lunch meats, deli salads that are made in-house and soft cheeses.

Flashing Icon: It is strongly recommended that lunch meats be served warm or cooked before service to highly susceptible populations, this will assure listeria bacteria that is present is killed.

Slide 7.6: Date Marking Foods
Date marking is required to control Listeria monocytogenes. Keeping refrigerated foods too long increases the risk of Listeria growth.
Ready to eat foods not used within 24 hours of must be dated.

- These foods must be dated with a max of 7 days- use or toss by day 7.
- Day 1 equals day of preparation or the day the container or package was opened.
- The 7 days cannot exceed a manufacture's use-by date.
- When working with ingredients that are mixed, always date from the oldest item in use

Flashing Icon: Date marking does not apply to commercially prepared condiments and dressings.
You can use any means you like to date mark foods as long as it is consistent and easy to understand.

Slide7.7: Now let's test your knowledge.

Slide 7.8-7.12: quiz and results

Slide 8.1: Required Cooking Temperatures
Let's shift gears a bit. Many Foods that are derived from animals, meat, poultry, fish and eggs can contain bacteria. That is why there are required cooking temperatures for these foods.
Whole roasts must be cooked to an internal temperature of 135˚F, beef steaks to 145 ˚F, eggs that are not pasteurized must be cooked to 145˚F and the same goes for pork, lamb and fish. Ground meats must reach 155 ˚F and poultry in any form must reach 165 ˚F internally. Meats that are stuffed must reach 165 ˚F.

Flashing Icon 1: Pasteurized eggs can be cooked to customer order and do not need to reach 145 ˚F before being served.

Flashing Icon 2: Analog food thermometers typically cost under $10 can be recalibrated using ice water and used for years.

Slide 8.2: Analog Thermometers
Analog food safety thermometers are easy to use. They are comprised of a dial capable reading 0 to at least 180°F, and a stem that is used to puncture foods to test their internal temperatures.
Every kitchen should have an analog thermometer. Not only do they assure safe food, they also help prevent overcooking your meats, poultry and fish.

Best of all, they don't need batteries, they are easy to calibrate and can be used for years.

Slide 8.3: Analog Thermometer Calibration

To calibrate an analog thermometer, prepare a glass of mostly ice and add water. Place the thermometer stem in the ice and water mixture.

Wait until the needle on the dial stops moving. If the temperature reads 32˚F, your thermometer is calibrated and ready to use. If it's not, adjust the hex nut on the bottom of the dial until it reads 32˚F.
You can adjust the hex nut with a pair of pliers or the built in wrench many thermometers come with. Be sure to leave the stem in the ice water while you do this for an accurate adjustment.

Flashing Icon: Calibrate your thermometer often to keep it in good working order, once a week should be adequate unless it's been dropped. Recalibrate any time you drop the thermometer or it seems to losing accuracy.

Slide 8.4: How Fast can Bacteria Multiply
Bacteria are fascinating creatures. They grow by dividing in two and they grow very fast in ideal conditions. Most bacteria that cause foodborne illness grow best in the same type of environment as the human body. One bacteria growing at room temperature can grow to 2 million, 97 thousand, one hundred and 52 bacteria in just 7 hours.

Flashing Icon: Under ideal conditions, bacteria multiply rapidly, in fact they grow exponentially!

Slide 8.5: Terminology
Let's take a minute to define a term. Potentially hazardous foods are foods that have idea conditions for bacterial growth, similar to the human body like we discussed earlier. The factors that determine whether or not a food is potentially hazardous include, available protein and moisture, a comfortable pH or acidity and enough time at the right temperature to grow rapidly like the 2 million bacteria we discussed earlier. These are the foods that require temperature control to assure they are safe. We will spend the next section talking about these foods.

Slide 8.6: Required Holding Temperatures
Potentially hazardous foods, are the foods we need to keep refrigerated to control the growth of bacteria. Think, meats, dairy, cheeses, cooked vegetables, sauces or anything you would normally put in the

refrigerator. These foods can be kept cold, under 41˚F or kept hot, over 135˚F to control the growth of bacteria. We call the temperatures between 41˚F and 135˚F the “Danger Zone”.

Flashing Icon: Bacteria multiply rapidly when PHF are between 135°F and 41°F.

Flashing Icon: Keeping foods at proper temperatures improves their quality and shelf life while assuring safety.

Slide 8.7:
Potentially hazardous foods must be maintained at the proper temperatures at all times prior to service. Potentially hazardous foods that are stored cold, must be held below 41˚F. Potentially hazardous foods that are stored hot, must be held above 135˚F.

While foods are being prepared, cooled or reheated, they must not be held below 135˚F or above 41˚F for extended time to control the growth of harmful bacteria. More on this shortly.

Flashing Icon 1: You can use the same analog thermometer that you use to test cooking temperatures to test holding temperatures, simply clean the probe between uses.

Flashing Icon 2: While efforts should be made to maintain temperatures during receipt, storage, preparation and service, the temperature requirements only apply to foods before they are served to residents.

Slide 8.8: Rapid Reheating
Potentially hazardous foods that are reheated from room temperature, such as after opening a can, or from cold storage, must be heated rapidly to 165°F in 2 hours or less before they can be held hot for service.

Rapid reheating can be accomplished on a stove top, in an oven, microwave or any another approved reheating device.

Flashing Icon 1: Rapid reheating can be done easily with standard domestic kitchen equipment you likely already have. To verify you are reaching 165°F within 2 hours, you can use the same analog thermometer we discussed earlier.

Slide 8.9: Rapidly Cooling Hot Foods
Foods must be actively cooled and as quickly as possible to minimize the time the food stays in the danger zone.

Foods cooled from room temperature, such as after opening a can or foods that are prepared at room temperature, must be cooled down to 41°F within 4 hours.

Following cooking or removal from hot holding, foods must be cooled from 135°F to 70°F within 2 hours or less and from 70°F to 41°F within 4 additional hours. We’ll talk more about this shortly.

Flashing Icon 1: Begin cooling when hot foods reach 135°F on their own, then use shallow uncovered containers in the refrigerator, add ice as an ingredient, submerged containers in ice baths, frequently stir the food, or place foods in your freezer to cool food quickly down to 41°F.
Use a combination of these methods to cool as quickly as possible.

Flashing Icon 2: Cooling foods quickly not only assures safety, but also improves the quality and shelf life of foods.

Slide 8.10: Rapid vs. Passive Cooling
This graph shows the temperature of two containers of cooling foods. The longer green line shows the slow decline of the temperature when a food is passively cooled. As you can see the food stays in the danger zone for over 15 hours allowing bacteria to grow to dangerously high levels.

The much shorter blue line shows the rapid decline of temperature for a food that is actively cooled. This food reached 70°F or lower within 2 hours and 41°F in less than 4 more hours. This food was cooled using proper cooling methods such as ice baths, shallow pans, stirring the food and getting foods into a cooler or freezer as soon as it reaches 135F.

Flashing Icon: This graph shows the temperatures of foods that are rapidly cooled compared with the same food that is passively cooled. The rapidly cooled food is in the DANGER ZONE much less time, shortening the opportunity for bacteria to grow and assuring a safer food.

Slide 8.11: Temperatures While Preparing Food
While you prepare foods at room temperature, you are not required to maintain the temperature above 135F or below 41F, instead finish preparing each item within 2 hours and return them to hot holding or cold holding as soon as possible and keep them there until they are served.

You have 4 hours to get foods prepared at room temperature down to 41F, active cooling methods should be used to get them cold quickly.

Slide 8.12: Thawing Potentially Hazardous Foods
Frozen potentially hazardous foods must be thawed quickly and safely. They can be thawed using any of the following methods:

- Under refrigeration—this takes time and planning
- Or Under cool running water measuring between 60-70 F
- In a microwave oven, or
- as part of the cooking process

Flashing Icon: Thawing frozen foods on a kitchen counter at room temperature can allow portions of the food to remain above 41F for an extended period of time, this allows bacteria to multiply. Again, keep foods out of the danger zone. It shortens bacteria's opportunity to reach dangerous levels and assure safer food.

Slide 8.13: Equipment
The new requirements for food safety in assisted living residences with under 20 beds were written to assure safe food handling in a typical home or domestic setting.

Flashing Icon: The new food safety requirements are your road map to assure safe food for your residents with no need to buy expensive new equipment as long as you home refrigerator keeps foods at 41F or lower and you have a means to cook to the required temperatures.

Slide 8.14: Now let's test your knowledge.

Slide 8.15-8.20: quiz and results

Slide 9.1: Keep Surfaces Clean
Food contact surfaces such as plates, silver ware, serving utensils, cookware, counter tops, and food storage containers must be washed, rinsed and sanitized before use and at least every 4 hours of continual use.

Sanitizer must approved for use as a no-rinse food contact sanitizers, be registered with EPA and used in accordance with labeled instructions.

Flashing Icon: One of the easiest and least expensive sanitizers is household bleach. Household bleach can be used to make a safe and effective sanitizing solution in just a few steps. In one gallon of water, add 1 teaspoon of bleach. This will create a solution that is 100 part per million chlorine. This solution is safe to use on food contact surfaces without needing to be rinsed off.
You can use this same solution to fill spray bottles or similar containers that can last for up to one week and be used to sanitize counter tops and other food contact surfaces.

Slide 9.2: Plumbing
As per the guidance, "An assisted living residence that is licensed for fewer than 20 beds shall comply with all of the requirements in sections 16.5 through 16.37. A commercial kitchen is not required for an assisted living residence with fewer than 20 beds."

These regulations were written to assure safe food handling in a typical home or domestic setting.

Flashing Icon: There should be no need to install new expensive plumbing fixtures in you assisted living residence. As long as your kitchen sink works, it is adequate for hand washing, dish washing and sanitizing, thawing and preparing food, has hot and cold water and is washed, rinsed and sanitized in between uses.

Slide 9.3: Dish washing
Dishes, utensils and cookware must be washed and sanitized using one of the following methods:
In a single or multiple compartment sink using dish detergent, wash the dishes, rinse them clean, then submerged in an approved food contact sanitizer, like the household bleach solution we cover earlier.

Or wash in a domestic or commercial dish washing machine with a wash water that reaches 155°F or is equipped with a heat sanitizing cycle or a chemical sanitizing cycle. As mentioned above, if your dishmachine doesn't reach 155°F during the wash, heat sanitizer or drying cycle, you can simple submerge the dishes in an approved sanitizer solution after they are removed from the dish machine and then air dried. Again, no rinsing is necessary.

Flashing Icon One: Inexpensive household bleach can be used to sanitize dishes, simply follow the labeled instructions for sanitizer or use the recipe provided earlier.

Flashing Icon Two: Check you dishwasher user's manual to determine if it reach 155°F in the wash, heat sanitizing or the heat drying cycle. The temperature can be verified by your surveyor by using heat test strips or a special device that can be run through the dish washer to test the temperature the dishes reach.

Slide 9.4:
Mop water can be filled using a bath tub, utility sink or any sink with a quick release hose attachment. Used mop water can be dumped in a toilet, bathtub, or a utility sink. It should never be dumped in your kitchen sink or outdoors.

Flashing Icon One: There is no need for a dedicated mop sink for filling or dumping mop water. In fact, there is no requirement for frequent mopping. Having a means to mop is important in the event you need to clean up body fluids after someone becomes ill or has an accident. Be sure to clean the mop head in a washing a machine with bleach afterwards to prevent bacteria from spreading.

Flashing Icon Two: A quick release hose attachment can be found at your local hardware store and costs under $10. It allows you to remove an attached hose right after filling a mop bucket so that you can use the sink for something else.

Slide 9.5: A Note about Monitoring Temperatures
Monitoring food temperatures is best practice and assuring malfunctioning refrigerators don't go unnoticed, required cook temperatures are reached and foods are cooled and reheated rapidly.

However, there is no requirement for temperature logs.

As you are getting used to the habit of checking temperatures, temperature logs will help keep you aware of potential problems, avoid food borne illnesses and survey citations.

Slide 9.6: Now let's test your knowledge.

Slide 9.7-9.9: quiz and results

Slide 10.1: Assistance Hotline

If you ever have food safety specific questions, you can contact a food safety expert anytime by dialing 303.692.3645 and dialing “3 or you can email your questions to CDPHE cdphe_iepu@state.co.us

Slide 10.2: Don’t forget to print your certificate
Don’t forget to Print Your Certificate
If you have passed all the quizzes successfully, you will find your course certificate under the “My Certificates” tab for this course. Again, the course ID is 1085556.

Keep your certificate handy to show your surveyor that you have met the requirements for food safety training.

Slide 10.3: Course Results

Slide 10.4: Course Completion
You have viewed all of the course content. This course has covered each basic, minimum food safety requirement in Section 15 in the order that they appeared in the regulations. To exit this course, please click the “Exit Course” button

Incorrect.
You did not select the correct response.
Please click the Continue button to move on.

Quiz Results
Congrats! You have passed this quiz.
Please continue on.

Quiz Results
Sorry. You did not pass.
Please click the "Review" button if you would like to review your answers.
Please click the "Retry" button if you would like to retake the quiz.
Please continue on if you do not want to review or retry the quiz.

This poster is available in the resources tab in the top right of the screen.

You have viewed all the course content. You may now exit the module. Click the “Exit Course” button to exit the course and receive credit for taking this course.

Learning summary:
This course did a. b. c.

(Learning summary- shows the welcome screen script.)