Baseline Assessment of HACCP Compliance
in the
FSAI/Health Board National HACCP Strategy
2003 Target Premises
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Survey Participants:

EASTERN REGIONAL HEALTH AUTHORITY
Údarás Réigiúnda Sláinte an Oirthir
The Northern, East Coast and South Western Area Health Boards
Background
At an international level it is well recognised that HACCP (Hazard Analysis and Critical Control Point) is an enormously useful tool to ensure the production of safe food. In Europe it has been enshrined in legislation since 1993.

The Food Safety Authority of Ireland/Health Board National HACCP Strategy (http://www.fsai.ie/industry/HACCPstrategy.htm) aims to facilitate an increase in the adoption of food safety management systems based on the principles of HACCP within the Irish food industry. Its objectives are to;

1. aggressively promote HACCP at national and regional level.
2. demystify the concept of HACCP.
3. develop a targeted approach to ensuring full compliance with the law
4. facilitate the development of an enhanced role for the industry in its own
5. development of HACCP.
6. develop a consistent approach to implementation and enforcement of HACCP.
7. develop and implement an accurate measure of the success of the strategy.

In order to focus resources, the National HACCP Steering Committee (consisting of an Environmental Health Officer (EHO) representative from each of the 10 Irish health boards and relevant staff members from the Food Safety Authority of Ireland (FSAI)) is applying the strategy by targeting specific food business types. During 2003, three business types were chosen, namely, hospitals, nursing homes and hotels. Hospitals and nursing homes were chosen on the basis of the necessity of serving safe food to those who are most susceptible to infection. Hotels with function catering were also targeted, given the potential to make a large group of people ill. Irish hotels have been associated with outbreaks in the past, although it should be borne in mind that large outbreaks are easier to detect and therefore may be over represented in the outbreak surveillance statistics, versus smaller outbreaks or foodborne illness which occurs in the home.

Methodology
The EHOs in the 10 Irish health boards identified over a thousand premises belonging to these three business types. The businesses were assessed based on a standard protocol, using the FSAI Guidance Note No. 11 on ‘Compliance with Regulation 4.2 of the European Communities (Hygiene of Foodstuffs) Regulations 2000 (S.I. No. 165 of 2000)’ (http://www.fsai.ie/industry/Compliance_Aug_02.pdf) and a standard report form (Annex I). HACCP compliance was assessed by examining the three major elements of a HACCP system: a) hazard analysis; b) control of critical control points (CCPs); and c) verification.

Results and Discussion
1. General Results
Overall the results were promising and showed that considerable progress has been made by these food business types with regard to HACCP compliance. However, as can be seen in Figure 1, there is still room for improvement, with somewhere in the
region of only 20% of businesses being considered to be in full compliance with each of the three elements of HACCP.

**Figure 1: Initial assessment of HACCP compliance - All Premises**

![Bar chart showing HACCP compliance stages]

Note: the numbers listed in the bar chart are actual numbers of premises

88% of businesses assessed were controlling, or had commenced controlling, the critical control points (CCPs). However, it appeared that over 10% of businesses, were controlling CCPs without ever having conducted a hazard analysis. As a consequence it is possible that these businesses may have points in their process where a food safety hazard is not being controlled, i.e. points which should be CCPs. Alternatively they may be controlling points that are not genuine CCPs, thereby wasting resources.

Unsurprisingly a large number (40%) of businesses were not verifying their HACCP system. Internationally it is recognised that this element of the HACCP system is least well understood and therefore rarely implemented properly, if at all.

2. **Analysis by business type**

Looking specifically at the three different business types and their sub types (Figures 2a, b and c) it can be seen that of the hospitals, voluntary hospitals appear to be struggling with the three elements of HACCP.

The health board hospitals have made good progress with respect to controlling CCPs, however there are a number of premises which have not conducted a hazard analysis which may have consequences for the validity of the CCPs being controlled. Of the nursing homes, the health board nursing homes appear to have made more progress with HACCP compliance than either the voluntary or private.
Figure 2a: Hazard analysis by food business type

Premises

Note: the numbers listed in the bar chart are actual numbers of premises

In the case of all three business types, hospitals, nursing homes and hotels, the vast majority of businesses were controlling their CCPs, even though they may not have conducted a hazard analysis. Verification of the HACCP system appeared to present the greatest challenge.

Figure 2b: Controlling CCPs by business type

Premises

Note: the numbers listed in the bar chart are actual numbers of premises
3. Barriers to HACCP compliance

Before implementing a successful HACCP system, food businesses must already be operating to standards of good hygienic practice, by having in place appropriate prerequisites. For hospitals lack of these prerequisites was identified as the main barrier to HACCP compliance (Figure 3a).

Figure 3a: Barriers to HACCP compliance in Hospitals

Note: the numbers listed in the bar chart are actual numbers of premises
Lack of in-house HACCP skills was the key barrier identified for both the nursing homes and the hotels (Figures 3b and c). While lack of prerequisites was the second most common barrier for both these business types.

Cost and time were significant barriers for all premises assessed. Worryingly lack of management/owner commitment was a feature in all three business types. It is acknowledged that there is a cost and time investment with the design and implementation of HACCP, but in the long term use of these resources will have a positive outcome for the food business in more efficient focusing of resources and in food safety assurance. However, if the legal importance and the safety benefits of HACCP are not recognised by the owner/manager, then HACCP compliance is difficult to achieve.

**Figure 3b: Barriers to HACCP compliance in Nursing Homes**

Frequently food businesses find themselves without the necessary skills to design and implement HACCP (a barrier identified particularly in the case of hotels and nursing homes (Figures 3b and c) but also for hospitals (Figure 3a)) and therefore call upon an external advisor or consultant to assist. This can work well, provided the business is involved in the design and implementation of the system and the staff are sufficiently trained to run the HACCP system in the absence of the consultant, i.e. business ownership of externally designed HACCP systems or plans.
Conclusion

Overall the majority of premises assessed had either commenced compliance or were found to be fully compliant with respect to compliance with Regulation 4.2 of the European Communities (Hygiene of Foodstuffs) Regulations 2000 (S.I. No. 165 of 2000).

Most progress has been made in the area of controlling CCPs. However 25% of businesses had not conducted a hazard analysis, therefore even if they were controlling CCP’s they may have been controlling the wrong ones or may not have identified others. Unsurprisingly, 40% did not have the verification element of the HACCP systems in place. This is in line with international findings, as this element of HACCP is the least well understood and therefore the least well implemented.

In the case of the hospitals, lack of prerequisites was identified as the main barrier to compliance. In health board owned premises it is not surprising, given the financial pressures on the overall Department of Health Budget, that this situation may have arisen, however it can not be allowed to continue. In the nursing homes and hotels, it was the lack of in-house HACCP skills that was considered to be the principle barrier.

In summary, the purpose of the National HACCP Strategy is to assist food businesses (in this case the target groups for 2003) to move towards full compliance. This initial assessment of the 2003 targeted premises has provided a baseline against which the effectiveness of the HACCP Strategy can be measured. This study has revealed the elements of HACCP compliance which these three food businesses types find most difficult to implement and has identified barriers to overall HACCP compliance.
Annex I

ASSESSMENT OF HACCP COMPLIANCE

(I)
Environmental Health Officer: __________________________________________________

Name & address of premises and/or Ref No: _______________________________________

____________________________________________________________________________

Premises type: Hotel ☐  *Nursing Home ☐  *Hospital ☐

*Please indicate for hospitals and nursing homes:
Health Board ☐  Voluntary ☐  Private ☐

(II) HACCP – SUMMARY OF STAGE OF COMPLIANCE

<table>
<thead>
<tr>
<th>Section of Regulation 4.2</th>
<th>Stage of Compliance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No evidence of compliance</td>
<td>Commenced compliance*</td>
</tr>
<tr>
<td>A) Hazard Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) Controlling CCPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Verification</td>
<td></td>
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</tbody>
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*Note: The classification ‘commenced compliance’ refers to situations where (i) businesses are in the process of designing and/or implementing a system and where (ii) businesses have an operating system which does not, in the professional judgement of the EHO, ensure the safety of the food.

(III) BARRIERS TO COMPLIANCE (please tick the most relevant box(s) where you are aware of a barrier and expand if you wish)

- [ ] Lack of prerequisites
- [ ] Lack of in house HACCP training/knowledge/understanding
- [ ] Cost
- [ ] Time
- [ ] Staff turn over
- [ ] Lack of management/owner commitment
- [ ] Poor ownership of a plan designed by an external consultant
- [ ] Other (please specify) __________________________________________________

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