

SUMMARY OF INSPECTION DATA
Middlesex-London Health Unit
October 30, 2012

**Inspection Data for Food Premises, including Restaurants, Food Take-out,
 Supermarkets, Convenience Stores**
2005 – 2012 to date

Year	# Premises - % inspected (compliance rate)
2005	75 High risk premises - 42% compliance
	1275 Medium risk premises – 55 % compliance
	1060 Low risk premises – 49% compliance
2006	81 High risk premises - 96% compliance
	1231 Medium risk premises – 96 % compliance
	1225 Low risk premises – 35 % compliance
2007	208 High risk premises - 89% compliance
	1027 Medium risk premises – 91% compliance
	1083 Low risk premises – 50 % compliance
2008	252 High risk premises - 76% compliance
	1193 / Medium risk premises – 81% compliance
	1217 Low risk premises – 63% compliance
2009	401 High risk premises - 55% compliance
	942 Medium risk premises – 67 % compliance
	1071 Low risk premises – 52 % compliance
2010	High risk premises – 92% inspected 3 times; 84% inspected once every 4 months
	Medium risk premises - 99% compliance
	Low risk premises - 87% compliance
2011	High risk premises - 70% inspected once every 4 months
	Medium risk premises - 87% compliance
	Low risk premises – 73% compliance
2012	High risk premises – 99% inspected once every 4 months to date
	Medium risk premises – 99% inspected once every 6 months to date
	Low risk premises – to be determined

Data sources:

The data from 2005 – 2009 were obtained from the Ministry of Health and Long-Term Care (MOHLTC) Food Safety Audit Reports. The MOHLTC Food Safety Audit Reports were discontinued for the 2010 year and replaced by the Accountability Agreement (AA) Indicator Reporting which required health units to report on the High Risk completion rates for each third of the year.

Data Interpretation Notes:

High risk premises must be inspected three times per year, medium risk premises must be inspected twice per year and low risk premises must be inspected once a year. The inspections rates reported above do not include food premises at special events, food premises that are only open on a seasonal basis or re-inspections of any food premises.

**Personal Service Settings
 2005-2011**

Year	# inspections conducted/ # of premises = compliance rate
2005	138/551 = 25% Source: 2005 Infectious Disease Control Team Outcome Report
2006	350/500 = 70% Source: 2006 Infectious Disease Control Team Outcome Report
2007	354/557 = 64% Source: 2007 Infectious Disease Control Team Outcome Report
2008	274/612 = 45% Sources: 2008 Infectious Disease Control Team Outcome Report for numerator and Infectious Disease Control (IDC) Database for denominator
2009	423/640 = 66% Source: 2009 Infectious Disease Control Team Outcome Report
2010	519/597 = 87% Source: 2010 Infectious Disease Control Team Outcome Report
2011	577/607 = 95% Source: 2011 Infectious Disease Control Team Outcome Report

Data Interpretation Notes:

Personal Service Settings include tattoo and piercing premises, barber shops and hair salons as well as nail salons. These premises require an annual inspection. There may be re-inspections as well but these are not included in the above numbers or rates.

**Child Care Centres
 2005-2011**

Year	# Inspections in # premises
2005	224 inspections at 109 premises Source: 2005 Infectious Disease Control Team Outcome Report
2006	269 inspections at ~ 113 premises Source: 2006 Infectious Disease Control Team Outcome Report
2007	296 inspections at 113 premises Source: 2007 Infectious Disease Control Team Outcome Report
2008	271 inspections at 119 premises (includes child care centres and before and after school programs) Source: 2008 Infectious Disease Control Team Outcome Report
2009	272 inspections at 132 premises (includes child care centres and before and after school programs) Source: 2009 Infectious Disease Control Team Outcome Report
2010	268 inspections at 108 premises Source: 2010 Infectious Disease Control Team Outcome Report
2011	277 inspections at 105 premises Sources: Infectious Disease Control Team & Hedgehog Databases

Data Interpretation Notes:

Child Care Centres are inspected for both food handling and infection control practices. From a food handling perspective, the required frequency for child care centre inspections is three times per year for high-risk premises, twice per year for medium-risk premises and once per year for low-risk premises. One of these visits would also involve reviewing the infection control practices which require an annual inspection.

In 2011 as an example, the breakdown of child care centres was as follows: 80 high-risk premises, 10 medium-risk premises and 15 low-risk premises. This generates a total of 275 routine inspections. There may be re-inspections as well in some locations which are not included in the above numbers.

**Long Term Care Facilities
 2005-2011**

Year	# Inspections (or compliance rate) in # premises
2005	100% compliance at 35 long term care facilities Sources: 2006 MLHU Pandemic Plan for number of facilities 2005 Infectious Disease Control Team Outcome Report
2006	121 inspections at 35 long term care facilities Source: 2006 Infectious Disease Control Team Outcome Report
2007	124 inspections of 40 long term care facilities Source: 2007 Infectious Disease Control Team Outcome Report
2008	128 inspections of 41 long term care facilities Source: 2008 Infectious Disease Control Team Outcome Report
2009	123 inspections of 41 long term care facilities Source: 2009 Infectious Disease Control Team Outcome Report
2010	136 inspections of 45 long term care facilities Source: 2010 Infectious Disease Control Team Outcome Report
2011	138 inspections of 43 long term care facilities Sources: Infectious Disease Control Team & Hedgehog Databases

Data Interpretation Notes:

Long term care facilities include nursing homes and retirement homes. These premises require inspections of their food handling practices three times per year. There may be re-inspections as well which are included in the above numbers.

Cold Chain Inspections 2005-2011

Year	# inspections conducted
2005	~75 inspections Source: 2005 Vaccine Preventable Disease – Outcome Report 2005 Infection Control in Hospitals – Outcome Report 2005 Infection Control in Long Term Care Homes – Outcome Report
2006	352 inspections Source: 2006 Vaccine Preventable Disease – Outcome Report 2006 Infection Control in Hospitals – Outcome Report 2006 Infection Control in Long Term Care Homes – Outcome Report
2007	205 inspections Source: 2007 Vaccine Preventable Disease – Outcome Report 2007 Health Promotion and Disease Prevention in Hospitals – Outcome Report 2007 Health Promotion and Disease Prevention in Long Term Care Homes – Outcome Report
2008	274 inspections Source: 2008 Vaccine Preventable Disease – Outcome Report 2008 Health Promotion and Disease Prevention in Hospitals – Outcome Report 2008 Health Promotion and Disease Prevention in Long Term Care Homes – Outcome Report
2009	241 inspections Source: 2009 Vaccine Preventable Disease – Outcome Report 2009 Health Promotion and Disease Prevention in Hospitals – Outcome Report 2009 Health Promotion and Disease Prevention in Long Term Care Homes – Outcome Report
2010	245 inspections Source: 2010 Vaccine Preventable Disease – Outcome Report 2010 Health Promotion and Disease Prevention in Hospitals – Outcome Report 2010 Health Promotion and Disease Prevention in Long Term Care Homes – Outcome Report
2011	281 inspections Source: 2011 Vaccine Preventable Disease – Outcome Report 2011 Infection Control Core Program – Outcome Report

Data Interpretation Notes:

Vaccines need to be maintained at a temperature between 2 and 8⁰C in order to ensure their potency. Cold chain inspections involve inspections of refrigerators that store publicly-funded vaccines in health care provider offices, long term care facilities and hospitals, as well as assessing the practices of the staff members who look after the vaccine. An inspection is required once a year, and re-inspections are conducted as required and are included in the above numbers. The number of premises requiring inspections varies because of opening and closing of doctors' offices as well changes in those that offer influenza vaccination clinics each year. Regular inspections only began in 2005.

Small Drinking Water Systems

On December 1, 2008, amendments to the Health Protection and Promotion Act (HPPA) came into force that transferred the responsibility for overseeing Small Drinking Water Systems (SDWS) from the Ministry of Environment (MOE) to the Ministry of Health and Long-Term Care (MOHLTC).

When the program first launched, it was estimated that 458 facilities fit the Small Drinking Water System (SDWS) definition. Further guidance from the Ministry of Health and Long Term Care (MOHLTC) resulted in a re-assessment process and the number of systems was reduced to 127 by 2010. Each of these systems required an initial risk assessment and the issuance of a Directive to the owner/operator of each system. The Directive contains the treatment and monitoring requirements for each system. There are currently seven high risk, 40 moderate risk and 80 low risk systems in Middlesex-London. Of those 127 systems, 66 systems were visited and assessed in 2010 and 61 systems were visited and assessed by the end of 2011. MLHU was able to meet 100% completion rate target set by the MOHLTC for September 4, 2012. The frequency of future risk assessments for low and moderate risk systems is once every four years and for high risk systems it's every two years. Our inventory numbers have been fluctuating slightly due to new facilities being created and existing facility closures.

The Environmental Health Team has been receiving both technical and administrative training in-house and off site since 2008. The majority of the training took place in 2008 and 2009. Public Health Inspectors also visited the majority of the systems in the original system-estimate to determine whether the systems were captured under the new regulations and to educate the owners/operators about the new legislation. They continue to inform and educate owners and operators of small drinking water systems within Middlesex-London about their new responsibilities.

Since 2008, the SDWS team has responded to 78 Adverse Water Quality Incidents (AWQI). The yearly breakdown of AWQIs is as follows: 11 in 2009; 23 in 2010; and 28 in 2011. It is expected that there will be an increase in AWQI's as SDWS owners/operators improve their understanding and compliance with sampling requirements and reporting expectations.

Looking ahead, ongoing monitoring and routine inspections of owner/operator compliance with Directives will be required. Compliance monitoring and inspection expectations/requirements have not yet been provided by the MOHLTC. In the meantime, MLHU staff members monitor the sampling frequencies and a follow up procedure has been developed internally to notify and educate SDWS owners/operators when they are not compliant with the sampling requirements contained in their Directives.