



Best Practices and Guidelines for Preventing Foodborne Illness

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I. PURPOSE:

- A. Share existing guidelines with Individuals and Direct Care Workers (DCW’s) that incorporate key steps to prevent foodborne illness when preparing and handling food to reach the goal of ensuring that best practices are considered related to safe food handling.
- B. To create awareness for both individuals and DCW’s on how they can become educated to prevent the possibility of foodborne illness occurring from the food they handle and prepare.
- C. To provide DCW’s with recommendations for action steps that can be used to create an increased awareness in the day-to-day process of preparing food.

II. DEFINITIONS:

Foodborne illness: An illness that occurs when someone gets sick from consuming contaminated food or drink. It is also referred to as foodborne disease, foodborne infection, and food poisoning.

Foodborne illness outbreak: An incident in which two or more people experience a similar illness after ingestion of a common food, and epidemiologic analysis implicates the food as the source of the illness.

III. GENERAL INFORMATION:

“Each year, roughly one out of six Americans (or 48 million people) gets sick; 128,000 are hospitalized; and 3,000 die from foodborne diseases.”² These guidelines are to educate and bring attention to food poisoning that could possibly occur to individuals who consume infected food such as meat. Handling and preparing food being consumed by individuals is to be done safely. According to the Centers of Disease Control and Prevention (CDC), food passes through multiple stages before reaching our plates, a process known as the food production chain. At any point, whether during production, processing, distribution, or preparation—contamination can occur. Even healthy animals may carry germs internally or on their bodies, which can transfer to meat or poultry during slaughter and processing. Similarly, plants can become contaminated with germs while growing or being harvested.²

The part of the chain that the focus is on here is food being handled and prepared in the home, also known as the preparation step. According to the CDC, “preparation means getting the food ready to eat. This step may occur in the kitchen of a home, restaurant, or institution. It may involve following a complex recipe with many ingredients, simply heating and serving food on a plate, or just opening a package and eating the food.”¹ Once the food arrives to the home, it is up to those handling and preparing the food to make sure steps are taken to avoid bacteria forming on the food, which if not noticed, could cause those consuming the food to become ill from food poisoning. Another consideration of a type of food contamination is from germs possibly being spread from the person preparing the food onto the food being prepared. This would then open the possibility of an individual consuming the food to then become ill with the germs spread during the preparation process.

Ensuring safe food handling during the preparation process can be attained by education being given to individuals, families and direct care workers that outline action steps that should be followed during the food preparation step. Educational handouts being made available and handed out to those that handle food in the home would assist in creating awareness, if DCW Exhibit A. Foodborne illness can be prevented further by having guidelines posted in places frequently used to prepare food such as having a short and concise internal meat temperature chart on a cabinet or posted to the refrigerator, along with having an educational resource(s) given to and discussed with individuals, families or DCW’s to ensure understanding.

IV. RECOMMENDED BEST PRACTICES:

Based on the above information along with the attached optional educational handouts, there can be some items used to improve safety, educate caregivers and reduce the risk of foodborne illness and furthermore reducing the risk of foodborne illness potentially leading to possible hospitalizations.

- Provide proper education and tools to individuals, families or direct care workers that discuss proper steps to take to follow best practice in food preparation safety; this is assisted in Exhibit B and Exhibit C.
- An educational handout will be available to direct care staff that details steps to take when handling or preparing food, refer to Exhibit A.
- Meat thermometers are suggested as a needed tool for direct care staff if there is not already one in the home.
- Provide a clear and concise chart of proper internal meat temperatures to be able to easily reference while cooking, refer to Exhibit C.
- DCW’s have a handout available on when to reach out to healthcare professionals if they suspect foodborne illness is present in an individual, refer to Exhibit B.
- Encourage the individual to listen and learn about proper food preparation. Model by example, safe ways to prepare and cook food for their individuals during the food preparation process.

V. MCCMH Preventive Care Guidelines and Provider Expectations:

Based on the information provided above and in accordance with the CDC as it pertains to the goal of preventing foodborne illnesses both in residential settings and in the individual’s homes, it is the recommendation from the Chief Medical Office to all in-network and out-of-network providers that:

- A. Providers develop a process to educate their individuals and/or direct care staff on the importance of the above practices.
- B. It is to the discretion of the provider to develop a process that guarantees how individuals and/or their direct care staff are being provided education on this subject.
- C. It is the provider’s responsibility to update their educational materials following recognized professional organizations such as the CDC among others that may publish new revised guidelines.
- D. Providers must develop a process to track the instances in which education related to the issue was provided to staff for purposes of quality improvement.
- E. In cases of persons served whose cause of death or continued hospitalizations appeared to result from a poor practice of the above, the documentation of the processes the provider has in place to educate may be valuable when submitting Death Reports or Root Cause Analysis for the review of Critical Risk Management Committee (CRMC).
- F. In the event those are not initially submitted by the provider, the CRMC Committee reserves the right to request the provider for this information when conducting the review of a case in which this is deemed to be pertinent and/or critically relevant for the review.

VI. REFERENCES:

- 1. <https://www.cdc.gov/foodborne-outbreaks/foodproductionchain/index.html>
- 2. <https://www.michigan.gov/mdard/food-dairy/food-safety>

VII. EXHIBITS:

- 1. Exhibit A: Increasing Food Preparation and Handling Safety Awareness Educational Handout.
- 2. Exhibit B: “Four Steps to Handling and Preparing Food Safely”.
- 3. Exhibit C: Chart/handout titled, “Food Safety Guide”.

Annual Review Attestation / Revision History:

Revision:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	02/25/2026	Development of Guidelines	MCCMH CMO Office in conjunction with MCCMH Training RN