# 1 Video Observation of Hand-Hygiene Compliance in a Manufacturer of

# 2 Ready-To-Eat Pie and Pastry Products

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18 and linking cognitive (knowledge, attitudes, risk perceptions and self-reported practices), behavioral

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- 20 evaluation of highly focused food safety education/communication materials and interventions for
- 21 targeted 'at-risk audiences' and sectors in the food and drink industry. With more than 20 years of
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# 25

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#### **Ready-To-Eat Pie and Pastry Products** 26

27	Food-handler hand-hygiene can be a contributory factor for foodborne illness.
28	Cognitive data (knowledge/attitudes/self-reported practices), while informative, are not
29	indicative of behavior, and are subject to biases. Consequently, observation of behavior
30	is superior to survey data. However, researcher presence in direct-observation increases
31	reactivity, whereas video-observation gives comprehensive analysis over a longer
32	period, furthermore, familiarity reduces reactivity. Although video-observation, has
33	been used to assess food safety at retail/foodservice, this valuable method is under-
34	utilized in food-manufacturing environments. For the study, footage (24h) was
35	reviewed to assess compliance in a food-manufacturing site with company protocol.
36	Video-observation of food-handlers entering production ( $n=674$ ) were assessed, upon
37	70 occasions no attempt to implement hand-hygiene was observed. Of attempted hand-
38	hygiene practices (n=604), only 2% implemented compliant practices. Although 78% of
39	attempts utilized soap, only 42% included sanitizer. Duration ranged from 1-69s
40	(Median 17s). The study provides hand-hygiene data in an area that observational data
41	is seldom captured.

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Observation, behavior, food-handler, food industry, ready-to-eat, hand-hygiene, 43

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# 49 Main introduction.

50 The food-handler is often identified as one of the key causes of foodborne illness (Roberts 51 1990). Food-handlers can cause contamination of the food production environment through 52 the transmission of pathogens from hands to surfaces and food products due to poor hand-53 hygiene practices (Lambrechts et al. 2014), consequently food-handler hand-hygiene has been 54 frequently cited as a significant contributory factor for foodborne illness in restaurant-55 associated outbreaks (Gould et al. 2013). Indeed, adequate hand-hygiene is one of the most 56 effective ways to prevent the spread of pathogens (Health Protection Agency 2013), and will 57 assist efforts to reduce the risk of cross-contamination in the food-manufacturing environment. 58

59 Food premises are required by law to provide adequate and suitably located and 60 designed facilities for hand-hygiene practices (European Parliament 2004). The British Retail 61 Consortium (BRC) Global Standard for Food Safety sets out the requirements for food manufacturers to achieve certification against the standard. The framework for which, assists 62 63 manufacturers to meet product quality obligations and to comply with legislative 64 requirements for food safety to ensure product safety. The standard requires manufacturer's personal hygiene standards to be developed to minimize the risk of product contamination 65 from personnel, and must be adopted by all personnel to the production facility (British Retail 66 67 Consortium 2015). The manufacturer is required to provide suitable and sufficient hand-68 washing facilities for staff, at entry points, and at other appropriate points within production 69 areas. Such hand-wash facilities should provide sufficient quantity of water at a suitable 70 temperature, liquid soap, single use towels or suitably designed and located air driers, water 71 taps with hand-free operation along with advisory signs to prompt the implementation of 72 hand-washing (BRC Global Standard for Food Safety, Clause 4.8.6, Issue 7 (British Retail 73 Consortium 2015)).

UK hand-hygiene guidelines for best practice recommend that a safe hand-hygiene
procedure should include the wetting of hands using warm water (~40°C), before dispensing
3–5 ml liquid soap containing a biocide. Hands should be rubbed together vigorously for 1530 seconds, ensuring that all parts of the hands on both sides, up to the wrists, around thumbs,
fingers and nails are all rubbed. Hand should be rinsed with clean water and dried thoroughly,
followed by the application of a hand sanitizer (Taylor and Holah 2000; Taylor et al. 2000).

80 Food businesses are also required by law, to supervise, instruct and/or provide training 81 for food-handlers in aspects of food hygiene, such as hand-hygiene, to enable them to ensure 82 food safety in line with their job role (European Parliament 2004). As training can be reliant 83 upon knowledge acquisition and not application of behavior (Lelieveld et al. 2016), the food 84 safety knowledge of trained food-handlers does not always result in the implementation of safe food behaviors (Brannon et al. 2009). Food-handlers may demonstrate awareness of food 85 86 safety but often fail to translate knowledge into safe practices (Rossi et al. 2016). It must be 87 considered that delivery of training and provision of suitable facilities alone does not 88 guarantee that staff will implement adequate hand-hygiene practices at all times. 89 Consequently, there is a need to adopt methods to assess hand-hygiene compliance in food-90 manufacturing environments.

91 Smith (2009) suggested that only 55% of food-handlers report to follow a standardized 92 hand-hygiene technique. As discussed in consumer food safety research (Evans and Redmond 93 2014), although insightful, assessing cognitive measures of food safety such as knowledge 94 and self-reported practices have limitations and are subject to biases. Self-reported practices 95 can be subject to social desirability bias, whereby behaviors perceived to be favorable are 96 over reported and undesirable behaviors are underreported (Hebert et al. 1995; Barker et al. 97 2002; Dharod et al. 2007). Considerable discrepancies have been determined between self-98 reported practices and actual behaviors (Clayton et al. 2002; Clayton et al. 2003; Redmond 99 and Griffith 2003). Collation of food-handler knowledge and attitudes regarding hand-

hygiene are informative, however such data are not indicative of actual behavior, therefore
there is a need to observe the behavior of food-handlers to evaluate hand-hygiene compliance
in the industry.

103 Its suggested that data relating to the hand-hygiene compliance rates in the food-104 manufacturing industry are particularly limited (Taylor et al. 2000). As discussed by Taylor 105 and Holah, it is unclear what the compliance rates are in the food industry, as many published 106 works that focus upon hand-hygiene relate to the health care sector (Taylor and Holah 2000). 107 However in recent years, a number of research studies utilizing behavioral observation 108 methods have focused upon hand-hygiene compliance of professional food-handlers in retail 109 (Lubran et al. 2010) and foodservice settings (Worsfold and Griffith 2003; Clayton and 110 Griffith 2004; Green et al. 2006; Chapman et al. 2013; Rajagopal and Strohbehn 2013; Arendt et al. 2015). In such establishments, hand-hygiene malpractices are reported to occur more 111 112 frequently than malpractices for cleaning or utensil separation during food-handling (Clayton 113 and Griffith 2004). Although observation of behavior has been utilized to determine the short 114 term impact of signage upon the hand hygiene practices of employees in a raw poultry 115 processing plant (Schroeder et al. 2016), there is a particular lack of data relating to the hand-116 hygiene compliance of food-handlers in the food-manufacturing industry. Consequently, the 117 aim of this study was to address this lack of data, by utilizing a video-observation study to 118 evaluate food-handler hand-hygiene practices and compliance to company protocol in a 119 manufacturer of ready-to-eat (RTE) food products.

## 120 Material and methods.

### 121 Sample and instrument development.

A large UK based food-manufacturing business that produces chilled and frozen RTE pies,
pasties, and savory baked products for retail and food service outlets, was contacted regarding
involvement in the study. The company was selected due to the production process of its
products, which included the preparation of pastry, mincing and dicing of meat, preparation
5

126 and cooking of fillings, and the assembly, baking, chilling and packing of the product. The 127 researchers were aware that recording cameras were used throughout the production site, but 128 were not utilized to observe hand-hygiene practices. A briefing visit was conducted prior to 129 commencement of observation of hand-hygiene practices. The aims and objectives of the 130 project were discussed with the managing director, technical manager, QA and training 131 managers. The business gave consent for the researcher to access pre-recorded video footage 132 of the hand-hygiene facilities by completing a consent form.

# 133 Development of a hand-hygiene observation checklist.

The company hand-hygiene procedure required staff to implement handwashing with soap and water, based upon the World Health Organization technique (World Health Organization n.d.). The required steps to be implemented by staff prior to proceeding into the production area, for a hand-hygiene attempt to be classed as 'compliant' included:

#### • Wet hands with water

- Apply enough soap to cover all surfaces of the hands
- Rub hands palm to palm, rub right palm over left dorsum with interlaced fingers and
   vice versa, rub palm to palm with fingers interlaced, rub backs of fingers to opposing
   palms with fingers interlocked, rotational rubbing of left thumb clasped in right palm
   and vice versa, and rotational rubbing, backwards and forwards with clasped fingers of
   right hand in left palm and vice versa
- Rinse hands with water
- Dry thoroughly with a single use paper towel
- Apply hand sanitizer

148 An observation checklist was developed based upon the hand-hygiene protocol of the

- business using a Qualtrics (Qualtrics 2017, Provo, Utah, USA), database to allow for
- electronic data entry using a cloud infrastructure. The electronic checklist was piloted using6

151 footage from the business (n=100 observations) which resulted in amendments to the flow of 152 the checklist and the addition of variables to capture the implementation of behavioral 153 malpractices. The finalized checklist captured every occasion a staff member passed through 154 the hygiene hall (located between the staff changing facilities and food production area). The 155 checklist recorded if the staff were entering or exiting the food production area, if a hand-156 hygiene attempt was implemented, the start time and end time of the attempt (to calculate 157 duration), information regarding adequacy of personal protective equipment (PPE), adequacy 158 and compliance of hand-hygiene attempt and observed malpractices. Gender and the job-role 159 of staff (food-handlers or hygiene/engineering) was identified through different uniform.

### 160 **Observation of behavior.**

As discussed by Egan et al., reliable data from the workplace is essential to develop, implement and evaluate the effectiveness of food hygiene training, however data obtained by direct observation has limitations, such as altered behaviors in the presence of the observer (reactivity bias) to present what is perceived to be a more desirable behavior, known as the Hawthorne effect (Egan et al. 2007). In food industry-based research, the presence of others, particularly managerial staff, is reported to improve the food safety practices of staff in food environments (Egan et al. 2007).

168 The use of cameras to record food safety practices can give a more comprehensive 169 analysis over a longer period of time. Although those being observed may present behaviors 170 that are perceived to be more desirable behaviors, however such reactivity is reduced over 171 prolonged periods due to familiarity with camera equipment. Furthermore, such video 172 observation can determine baseline practices and compare to post-intervention practices to 173 give a true evaluation of effectiveness.

To minimize the Hawthorne Effect in the present study, food-handlers, hygiene and engineering staff were not informed of the project as the researcher reviewed previously recorded footage. The cameras in the hygiene hall of the business had been in location for 7 over 3 years; cameras were not unique to the hygiene hall and were located throughout the
business. Although staff were informed during pre-employment induction that cameras may
be used to monitor hygiene practices, they were more commonly used for security purposes.

180 Data collection, storage and analysis.

181 Observation of footage from the hygiene hall were undertaken over a period of 24 hours, this 182 incorporated a specified day of the week that the business reported would have a high volume 183 of production. Observation commenced from 00:00:00 through to 23:59:59, the footage 184 viewing software allowed for periods of 'no activity' to be skipped. The footage could be 185 viewed at a regular and a reduced speed. Each member of staff that proceeded into the 186 hygiene hall either entering or exiting the food production area were observed and recorded 187 using the electronic checklist. The time staff members commenced hand-hygiene actions were 188 recorded, each element of the hand-hygiene protocol that was complied with was recorded. 189 End time was recorded to calculated hand wash duration. Inclusion of each required element 190 enabled determination of hand-hygiene attempts that were 'compliant' with the company 191 protocol. The electronic checklist created a database of all observations. Following 192 completion, the entire database of 1333 entries, was checked and assessed to ensure no 193 missing values. A 10% sample of the entries were randomly checked by the researcher to 194 ensure intra-operator reliability.

### 195 Ethical approval.

Ethical approval for the study was granted by the Research and Ethics Committee of the
Cardiff School of Health Sciences at Cardiff Metropolitan University. Project reference
number: 8152.

199 **Results.** 

200 In total, 1333 entries in to the hygiene hall were observed over a period of 24 hours, this

included 674 occurrences when staff entered the production area and 659 occurrences whenstaff exited the production area.

### 203 Hand-hygiene practices when entering and exiting the production area.

204 The company hand-hygiene procedure required staff to implement handwashing with soap 205 and water, with vigorous rubbing of hands and fingers based upon the World Health 206 Organization technique (World Health Organization n.d.), dry thoroughly with paper towel 207 (totaling 40-60 seconds) and applying hand sanitizer prior to entering the production area. 208 At the point of entry, on 70 occasions (10.4% of those entering), staff were observed failing to 209 attempt the implementation of a hand-hygiene attempt. A significant difference was 210 determined at point of exit, where by the majority (71.3%) made no attempt to implement 211 hand-hygiene practices when exiting than when entering (10.4%) the production area ( $X^2$  (1, n) 212 = 1333) = 499.57, p < 0.001, phi = 0.614). Of the 188 occasions that hand-hygiene attempts 213 occurred, 99.5% were not compliant; only one attempt was determined to be compliant with 214 protocol. Many of those leaving the production area determined the need for implementing 215 hand-hygiene practices by means of a visual inspection of hands up on exiting. All further 216 analysis focuses on hand-hygiene practices prior to entering the production area only.

# 217 Adequacy of hand-hygiene practices.

Of the 604 attempts to implement hand-hygiene practices prior to entering production, only
2.2% (13 attempts) were determined to be compliant with the company protocol. Although
not compliant, 8.8% of attempts were 'adequate' (in-line with the recommended handhygiene procedure outlined in guidelines for best practice (Taylor et al. 2000)). Consequently,
the majority (97.8%) of hand-hygiene attempts before entering production were not compliant
with the company protocol.

Despite 77.9% of attempts used soap to wash hands, only 45.3% of attempts wetted hands

with water prior to applying soap as described in the company protocol. Furthermore, analysis

of observed methods established that although employees were observed rubbing hands palm
to palm in 73.7% of attempts, there was a lack of hand rubbing practices in compliance with
the protocol. As indicated in Table 1, rubbing the backs of hands, between fingers and thumbs
were often neglected during hand-hygiene practices, observed in only 1.5 – 9.8% of attempts.
[Table 1 near here]
Less than half (41.6%) of attempts included the use of sanitizer. On 13 occasions, staff
were observed failing to implement component elements of hand-hygiene (handwashing and

drying) and used hand sanitizer only, prior to entering production.

# 234 Duration of hand-hygiene practices.

The duration of hand-hygiene practices (from wetting hands through to drying of hands), were recorded. The company protocol calls for the duration of the entire procedure to take 40 - 60seconds. Observed hand-hygiene duration ranged from 1 - 69 seconds. The average recorded duration of observed hand-hygiene practices was 20 seconds. In total, the duration of only

239 6.3% of attempts were compliant with company protocol (Table 2).

240 [Table 2 near here]

#### 241 Comparison of hand-hygiene practices between staff.

No significant difference (p>0.05) in the duration of hand-hygiene practices was determined

243 according to gender (males: Md = 18 seconds, n = 722 and females: Md = 18 seconds, n =

50). However, a significant difference (p < 0.05) in the duration of hand-hygiene practices

245 according to staff roles was determined. When entering production, food-handlers

246 (identifiable in white overalls) were observed implementing statistically significant longer

- durations of hand-hygiene practices (Md = 19 seconds, n = 456) than engineering and hygiene
- staff (identifiable in blue overalls) (Md = 15 seconds, n = 135) (U = 25066.5, z = -3.281, p
- <0.001, r = 0.12). Furthermore, as indicated in Table 3, it was determined that
- engineering/hygiene staff were significantly less likely (p < 0.05) to implement hand-hygiene
  - 10

251 practices detailed on the company protocol including wetting hands first, using soap, rubbing

hands palm to palm, and were more likely to fail to implement any hand-hygiene practices.

253 [Table 3 near here]

# 254 Use of personal protective equipment (PPE).

255 The company protocol required staff to put on hairnets and snoods prior to putting on overalls 256 and proceeding to the hygiene hall prior to entering the production area. The company 257 personal hygiene rules required "hairnets to be worn correctly to provide maximum possible 258 coverage of head hair, all hair must be contained in hairnets and snoods must be worn over 259 the nose to completely cover facial hair, beards and moustaches". On 1.2% of occasions 260 entering production, staff were observed failing to implement adequate use of PPE. Hairnets 261 were worn inadequately on three occasions, snoods were also worn inadequately on three 262 occasions and on two occasions snoods were not worn by those requiring snoods. Hygiene 263 malpractices observed prior to entering production included readjusting hairnets/snoods and 264 touching hair or face after implementing hand-hygiene practices (9.3%), and putting a snood 265 on after hand-hygiene attempt (8.9%). Such practices may have occurred due to the practical 266 positioning of the snood dispenser being located next to the door to enter production, as 267 opposed to in the changing facilities. There is a need to ensure that PPE is put on in the 268 correct order, this could be overcome by relocation of the snood dispenser. Although hair may 269 not be a significant risk to the microbial safety of the food products, inadequately covered hair 270 (resulting from failure to use or put on hairnets/snoods in-line with the correct changing 271 procedure) can result in the physical contamination of food, thus resulting in food products of 272 a substandard quality. Workforce flow through the hygiene hall in to the production area 273 should encourage positive hygiene behaviors

#### 274 Hygienic design of hand-hygiene facilities.

The hand-hygiene facilities were located in the hygiene hall, positioned between the staff

changing facilities and the food production area. The hand-hygiene facilities contained two
long handwashing troughs located on two parallel walls, each with 10 knee-operated water
outlets. Each trough was identically equipped with two soap dispensers, two hand sanitizer
dispensers, and two paper towel dispensers that were located above each handwashing trough
as illustrated in Figure 1, the snood dispenser was located next to the door that entered into
the food production area.

282 [Figure 1 near here]

283 Some of the behavioral malpractices observed may be a result of the design of the 284 hygiene hall. Given that only two soap dispensers are provided for ten water outlets, on a few 285 occasions employees at the three water dispensers on the right hand side of the trough on the 286 right, were observed gesturing to reach for soap, however failing to do so as a soap dispenser 287 was not conveniently located. On one occasion, a food-handler was observed attempting to 288 apply soap, however the towel dispenser and sanitizer were closest, the employee looked for 289 soap dispenser, looked around, but just dried hands following rinsing under water. Location is 290 critical to assist in the implementation of hand-hygiene practices, the majority of those seen 291 using sanitizer were observed using the dispenser located closest to the door entering 292 production. However, there is a need to explore if the presence of others influence the use of 293 hand sanitizer following a hand-hygiene attempt. Indeed, healthcare research has determined 294 that the presence of other workers is associated with higher hand-hygiene adherence rates 295 (Monsalve et al. 2014).

During production, the four paper towel dispensers became empty, consequently staff were observed implementing hand-drying malpractices during the 58 minutes before the paper towel supply was replenished. Observed malpractices including; drying hands on PPE and entering production without drying hands. Lots of communication and frustration was observed staff in the hygiene hall regarding the lack of paper towels, however no employees were observed replenishing paper towel supply, which remained empty until a hygiene

302 operative checked the dispensers as part of their routine cleaning checks. The provision of 303 suitable and sufficient hand-washing facilities and equipment is likely to impact upon hand-304 hygiene practices, the absence of such materials is a barrier to adequate practices compliant 305 with the company protocol.

306 The design of the bin (side-entry bin) intended for disposal of used paper towel post 307 hand-hygiene, may increase the likelihood of contact, hand contact with the bin was observed 308 on five occasions following hand-hygiene practices, an open top, or foot-operated bin may 309 reduce the likelihood of hand contact. Contact with the bin following hand-hygiene practices 310 may result in the re-contamination of hands. Many employees were observed blowing noses 311 in the paper towel used to dry hands after implementing handwashing, with no further hand-312 hygiene practice implemented following nose blowing prior to entering the food production 313 area.

314 Cleaning of hand-hygiene facilities.

315 On various occasions during the 24-hour observation period, hygiene operatives 316 cleaned the hygiene hall. The cleaning undertaken by each hygiene operative took a different 317 approach. Observed cleaning practices observed in the hygiene hall were not compliant with the company 'instruction card for cleaning hand-hygiene facilities'. The numbered method 318 319 was not followed in the order specified by the company, which starts with checking and 320 replenishing supplies prior to washing and drying of all dispensers paying particular attention 321 to the areas that personnel touch to operate. General observations included that contact time 322 for use of sanitizer spray was not adhered to, and although all paper, soap and sanitizer 323 dispenser units were wiped, the specific hand contact areas of such dispensers were not 324 cleaned. Cloths were used to wipe the bin prior to wiping the handwashing trough and water 325 outlets. Observations suggest that the cleaning of the hygiene hall is not maximizing the 326 potential for hand-hygiene.

# 327 **Discussion.**

328 Although a vast body of research exists in relation to food-handler food safety, a lack of 329 research conducted in food-manufacturing environments is evident, with the majority of work 330 focus upon retail and foodservice settings. Additionally, the majority of research has 331 incorporated the measures of food safety knowledge and self-reported practices; with a lack of 332 observational data. A narrative review of twenty food-safety research studies of professional 333 food-handlers, established the majority of studies (70%) were from foodservice and retail 334 establishments; fewer studies were conducted in manufacturing and processing environments 335 (10%). Survey methods of data collection were widely applied, including self-completed 336 questionnaires (80%) and interviews (35%) indicating that observation of behavior was less 337 frequently used (Evans and Evatt 2018). With such findings suggesting a lack of food 338 industry focused observational data there is a need for an in-depth review of food-handler 339 food safety studies to consolidate the data conducted in food production environments and to 340 facilitate a comparison of differences between food-handlers in different food environments 341 and between utilized data collection methods and measures.

Smigic et al. (2016) suggested that food safety knowledge is significantly better among food-handlers in food-manufacturing environments than those at retail outlets. However, despite evident knowledge and positive attitudes, the self-reported food safety practices of food-handlers in food-manufacturing environments, such as in meat processing plants, are reported to be not acceptable (Ansari-Lari et al. 2010). However, given that selfreported food safety practices, knowledge and attitudes do not concur with food-handling behaviors, there is a need for observed behavioral studies (Ansari-Lari et al. 2010).

349 Observed hand-hygiene practices.

More frequent hand-hygiene attempts were observed prior to entering production, compared
to exiting production, suggests an awareness of the need for hand-hygiene practices and
illustrates employees attempt to comply with company protocol. Although 89.6% of those
entering production were observed attempting to implement a hand-hygiene practice prior to 14

entering production, the vast majority of attempts (97.8%) were not compliant with company protocol. Observation of foodservice employees has determined hand-hygiene compliance of 47 - 75% when employees were starting their shift or returning to the work area (York et al. 2009).

358 Previous research involving observation of food-handlers in foodservice 359 establishments determined that 8-12% of hand-hygiene attempts failed to use soap (of 1,096 360 hand-hygiene attempts, 87 failures to use soap when soap was present, 44 occasions when no 361 soap was present) (Clayton and Griffith 2004). Similarly, research conducted with grocery 362 store food-handlers determined that 15% of attempts did not use soap (Robertson et al. 2013). 363 Although industry based behavioral research has observed <92% of employees using soap 364 (Schroeder et al. 2016), in this present study, 22.1% of attempts prior to entering production 365 failed to use soap. Failure to use soap to implement hand-hygiene practices can have potential 366 implications for food safety as handwashing with soap and water is more effective for the 367 removal of bacteria from hands than with water alone (Burton et al. 2011).

368 The time taken to wash hands and the degree of friction generated during lathering are 369 more important than water temperature for removing soil and microorganisms (Todd et al. 370 2010). Previous research has determined that 29% of handwashing attempts by grocery store food-handlers did not meet the recommended time (Robertson et al. 2013). Whereas only 371 372 44% of food service employees' have been observed vigorously scrubbing hands for at least 373 20 seconds (York et al. 2009), however, in this current study, 93.7% of attempts were not 374 compliant with the duration specified on the company protocol (40-60 seconds) and attempts 375 frequently failed to include rubbing the back of hands, between fingers and around thumbs. 376 An assessment of hygiene practices of food-handlers in retail establishments established that 377 food-handlers who washed their hands for less than ten seconds had higher counts of aerobic 378 mesophiles and staphylococci than those who washed for >10 seconds (Fawzi et al. 2009).

379 Drying of hands is a vital part of hand-hygiene, as hands that remain damp are able to 380 transfer microorganisms (which may remain following an inadequate hand-hygiene attempt) 381 to food and food contact surfaces (Taylor et al. 2000). In previous research with food-handlers 382 in food service establishments, the lack of proper hand drying with a paper towel contributed 383 to 93% of observed incorrect hand-hygiene events (Chapman et al. 2010). Although 83.4% of 384 attempts by employees in this study implemented drying using single use paper towel, hand-385 drying malpractices were observed, whereby, hands were not dried before entering production 386 or were dried on PPE. Such malpractices can have implications for food safety.

387 When combined with handwashing, the use of sanitizer significantly enhances the 388 hygiene process (Michaels et al. 2003). In this study 58.4% of attempts by employees failed to 389 include the use of sanitizer, despite the company protocol requiring employees to apply hand 390 sanitizer prior to proceeding into the production area. Currently, there is a lack of data 391 detailing the awareness, attitudes, self-reported use or observed utilization of hand sanitizer 392 among food-handlers in food-manufacturing research to allow comparison. It is widely 393 accepted that there is a need to maximize hand-hygiene practices by utilizing hand sanitizer 394 after handwashing and drying to ensure food safety, further research regarding food-handler 395 cognition and behavior relating to sanitizer use is needed.

#### 396 Differences between staff.

397 The significant differences between the observed hand-hygiene practices of food production 398 staff and hygiene/engineering operatives are of concern. The UK Food Standards Agency 399 define the term "food-handler" to include anyone who may touch food contact surfaces or 400 other surfaces in rooms where open food is handled (Food Standards Agency 2009). This is 401 because they can also contaminate food by spreading bacteria to surfaces that food will come 402 into contact with, and should therefore include cleaners and maintenance staff (Food 403 Standards Agency 2009). Although the company in this study provided the same food safety 404 training to all staff members, findings suggest a need for targeted hand-hygiene

405 education/training as food safety subcultures may exist within the company. Manning (2017) 406 propose that four food safety subcultures exist within food-manufacturing environments, 407 which include; executive, operations, engineering, and technical/quality. However, to develop 408 bespoke training (created for a specific user or purpose), for different teams of employees 409 based on job responsibility and priorities, there is a need to explore any cultural and 410 attitudinal differences that may exist between food production staff and hygiene/engineering 411 staff. Understanding the interaction of these subcultures is critical to prevent a potential food 412 safety incident (Manning 2017). No significant difference (p>0.05) in the hand-hygiene 413 practices of staff were determined according to gender in this study.

### 414 Hand-hygiene facilities.

415 The BRC standard requires cleaning systems to be in place to ensure appropriate standards of 416 hygiene are maintained at all times to reduce the risk of product contamination (British Retail 417 Consortium 2015). The cleaning undertaken in the hygiene hall by hygiene operatives in this 418 study was not compliant with company protocol. There is a need to ensure adequate cleaning 419 of hand-hygiene facilities, particularly as handwashing sinks can be sources of pathogenic 420 bacteria (Fawzi et al. 2009), indeed, greater sink usage is associated with higher levels of 421 bacterial contamination of the sink (Cloutman-Green et al. 2014). Contamination of hand 422 contact surfaces, such as hand-hygiene equipment, can be a reservoir for contamination, 423 which could result in the contamination of hands during or after hand-hygiene practices 424 (Griffith et al. 2003).

The hygienic design of food processing facilities is central to the manufacture of safe products (Holah and Lelieveld 2011). There is much activity in relation to the hygienic design of food production environments and the impact on food safety among international special interest groups such as the European Hygienic Engineering & Design Group (EHEDG), 3A Sanitary Standards Inc. and the National Sanitation Foundation (NSF) International (Schmidt 2012). Although much of this interest relates to engineering and design of equipment 17 431 manufacture and contact materials, there is a need to consider the potential impact of the 432 physical workplace environment, such as the hand-hygiene facilities, can have an impact upon 433 employee behavior (Lelieveld et al. 2016). Failure to provide appropriate facilities may result 434 in employees perceiving barriers towards the implementation of adequate hand-hygiene 435 practices (Lelieveld et al. 2016). Findings from this study suggest that the layout of the 436 hygiene hall may have been a contributory factor to the observed hand-hygiene malpractices. 437 Observed behaviors potentially influenced by layout of hygiene hall included putting on a 438 snood after hand-hygiene practice due to the location of the snood dispenser and failure to use 439 soap as proximity of the soap dispenser was not within arm's reach of the water outlet. 440 Healthcare research indicates the important role of sink location in hand-hygiene compliance 441 (Cloutman-Green et al. 2014; Zellmer et al. 2015), thus there is a need to explore the impact 442 upon hygiene facility layout upon hand-hygiene practices in a food-manufacturing 443 environment and the potential implications for food safety. 444 There is a need to explore potential methods to improve hand-hygiene compliance within the 445 business, such as investment in technology that prevent food-handlers accessing production 446 without using hand-hygiene equipment. However, staff may continue attempting to 'cut-447 corners'. Investing in effective training interventions and efforts to improve the food safety culture of the business, and enable suitable assessment methods to continuously evaluate and 448 449 monitor hand-hygiene compliance, may be of greater benefit than investing in technology 450 alone. Investment in advanced hand-hygiene equipment alone may not ensure that employees 451 will wash hands adequately. Food safety practices will only be implemented given adequate 452 resources and an appropriate food safety culture (Clayton et al., 2002). The involvement and 453 engagement of stakeholders in the development of a Theory of Change for handwashing is 454 said to be critical for understanding promotional programmes to enable behavior change (De 455 Buck et al. 2018).

Bespoke training needs to ensure different teams within the business have a clear understanding of the potential risk of their implementation of inadequate hand-hygiene practices and to realize their individual responsibilities for ensuring food safety. There is a need to conduct subcultural research to identify any potential differences in the perceptions of risk, control and responsibility and hygiene consciousness between food-handlers and engineering/hygiene employees.

#### 462 Limitations.

463 Potential limitations of the study include that data presented may not be indicative of the 464 entire food production industry, however this study gives a novel snapshot of one company at 465 a specific point in time that identifies and highlights the need for training. Although the study 466 gives insight to the hand-hygiene practices of food-handlers, hygiene and engineering staff in 467 a food-manufacturing environment prior to entering production, data relating specifically to 468 hand-hygiene practices during production are not captured. Monitoring operatives washing 469 hands after they have become potentially contaminated during production is less easy (Taylor 470 et al. 2000), consequently there is a need for research detailing the occasions at which hand-471 hygiene practices are implemented during production and exploring the motivations and 472 barriers to do so.

#### 473 Conclusions.

474 Cumulatively, this study has facilitated an in-depth observational assessment of hand-hygiene 475 practices at a UK manufacturer of RTE cooked meat products. Although the manufacturer had 476 cameras recording activity at hand-hygiene facilities, the manufacturer did not have the 477 resource/time to conducted frequent, structured observation of footage to assess hand-hygiene 478 practices. Utilizing the prerecorded footage from the company may have reduced potential 479 reactivity bias in this type of research.

480	The study provides data of current hand-hygiene practices and identification of site-
481	specific issues to inform the development of an intervention to improve hand-hygiene
482	practices. Duration of observed hand-hygiene practices did not meet the duration specified in
483	the company protocol, vigorous rubbing of hands and fingers was seldom observed and
484	failure to utilize sanitizer was widespread. Consequently, only 2% of observed hand-hygiene
485	attempts prior to entering production were compliant with protocol.
486	Completion of this study has identified the need for further research to explore potential
487	barriers that exist for staff to adequately implement hand-hygiene practices, including:
488	• Determination of production staff (food-handlers, hygiene and engineers) cognition in
489	relation to hand-hygiene, including knowledge, attitudes, self-reported practices,
490	perceptions of risk, control, responsibility and hygiene consciousness, and future
491	training/educational preferences.
492	• Further exploration into organizational sub-cultures regarding the potential disconnect
493	between the responsibility for food safety among engineering and hygiene staff.
494	• Compare cognitive and behavioral data to determine discrepancies in awareness and
495	actual behavior.
496	• Explore the potential cognitive differences in the perceived need for hand-hygiene
497	practices at point of exit compared to entry.
498	• Although the purpose of the study was to observed the hand washing practices of staff
499	as they enter the production environment, which is a requirement for all staff. Further
500	observational research to identify the factors during production that influence hand-
501	hygiene practices is required.
502	Additionally, there is a need to consolidate data relating to food-manufacturing and
503	processing environments. A greater volume of research has been conducted in food retail and
504	hospitality settings. Given the volume of products produced and the national distribution

505 chain, the potential impact of hand-hygiene malpractices in food-manufacturing and 506 processing environments on consumer food safety may be more far-reaching than in a 507 restaurants. Consequently, there is an identified need for an in-depth comprehensive review of 508 food-handler food safety research studies conducted in food-manufacturing and processing 509 environments to establish the most commonly used data collection methods and measures and 510 review the food safety training interventions utilized in food-manufacturing and processing 511 environments. Such findings may be used to inform the development of bespoke, targeted 512 hand-hygiene education/training programs in food production environments. The company 513 have expressed an interest in the development of an intervention to improve hand-hygiene 514 practices in the company. Baseline data collected in this study can be utilized to evaluate the 515 effectiveness of training/education programs delivered to food-handling staff in an 516 experimental study.

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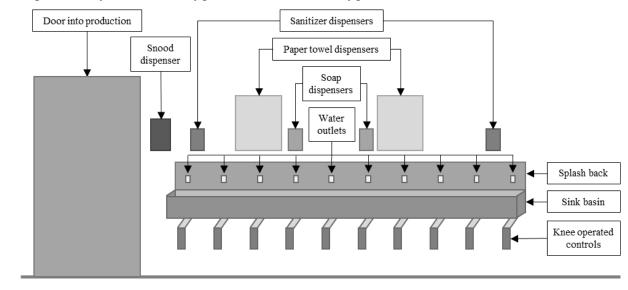
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# 521 Figures

523



522 Figure 1. Layout of hand-hygiene facilities in the hygiene hall

# 524 Tables

525 Table 1 Observed hand-hygiene practices of employees prior to entering production (n=604)

Observed practices	п	%
Hand-hygiene practices		
Wet hands with water first	305	50.5
Apply soap	525	86.9
Rubbing hands palm to palm	445	73.7
Palm over dorsum and interlaced fingers	20	3.3
Palm to palm with interlaced fingers	59	9.8
Backs of fingers to opposing palms with fingers interlocked	9	1.5
Rotational rubbing of thumb clasped in palm	25	4.1
Rotational rubbing of palm with clasped fingers	12	2.0
Vigorous and various rubbing actions when lathering likely to	45	75
be adequate due to restricted view	45	7.5
Rinse hand with water	573	94.9
Dry thoroughly with a single use towel	504	83.4
Duration of the entire procedure took $40-60$ seconds	37	6.1
Use of hand sanitizer	251	41.6
Malpractices		
Touched face/hair	56	9.3
Touched bin	4	0.7
Put snood on after hand wash attempt	54	8.9
Hands dried on PPE	22	3.6
Hands not dried	8	1.3
No attempts to wash used sanitizer only	13	2.2
Compliance		
Attempts compliant with procedure	13	2.2
Adequate attempts	53	8.8

526

528 Table 2 Grouped duration of observed hand-hygiene practices (from wetting hands through to

Grouped duration	п	%	
≤5 seconds	13	2.2	
6 - 10 seconds	84	14.2	
11 - 20 seconds	262	44.3	
21 - 30 seconds	137	23.2	
31 - 40 seconds	63	10.7	
41 - 50 seconds	24	4.1	
51 - 60 seconds	3	0.5	
>60 seconds	4	0.7	

529 drying of hands) of employees before entering production (*n*=591)

531 Table 3 Significant differences in observed hand-hygiene practices of food-handling staff

(n=503) and hygiene/engineering staff (n=171)

	Food-	Hygiene /	
Hand-hygiene practices			Statistical analysis
	(%)	(%)	
No attempt to implement hand-hygiene protocol	9.1	19.3	$X^2$ (1, $n = 674$ ) = 11.75, p < 0.001, phi = 0.137
Wet hands with water first	50.5	29.8	$X^2$ (1, $n = 674$ ) = 21.19, p < 0.001, phi = -0.181
Apply soap	80.5	70.2	$X^2$ (1, $n = 674$ ) = 7.34, p < 0.05, phi = -0.108
Rubbing hands palm to palm	68.4	59.1	$X^2$ (1, $n = 674$ ) = 4.54, p < 0.05, phi = -0.086
Palm over dorsum and interlaced fingers	3.6	1.2	<i>p</i> >0.05
Palm to palm with interlaced fingers	8.9	8.2	<i>p</i> >0.05
Backs of fingers to opposing palms with fingers interlocked	1.8	0.0	<i>p</i> >0.05
Rotational rubbing of thumb clasped in palm	4.6	1.2	<i>p</i> >0.05
Rotational rubbing of palm with clasped fingers	2.4	0.0	<i>p</i> >0.05
Restricted view - vigorous and various lathering actions likely to be adequate	8.0	2.9	$X^2$ (1, $n = 674$ ) = 4.40, p < 0.05, phi = -0.088
Rinse hand with water	87.5	77.8	$X^2$ (1, $n = 674$ ) = 8.67, p < 0.005, phi = -0.118
Dry thoroughly with a single use towel	75.5	72.5	<i>p</i> >0.05
Duration of the entire procedure took 40 – 60 seconds	6.4	2.9	<i>p</i> >0.05
Use of hand sanitizer	36.8	38.6	<i>p</i> >0.05
Adequate attempts	9.3	3.5	$X^2$ (3, $n = 674$ ) = 17.92, p < 0.001, Cramer's V = 0.163
Attempts compliant with protocol	2.6	0.7	<i>v</i> >0.05

# 534 **References.**

- 535 Ansari-Lari M, Soodbakhsh S, Lakzadeh L. 2010. Knowledge, attitudes and practices of workers on food
- 536 hygienic practices in meat processing plants in Fars, Iran. Food Control. 21(3):260-263.
- 537 Arendt S, Strohbehn C, Jun J. 2015. Motivators and barriers to safe food practices: Observation and interview
- 538 Food Prot Trends. 35(5):365 376.
- 539 Barker C, Pistrang N, Elliott R. 2002. Chapter 6, Self-report methods. In: Chris Barker NP, Robert Elliott, editor.
- Research Methods in Clinical Psychology An Introduction for Students and Practitioners. Second ed. England:John Wiley & Sons.
- 542 Brannon LA, York VK, Roberts KR, Shanklin CW, Howells AD. 2009. Appreciation of food safety practices
- based on level of experience. J Foodservice Business Res. 12(2):134-154.
- 544 British Retail Consortium. 2015. Global standard for food safety. Issue 7. January 2015.
- 545 Burton M, Cobb E, Donachie P, Judah G, Curtis V, Schmidt W-P. 2011. The effect of handwashing with water
- 546 or soap on bacterial contamination of hands. Int J Environ Res Public Health. 8(1):97-104.
- 547 Chapman B, Eversley T, Fillion K, Maclaurin T, Powell D. 2010. Assessment of food safety practices of food
- 548 service food handlers (risk assessment data): testing a communication intervention (evaluation of tools). J Food
- 549 Prot. 73(6):1101-1107. eng.
- 550 Chapman B, MacLaurin T, Powell D. 2013. Video observation and data coding methods to assess food handling
- practices at food service. Food Prot Trends. 33(3):146 156.
- Clayton DA, Griffith C, Price P. 2003. An investigation of the factors underlying consumers' implementation of
   specific food safety practices [Research paper]. Brit Food J. 105(7):434-453.
- Clayton DA, Griffith C, Price P, Peters A. 2002. Food handlers' beliefs and self-reported practices. Int J Environ
  Health Res. 12(1):25-39.
- Clayton DA, Griffith CJ. 2004. Observation of food safety practices in catering using notational analysis. Brit
   Food J. 106(3):211-227.
- 558 Cloutman-Green E, Kalaycioglu O, Wojani H, Hartley JC, Guillas S, Malone D, Gant V, Grey C, Klein N. 2014.
- The important role of sink location in handwashing compliance and microbial sink contamination. Am J InfectControl 42(5):554-555.
- 561 De Buck E, Hannes K, Cargo M, Van Remoortel H, Vande veegaete A, Mosler H-J, Govender T,
- 562 Vandekerckhove P, Young T. 2018. Engagement of stakeholders in the development of a Theory of Change for
- handwashing and sanitation behaviour change. International Journal of Environmental Health Research. 28(1):822.
- 565 Dharod JM, Perez-Escamilla R, Paciello S, Berm, dez M, n A, Venkitanarayanan K, Damio G. 2007.
- 566 Comparison between self-reported and observed food handling behaviors among Latinas. J Food Prot. 70:1927-
- 567 1932.
- 568 Egan MB, Raats MM, Grubb SM, Eves A, Lumbers ML, Dean MS, Adams MR. 2007. A review of food safety
- and food hygiene training studies in the commercial sector. Food Control. 18(10):1180-1190.

- 570 European Parliament. 2004. Regulation (EC) No 852/2004 of the European Parliament and of the Council of 29
- 571 April 2004 on the hygiene of foodstuffs. Official Journal of the European Union. [accessed 21st November
- 572 2016]. https://www.food.gov.uk/sites/default/files/multimedia/pdfs/fstg.pdf.
- 573 Evans EW, Evatt RL. 2018. A narrative review of food-safety research studies of professional food handlers in
- 574 catering and manufacturing environments. Poster presented at the IAFP's European symposium on food safety,
- 575 Sotckholm, Sweden. April 2018.; [accessed 1st May 2018].
- 576 https://iafp.confex.com/iafp/euro18/meetingapp.cgi/Paper/18341.
- 577 Evans EW, Redmond EC. 2014. Behavioural risk factors associated with listeriosis in the home: A review of
- 578 consumer food safety studies. J Food Prot. 77(3):510 521.
- 579 Fawzi M, Gomaa NF, Bakr WM. 2009. Assessment of hand washing facilities, personal hygiene and the
- 580 bacteriological quality of hand washes in some grocery and dairy shops in Alexandria, Egypt. J Egypt Public
- 581 Health Assoc. 84(1-2):71-93. eng.
- 582 Food Standards Agency. 2009. Food handlers: Fitness to work. Regulatory guidance and best practice advice for
- 583 food business operators. [accessed 17th August 2017].
- 584 https://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/foodhandlersireland1009.pdf.
- 585 Gould LH, Rosenblum IDA, Nicholas D, Phan Q, Jones TF. 2013. Contributing factors in restaurant-associated
- 586 foodborne disease outbreaks, FoodNet sites, 2006 and 2007. J Food Prot. 76(11):1824-1828.
- 587 Green LR, Selman CA, Radke V, Ripley D, Mack JC, Reimann DW, Stigger T, Motsinger M, Bushnell L. 2006.
- 588 Food worker hand washing practices: An observation study. J Food Prot. 69(10):2417-2423.
- 589 Griffith CJ, Malik R, Cooper RA, Looker N, Michaels B. 2003. Environmental surface cleanliness and the
- 590 potential for contamination during handwashing. Am J Infect Control 31(2):93-96.
- 591 Health Protection Agency. 2013. Handwashing. Infections A Z. [accessed 24th October 2013].
- 592 http://webarchive.nationalarchives.gov.uk/20140714113436/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb
   593 <u>C/1194947399200</u>
- Hebert J, Clemow L, Pbert L, Ockene I, Ockene J. 1995. Social desirability bias in dietary self-report may
- 595 compromise the validity of dietary intake measures. Int J Epidemiol. 24(2):389-398.
- 596 Holah J, Lelieveld HLM. 2011. Hygienic design of food factories. Elsevier Science.
- 597 Lambrechts A, Human I, Doughari J, Lues J. 2014. Bacterial contamination of the hands of food handlers as
- indicator of hand washing efficacy in some convenient food industries. Pak J Med Sci. 30(4):755 758.
- 599 Lelieveld HLM, Holah J, Gabric D. 2016. Handbook of hygiene control in the food industry. Elsevier Science.
- 600 Lubran MB, Pouillot R, Bohm S, Calvey EM, Meng J, Dennis S. 2010. Observational study of food safety
- 601 practices in retail deli departments. J Food Prot. 73(10):1849-1857. eng.
- 602 Manning L. 2017. The influence of organizational subcultures on food safety management. J Marketing
- 603 Channels. 24(3-4):180-189.
- 604 Michaels B, Gangar V, Lin CM, Doyle M. 2003. Use limitations of alcoholic instant hand sanitizer as part of a
- food service hand hygiene program. Food Service Technol. 3(2):71-80.

- 606 Monsalve MN, Pemmaraju SV, Thomas GW, Herman T, Segre AM, Polgreen PM. 2014. Do peer effects
- 607 improve hand hygiene adherence among healthcare workers? Infect Control Hosp Epidemiol. 35(10):1277-1285.
- 608 Rajagopal L, Strohbehn CH. 2013. Observational assessment of glove use behaviors among foodservice workers
- in a university dining setting: Testing a visual intervention tool Food Prot Trends. 33(5):315 324.
- 610 Redmond EC, Griffith CJ. 2003. A comparison and evaluation of research methods used in consumer food safety
- 611 studies. International Journal of Consumer Studies. 27(1):17-33.
- 612 Regan Á, McConnon Á, Holah J. 2016. Chapter 14 Food hygiene and food workers: From complacency to
- 613 compliance. Handbook of Hygiene Control in the Food Industry (Second Edition). San Diego: Woodhead
- 614 Publishing; p. 197-203.
- 615 Roberts D. 1990. Sources of infection: food. The Lancet. 336(8719):859-861.
- 616 Robertson LA, Boyer RR, Chapman BJ, Eifert JD, Villalba A, Franz NK. 2013. Educational needs assessment
- 617 and practices of grocery store food handlers through survey and observational data collection. Food Control.
- 618 34(2):707-713.
- 619 Rossi M, Stedefeldt E, da Cunha D, de Rosso V. 2016. Food safety knowledge, optimistic bias and risk
- 620 perception among food handlers in institutional food services. Food Control.
- 621 Schmidt R. 2012. Food equipment hygienic design: An important element of a food safety program. Food safety
- magazine. December 2012/January 2013. [accessed 11th May 2018].
- 623 https://www.foodsafetymagazine.com/magazine-archive1/december-2012january-2013/food-equipment-
- 624 <u>hygienic-design-an-important-element-of-a-food-safety-program/</u>
- 625 Schroeder M, Yang L, Eifert J, Boyer R, Chase M, Nieto-Montenegro S. 2016. Evaluation of how different signs
- 626 affect poultry processing employees' hand washing practices. Food Control. 68:1-6.
- 627 Smigic N, Antic D, Blagojevic B, Tomasevic I, Djekic I. 2016. The level of food safety knowledge among meat
  628 handlers. Brit Food J. 118(1):9-25.
- 629 Smith D. 2009. Hand hygiene: guidelines for best practice. Guideline no. 62. Gloucestershire, UK: Campden630 BRI.
- Taylor J, Holah JT. 2000. Hand hygiene in the food industry: A review. Review No. 18, Project No. 35461
- 632 Campden & Chorleywood Food Research Association
- 633 Taylor J, Kaur M, Walker H. 2000. Hand and footware hygiene: An investigation to define best practice.
- 634 Confidential R&D report No. 110. Project 29729. Campden & Chorleywood food research association group.
- 635 Todd ECD, Michaels BS, Smith D, Greig JD, Bartleson CA. 2010. Outbreaks where food workers have been
- 636 implicated in the spread of foodborne disease. Part 9. Washing and drying of hands to reduce microbial
- 637 contamination. J Food Prot. 73(10):1937-1955.
- 638 World Health Organization. n.d. Clean hands protect against infection. [accessed 4th April 2018].
- 639 <u>http://www.who.int/gpsc/clean\_hands\_protection/en/.</u>
- 640 Worsfold D, Griffith CJ. 2003. A survey of food hygiene and safety training in the retail and catering industry.
- 641 Nutrition & Food Science. 33(2):68-79.

- 642 York VK, Brannon LA, Shanklin CW, Roberts KR, Barrett BB, Howells AD. 2009. Intervention improves
- 643 restaurant employees' food safety compliance rates. Int J Contemp Hosp M. 21(4):459-478.
- 644 Zellmer C, Blakney R, Van Hoof S, Safdar N. 2015. Impact of sink location on hand hygiene compliance for
- 645 Clostridium difficile infection. Am J Infect Control 43(4):387-389.