



WEBINAR ▶▶

COVID-19 Outbreak Preparedness for Senior Dining Operators



PRESENTERS:
**Barbara Kane &
Schelley Hollyday**





Disclaimer

Speakers and organizers for this activity have agreed not to promote commercial brand products or services during this educational presentation. Approval of this continuing education activity does not imply endorsement by the provider of any commercial products or services displayed in conjunction with this activity.

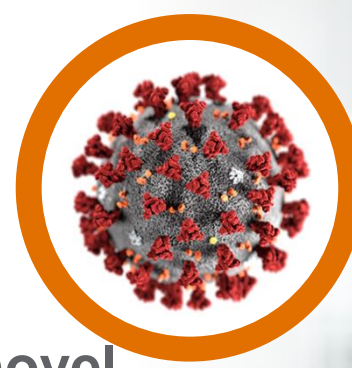
Disclosure

This Continuing Education activity was sponsored by Sysco Corporation. To the best of the speakers' and organizers' knowledge, there are no relevant financial or nonfinancial relationships to disclose.



ECOLAB®

WHAT WE KNOW ABOUT CORONAVIRUS



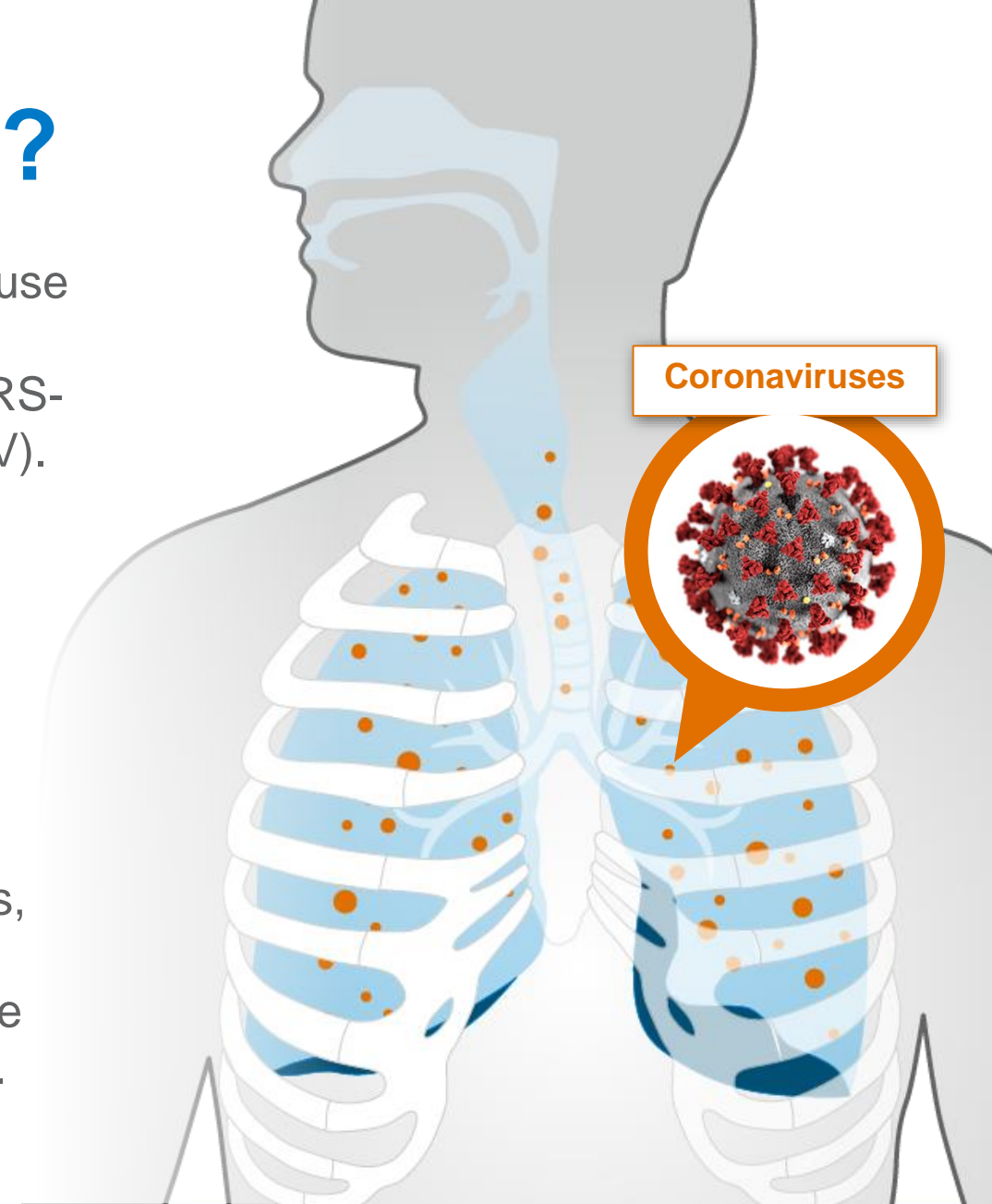
- Chinese public health authorities have **identified a novel coronavirus (COVID-19 Acute Respiratory Disease)** not previously seen.
 - 2nd strain reported from China, not yet confirmed
- The virus causes fever and respiratory symptoms.
- To date, the virus has infected tens of thousands of people, with thousands of reported deaths*
 - Access case counts here: [Global Map of Confirmed Cases](#)
- Public health authorities are actively investigating this outbreak and **the situation will evolve.**



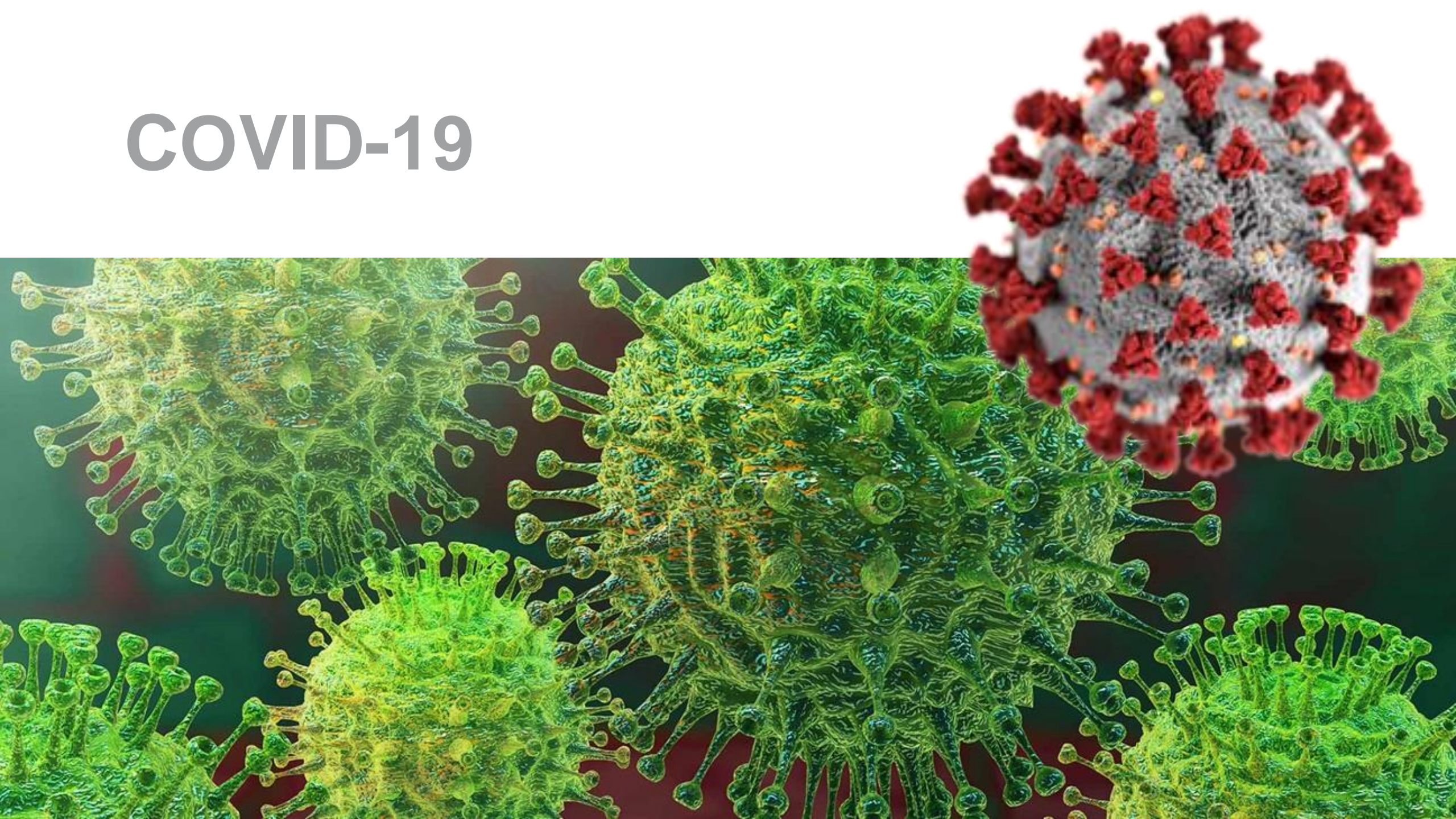
Sources: (1) <http://jiangsu.sina.com.cn/news/s/2020-01-15/detail-iihnzhha2508664.shtml> (2) <http://wjw.wuhan.gov.cn/front/web/showDetail/2020011509040>
(3) http://news.youth.cn/jsxw/202001/t20200115_12170407.html (4) https://www3.nhk.or.jp/nhkworld/en/news/20200116_46/ (5) <http://wjw.wuhan.gov.cn/front/web/showDetail/2020011609>
(6) <http://wjw.wuhan.gov.cn/front/web/list2nd/no/710> (7) <http://wjw.wuhan.gov.cn/front/web/showDetail/2020011909074>

WHAT IS A CORONAVIRUS?

- **Coronaviruses (CoV)** are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).
- **A novel coronavirus (nCoV)** is a new strain that has not been previously identified in humans.
- **Coronaviruses are transmitted between animals and people.** Several known coronaviruses are circulating in animals that have not yet infected humans.
- **Common signs of infection** include respiratory symptoms, fever, cough, shortness of breath and trouble breathing. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

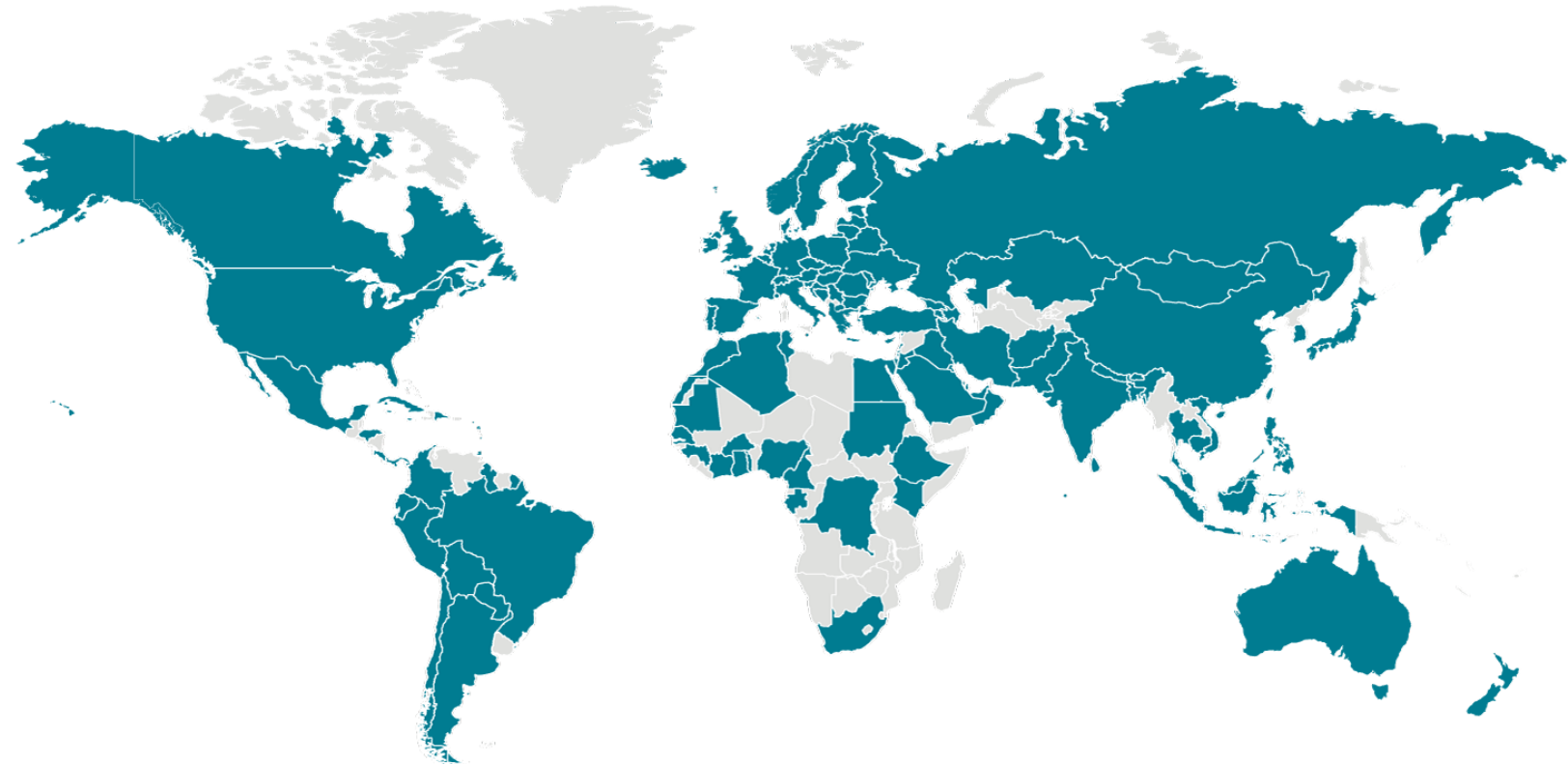


COVID-19



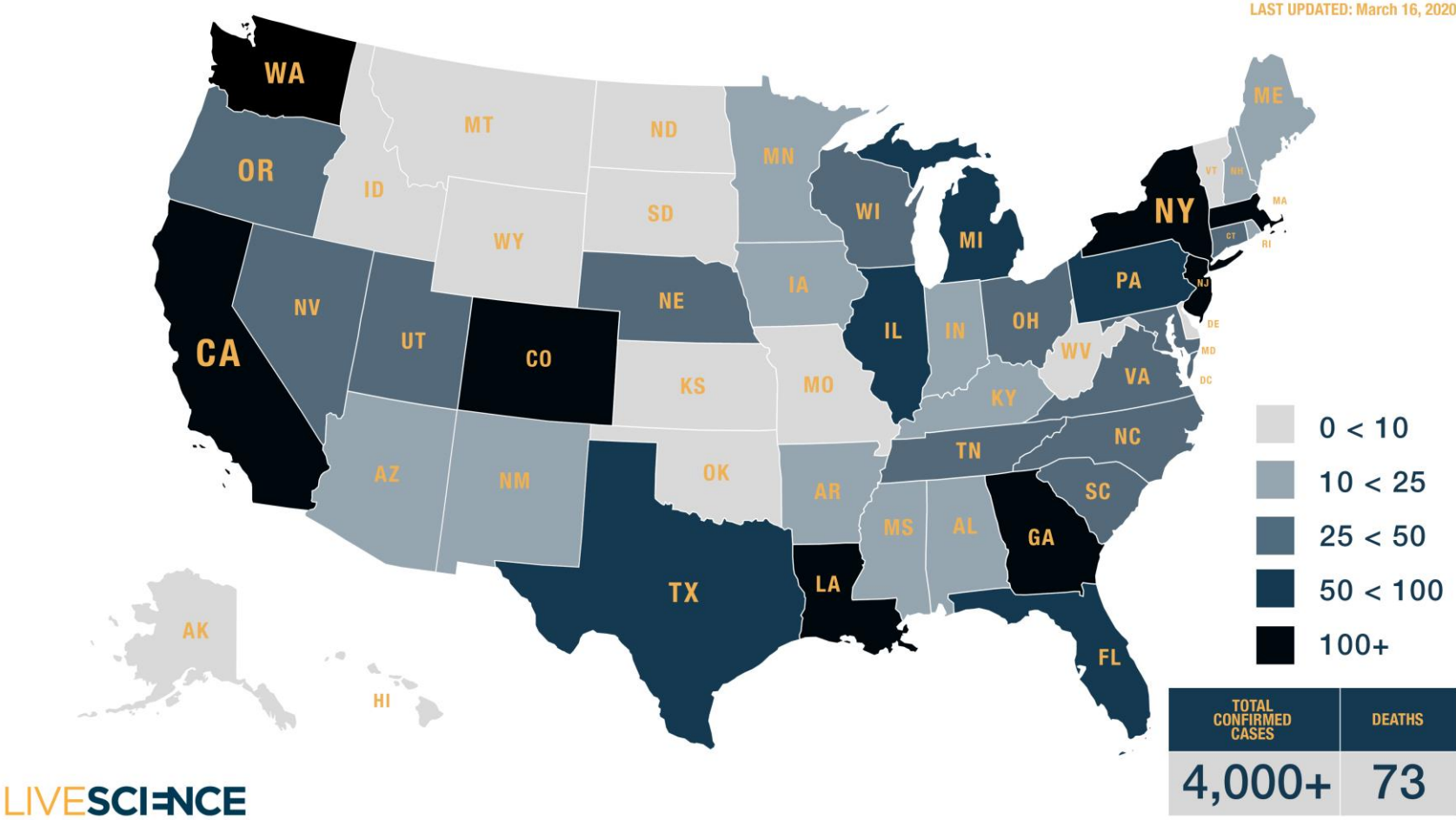
COVID-19 NUMBERS WORLDWIDE

- 179,112 cases
- 7,426 deaths
 - 3231 - China
 - 2503 – Italy
 - 853 - Iran
 - 309 - Spain
 - 148 – France
 - 75 – U.S.A



COVID-19 NUMBERS – USA 3/17/20

- 4226 cases
- 75 deaths



COVID-19 NUMBERS – USA 3/9/20

- 755+ cases
- 26 deaths
 - Washington – 22
 - California – 2
 - Florida - 2

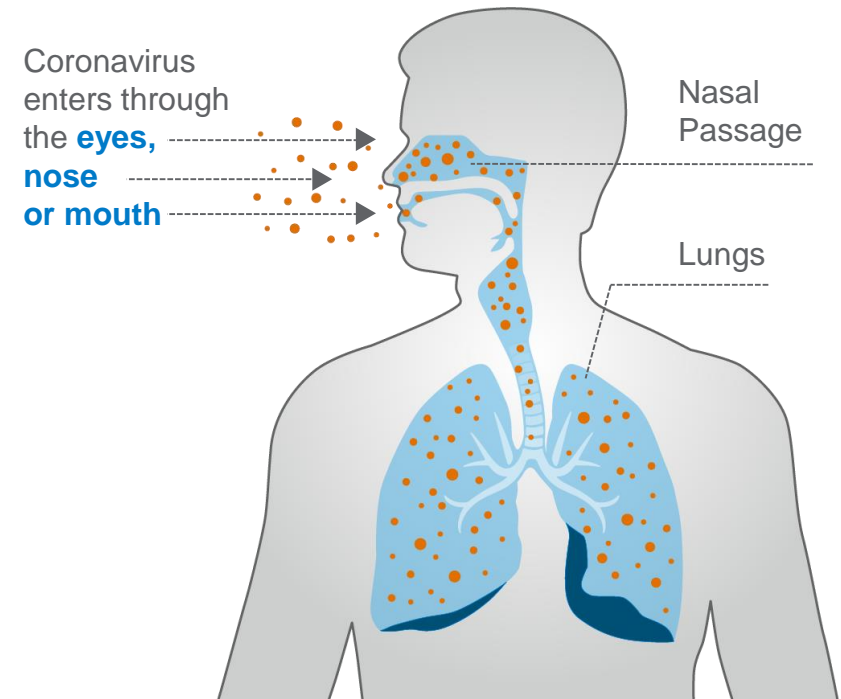


HOW DOES CORONAVIRUS SPREAD?

It depends on the particular coronavirus.

Human coronaviruses are rarely spread by fecal contamination **but may spread from an infected person to others through:**

- The air by coughing and sneezing
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose or eyes before washing your hands



Transmission from person to person is occurring to some extent with 2019-nCoV acute respiratory disease, especially among very close contacts. Surveillance continues.

THIS IS HOW!



TO MASK OR NOT TO MASK . . .



WE CAN TAKE STEPS TO HELP PROTECT PUBLIC HEALTH

Public health recommendations focus on **standard infection control practices, training and compliance.**



HOW TO PROTECT YOURSELF



There are currently no vaccines available to protect you against human coronavirus infection.

You may be able to **reduce your risk** of infection by doing the following:

- 1 Wash your hands** often and correctly.
 - The World Health Organization recommends performing hand hygiene with soap and water or alcohol-based hand rub if soap and water are not available.
- 2 Avoid touching** your eyes, nose or mouth with unwashed hands.
- 3 Avoid close contact** with people who are sick.
- 4 Avoid areas where live animals are being sold or raised** in regions where excessive cases are being reported.
- 5 Wear a mask and seek medical advice immediately** if you have a fever or other symptoms after traveling. Tell the doctor where you have traveled.





'SHAKE'



NO SOAP



**4. SIX
SECONDS
WITH SOAP**



**5. FIFTEEN
SECONDS
WITH SOAP**



**6. THIRTY
SECONDS
WITH SOAP**



HOW TO PROTECT OTHERS

If you have cold-like symptoms, you can **help protect others** by doing the following:



Washing your hands



Covering your mouth and nose with a tissue when you cough or sneeze, then throwing the tissue in the trash and washing your hands



Wearing a mask



Seeing a doctor immediately



Staying home while you are sick



Cleaning and disinfecting objects and surfaces



Avoiding close contact with others

ACTION PLAN FOR HEALTHCARE



PATIENTS

- Wear surgical mask
- Be evaluated in a private room with the door closed (ideally, an airborne infection isolation room)



HEALTHCARE PERSONNEL

- Standard precautions
- Contact precautions
- Airborne precautions
- Eye protection (e.g., goggles or face shield)



HYGIENE

- Frequent hand hygiene
 - The World Health Organization recommends performing hand hygiene with soap and water or alcohol-based hand rub if soap and water are not available.
- Disinfection of surfaces using EPA-registered products that have a claim against emerging viral pathogens

ACTION PLAN FOR SENIOR LIVING

- Follow local public health recommendations.
- Educate and inform all employees of proper infection control procedures
- Reinforce personal hygiene (hand and cough) throughout your organization and provide and train on PPE for employees.
- Provide hygiene materials such as soap, alcohol-based hand rubs and hand sanitizer stations to residents and employees throughout your property.
- Clean and disinfect surfaces and high-touch objects with approved disinfectants. Increase frequency as needed.
 - Hand railings, elevator buttons, public areas and resident rooms should be disinfected regularly.
- Consider closing non-essential public areas or delivering foodservice in-room.



➤ Implement infection control procedures.

WHAT STEPS SHOULD YOU TAKE IN YOUR BUSINESS?

- Ensure employee health and hygiene practices are in place, especially proper hand hygiene
- Disinfect hard surfaces and high-touch areas, including:
 - Railings
 - Doorknobs and handles
 - Restroom surfaces
 - Counters
 - Tabletops
- Ensure availability and proper training of personal protective equipment (PPE) where appropriate



Good News

Coronavirus is an enveloped virus. Enveloped viruses are the least resistant to disinfection, which means **disinfectants can be used to effectively kill coronavirus on surfaces.**



READ LABELS CAREFULLY!!

Product Specification Document



Quaternary Disinfectant Cleaner

ONE-STEP DISINFECTANT

CLASSIFICATION

- One-Step Disinfectant • Cleaner • Fungicide • Mildewstat • Virucide* • Deodorizer

PRODUCT DESCRIPTION

- Quaternary Disinfectant Cleaner is a one-step disinfectant/cleaner and deodorizer that is effective at ½ - 2 oz. per gallon against a representative list of Gram negative and Gram positive bacteria as listed on the label. Includes Hepatitis B virus (HBV), Hepatitis C Virus (HCV) and Norwalk virus.
- Quaternary Disinfectant Cleaner meets all efficacy requirements as a Hospital disinfectant. Ideal for use in hospitals, nursing homes, medical offices, dental offices, cafeterias, bathrooms, healthcare facilities, shower and bath areas, public rest rooms, emergency vehicles and other institutional facilities.
- Quaternary Disinfectant Cleaner is for use on hard, non-porous surfaces like floors, walls, toilet bowl surfaces, sinks, showers, lavatory fixtures, finished woodwork, vinyl and plastic upholstery.
- Quaternary Disinfectant Cleaner is an effective bactericide and virucide in hard water up to 400 ppm hardness (calculated as CaCO₃) in the presence of 5% serum contamination.

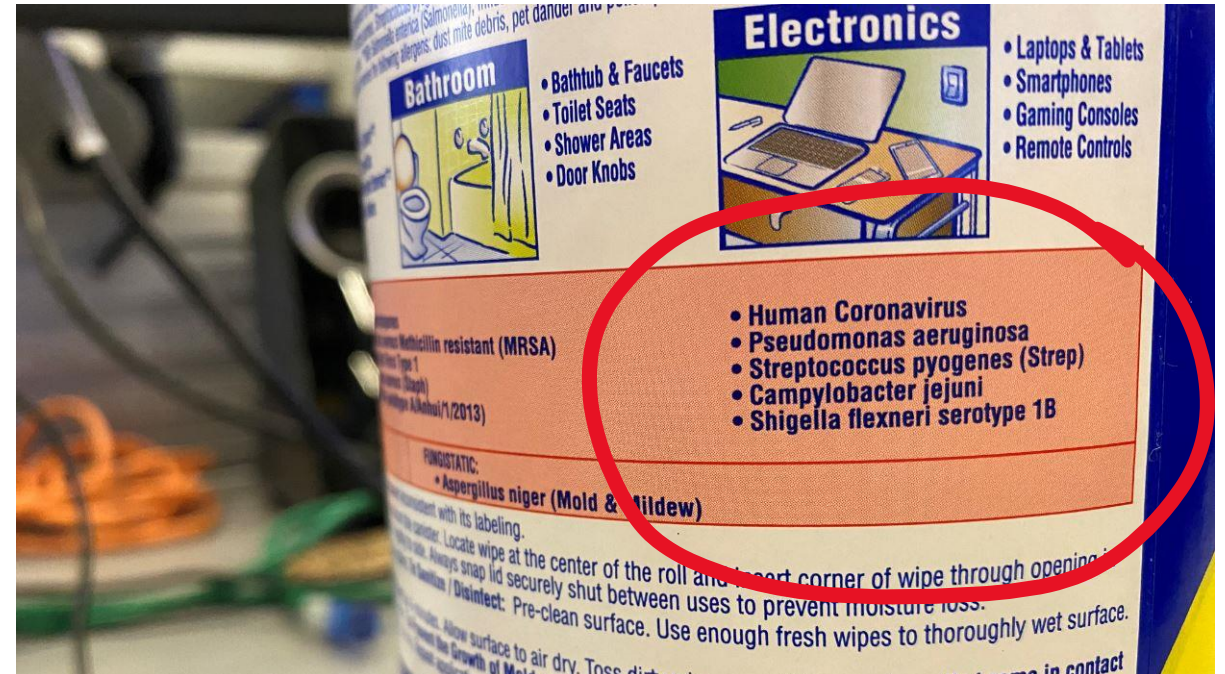
FEATURES AND BENEFITS

FEATURE	BENEFIT
Quaternary disinfectant cleaner	Cleans, disinfects and deodorizes in one step. Compatible with many types of surfaces as stated on the label. Helps save time, helps reduce inventory need.
½ to 2 oz. per gallon dilution range Economical to use under a variety of conditions	Allows for a dilution ratio sufficient to provide stated level of active ingredient to surface for disinfection.
Kills Hepatitis B Virus, Hepatitis C Virus and Norwalk Virus in 10 min and HIV virus in 1 minute	Meets OSHA requirements as an effective disinfectant for cleanup of bloodborne pathogens as indicated on the label.
Broad spectrum bactericide and virucide effective in up to 400ppm hard water with 5% organic soil	Ideal for use in hospitals, nursing homes, day care centers, dental offices and other health care facilities. Effective in a variety of water conditions.

DIRECTIONS FOR USE

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.

- Quaternary Disinfectant Cleaner is for use on the following washable hard, nonporous surfaces: Floors, walls, countertops, sinks, exteriors of appliances, exteriors of refrigerators, cabinets, highchairs, garbage cans, refrigerated storage and display equipment, tables, outdoor furniture except cushions and wood frames, chairs, desks, telephones, doorknobs, showers, fiberglass tubs, glazed tiles, fiberglass bathtubs, toilet bowl surfaces, bathroom fixtures, coils and drain pans of air conditioning and refrigeration equipment and heat pumps, conductive flooring and other hard nonporous surfaces made of metal, glazed porcelain, glazed ceramic, plastic (such as polystyrene or polypropylene), stainless steel, glazed enameled surfaces, finished woodwork, vinyl and plastic upholstery.
- Quaternary Disinfectant Cleaner is for use in hospitals, medical offices, dental offices, nursing homes, cafeterias, bathrooms, health care facilities, day care centers, nurseries, locker rooms, shower and bath areas, food storage areas, public rest rooms, institutions, schools, athletic facilities, camp grounds, transportation terminals, hotels, motels, business and office buildings, emergency vehicles.



REFERENCES/ADDITIONAL INFO

WHO – www.who.int/health-topics/coronavirus

CDC – www.coronavirus.gov

EPA -
[content.govdelivery.com/accounts/USAEPAOPPT/
bulletins/278c716](https://content.govdelivery.com/accounts/USAEPAOPPT/bulletins/278c716)

WHO Myth Busters -
[www.who.int/emergencies/diseases/novel-coronavirus
2019/advice-for-public/myth-busters](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters)



BEST PRACTICES

What are Communities doing?

- Residents
- Team Members
- Visitors
- Vendors

BEST PRACTICES

Nine Days Ago

- Restricting number of entrances, numerous hand sanitizing stations

BEST PRACTICES

Eight Days Ago

- Verbal screening with sign off document
 - Are you feeling well?
 - Visited any of the high rate countries?
- Conducted Town Hall meeting
- Salad Bars still operational

BEST PRACTICES

One Week Ago

- Initial requests from active clients on best practices
 - Limit number of entrances
 - Hand – sanitizing stations
 - Eliminate buffets and salad bars

BEST PRACTICES

Five Days Ago

- All site visits mutually cancelled
 - Web meetings as appropriate

BEST PRACTICES TODAY – INCLUDE ALL PREVIOUSLY NOTED

Residents and Family Members

A clear communication plan to residents and families is most critical.

Some communities have indicated that their residents do not see the need for modifications and restrictions.

BEST PRACTICES TODAY – INCLUDE ALL PREVIOUSLY NOTED

Residents and Family Members

- Assure residents and their families that your community is following the US Health Department and CDC recommendations for resident safety – in dining operations and organization-wide
- Implement a resident-family communications plan in case of lockdown. For instance, one of our members shared that his community's IT Department purchased additional tablets and phones for residents to use for FaceTime sessions with family members
- Instruct residents and help them become comfortable with using tablets and phones for FaceTime communications with family members and friends

BEST PRACTICES TODAY – INCLUDE ALL PREVIOUSLY NOTED

Residents

- Many communities have moved to delivery/tray service as much as possible
 - Ordering one day in advance by door hangtag
 - One meal period per day (lunch or dinner)
 - Limited menu
 - All disposable – China advisable when possible*
 - Chilled items with reheating instructions, including meal kits
 - Delivery charges waived
- Using servers for delivery

BEST PRACTICES TODAY – INCLUDE ALL PREVIOUSLY NOTED

General

- Disposables could become the next challenging item to procure.
- Consider wrapping items instead of using containers when appropriate.

BEST PRACTICES TODAY

Residents

- Those that are keeping dining rooms open are spreading out service times to limit the number of residents at any time. Allows 6-foot distancing between tables
- Reduced seating at each table, no more than three
 - Spoken or single use menus
- No bulk condiments, including salt and pepper.
- Wipe down POS terminals after each transaction.

BEST PRACTICES TODAY

Other Dining Services

- Activities and corresponding refreshments eliminated
- No catering

If catering or refreshments are still provided, all individually packaged – no bowls of popcorn!

BEST PRACTICES TODAY

Team Members

- Temperature taken prior to shift
- Shift switching
 - Moving PM employees to AM to allow those employees to stay home with children while schools are closed
- Extended Shifts of 10 – 12 hours so that fewer workdays are required
- Part Time employees, usually students placed on leave

BEST PRACTICES TODAY

Team Members

- Reach out and compile list of local chefs for back-up in the event of outbreak among cooks, chefs
- Reach out to independent restaurants (list of 8-10 that might be slower during this time) to provide backup if Health Department requires foods to come from “green zones” (non-contaminated areas).
 - Can also act as preferred delivery service

BEST PRACTICES TODAY

Team Members

- Each department director should talk with staff to determine who can be available (and who can NOT be there) based on their life situation in the event of an outbreak
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- Take temperature of staff before they enter

BEST PRACTICES TODAY

Retail – Residents, Team Members, Visitors, Vendors

- Communities that are keeping retail open:
 - Move to cashless
 - Wipe down POS terminals
 - Mainly Grab and Go
 - Limited Cook to order

BEST PRACTICES TODAY

Computer Concierge

- Many residents are not computer literate
- Consider establishing a computer concierge to place online orders on their behalf.
 - Amazon
 - Grocery Delivery
 - Meal Delivery
- Communities typically are only providing one meal per day to Independent Living Residents, so assistance with grocery orders is very helpful.

BEST PRACTICES TODAY

Don't Forget

- Phones
- Keyboard/mouse
- Elevator buttons
- Doorknobs
- Cart handles

THANK-YOU

Thanks to the following for sharing their practices

- Fleet Landing - FL
- River Landing - NC
- Medford Leas – NJ
- The Pines at Davidson – NC
- Givens Estates – NC
- Jefferson's Ferry – NY
- Immanuel – NE
- Bright Solutions
- Southminster - NC

CEU'S
Provided By:



Please...
**WASH
YOUR HANDS**

SmartSign.com • 800-952-1457 • S-4867

Learner Feedback

All participants are welcome to submit evaluations about the quality of this activity / materials.

Send feedback to:

Senior Dining Association

info@seniordining.org

980-434-1114

Commission on Dietetic Registration (CDR)

cdr@eatright.org

1(800) 877-1600 Ext 5500

Certifying Board for Dietary Managers (CBDM)

priorapprovals@ANFPonline.org

1(800)323-1908

SDA
WEBINAR >>

**COVID-19 Outbreak Preparedness
for Senior Dining Operators**

PRESENTERS:
**Barbara Kane &
Schelley Hollyday**