



# COVID-19: Resources and Information for Food and Nutrition Services Webinar



## Questions and Answers

March 26, 2020 Webinar Presented by Brenda Richardson, MA, RDN, LD, CD, Anna de Jesus, MBA, RDN, and Candace Johnson, RDN, CSG, FAND **(Answers 4/4/20)**

### General Questions

1. Q: Is COVID-19 airborne (besides directly coughing/sneezing from an affected person) and would this stop any mobile food/snack service?

A: This is a person-to-person contact spread, or if someone has fluid droplets that then get into the eyes, nose of another person. By using flip lids, insert covers, or dome covers along with all our training, safe practices, universal precautions, wouldn't this be satisfactory at reducing risk, and being confident of safe food being provided to residents/patients now eating in their room? How is the "air" in the hallways any different than the air in a kitchen?

As noted above, COVID-19 remains in the air for up to 3 hours. Facility staff should be wearing masks at all times which should help keep the food safe.

2. Q: How long does corona virus live on surfaces?

A: See <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>.

Data in the early stages indicates the following lengths of time that the virus can live on each surface:

- a. Aerosols: **Up to 3 hours**
- b. Cardboard: **Up to 24 hours**
- c. Plastic and Stainless Steel: **Up to 2-3 days**

### Social Distancing

3. Q: I have employees who insist on eating together. What can I do to insist that employee's social distance when eating?

A: Insist on social distancing according to CDC guidance. Request that the Infection Preventionist or Administrator address this in clear communication to all employees.

Assign different break times if the break room is too small to allow for 6 feet of separation between people. Allow staff to eat in areas they are not usually allowed, such as dining rooms when empty. Just be sure to sanitize the area when they are done eating.

4. Q: Can you please provide some ideas on how staff can practice social distancing in a facility kitchen?

A: Some larger facilities have reduced staffing hours and assigned staff to specific work stations with one person per work station (6 feet apart). Kitchen staff are wearing masks when working in the kitchen.



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### Food Safety Questions

5. Q: Can the virus live on food? What about hot food?

A: To date, per the Food and Drug Administration (FDA) and CDC, the COVID-19 virus is not transmitted through food. However, it is essential to follow food safety guidance including HACCP procedures. Continue proper food handling and recording temperatures for food served and food in storage areas.

6. Q: We have someone actively dying (not due to COVID-19) and we usually provide a comfort tray of cookies/coffee/tea etc. for family at bedside. Nursing staff have concerns about providing this and our DON has stated to not do it anymore for the time being. This doesn't feel right to me as they are screened before the family come in, we provide hand sanitizer with the tray. What would be a concern with the comfort tray? What am I missing?

A: Follow facility protocol. It sounds like they are taking reasonable precautions.

7. Q: It says, "Discontinue self-service food/drinks". Does this include coffee service when they need to push a button? How about water dispensers with no touch – an eye indicates when there is a glass to be filled and water and ice are dispensed.

A: Some facilities have discontinued the use of any "self-service" dispensers that require touch. If you continue to use the machines that do not require actual touch, then ensure high touch areas around the machines are disinfected.

### Sanitation Questions

8. Q: In an effort to minimize PPE during ware-washing what would be recommended during an in-facility outbreak? We have a hot water disinfecting machine and use pre-soak for utensils and plate/bowls. To my knowledge the presoak doesn't have a disinfectant in it. Would it be recommended to put bleach in the presoak? Otherwise I was considering using face shields but was just notified that we won't be able to get any due to shortages.

A: A high temperature dish machine will kill the virus, thus universal precautions are enough. Not sure what is in the pre-soak but you don't want to mix chemicals especially with bleach. It's important to check the temperatures and keep a log to be sure that the dish machine is getting up to the appropriate temperature. (Also see next question.)

Face shields are not needed at this time (however CDC has just now recommended face masks be worn even by the general public).

You may want to check with the company that provides general preventive maintenance or with your chemical supplier to determine if you are using the proper chemicals and to see if the amount of chemicals being dispensed in the dish machine needs to be adjusted.



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9. Q: Is the virus killed by heat sanitizing dishwashers?

A: Yes. Ensure temperatures are checked at least 3 times a day, prior to dish washing. It is best to check it half-way through dishwashing as well, if there are issues with the gauge.

In addition, use a surface thermometer. Either a T stick or waterproof dish machine thermometer. The reading should be 160°F.

Be sure to make sure you are recording your findings on a dish machine log to verify you are checking this properly.

10. Q: What do you know about a requirement to bleach food carts? Is there anything that you can send me to support this new sanitizing requirement?

A: See CDC guidelines. With the COVID-19 outbreak, high touch areas are disinfected as well as food carts that may have a tray from a resident/patient with COVID-19. See the link in question #17 above which includes:

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
  - Refer to [List N: Disinfectants for Use Against SARS-CoV-2](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

#### Isolation/Infection Control

11. Q: Our biggest worry locally is if facilities are putting a plan in place to control admissions and re-hospitalizations. Should these residents be on a designated unit with additional controls in place to monitor signs/symptoms (S/S)? Should staff be streamlined on those units? Should we re-evaluate use of paper products on those designated units?

A: Yes, facilities are triaging residents as they come in. If they show S/S, they are put in isolation. Some facilities designate a separate hall or try to increase the distance between COVID-19 patients. CMS (using CDC guidelines) has issued clear guidance through memos directing the process that is to be followed.



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The use of paper has not been a recommendation from CDC. CDC has directed health care facilities to follow universal precautions. That said, we have facilities that use all disposables only to find out, the supply is low, especially of disposable trays. Thus, we encourage universal precautions.

(See discussion below on bagging trays)

12. Q: One of the speakers talked about continuing to do what we do with all isolation trays such as using regular trays, dinner ware, etc. and that the trays should be bagged. The bagged trays being either carried directly to the kitchen or put on the cart. My facility does not bag the trays at this time. The feeling is that universal precautions are being taken by all staff. I presented this to my administrator and DON and they are struggling with the need to bag the trays. They are feeling that this is not necessary and wanted to know if there is some literature, guideline, etc. that states the trays should be bagged? I'm looking for any guidance you can give. I feel the trays should be bagged.

A: It is not absolutely necessary to bag isolation trays. The main reason to bag the trays is that it is a way to identify these trays so the kitchen staff handles them with care. The kitchen may be the last to know when there are isolation cases (like C Diff). In an ideal world, dish techs would always have gloves and a disposable apron on the soiled side, and remove these and handwash them on the clean side; or there would be 2 people in the dish room – one on the dirty side and another on the clean side. The reality is that this system is not always followed. So, we bag our isolation trays as a means of identification to alert our kitchen staff.

Specific guidance for infections control can be found at the CDC website “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings” located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

#### Glove Use

13. Q: We are a small community hospital and are finding we have to be creative because we have a shortage of gloves. Is it proper procedure to instruct employees to wash their hands with their gloves on? I have also seen people putting sanitizer on their gloves.

A: No to both. Per the Centers for Disease Control and Prevention (CDC), gloves are not necessary unless there is barehand contact with ready to eat (RTE) food or using gloves for contact precautions if entering an isolation room or handling isolation trays. Keep training and educating on proper use of gloves.

Remember that gloves do not replace proper hand washing.



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#### Dining Questions

14. Q: Confining residents in their rooms can increase isolation, increase risk for dehydration, weight loss, poor appetite, etc. Tray service is not the only way to provide meals/snacks to residents that are now confined to their room. Besides tray service, what other ways can hot meal service be provided?

A: Food carts can safely go down hallways as long as staff wear masks, keep food covered during transportation, staff practice good handwashing, avoid bare hand contact with food (use tongs, etc.), disinfect high touch areas (handles, drawers, etc.), use hand sanitizer on the cart to disinfect hands if handwashing is not available, and don't allow self-service by residents/patients. However, residents/patients in isolation need tray service using universal precautions.

15. Q: Our nurses are pushing back on communal dining due concerns about weight loss and decreased socialization. So they are bringing residents to the dining room despite CMS issuing guidance against communal dining. We're all aware that it is not ideal to have residents in their rooms (unless that is their preference), but this is the way it must be for safety for the time being. Exceptions of choking risks or individuals who need to be fed. Better ways to address these concerns at this time would be passing more snacks/drinks, providing social distanced activities, providing more one-on-one time, etc. How can I get my coworkers on board and/or better educate them?

A: Tough one especially if the Administrator and DON are not on board. Refer to CMS Interim Guidelines, and refer to CDC and social distancing. Refer to Kirkland, WA nursing home and how fast the disease spread. You can create social distancing in the dining room with a limit of people, spaced 6 feet apart, and possibly extending dining times. If you have an infection control survey, this will definitely be a focused area of concern for infection control (especially since CMS shared there was to be no communal dining in the QSO-20-14NH 3/13/2020). If the facility insists on serving residents in a common area, then the CMS guidance states residents are to be a minimum of 6 feet apart.

#### Essential vs non-essential staff

16. Q: Has CMS already named the RDN as non-essential and should RDNs only be working remotely unless absolutely necessary?

A: CMS has not specifically named the RDN as a non-essential healthcare worker. Remember that some RDNs serve as the Director of Food and Nutrition Services. RDNs are essential in maintaining the overall nutritional health of residents. Each facility will need to review the population of residents they serve and coordinate adequate support from the RDN. If a facility or state health department determine it is best to cancel RDN onsite visits, then the RDN can provide remote support through various forms of communication with the facility including documentation in the electronic medical record, phone, fax, e-fax, etc.





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#### Working Remotely

17. Q: I'm a RDN at a LTC facility one time a week and currently I am not allowed in the facility due to COVID-19. Is it appropriate to complete admission assessments remotely and indicate that I was unable to visit the resident due to the virus?

A: Yes. It is best practice to document who you talked with, who gathered information for you, and the reason you are working remotely. Example: Per interview with Susan \_\_, RN,...

#### Personal Health and Safety

18. Q: My greatest concern right now is keeping myself and others safe while still being able to treat my residents. The problem is I'm a type one diabetic putting me at high risk. My administrator continues to deny me being able to work remotely from home and requires me to come to the facility despite my fear of high risk in attaining the virus.

A: Follow CDC guidelines to stay safe. We all have individual reasons why we cannot go into a facility. Take the needed precautions to stay safe.

Here are a few tips. When we go home, we leave our shoes, bags, clothes, etc. in the garage or laundry room. We disinfect these before carrying them into our homes. Jewelry also needs to be removed and properly disinfected.

I have RDNs who go to 2 facilities a day. They bring a change of clothes, leave their purses in the car, etc.

We have more homes now that provide masks for all, including N95 masks for our COVID assigned homes. Some facilities are now even requiring 2 masks be worn if using the masks that are made from fabric and are washable.

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