



# **CORONAVIRUS: COVID-19**

## **Interim Facts for Foodservice Operations**

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# COVID -19 Facts

- \*Total global cases = 506,611,710                      \*Deaths = 6,206,478
- \*U.S. cases (pop - 331 million) = 80,785,141      \*Deaths = 990,084
- \*1.2% mortality rate in the U.S.
- \*\*Vaccination Doses Distributed = 718,395,045
- \*\*Vaccination Doses Administered = 570,111,773
- \*\*Number of People Receiving 1 or More Doses = 256,880,347
- \*\*Number of People Receiving 2 Doses = 218,996,861
- \*\*Number of People Receiving Booster Dose = 99,595,909
- \*Numbers as of **5:20 P.M. 04/20/2022**

\*Source: Johns Hopkins (<https://coronavirus.jhu.edu/map.html>)

\*\* Source: [covid.cdc.gov/covid-data-tracker/#vaccinations](https://covid.cdc.gov/covid-data-tracker/#vaccinations)

# Coronavirus: COVID-19

- Large family of viruses that cause the common cold to more severe respiratory illness. (SARS and MERS)
- COVID-19 is a novel (new) strain previously unseen.
- Symptoms include fever, cough, trouble breathing.
- Severe symptoms include pneumonia and acute respiratory syndrome which may cause death.
- Can be transmitted between animals and humans
- According to the WHO, coronaviruses may survive on surfaces for just a [few hours to several days](#), although many factors will influence this, including surface material and weather.



Coronavirus AKA COVID-19 is the most recently discovered strain of a large family of viruses that were also responsible for *Middle East Respiratory Syndrome* (MERS) and *Sudden Acute Respiratory Syndrome* (SARS)

[Current worldwide numbers \(CTRL-click link\)](#)

[Current U.S. numbers \(CTRL-click link\)](#)

- Coronavirus is easily spread through respiratory droplets.
- Transmission can occur when an infected person coughs or sneezes and their droplets contact other's mucous membranes (eyes, nose, mouth), either directly or from an infected surface.
- No evidence COVID-19 is transmitted through food.
- Transmission through fomites or inanimate surfaces with the virus to mucous membranes is why scrupulous handwashing and disinfection of these surfaces are imperative.



Increase handwashing and glove utilization and *reduce touching your face*, especially areas of your mouth, nose and eyes, as these are portals of entry.

Increase sanitization of devices you put near your face, such as your cell phone.



Eating is not a risk factor. However, live virus has been found in the feces of infected people, thus underscoring the importance of cleaning and sanitizing hard surfaces and washing hands thoroughly, especially after using the bathroom.



Notice that the wrists are being washed too

# Guidance for Retail Foodservice

- Complete prevention of transmission is not possible
- Goal is to assure client and customers enhanced protocols are in place to make the environment as safe as possible.
  - Use of proper disinfectant  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Increased frequency of service utensil cleaning and sanitizing
  - Increased frequency of cleaning of non-food contact surfaces.
  - Utilization of less self-service and more grab-n-go
  - Encourage handwashing as first option. Hand sanitizer acceptable but not as effective as frequent handwashing.
  - Foodhandler training – corporate policies regarding illness and reporting to work





# Disinfectants

- The Coronavirus is very susceptible to disinfectants. The virus is easy to kill on environmental surfaces with many different types of disinfectant.
- Disinfectants vary by chemical composition.
- Some are less toxic than others and require less contact time.
- Accelerated Hydrogen Peroxide is the easiest to use with low toxicity and 1- minute contact time requirement. The product is also environmentally safe.
- Quat sanitizer is effective, requires longer contact time. Increasing the concentration of Quat above the food safe PPM of 200-400 is not recommended due to the potential for bodily harm and residual chemical residues.
- Important to note: Disinfectants should not be used on food contact surfaces. FCS should be cleaned and sanitized via traditional routes which are adequate to kill the virus.
- **All cleaners and disinfectants must be used in accordance with the label instructions and limitations. The label of an EPA-registered cleaner, sanitizer or disinfectant is a legal document.**

Where foodservice environments have a lot of **patron touch of common utensils**, such as salad bars and coffee levers, etc. – **these utensils should be swapped out several times during the meal period or eliminate self-service and have employees serve the food.**





# Enhanced Sanitation Protocol

- Enhanced sanitation of high hand contact surfaces provides the most effective means of control in the foodservice environment.
- Increased frequency of cleaning and sanitizing general surfaces with approved disinfectant.
- Frequent exchanging of food service utensils (tongs , ladles, etc.)
- Encourage customers to wash hands and use hand sanitizer.
- If potable handwash sinks are available, position them to be accessible to customers as part of the enhanced protocol.
- Special attention to self order kiosk or biometric payment (fingerprint) devices. This also includes I-pads for ordering and payment.
- Highest frequency during peak times.



# Service Controls

- Service controls can be used to limit high hand contact areas.
- If possible, eliminate self-service.
- Increase grab-n-go items as customers may want to grab a meal and return to their workstation to avoid large crowds.
- Eliminate beverages dispensed from containers with spigots due to the high hand contact needed to dispense beverage.



# Food Handler Training

- Refresher training on client/corporate policies related to illness
- Clear communication on protocol if respiratory symptoms begin
- Review signs and symptoms of COVID-19.
- Ensure foodhandler does not come in to inform team they are experiencing respiratory flu-like symptoms.
- Protocol for clearance to return to work
  - Seek medical attention
  - Diagnostic testing (rapid swabs)
  - Clearance from Physician

# Specific Guidance for Food Handler Confirmed Case

## Best Practices

- The ill individual must be excluded from the work environment until cleared by physician to return.
- Individuals working in close contact should be excluded from work for 14 days.
- The unit should be temporarily closed.
- Kitchen and general areas including locker room and restrooms should be cleaned and disinfected utilizing EPA approved disinfectant.
- Assemble staff from other units, if possible, who were not in contact and being excluded, resume normal operations.
- Resume operations



# Thank you.

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