

1

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2

Operations  
Food Safety Culture  
2640

3

Administration

4

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# We're Just Sick About It

By Patricia L. Fitzgerald

» Protect your school community from norovirus and other foodborne illnesses.

**N**orovirus is a very contagious stomach illness, with unpleasant symptoms coming on suddenly, with little warning, within 12 to 48 hours after exposure. People who are ill can infect others for up to three days *after* recovery. Experts estimate that norovirus causes more than half of all reported food-related illnesses each year, affecting more than 21 million people.

We may call it the “stomach bug,” but not all stomach illnesses are caused by bad bugs, i.e. bacteria. Stomach illnesses can be bacterial, viral or parasitic. Bacterial-based stomach complaints include those caused by salmonella and E.coli. Viral illnesses include those caused by norovirus and rotavirus; norovirus has the inauspicious distinction as the most common cause of stomach illness.

People become infected in several ways. This includes eating or drinking contaminated food or liquids; touching contaminated surfaces or objects and then touching their mouth; having direct contact with an infected person. Contagious illnesses like norovirus can spread very quickly in a school community. There are steps that school nutrition professionals can take to reduce the chance of the cafeteria being a source of an outbreak. But it means that *everyone* on the team must do their part. Consider three simple scenarios where good intentions go awry.

**SCENARIO #1:** *Meredith was up several times through the night, monitoring her young daughter who began vomiting soon after dinner. In the morning, Meredith has arranged for her own mother to babysit while she goes to work in the cafeteria. After all, she feels fine and knows how short-handed the team has been in recent weeks. She doesn't want her absence to be perceived as making things harder on everyone else. **Is this the right thing to do?***

Meredith is doing no favors to her team if she winds up unknowingly infecting them and causing a potential outbreak in the school. While she might not be demonstrating any symptoms right now, her maternal care of her child certainly exposed her to possible infection, and those symptoms may not show up until after the damage has already been done at work. Stay home if you are caring for a loved one with a possible stomach bug, flu or cold.

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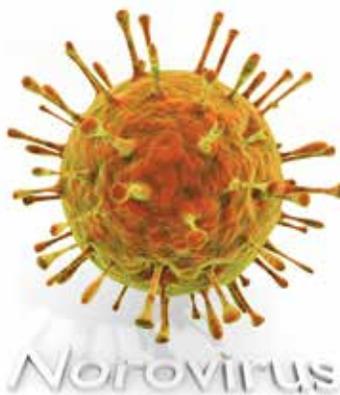
**SCENARIO #2:** Rhonda had the stomach bug all weekend, but it's Monday and she feels better, although not 100%. Her department gives an end-of-the-year cash award to those site employees with the highest attendance records, and she doesn't want to risk missing out on that bonus when she knows that she can power through the day. **Is this the right thing to do?**

The reasons why a school nutrition operation might provide incentives for employee attendance are certainly understandable. But such policies can raise the risk for illness among the staff and spreading to the customers, especially when it comes to highly contagious viral infections. Rhonda should have stayed home until she was well recovered—and/or her supervisor should have sent her back home upon learning of her recent illness.

**SCENARIO #3:** Poor Bobby. The shy third-grader just puked while waiting in line for lunch. Everyone is in a tizzy. You leave the cashier's station to help Bobby to a seat, then pick up the phone to call for the school nurse. Your coworker Rita is busy trying to wipe up the mess with a mop. You both wash your hands and then resume service to the remaining students. **Is this the right thing to do?**

Any vomiting episode should be treated as if it is norovirus, and special cleanup procedures should be followed. When someone vomits, tiny particles can spread widely and land on surfaces up to 25 feet away, so you need to consider any exposed area within that diameter to be contaminated. It only takes a very small amount of virus particles (as few as 18) to make someone sick.

Did you give a napkin to Bobby to cover his mouth? Did you wash and dry your hands before *and* after you picked up the phone to call for assistance? Did *everyone* within the area (students, teachers, foodservice staff and monitors) immediately wash their hands? School custodians should be trained in special cleanup procedures for *any* incidents involving bodily fluids, so you



should defer to them instead of tackling the mess yourself, unless you are prepared with a disposable face mask, nonabsorbent gloves, paper towels or disposable cloths, detergent and a separate garbage bag.

In addition, the incident should have prompted you to close the service line, if there was any exposed or uncovered food within 25 feet. Even if there wasn't, be aware that young hands that were within that radius will be touching trays, utensils, tray rails, packaged items and other surfaces. You will have to clean and sanitize the entire area. Use a separate kit for vomit-related cleanup than what you would use for routine cleaning. Never reuse towels, sponges, cloths or mops that were used for that cleanup.

If food was within 25 feet of the incident, you should take the responsibility of trashing it, despite the waste and cost. It's not worth the risk. How will you feed the remaining kids? Call your supervisor and request some help for batch cooking additional servings or prepping emergency meals, such as PB&J or cheese sandwiches.

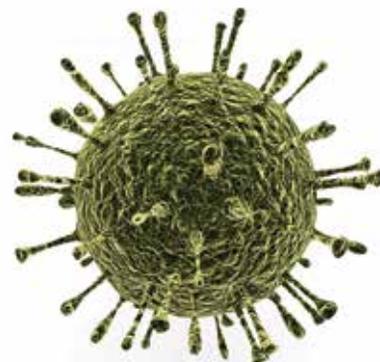
**YOU ARE THE GATEKEEPER** If you suspect a norovirus outbreak is brewing in your school, it's up to you to do even *more* to protect yourself and your student customers from the risk of infection. You and your team are already meticulous about glove use and handwashing whenever preparing food items, as well as in cleaning and sanitizing the food-prep and serving areas every day. Norovirus is so easy to spread that you should be wearing (and changing) gloves not just when dealing with raw food items, but also ready-

to-eat ones and even single-portion packaging.

When the stomach bug is going around, don't overlook "high-touch" areas where people place their hands throughout the day. In your area, this includes staff break rooms and locker areas, chairs, tables, the washing machine and dryer, door handles, push plates, railings, telephones, time clocks, PIN machines, equipment grips and so on. Take a good look around your operation one day when there is not a crisis going on and observe all the places that you and your staff—and your vendors and other visitors—place their hands. Make a list of these so that you can pay extra attention to them when viral contagion runs rampant.

Be aware that norovirus is very hard to kill. It can remain infectious on foods even at freezing temperatures and until heated above 140° F. It can stay on countertops and serving utensils for up to two weeks. It also resists many common disinfectants and hand sanitizers. This is why your food safety protocols are so important.

**WHO THEY GONNA BLAME?** News of an outbreak will travel through the school and into the community quickly, and many people tend to have a knee-jerk presumption that the cafeteria is the culprit of *any* incident that affects many people with vomiting, diarrhea and cramping. This is unfair, as less than 4% of all foodborne illness outbreaks reported to the U.S. Centers for Disease Control and Prevention are associated with school nutrition





2

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operations. Most foodborne outbreaks of norovirus take place in restaurant settings.

Be prepared to show you are doing *your* part to ensure that an illness outbreak is not foodborne from your cafeteria. You may be asked to produce menus from the last two weeks, employee attendance records, incident reports and documentation of safe food-handling certifications, policies and practices.

Above all, remember the three ways you can reduce the chance of a norovirus outbreak being traced to your facility and team.

1. Stay home when you are sick or when you are in close contact with someone who has a viral infection like the stomach bug. If you are a manager, do not hesitate to send someone home if you have good reason to suspect that they are or have been sick or exposed to norovirus. (Be sure you are aware of and comply with all human resource management and union policies about such steps first.)
2. Keep washing your hands—be even more vigilant about this than you already are.
3. Always avoid touching *any* food items with your bare hands.

If you come down with norovirus, you will feel terrible for the duration of the illness. But most people get better without any medical treatment. Still, norovirus is very disruptive in school communities—it will play havoc with your team and your schedule, as well as with the education of your student customers. Set a good example! Show how you always prioritize sound food safety practices—inside and outside the cafeteria. **SN**

*Patricia Fitzgerald is editor of School Nutrition.*

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1. Norovirus is a very contagious \_\_\_\_.

- stomach illness
- brain disorder
- spinal growth
- none of the above

2. People who are ill with norovirus can infect others up to three days after recovery.

- True  False

3. Norovirus can be treated with penicillin, because it's a bacterial infection.

- True  False

4. It's okay to show up to work as long as you are not showing any symptoms.

- True  False

5. Norovirus can be present in tiny particles that spray up to \_\_ away from a person who has vomited.

- 18 inches
- 25 inches
- 18 feet
- 25 feet

6. When cleaning up a vomit mess, you can use a dish towel, as long as you wash it immediately in very hot water.

- True  False

7. Norovirus can remain infectious on countertops for up to \_\_\_\_.

- 140 days
- 4 months
- 14 weeks
- 14 days

8. The federal government estimates that \_\_\_\_ of all foodborne illness outbreaks are associated with K-12 school cafeterias.

- the majority
- less than 1%
- less than 4%
- more than 40%

9. If there is an outbreak of norovirus in your school, be prepared to produce \_\_\_\_

- school lunch menus from the last two weeks
- flu shot receipts for all staff
- health inspection scores
- all of the above

10. Most people who come down with norovirus \_\_\_\_.

- recover within 12 hours
- need to be hospitalized
- recover without medical treatment
- can function after some Pepto-Bismol

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