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Fall 2014

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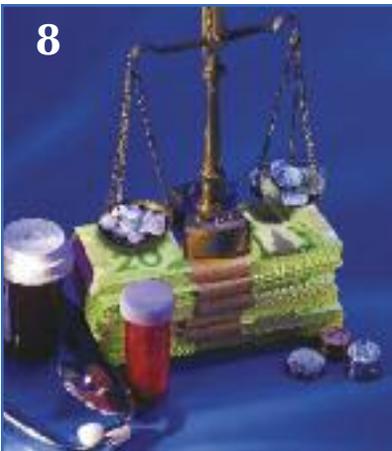
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# We Celebrate in 2015

By Barbara Cockwell, CNM



It is hard to believe that the CSNM board is six months into its 2014-2015 term of office. A committee has been busy working on our Policies and Procedures in order to align with our newly revised and approved Bylaws and to have the policies to the CSNM board for approval by November.

Please ensure that you have completed your eight mandatory CE points in order to be eligible for membership renewal. Contact the office at [csnm@csnm.ca](mailto:csnm@csnm.ca) if you require assistance. For those who are interested, CSNM continues to promote certification. To become certified, you need to have and maintain a minimum of 16 CE points per year. The Canadian Council of Professional Certification (CCPC) is the third-party company we use to handle our certification. Contact our certification portfolio manager at [certification@csnm.ca](mailto:certification@csnm.ca) or visit the CSNM website for more information.

The board would also like to remind all members that the nomination process for board positions has changed. We will be using a new process for the 2015-2016 elections – watch for emails with more detailed information.

Our volunteer co-ordinator has been busy recruiting volunteers to work with the portfolio managers of each committee. If you have volunteered and have not yet been contacted, please email our co-ordinator at [volunteer@csnm.ca](mailto:volunteer@csnm.ca).

The 50th Anniversary of CSNM is being celebrated May 7-9, 2015, in Toronto. Information can be found on the CSNM website. It promises to be an exciting event full of education, so please plan to attend!

CSNM is moving forward with offering “dual” membership processing for the 2015 renewal year which will allow members to renew their CSNM and provincial memberships at the same time and on the same invoice.

Each year, CSNM offers an opportunity for members to be recognized by their peers; the following awards are available: Award of Excellence and Award of Recognition as well as the Corporate Award. There is qualifying criteria that must be met to be considered for an award so, again, I direct you to the CSNM website. CSNM also provides three national scholarship awards to students enrolled in one of the CSNM-accredited colleges.

CSNM is supporting the world-wide Nutrition and Hydration Week which includes a National Tea Party. Please consider joining our colleagues from around the world by organizing and hosting a Tea Party at your facility. More information will be on the CSNM website.

Finally, on behalf of the board, I would like to take this opportunity to wish all our members and their loved ones season's greetings and best wishes for health and prosperity in 2015.

Barbara Cockwell, CNM  
President, CSNM

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# HAS YOUR FOOD EXPIRED?

You may be in for a surprise

By Rosanna Lee, PHEC., MHSc., BASc.

Each day, food is lost or wasted through the supply chain, the production process, quality assurance processes or from household consumption. In grocery chains and restaurant industries, food is discarded when it edges close to or past its expiry date. The practice does follow industry standards for safe food handling, but it also contributes to unsustainable methods of food use.

The statistics are quite staggering. According to the most recent UN Food and Agriculture Organization report, an estimated one-third of food produced for human consumption is lost or wasted globally – about 1.3 billion tons of food wasted each year.

In Canada alone, more than 50 per cent of our \$27 billion annual food waste comes from food that is thrown away. In Toronto, single-family households discard an estimated 275 kilos of food waste each year, meaning one in four food purchases ends up in the trash. The terminal food waste eventually ends up in landfills or at composting sites – a true waste of money, time and energy. However, there are a

number of ways we can practice safe eating habits, while saving money and reducing waste. Having a good concept of the terminology used by manufacturers, using your (common) senses to determine food safety and pre-planning your grocery trip and meals each week will allow you to achieve your long-term goals to reduce, reuse and recycle food as a smarter consumer.

## **BEST BEFORE, USE BY & SELL BY**

Best before dates emerged in the U.S. in the 1970s when consumers wanted to be more informed of product freshness. They were used then as markers to indicate when food was at its peak quality. However, it does not mean it cannot be eaten after the date. Contrary to what is commonly believed, best before dates do not indicate how safe the food is to consume and they have no relation to food poisoning or food-borne illnesses.

According to the Canadian Food Inspection Agency (CFIA), the “best before” date tells you when the durable life period for a food ends. The “durable life” date tells us the antici-

pated amount of time that an unopened food product (when stored under ideal conditions) will retain its freshness, taste, nutritional value or any other characteristics claimed by the manufacturer. This means that when your cold cereal is past the expiry date, it may still be good to eat.

Presently, CFIA mandates that best before dates and storage instructions be clearly indicated on pre-packaged foods that will keep fresh for 90 days or less when they are packaged in a place other than the retail store in which they are sold. The combination of “use by” (marks the last date to use the product while at peak quality) and “sell by” (marks how long a store can sell a product) also speaks to the food’s quality and freshness, not whether it is safe to eat. Yet, freshness can always be one of the few indicators of whether the food is safe for consumption. If we apply these terms in a realistic scenario, this means eggs can be purchased by the “sell by” date but they can be used three to five weeks after this date and still be at peak quality.

## **EXPIRATION DATES & FOOD SAFETY**

There are regulations for the use of “expiration dates” on particular products like formulated liquid diets (e.g. oral or tube-feeding products), foods for use in a very low-energy diet, meal replacements (e.g. energy bars), nutritional supplements (e.g. multivitamins) and human milk substitutes (e.g. infant formulas). After the expiration date, the food is not guaranteed to have the same nutrient content as declared on its label, so it is best not to consume the food if the expiration date for these items has passed.

However, when it comes to guaranteeing food safety for common grocery food items, there really is no absolute “expiration date.” This is because products can also go bad prior to the date. If you find mould from a new, unopened container of sour cream, then you should toss it out because it is unsafe to eat regardless of the “sell by” or “best before” dates indicated. Judge whether foods are safe to eat by using your senses and adhere to safe food practices. For instance, if there is something growing out of your food or the colour, texture, smell and appearance is off, then it is best discarded.

CFIA cautions against using your nose, eyes or taste buds to judge the safety of food. If in doubt, always throw it out! Use the best before, sell by and consume by dates as markers for food quality and keep note of how long the food has been there since you bought it.

Typically, food products with higher moisture content and greater protein tend to expire and go bad easily. You should keep a close eye on these products in the fridge, especially if they have been opened. If you need a rough idea of the “shelf life” (how long a food can be stored before it becomes unfit to eat), *Eat by Date* ([www.eatbydate.com](http://www.eatbydate.com)) and *Food Wise* ([www.foodwise.com.au](http://www.foodwise.com.au)) are great on-

line resources. The pages reference dairy, drinks, fruits, vegetables, grains, proteins and many other items on their database and how long they can typically last in the refrigerator and, or freezer after they are bought:

## **GROCERY SHOPPING & MEAL PLANNING**

Just as much as we need to be aware of “best by” terms, meal planning is a key factor to reducing money and food waste. Research has found that 49 per cent of Canadian shoppers purchase items they did not plan to buy in a grocery or superstore. With less time and more errands to run, consumers are making more in-store decisions. Having a list will still make it handy for you to control how much you buy. Lists also ensure that you stay on track with what you really need at home, rather than what you would impulsively want while at the store.

Allotting time at home with the family to plan meals for the week will also help to reduce food waste and cost, especially if you have picky eaters at home. When children are involved in planning and making meals, they are more accepting of the foods they have chosen. Meal planning also allows you to negotiate healthier meal and snack options that work for the entire family, while controlling portions to fit nutritional needs and limit food waste.

One great meal preparation technique is to try the one-meal-three-ways method where everyone can eat the same thing, but in different creative ways. For example, the baby can eat pureed avocado, the children can have guacamole dip with carrot and celery sticks and adults can have the spread with chicken and lettuce in a wrapped pita for lunch. This will help you to use up your left-over foods before they spoil.

Another important reminder when planning meals is to decide if you can or want to finish leftovers. Be honest. If you really cannot finish them in the next few days, freeze them – a good option to store your foods longer.

## **SHOPPING SMART**

We have all been guilty of buying items on sale, but do we really need them? Sometimes, the answer is no. This is particularly true for perishable items. Shopping smart also means recognizing needs versus wants. You don’t necessarily need three flavours of the same cereal bar, unless you know you can finish them on time. Buying just what you need can help you reduce food waste and prevent you from second guessing whether the food is still safe to eat many months after the expiry has passed.

## **RECOGNIZING YOUR EATING HABITS**

Are you a three-square-meals-a-day kind of person or do you snack throughout the day? Knowing your eating habits can also help you reduce food waste and save money. According to research, close to 30 per cent of Canadian adults eat between meals every day.

If you do not have time to prepare meals, be honest with yourself and buy smaller packaged items that are a better fit for your lifestyle and for your appetite throughout the day. Smaller packages keep foods longer because they are left unopened until eaten. Be sure to recycle your containers to make this a more sustainable practice. Another great option is to buy in bulk and freeze food in smaller containers.

Here are some common items you probably didn’t know you could freeze: milk, bread, cheese, grapes, pancakes, bananas, potatoes, cooked rice, pies, corn, cooked pasta, flour/

grains, cookie dough, left-over soups, stews, entrees, sandwiches, tomato paste, tomato sauce and eggs (removed from shells).

Check out BBC's *Guide to Freezing* by visiting [www.bbcgoodfood.com](http://www.bbcgoodfood.com).

Freezing is both environmentally and economically sustainable because you are defrosting what you know you can eat and finish. If you live alone, try to plan grocery shopping trips with your friends and split the food and their associated costs to get more savings.

Another major issue is whether to choose fresh or frozen produce? Frozen and fresh vegetables and fruits are actually nutritionally comparable to each other. However, when fresh produce sits uneaten for more than a week, the nutritional quality degrades anyway; it may be better to pick the frozen option. And, of course, grow-

ing your own veggies, fruits and herbs is a great way to learn about gardening and preserving your food.

### SHIFTING PERCEPTIONS

Presently, U.S. consumers are pushing for governments to change food laws and to establish a standardized system of food dating for food safety. It would be a better way to communicate important safety information to consumers and stakeholders, while encouraging better production and distribution timing of food to eliminate waste.

Grocery chains like Trader Joe's are already beginning to shift their practices to promote greater corporate ethics and sustainability. Doug Rauch, former president of Trader Joe's and CEO of Conscious Capitalism, has launched a program in Boston called *Daily Table* that provides a supermar-

ket and restaurant platform for consumers to buy food that is past its best before date at a markedly larger discount. Incentive or not, it is definitely a new spin on food recycling. The move has helped to build consumer awareness and to inspire individuals to think twice before tossing food that has passed its expiry date.



Rosanna Lee is a nutrition and health expert, a health communications specialist and a professional home economist with diverse experience in clinical nutrition, foodservice administration, industry, community nutrition, public health, research and education.



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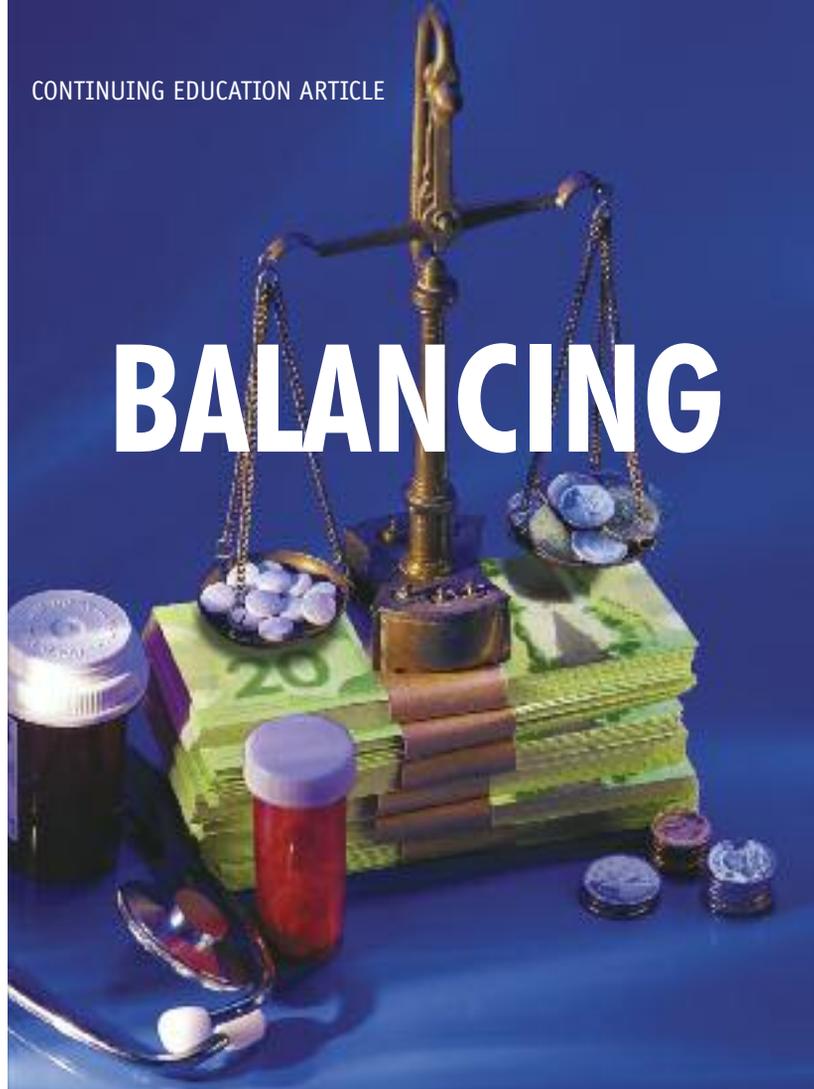
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# BALANCING

# EXPECTATIONS

The benefits of nutrition to health, well-being and a healthy bottom line

By Dan McHugh

Regardless of where you live or work, everyone is expected to do more with less. Patients or residents have the same medical conditions regardless of whether they are in Singapore or Sri Lanka, Canada or Manila and, increasingly, they or their care givers are becoming more internet savvy and utilizing new resources to get more information about their conditions. Residents often have no problem telling their healthcare providers what they should be doing.

We are coming face to face with a generation of baby boomer patients whose expectations of their healthcare will go way beyond that which patients of previous generations would accept. We see this manifesting itself in the newest design of our long-term care facilities and the implementation of room service in acute-care facilities. Add to that an increased awareness of sanitation requirements, record keeping requirements and media scrutiny, and it is clear that the expectations of nutrition care providers are becoming

more complex and challenging.

The populations of most developed countries are getting significantly older. What we used to refer to as the population pyramid is now being replaced with population pillars. Combine the increase in numbers with the ability of advanced medical technologies that everyone wants but which come at a high cost, and you have a recipe for financial stress in the healthcare systems of most countries. Cost-cutting measures are being considered for all aspects of care and, because dietary or nutrition department budgets are substantial, they are often high-profile targets for reduction.

Nutrition care providers are in the crosshairs of higher expectations and budget pressure. How do you balance both and still accomplish your true goals?

Unfortunately, reaction to pressure often leads to decisions across multiple departments which has the direct opposite effect of what was intended, causing the net real cost of care to rise. There are multiple and complex reasons that cause this to happen.

## BUDGET SILOS

Every department has its own challenges and worries about making budget. It is understandable but, in the end, it is very rare that cross functional teams address facility-wide solutions for reducing overall costs. This has to change.

## TRAINING

Doctors, dietitians, nurses and nutrition managers are well trained and expert in their respective fields, but most are not trained to look at costs on a sophisticated basis. The result is that there is a dependence on straight-up financial analysis. While much of that is very worthwhile, the reality is that proper product selec-

tion and practices are not as simple as laying things out on a spreadsheet and making decisions on the basis of just a lower net cost. In other words, a product that costs less at the back door and looks good on paper is often chosen for use without the proper consideration of taste and waste or, more importantly, patient outcomes. It is no wonder that most nutrition managers and dietitians report supplement waste of between 50 and 80 per cent.

Manufacturers have also reacted to lower prices and diminished margins by reformulating their products to reduce their costs. That reaction is completely understandable, but the resulting products do not taste as good as they used to. This further increases waste and, in the end, no one wins and outcomes are often compromised.

#### PHARMA CULTURE

In developed countries, the medical community tends to default to pharmaceutical products as the treatment of choice. The advances in pharmaceutical products to cure or alleviate medical conditions has been nothing short of miraculous, but that does not mean that the overuse of antibiotics, laxatives or other common drugs is acceptable. When it becomes necessary to create guidelines mandating against the overuse of medications and establishing a ceiling on such, then you know we have a problem.

#### AWARENESS

Many in the medical community are simply unaware of the importance of nutrition in the care process. This is surprising considering that Hippocrates' famous quote is to "Let food be thy medicine and medicine be thy food."

Thankfully, there is an increasing awareness of the cost of malnutrition to healthcare and the role that prop-

erly executed nutrition can play in helping achieve significant cost savings. In many respects, the days of looking for further savings at the back door are over. All elements of a product's costs are on the rise, so meaningful savings will come about only with a fresh new approach to decision making.

In order for that to happen, everyone involved in nutrition support will have to work hard to make the case that nutrition support should not be looked at as an expense but as an investment asset. Increasingly, there are various studies and reports leading to the conclusion that the nutrition department may be the most important aspect involved in improving the health of our patients/residents and reducing the overall cost of care.

In 2003, the British Association of Parenteral and Enteral Nutrition (BAPEN) provided an analysis of costs and potential savings associated with malnutrition in the UK.

Using the *Malnutrition Universal Screening Tool (MUST)* as the basis of calculating the healthcare cost of malnutrition and any associated disease, the annual cost in the UK in 2003 was estimated to be more than £7.3 billion. Most of this is due to the treatment of malnourished patients in hospital (£3.8 billion) and long-term care facilities (£2.6 billion).

The annual additional healthcare cost of malnutrition and associated disease (the extra cost of treating all patients in the general population with medium and high risk of malnutrition and associated disease, compared to treating the same number of patients with low risk of malnutrition and associated disease) was estimated to be more than £5.3 billion. Most of this was due to more frequent and more expensive hospital in-patient spells and greater need for long-term care in those with medium and high risk of malnutrition than low

risk of malnutrition.

In 2005, the U.S. Association of Nutrition Service Agencies reported, "Maintaining a medically appropriate diet during illness is crucial to improving health and reducing health care costs."

In a 2011 preliminary survey and report regarding the diagnosis and treatment of malnutrition in the hospital setting, the Canadian Malnutrition Task Force (CMTF) reported that less than 40 per cent of facilities reported that education on nutrition assessment was provided to medical staff at their institution. Practice has been slow to adapt despite the large body of evidence associating malnutrition with adverse outcomes.

While the most effective programs will be those that are adapted to fit with current methods at a given institution, it is hoped that various CMTF initiatives can refocus atten-

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tion to the problem, encourage education and training and guide institutions in integrating screening and treatment programs into standard hospital practice.

The evidence that malnutrition is a source of adverse outcomes in hospitalized patients is plentiful but has not sufficiently altered practice in Canadian hospitals.

In 2012, the UK National Institute of Health and Care Excellence (NICE) stated that if the nutrition standards guidance they developed “was fully implemented, resulting in better nourished patients, then in turn this would lead to reduced complications for secondary chest infections such as pressure ulcers, wound abscesses and cardiac failure. The analysis of the guidance indicated significant savings are possible through reduced admissions and reduced length of stay for admitted patients”.

#### PRACTICAL APPLICATION

For the effective delivery of good nutrition in healthcare facilities, a team-based approach is essential. Nutrition or dietary managers, kitchen staff, dietitians, nurses, doctors and housekeeping all have a part to play. Collaboration and communication is key.

That leads to new thinking in terms of product selection and care options. No longer can price at the back door be the only consideration in terms of product selection. Waste, yields, compliance, outcomes and labour, both in the kitchen and on the floor, have to become part of the equation.

**1** If supplement waste is high, find out why. Is poor taste the issue or is it caused by taste fatigue – patients are tired of getting the same flavours over and over? Is it the sheer volume of what we are trying to force patients to eat and drink and are there concentrated alternatives?

**2** If 50 to 70 per cent of residents leave 25 per cent or more of their food uneaten at most meals, then an honest appraisal of the plate presentation is clearly warranted. This is especially important for your puree diet offerings which typically have high waste. There are exciting new puree products on the market with enhanced protein levels that create an opportunity to eliminate one or more liquid supplements daily and increase real food consumption.

**3** When diarrhea is present with tube-fed patients, offer low-osmolality, concentrated liquid proteins that do not require extra liquids. The use of banana-flake anti-diarrheal products which are not contraindicated for C.diff are welcomed by nurses and patients who are dealing with diarrhea. Long-term care administrators have estimated the cost of each incidence of diarrhea at roughly \$100 when labour, diapers, cleaning, skin ointment, laundry and sanitation costs are added up. Nutrition choices can make a big difference here.

**4** Concentrated liquid fibre products offer low-volume alternatives to powdered fibre powders – a really important factor when dealing with any dysphagic or dialysis patients. And, this helps to eliminate the abuse of laxatives and stool softeners.

**5** Wound care is an expensive cost to all facilities whether for pressure ulcers, trauma, surgery or burns. Estimates in the U.S. show that costs to heal just one stage-3 or stage-4 pressure ulcer can be around \$75,000.

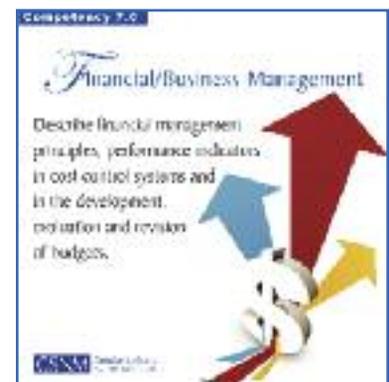
Effective wound healing is described as a three-legged stool consisting of pressure release, wound care and adequate and appropriate nutrition. Each leg of the stool is equally important; they either all stand together or they all fall. Unfortunately, meeting the specific nutritional needs for wound

care often are not met. Failure to provide additional nutrients in the proper amounts simply creates a huge barrier to wound healing and increases costs.

Regrettably, many wound care nutrition products on the market are dismissed as “too expensive” – a classic example of being penny wise and dollar foolish.

These are exciting times in nutrition with new products and new thinking. Yet, smarter decision making has to come into play. This is a case where a holistic approach to decision making which completely integrates nutrition support care is the way of the future.

Now is the time for everyone involved in nutrition support to say with one voice, “Invest in us. The facility might spend more money on nutrition, but the savings will be substantial”.



Dan McHugh is president of Medtrition International. He has spoken at numerous conferences across the globe, received the Distinguished Service Award from the U.S. Dietary Managers Association and was a founding member of (HCI) HealthCare Caterers International.



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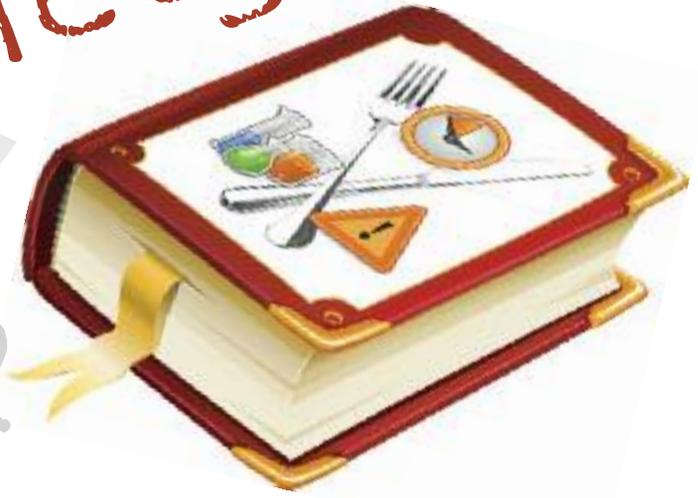


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# The Food Safety PRIMER



## Preventive measures to reduce the risk of food-borne illness

By Dorothy Long

**F**ood poisoning is caused by eating foods that are contaminated with unsafe microbes, mostly bacteria, but also by viruses, moulds, parasites and chemicals. Every year, more than four million Canadians get some form of food poisoning. Most recover quickly with no lasting complications, but the effects can be serious, even deadly. Canada has one of the safest food supplies in the world, but food recalls and food poisoning outbreaks still make the headlines. How can consumers ensure their food is safe?

In Canada, there are three government offices responsible for ensuring food safety from farm to fork. Health Canada is responsible for developing food safety and nutrition standards and guidelines, evaluating food-safety risks and promoting healthy eating. The Canadian Food Inspection Agency sets standards to detect and prevent risks to Canada's food supply and verifies that industry is meeting federal food safety and regulatory requirements. The Public Health Agency of Canada conducts food-related illness surveillance and outbreak investigations and provides advice to Canadians on how to protect themselves during an outbreak.

These government offices have partnered with industry to form the Canadian Partnership for Consumer Food Safety Education. Its role is to educate consumers regarding safe food

handling and preparation.

The consumer's role in food safety is just as important as the role of farmers, manufacturers, restaurants and others in our food chain. Everyone needs to know the rules of food safety. To help us learn these rules, the following best practices have been organized into four simple categories: Clean, Separate, Cook and Chill.

### KEEP IT CLEAN

Bacteria are everywhere and while most are not harmful to human health (some are even beneficial), there are those that can make you sick. Illness-causing bacteria can survive and thrive on hands, utensils, cutting boards and counter tops. Washing frequently will prevent cross contamination and ensure that bacteria don't spread.

Wash your hands before eating or handling food and after handling raw meat or uncooked eggs. If you stop to pet the cat, take out the garbage, go to the bathroom, or blow your nose, wash your hands again. Use soap and lather for at least 20 seconds. It takes about 20 seconds to hum the happy birthday song twice if you need a time reference.

Wash countertops, utensils, dishes and cutting boards with hot, soapy water and clean washcloths after preparing each food. Change up your washcloths frequently and clean them

using the hot cycle of your washing machine. Avoid sponges, as they are harder to keep bacteria free. Don't forget to wash the food thermometer too.

Wash fruit and vegetables but not eggs or meat. Even if you plan to peel fruits and vegetables it is important to wash them so that bacteria will not spread from the outside to the inside of the fruit. You don't need to use soap or fancy produce washes. Simply rinse with running water. For fruits or vegetables that have rough skins, scrub with a produce brush. It is safer not to wash meats and poultry as this process can easily spread bacteria to your sink and onto countertops.

Wash reusable grocery bags frequently, especially if any raw meat, poultry or seafood leaks or an egg breaks.

### SEPARATE TO PREVENT CROSS-CONTAMINATION

Cross-contamination is when bacteria from one food are transferred to another such as juices from raw meats coming in contact with cooked meat or using a cutting board to cut raw meat then cutting vegetables on the same unwashed cutting board.

Use separate cutting boards, dishes and utensils for produce, raw meat and eggs. If your cutting board is well used with lots of grooves, consider replacing it.

Keep raw meat, poultry, seafood and eggs separate during shopping. Before bringing them home wrap them in separate plastic bags in case they leak.

In the refrigerator keep raw meat, poultry and seafood in leak proof containers or wrapped in plastic.

Leave eggs in their container and store them in the main part of the refrigerator. Not only is the door not as cold as the main part of the refrigerator, it is easy to crack eggs as the door opens and shuts.

When barbecuing, use a clean plate for the cooked meat not the same dish that held the raw meat. Also, don't use marinade from raw meat on cooked meat.

### COOK TO THE RIGHT TEMPERATURE

Bacteria multiply quickest in the danger zone between temperatures of 4°C to 60°C (40°F to 140°F). Cooking food properly is the best way to kill E. coli, salmonella and listeria.

Use a food thermometer to measure the internal temperature of cooked foods. Colour and texture are not a reliable test to ensure food is completely cooked.

Place a food thermometer in the thickest part of the meat. Make sure the thermometer is not touching bone or fat. On a whole chicken or turkey, the best spot to place the food thermometer is into the thigh meat between drumstick and breast. For a burger, slide the food thermometer into the side of the patty rather than through the top.

If you are holding food before serving, make sure to keep it at 60°C(140°F). This also applies to transporting food. Keep it warm using an insulated container. When reheating leftovers, make sure to warm them to 74°C (165°F) and only reheat them once.

Consume only pasteurized milk, apple juice and cider. Pasteurization is a process of quickly heating foods for a short period to kill bacteria. This also includes milk products like cheese.

Some recipes for eggnog, mayonnaise, aioli, and salad dressing call for eggs but don't require any cooking. Use pasteurized egg in these recipes. Raw egg may contain salmonella.

### CHILL

Avoid the temperature danger zone, where bacteria and food poisoning grow. Remember you can't always tell just by looking or smelling whether food has gone bad or if it is full of harmful bacteria.

Keep perishable foods safe in the refrigerator or freezer. Your refrigerator should be set at 4°C (40°F) and your freezer at -18°C (0°F) or lower. Use an appliance thermometer to check the temperature. To ensure proper cold air circulation, don't overcrowd your refrigerator. Refrigerate all foods that are labeled "keep refrigerated."

Once cooked or served, foods should be stored in the refrigerator within two hours, preferably sooner. In warmer weather, refrigerate within the hour.

If you are transporting perishable food to a potluck supper or picnic keep cold foods below 4°C (40°F) using an insulated container packed with ice or frozen freezer packs. Keep the insulated containers out of the sun. Pack raw meats at the bottom in extra plastic or spill-proof containers to avoid raw meat juices dripping.

If you are using perishable foods such as leftovers, cheese, lunchmeats, and yogurt in your lunches, use an insulated lunch bag and a freezer pack.

Marinate foods in the refrigerator. Marinades may be acidic but not enough to prevent the growth of bacteria if left out at room temperature.

Raw meat, poultry and seafood must be cooked within two to three days after purchase. Freeze meats you don't intend to cook right away.

Remove the bones from whole poultry and other cooked birds before refrigerating.

Consult the best before date on foods such as dairy products, eggs and prepared meat before buying or consuming.

Refrigerate or freeze leftover food within two hours to minimize bacteria growth. Use refrigerated leftovers within two to four days – the sooner the better.

If you are not sure how long something has been in the refrigerator or how long it was left out on the counter after a meal, follow this simple rule – when in doubt, throw it out.

### THAWING

Never thaw food at room temperature. There are three safe ways to defrost frozen foods: in the refrigerator, in cold water that is changed every 30 minutes or in the microwave. Foods thawed in the microwave should be cooked immediately after thawing.

Do not re-freeze thawed food. If you have defrosted meat and then decided not to use it, cook it first and then freeze. The only other option is to cook the food while still frozen or partially frozen.

### FOOD SAFETY SHOPPING

Separate raw meat from your other groceries and wrap in plastic bags.

Check produce for bruising which can quickly turn to mould.

Never buy or eat foods from cans that are dented, bulging or leaking. Dents may seem harmless but they compromise the can, which may mean a break in the seal.

Buy cold and frozen foods at the end of shopping to ensure they stay fresh for the trip home. Take your groceries home right away and put perishables in the refrigerator or freezer. If you have to travel a long distance consider using a cooler with freezer packs or ice to keep food fresh.

Label specific reusable grocery bags or bins for meat, poultry and seafood.

### HOME CANNING

Use proper canning jars and new self-sealing lids. Follow the proper canning process. If you are new to canning, consider taking a course to make sure you are doing it correctly.

Use up-to-date, tested home canning recipes. Follow the recipe carefully and don't adjust ingredients, amounts or jar

sizes.

Consider freezing low-acid foods like vegetables, meat, poultry, seafood, and spaghetti sauce rather than canning them.

Flavoured oils and pesto made with fresh herbs and garlic must be kept refrigerated and used within two to three days. Oil is not a preservative.

### TIPS FOR EATING OUT

In Canada, all restaurants, coffee shops, drive-thrus and food trucks are inspected to make sure that safe food handling practices are followed. However, there are few things to watch for when dining away from home.

If you order a hot meal make sure it is served hot. Avoid eating lukewarm foods.

Cold foods like prepackaged sandwiches should be refrigerated and should feel cold when you eat them.

Ground meat, hamburger and chicken must be well cooked with no pink meat showing. In other countries, you might be asked how you would like your hamburger cooked. Always say, "well done."

Ask questions about how certain items are prepared. Is the Caesar salad dressing made with raw eggs? Are the flavoured oils and pesto made fresh or commercially sourced?

Beware food buffets. Are the hot foods hot and the cold foods cold? Does each dish have its own serving utensil? Is food replenished regularly? Is there a guard or cover for each dish? Are the plates and utensils clean?

If you are taking food home either after a meal in a doggie bag or as take out, follow the two-hour rule – eat or refrigerate within two hours.

Food safety is everyone's responsibility. The more you know, the safer you are.



Dorothy Long is a consulting home economist with more than 20 years of experience working in the agri-food industry. She started her career teaching home economics before venturing into the world of food writing, recipe testing and marketing.



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# The Sick Call: A Big Deal?

Achieving an acceptable rate of absenteeism

By Andrew Phillips

**A**bsenteeism-related costs have reached a significant percentage of an organization's annual budget.

The challenge within a collectively bargained environment becomes even greater when considering full-time employees working within the private sector took 8.3 days off on average compared to those working within the public sector who took 12.5 days off on average. Within the public sector, 76 per cent of all employees are covered under collective agreements which entitle their members to a predetermined number of sick and personal days. The word "entitle" is significant in that employees often believe it is their right to access their sick bank.

Many programs have been developed to assist managers in addressing absenteeism. Unfortunately, the area that continues to be least managed is how to address the basic sick call. These are the most frequent of all disability-related interactions between manager and employee and, not surprisingly, where the majority of costs arise.

Sick time is an important benefit for employees. It serves a definite purpose in providing wage replacement when illness prevents an employee from performing their work activities. However, it is still important for management to communicate with employees who have claimed sick time that the granting of sick time is a management responsibility, not an automatic award. Communication will allow the manager to determine if sick time is warranted or if the employee should claim an alternative form of leave.

The problem arises when action is required. Frequently, when a manager receives sick notification, they express their concern with the situation but do not address the issue with the employee. This occurs for several reasons:

- The manager is often unsure of what they can ask an employee who has placed a sick call. The fear of asking a wrong question can lead the manager to do nothing;
- The employee is armed with phrases to shield themselves from questions. *Confidentiality* and *privacy* are words often used by employees; and
- While aware of the need to address the sick call, the manager often becomes preoccupied with operational issues such

as finding replacement labour or doing the work themselves.

A combination of these factors results in the employee's sick call not being managed and the opportunity to positively impact the situation is missed.

On the other hand, a manager may move assertively or aggressively in managing a sick call or the employee, bringing the manager into confrontation with the employee and most likely their union. Restraint is important, but it is also important to use the situation as a model to develop procedures.

Human Resources can develop a model that will address the needs of the manager consistently in the future. If a policy does not exist, there are several considerations to be made during its development. The process must be performed consistently, and development of a time-sensitive script outlining the exact questions to be asked of the employee can be the platform for communication with the employee.

A frustrating component of returning sick calls is not being able to contact the employee. Successful programs often require employees to contact the operations department directly as opposed to a central staffing service. It is highly recommended that sick benefits not be authorized prior to this communication occurring.

Prior to implementation of any people management program, time needs to be spent orientating stakeholders. Employees and their representatives should be provided with sufficient time to address their questions and concerns. A program can only be launched once. If successfully challenged, it will lose momentum.

It is no coincidence that some managers consistently achieve the lowest rates of absenteeism. This is because they take the time to address issues in their infancy by responding to the initial sick call. ■ ■ ■ ■

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Andrew currently works for Covenant Health as manager of rural human resources. Previously, he worked as a consultant for an international consulting firm in which he worked with both public and private employers in creating innovative human resource solutions to complex issues.

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# Menu Planning Considerations

A look at the differences between long-term care versus acute care

By Jackie Orosz, RD



**T**he menu. It demands the investment of our time and our utmost consideration to ensure it is worthy of all we need it to do. Whatever the type of health care facility, the menu has similar functions and therefore the basic premises of planning are universal. As the goals of the facility change, so, too, will the menu be refined to match.

## MENU BASICS

To ensure nutritional adequacy, any menu must follow *Eating Well with Canada's Food Guide*. A comprehensive nutrient analysis should also be calculated to evaluate the menu's nutrient provisions. Menus should be planned in accordance with any provincial regulatory standards or guidelines.

A suitable meal pattern should be established based on the client population and the allotted budget. A cycle menu works well, with an appropriate length of three to four weeks in long-term care (LTC) and one to two weeks in acute care. Variety and choice should be provided as far as is reasonably practical. The frequency of menu revisions depends on the facility. In LTC settings, more frequent changes reflect a home-like environment and contribute to client satisfaction. In acute care, where length of stay is short and menu complexity high, frequent menu revisions can be labour intensive and less value-added to client satisfaction. Consider factors that will facilitate an appealing menu for all diets, including specialized menus: colour, food texture, flavour, shape, preparation method and temperature. Avoid repetition and watch for food patterns throughout the week.

## WHO IS YOUR POPULATION?

Next, consider the type of clientele being served. What are their cultural or religious traditions? Are there any local food lore that should be respected? Clients will feel more at home when their LTC facility serves familiar meals. What is the age range of your clients? Is dysphagia common; what about feeding difficulties or dementia? Even though your standard menu won't be all-accommodating, at least there are underlying principles that create a more well-accepted menu.

What is the prevalence of food allergies or sensitivities? If it is high, consider integration into the standard menu, for example a nut-free regular diet. Is there a need to provide therapeutic diets? Any modified diet should pattern as close as possible to items on the regular menu. This will both improve client satisfaction and help to streamline foodservice operations. In acute care, standardized diet guidelines should direct menu planning and will offer up criteria for therapeutic diet management. The goal there is usually to create a food environment that supports nutritionally balanced choices, mirrors the nutrition education provided to clients, and provides foods that are appealing to the hospital client. In LTC, diet liberalization should be the standard practice, with more focus on resident preference and nutrient density. The ultimate aim is towards enhancing food intake and quality of life.

## CLIENT-CENTRED MENUS

Incidence of malnutrition is well-established in LTC and acute care. This emphasizes the need for a well planned menu which offers numerous choices, is client-centred, diverse and nutritionally adequate. LTC menus should offer at minimum a choice in one or two food groups at each meal. Resident feedback should be incorporated into the menu. Look to plan special meals for holidays, or other theme days to add interest. Acute-care menus will usually have a wider range of choice, generally across all food groups and all diets, for optimal accommodation. Clients on texture-modified or therapeutic diets are likely to be the most nutritionally vulnerable, and providing freedom to choose not only enhances food intake, but also offers a means of emotional empowerment.

## STANDARDIZATION

Recipes and food products should be chosen with consideration of their potential use across the full diet spectrum. It is essential to have an understanding of the ingredient composition of all products. This is easier in large acute-care centres given the level of human resources available to assist, and the use of electronic support for menu generation and ingredient tracking. In smaller centres, it can be more laborious, but can be streamlined with product and recipe

standardization as well as an organized system of tracking current menu products. In LTC, standardization may be most helpful for managing specialized diets like gluten-free and modified texture diets.

### SYSTEM LOGISTICS

There are also many logistical considerations when planning a menu. What type of foodservice system is utilized? Menu items must be proven for the system employed, in terms of maintaining food quality after rethermalization or physically accommodating trays. Do you have the labour to produce and serve the menu and all of its modifications? Is the equipment utilization balanced for the daily production needs? Frequency of food delivery and freezer space should be considered. Menu consolidation may help to manage all of these challenges, and help to control costs. The aim would be to accommodate the greatest number of diets with the least number of menu items, without affecting the quality of the standard menu. In LTC, foods that are easier to chew might be generally well-accepted by all residents, resulting in fewer adaptations for texture-modified diets.

What about the feasibility of specialty menu items? Smaller sites with low volumes may have challenges procur-

ing specialized items like vegan or gluten-free dishes. Anticipate these needs and consider alternatives; perhaps there is potential to incorporate these as a choice for everyone on the standard menu. What is the foodservice model? Bulk dining room service may be a difficult environment to ensure safety with respect to dysphagia management, therapeutic diet provisions and food allergies. Staff and client education and controls must be in place. The more complex the menu and the more clients, the greater the potential for errors. This emphasizes why many LTC facilities like to keep it simple.

Regardless of the level of care, there will be challenges to consider. The ultimate goal with menu planning in any care setting is to serve up a healthy dose of balance. Promoting a healthy pattern of eating to optimize quality of life, ensure client satisfaction and support safe and adequate food intake. Finding ways to nourish our clients is a worthy challenge, and the menu is the place to start. ■■■

Jackie Orosz is a Registered Dietitian for Carewest, where she has practiced for the past 13 years. Her role as a clinician has always included menu planning responsibilities, as well as therapeutic nutrition care and dysphagia management.

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# The Bird's Eye View

Global sourcing proves beneficial for one Canadian poultry supplier

By Jamie Parcells



Perhaps à propos of its core product, Canadian-owned Reuven International's success is best attributed to its ability to spread its wings in an attempt to source the right products at the right prices.

For more than 35 years, Reuven International has been able to pass on the benefits of its exposure to a global economy to Canadian manufacturers and suppliers. The result is the company is able to source and sell products from around the corner – and around the world.

Reuven International started in 1977, facilitating imports into Canada for a large retail organization and introducing cooked diced chicken into the country.

"Global sourcing is at the essence of everything we do and that is where our expertise truly is," says Patsy Gagne-Waithe, Reuven International's senior business manager. "This is one of the reasons why we have been so successful to date. We are able to bring high-quality chicken products to the Canadian market at extremely competitive prices."

Reuven International works with all the major distributors in Canada and its products can be easily purchased by restaurants, hospitals, retirement homes and long-term care facilities. Fostering the company's growth is its national brokerage network. "This network allows us to fully service our customers – no matter where they are located. If a facility is in northern Saskatchewan, as an example, we can ensure that a representative is made available to them to service their business," says Gagne-Waithe.

Reuven International's sales force is supported by product development, procurement, logistics and regulatory specialists in servicing the retail, food service and industrial poultry markets across Canada.

Reuven International markets more than 75 products for its customers, offering complete procurement solutions at very competitive prices from Canada, the U.S., Brazil, Chile, Germany and Thailand for national, regional, and local customers. These offerings include importation, warehousing, and distribution to food product manufacturers, foodservice companies, quick-service restaurant chains, grocery retailers, and healthcare providers.

Operating in every province, Reuven International is experienced in regulatory affairs and import quota, and has been working closely with all levels of government in an advisory capacity for more than 30 years. "We advise and assist our customers in maximizing the product opportunities within the Canadian Regulatory System that covers all poultry products," says Gagne-Waithe.

## HATCHING NEW IDEAS

Reuven's team is focused on an in-depth understanding of their customers' requirements. The company commits its resources fully to its customers through the entire product development cycle. Identifying which of its manufacturing partners is best equipped to produce the product that meets the quality and price criteria and working hand in hand with its customers, it implements a seamless process from inception through to product launch.

Reuven International's Quality Assurance Team monitors the products on a regular basis to ensure ongoing quality and integrity.

"Our manufacturing partners from around the world provide the opportunity for us to match product needs with the best facility," says Greg Ferguson, vice-president, marketing and sales. "We don't have as extensive a product portfolio as some of our competitors, but the products that we do bring to market offer solutions to what we believe is a cross section of the consuming public in Canada."

Ferguson sites the company's fully-cooked chicken breast strips as an example. "We currently have two different offerings: one is more of a premium offering while the second is more of a value offering. Realizing that there is presently a gap between the two, we are currently developing a third offering – and we do this with the majority of the product categories that we participate in," he says.

Reuven International relies heavily on information received from its national broker network – vital information in identifying product gaps or issues that end users may be having. "It's a matter of constant contact," says Ferguson. "This is important as it enables us to address the needs of a very dynamic changing landscape within Canada in a timely fashion."

### EGGS IN MORE THAN ONE BASKET

The company's product-development process follows one of three paths. Once information is gathered from its broker network, Reuven International selects the right manufacturer for a particular product from its global network. "If it's a one-off opportunity of small volume that might not fit our process, but if there is product demand in one part of the country, more than likely it will develop in other parts of the country as well," says Ferguson. "Our network is exceptional at assisting us in determining immediate and future needs."

The second path involves gap analysis. Here, the company examines what is being offered in the foodservice and healthcare landscapes and – if a product gap is identified – it begins the process of development.

"The third path involves good old-fashioned innovation," Ferguson asserts. "We attend a lot of food shows across Canada and in the U.S., Europe and Asia. We are always looking for the next great idea and our access to global manufacturers provides us with a steady stream of new products."

### BIRDS OF A FEATHER?

Long-term care facilities throughout the country continue to face many challenges – among those are time and budgetary constraints. Front-line staff are having to stretch both time and resources like never before.

"One of our strategic priorities is to continue to expand our presence in the healthcare market and we work diligently on product and recipe development geared for that sector," says Gagne-Waithe.

"When developing products and menus, we examine food preferences, dietary needs, food funding, cultural and religious issues – all of which can vary by region. Our goal is to ensure that we fully understand what the constraints and issues are for our client base throughout the country."

Recognizing Canada's cultural diversity, many of Reuven International's products are Halal certified, have no allergens and are sodium reduced and gluten free. "We also provide fully cooked chicken that is all natural. We recognize that kitchen facilities have constraints and that they need solutions for menu planning," she says.

Over the past four years, Reuven International has enjoyed double-digit growth and Ferguson says he expects that to continue for the foreseeable future. "We are a small company that has enjoyed tremendous growth but there is still a lot of opportunity out there – mainly because poultry is the fastest growing protein that Canadians want to enjoy," he says.

"Our presence has been focused on the retail, industrial and foodservice channels – the latter representing a signifi-

cant opportunity for us. We are well suited to deliver product to Canada's aging population – that represents a large opportunity for us." He continues, "Our manufacturers are experts in portion control and this provides us with a competitive advantage in keeping product costs down, resulting in savings that we pass on to our customers."

### SHELLING OUT FOR THE FUTURE

Reuven International is currently working on finalizing a new chicken breast meat product – ideal for many industry sectors including healthcare. "Our goal is to have this new product priced at a level suitable for facilities working with a tight budget while maintaining a high level of quality," says Gagne-Waithe. Launch for this new product is anticipated for 2015. Reuven International will also introduce a Frenched chicken wing drumette, initially in Ontario, with plans for a national launch in 2015. "We are excited to bring something unique to the market and we believe that it will appeal to a wide variety of customers, especially those looking for a hand-held appetizer option," she says.



Developing kosher products and organic chicken offerings are on the company's radar as well. "With the right manufacturing partner, organic presents a very exciting opportunity for us," says Ferguson. ■ ■ ■ ■

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Jamie Parcells is the publisher of *Food Service & Nutrition Canadian Society of Nutrition Management News*.

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## PSNM

### IN SEPTEMBER, PSNM MEMBERS

visited Hawthorne Seniors Care Community, a 200-bed campus of care with a large adult day program. Kathi Holt is the manager of hospitality services at Hawthorne. Members discussed various issues including Combi Ovens, recycling and general difficulties with staffing. The membership also debated the offer of the dual membership CSNM has offered, but opted to wait until after the PSNM Spring AGM before moving forward. The executive will be focusing on new members in 2015 as well as adding value for current members.

Many members have agreed to work on a very special event for the fall of 2015 – PSNM will celebrate 40 years! The date and details will be on the CSNM and PSNM web sites.

## OSNM

### MORE THAN 100 DELEGATES WERE IN

Kingston for the 2014 Conference and AGM, in September. A sunset cruise on the St. Lawrence launched the event. Along with a delicious meal, delegates heard about the challenges of providing meal service on a moving vessel.

Phillip Brown spoke on *26 Words that Can Change Your Life* and Shawn Souder followed with recognition of responsive behaviours and coping with them in healthcare environments. Delegates were given a vendor showcase of new products. In the afternoon, Dr. Don Mercer gave an overview on food processing followed by the AGM and a cocktail party and gala dinner to end the day.

The delegates learned the latest on financial growth from Guy Aube on Friday, and Sandra MacInnis closed the conference by providing insight on future kitchen developments.

Thanks to Linda Carneige and her team for a successful conference.

## Atlantic

### AN EXECUTIVE FOR THE ATLANTIC

chapter is being organized so that it may become an active chapter with CSNM. To be compliant with the new CSNM bylaw, chapter members now need to have CSNM membership. Any non-members interested in becoming CSNM members will need to write and pass an entrance exam to qualify (unless you've graduated from an accredited college within the last two years). Please share this information with any nutrition managers who may be interested in joining CSNM or the Atlantic chapter.

South West Nova District Health Authority is planning a Tri-District Learning & Networking day for November 19, in Yarmouth, Nova Scotia. With food and nutrition managers, clinical dietitians and dietetic technicians from Annapolis Valley Health and South Shore Health invited, the focus of the day is to learn about each other's practice, collaborative practice and networking.

## SSNM

### SASKATCHEWAN'S OCCUPATIONAL HEALTH AND SAFETY ACT HAS

been amended to include Summary Offence Ticketing (SOT). The act aims to create a safer workplace and increase compliance with existing legislation. While some provinces already have SOTs in place, it is new in Saskatchewan. SOTs can be applied to:

- High-volume offences reflecting a history/pattern of non-compliance;
- Offences frequently recommended for prosecution by the OHS Division; and
- Offences where non-compliance has a high risk of injury, illness, or death based on frequency or severity.

There are 12 ticketable offences with fines ranging from \$250 to \$1,000. Payment of the ticket is the responsibility of the individual to whom it was issued. There is only one offence that applies to a worker – failure to use personal protective equipment (PPE). Prior to issuing a ticket, officers will assess if the worker was provided/directed to wear the proper PPE and received adequate training.

A safe workplace is everyone's responsibility!

## ASNM

### ASNM MEMBERS MUST ALSO BE A CSNM MEMBER

as of March 31, 2014. This is not a new requirement for ASNM. In past years, there had been no membership dues required nor reviewing of membership qualifications. Emails have gone out to encourage ASNM members to research the CSNM website for membership requirements and what steps to take if joining CSNM. Most ASNM members are already CSNM members.

In October, ASNM invited its members to tour the New South Health Campus Hospital and view the Retherm Meal Delivery System, as well as Bed Side Menu Entry Process. This was followed by a site tour of Rockeyview General Hospital and the new Meal Distribution System that was implemented in 2012.

ASNM continues to work with CSNM board members to assist in developing alternate ways of connecting general ASNM membership with the CSNM board. To this end, the first "CSNM Ask the Board Webinar" was held.

# CONTINUING EDUCATION QUIZ

YOUR NAME

MEMBERSHIP NUMBER

PHONE NUMBER

DATE

## BALANCING EXPECTATIONS

### Competency 7.0 *Financial Business Management*

- Liquid supplement waste is estimated to be between...  
 A - 0 – 20 per cent  
 B - 20 – 50 per cent  
 C - 50 – 80 per cent  
 D - 80 – 100 per cent
- The Canadian Malnutrition Task Force reported that less than what percentage of facilities provide education on nutrition assessment?  
 A - 60 per cent  
 B - 40 per cent  
 C - 20 per cent  
 D - 10 per cent
- In an intake monitoring study in long-term care, 50 to 70 per cent were found to leave what percentage of their meals uneaten?  
 A - 5 per cent or more  
 B - 15 per cent or more  
 C - 25 per cent or more  
 D - 35 per cent or more
- The total cost of each incidence of diarrhea including staff time, diapers, clothes, laundry and skin treatment is estimated to cost the facility...  
 A - \$25 or more  
 B - \$50 or more  
 C - \$75 or more  
 D - \$100 or more

## FOOD SAFETY

### Competency 2.0 *Quality Management*

- How many Canadians get some form of food poisoning each year?  
 A - More than 7.5 million  
 B - More than 4 million  
 C - Less than 1 million  
 D - About 2 million
- Which answer correctly outlines the four main food safety practices?  
 A - Clean, prevent, heat and chill  
 B - Chill, heat, cook and clean  
 C - Clean, separate, cook and chill  
 D - Chill, heat, isolate and discard
- Which of the following is NOT a common food safety mistake?  
 A - Using a food thermometer to measure the internal temperature of cooked foods  
 B - Using the smell test to see if food has gone bad  
 C - Washing meat and poultry  
 D - Letting food cool before putting it in the refrigerator
- What are the three ways to safely thaw frozen foods?  
 A - On the counter, at room temperature, in the microwave, in the sink under hot running water  
 B - In the sink under cold running water, in the microwave, on the counter at room temperature  
 C - In the refrigerator, in cold running water that is changed every 30 minutes, in the microwave  
 D - In the refrigerator, in the sink under hot running water, in the microwave

## COMPLETE THIS QUIZ ONLINE!

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**CAMPBELL'S FOODSERVICE**

Campbell's Foodservice provides a full range of creative menu solutions for healthcare customers in acute care hospitals for patient feeding and healthcare retail cafeterias, and for senior living in both long-term care and retirement residences. Our product portfolio includes a full range of soup solutions, entrees, healthy beverages, texture modified foods and products for dysphagia management. Please visit our Campbell websites at [www.campbellsfoodservice.ca](http://www.campbellsfoodservice.ca) and [www.campbellshealthcare.ca](http://www.campbellshealthcare.ca) for details about our product line, nutritional information and recipe ideas.



**CULINARY SOFTWARE SERVICES**

Culinary Software Services is the leader in back-of-the-house technology for the foodservice industry. ChefTec and CorTec Software provide state-of-the-art inventory control, recipe and menu costing, purchasing and ordering, sales analysis and menu engineering, production management, waste and lot tracking and nutritional analysis. Systems available for independent restaurants to multi-unit and complex operations. For more information, visit [www.cheftec.com](http://www.cheftec.com).



**DARE FOODS**

Dare Foods is a national, key supplier of fine breads, croutons, cookies, candies and crackers to the foodservice market in both bulk and convenience packs. Since the first hand-made cookie was baked in 1892, our tradition of providing healthier snack options continues as we strive to live up to our promise of Made Better foods. We provide a wide range of delicious snack and accompaniment quality food products that are designed to enhance any restaurant or institutional meal. For more information, visit [www.darefoods.com](http://www.darefoods.com).



**DR. OETKER CANADA**

For more than 50 years, Dr. Oetker Canada has been providing high-quality food products to contract caterers, restaurants, hotels, healthcare and educational establishments. Our commitment to excellent product quality, innovation, responsiveness and environmental stewardship is evident in every product we produce. Offering a full line of dietetic and decadent desserts, sauces and gravies, Dr. Oetker continues to supply value-added products that deliver ease of use, convenience and endless planning possibilities. Visit [www.oetkerfoodservice.ca](http://www.oetkerfoodservice.ca).



**ECOLAB**

Ecolab makes the world cleaner, safer and healthier by providing cleaning, sanitizing, food safety and infection prevention products and services to protect the places where people eat, sleep, work, play and heal. As industry leaders, we apply our industry and application expertise to deliver safe, cost-effective, innovative programs that help our customers provide customer satisfaction, improve operational effectiveness, support their efficiency and sustainability goals and enhance their brand. Ecolab is Everywhere It Matters. Visit [www.ecolab.com](http://www.ecolab.com).



**LANGARA COLLEGE**

The Nutrition and Food Service Management Program at Langara College is a fully online program that, through study of nutrition, food theory, food service systems, labour management, financial management, and support services management, prepares graduates to work as managers within the food-service sector. Graduates are eligible for membership in CSNM - Canadian Society of Nutrition Management. This is the only online program in Canada that is accredited by CSNM. For more information, visit [www.langara.bc.ca](http://www.langara.bc.ca)

**Dr.Oetker**



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*Quality is the best recipe*





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Campbell's® Signature  
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with Sweet Peppers



Campbell's® Verve®  
Wicked Thai-Style Soup  
with Chicken

— *flavour* —

# SIMPLIFIED

Satisfying every appetite is no simple task. That's where we come in. Campbell's® Classic, Signature and Verve® soups make it easy to serve amazing flavour in every bowl — with timeless favourites, on-trend options and uniquely indulgent creations.

To explore Campbell's® Classic, Signature and Verve® soups,  
visit [CampbellsFoodservice.ca](http://CampbellsFoodservice.ca)

**Campbell's**   
**FOODSERVICE**  
AWAY FROM HOME DIVISION

CLASSIC SOUPS

SIGNATURE SOUPS

VERVE SOUPS