

# Food Service & Nutrition

CANADIAN SOCIETY OF NUTRITION MANAGEMENT NEWS

Winter 2015

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**CSNM**

Canadian Society of  
Nutrition Management

**MEMO**

DATE: 2015  
TO: All staff  
FROM: Management

SUBJECT:

**PANDEMIC RESPONSE**

*Are we ready?*

ALSO IN THIS ISSUE

## **KINDNESS IN YOUR WORKPLACE**

A proactive solution for building  
resilience and engagement

## **HOT AND COLD: START TO FINISH**

Ensuring food temperatures  
remain where they started

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## features

OUR COVER STORY



### 6 PANDEMIC RESPONSE

Are we ready?

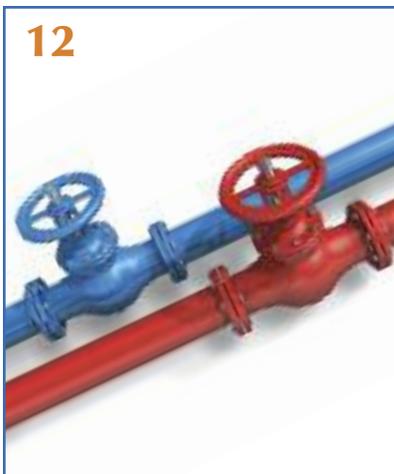
By Julia Lok



### 9 KINDNESS IN YOUR WORKPLACE

A proactive solution for building resilience and engagement

By Olivia McIvor



### 12 HOT AND COLD: START TO FINISH

Ensuring food temperatures remain where they started

By Marsha Diamond, MA, RDN

## regular departments

4 PRESIDENT'S MESSAGE By Barbara Cockwell, CNM

15 MANAGEMENT NOTEBOOK By Derek Johnson

16 ASK AN EXPERT By Margaret Leaver-Power, RD

18 CSNM CORPORATE MEMBER PROFILE By Stan Michalak

20 INDUSTRY & CSNM NEWS

21 CONTINUING EDUCATION QUIZ

22 À LA CARTE

# 2015: A Banner Year

## Why this year's different

By Barbara Cockwell, CNM



**T**he New Year is here, and with 2015 comes a year of celebration as we enter our 50th year of existence. Many thanks to our long-time, very committed and supportive members and, to our new members, we welcome you and thank you for joining us this year – a banner year, indeed!

To our affiliate partners and colleagues of our annual conference and trade show, it is difficult to express our gratitude and appreciation for your continued support; we couldn't have been as successful as we are without you.

With the new year, CSNM brings many member benefits including our newest endeavour which is to offer our members the opportunity to take advantage of group insurance. CSNM has committed to working with HUB International and Johnson Insurance to give our members options at their fingertips. Please watch for upcoming information on both insurance companies and the programs they offer.

Our membership renewals are upon us, so please make sure to have completed all of your mandatory educational points prior to renewing. Also, with the renewal this year we are rolling out the option to renew both your CSNM and your provincial membership at the same time. If you have never belonged to your provincial society and would like to, simply select the option on your renewal form.

Our CSNM elections for 2015-16 are different this year as our by-laws changed in 2014. Please be sure to watch for the notifications regarding the nomination and election process. If you have any questions please do not hesitate to contact the office at [csnm@csnm.ca](mailto:csnm@csnm.ca).

As we begin 2105, let us take the time to be thankful for what we have and focus on the positives that life has to offer. I look forward to seeing you in Toronto, May 7 to 9, for our 2015 Conference and AGM as we celebrate CSNM'S 50th anniversary.

Barbara Cockwell, CNM  
President, CSNM

**CSNM** Canadian Society of  
Nutrition Management

**Canadian Society of Nutrition Management**  
1370 Don Mills Road, Suite 300  
Toronto, Ontario M3B 3N7  
TOLL-FREE PHONE 1-866-355-2766  
FAX (416) 441-0591  
EMAIL [csnm@csnm.ca](mailto:csnm@csnm.ca)  
WEBSITE [www.csnm.ca](http://www.csnm.ca)

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201 – 1200 Pembina Highway  
Winnipeg, Manitoba R3T 2A7  
TOLL-FREE PHONE 1-866-669-2377  
TOLL-FREE FAX 1-866-669-2336  
EMAIL [info@cecommunications.ca](mailto:info@cecommunications.ca)  
WEBSITE [www.cecommunications.ca](http://www.cecommunications.ca)

<b>CREATIVE DIRECTOR</b>	Stan Michalak
<b>ADVERTISING</b>	Grant Cullen April Kryswatay
<b>CONTRIBUTORS</b>	Marsha Diamond, MA, RDN Derek Johnson Margaret Leaver-Power, RD Julia Lok Olivia McIvor Stan Michalak
<b>CSNM EDITOR</b>	Margaret Brousseau

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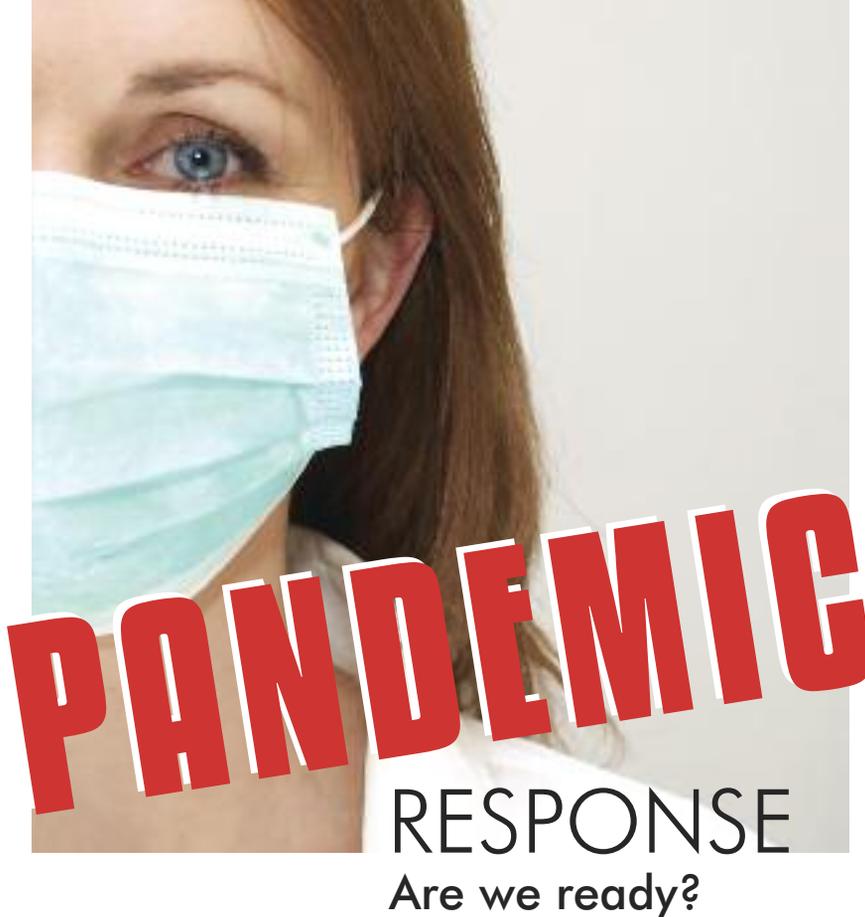
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By Julia Lok

For the first time in its history, the Ebola virus has extended its tentacles from Africa to as far away as the United States, Europe and the Middle East. Even Canada, which had previously joined the world in battle against SARS and H1N1, winced as Ebola knocked on its doors, a reminder that infectious disease is not limited to geography or industry.

Whether preparing food in a restaurant in Victoria or providing service to a long-term care setting in St. John's, if the conditions are right, infectious diseases will spread and leave an often-devastating toll.

Increased knowledge and understanding about them is a first line of defense in reducing the risk to Canadians. Given the complexities around pandemics, epidemics and seasonal influenza (or "flu"), as well as superbugs and antibiotics, it is not surprising that there are a number of miscon-

ceptions – even among health and safety professionals.

For example, Ebola did not qualify for the title of pandemic. It wasn't new to the planet.

According to the World Health Organization (WHO), pandemic influenza occurs unpredictably when a new or "novel influenza virus" emerges that can spread from person-to-person. With limited or no immunity among humans, this new virus may lead to an outbreak of serious illnesses and fatalities over a few months to a year across several countries.

Although it came very close, there are other reasons Ebola didn't quite qualify as a pandemic. Guided by specific criteria that reflect escalating phases of disease – the final one being a full-blown global pandemic – in 2014, the WHO declared a pandemic alert period (phase five of six) for Ebola, similar to SARS in 2003.

To be declared a pandemic (phase

six), it must show increased and sustained transmission in the general population and at the community level in countries in different regions; in effect, becoming a global outbreak. Pandemics may last up to two years and illnesses come in waves. Vigilant epidemiologists, governments and medical sentinels maintain a high degree of surveillance in monitoring evolving disease patterns.

In Canada, these same observers have noted heightened flu activities across the nation since the season began late last year. With flu viruses changing from year to year, producing vaccines that match the current batch of viruses can become a guessing game. Each annual flu shot is based on the type of viruses that are circulating, how they are spreading and how well the previous year's vaccine protected the population. In Canada's case this season, the vaccine was not the best match.

While taking flu shots does not guarantee immunity against all seasonal flu viruses, they do enhance immunity against circulated strains.

Seasonal flu is a respiratory illness that is transmitted from person to person. Older individuals, children, those with weakened immune systems and people with underlying medical conditions, are at a higher risk of serious secondary infection or death. On the other hand, healthy adults may be infected and show little to no symptoms; they will naturally fight off the virus.

In addition to taking general personal protective precautions like washing hands well and regularly, covering the nose and mouth into a tissue or the crux of your elbow when sneezing or coughing, staying home when sick and ensuring proper workplace infection prevention protocols are followed, taking responsibility for getting a seasonal flu shot will help

prevent the spread of the virus.

In any viral infection, vaccines help build human immunity by enhancing recognition of foreign matter in the body and eliciting proper immune responses to destroy it. Antivirals are drugs designed to reduce the ability of a virus to reproduce in the body. If taken within 48 hours of the onset of symptoms, antivirals can reduce symptoms, shorten the length of illness and reduce serious complications.

It is important to note that people can be infected by an influenza virus before they show any signs of being sick, so there is an increased likelihood of spreading the virus without knowing. In fact, people are most infectious 24 hours before showing symptoms, with adults continuing to transmit the virus for up to seven days and children continuing for as much as 10 days.

It is also important to note a major difference between a seasonal flu vaccine and epidemic/pandemic flu vaccine. Seasonal flu vaccines are designed to enhance immunity against current influenza viruses. It will not enhance immunity against novel viruses. However, it is still recommended by health officials to take seasonal flu shots to support an immune system weakened by seasonal flu viruses, so the immune system can fight pandemic influenza viruses.

There is, however, the misconception that antibiotics can help against influenza strains in the same way as vaccines. In fact, antibiotics are only effective if used against bacterial infections like streptococcus. They have no effects on viruses.

The danger with antibiotics is that bacteria are very adaptable to their environments, probably the reason they are the oldest living organisms on the planet.

The widespread use of antibiotics in such industries as agriculture and

medicine is playing a significant role in the emergence of antibiotic-resistant bacteria. Nicknamed “superbugs,” these sturdy little critters quickly adapt to protect themselves against the effects of antibiotics which instead destroy a wide variety of other bacteria in the body, including the good ones that help digest food, fight infection and maintain health.

The number of affected individuals in a global pandemic can become stag-

gering. Out of an estimated 70 per cent of the population who could become infected, between 15 and 30 per cent would become ill enough to miss work for at least half a day. During the Ebola pandemic alert, the potential economic impacts of large populations becoming sick or dying were chilling enough for the world’s monetary institutions to take note.

There are established pandemic plans at various levels in Canada: the

The advertisement for Creative Culinary Solutions (Luda) features a blue and white color scheme. At the top, the company name "CREATIVE CULINARY solutions" is displayed in a serif font, accompanied by a green leaf logo. To the right is the "Luda" logo in a red, rounded rectangle with white script. Below the header, there are three circular inset images: one showing an elderly woman and a caregiver, another showing a young girl eating, and a third showing a group of people at a table. A central text box lists various food service sectors: ACCOMMODATION • AIRLINES • BARS • BREAKFAST RESTAURANTS • CAFÉS • CAFETERIAS • CAMPS • CANTINES/SHACK BARS • CATERING • CORRECTIONAL FACILITIES • DELI/DINER • FAMILY ORIENTED RESTAURANTS • FINE DINING/BISTRO • GOLF COURSES • PROCESSORS • QUICK SERVICE RESTAURANTS. To the right of this list, text states: "Solutions specifically tailored to meet the needs of every end user from healthcare to school cafeterias and everything in between." Below this, it says: "LUDA Creative Culinary Solutions provides all the answers; manufacturing quality culinary bases, an accessible and ever growing recipe bank, custom and timely product development, and impeccable customer service." At the bottom, there are images of product containers, a QR code, and the text "LUDA, a reliable family for over 60 years". Certifications "HACCP SQF 2000 GFSI" and the website "WWW.ED.CA" are also present.

Canadian Pandemic Influenza Plan (CPIP), the Ontario Health Plan for an Influenza Pandemic (OHPIP) and the British Columbia Pandemic Influenza Preparedness Plan, to name a few. Each of these plans has specific measures and steps to handle situations in case of pandemic influenza.

From a business standpoint, there are things that can be done to reduce the negative impacts of a pandemic on the workplace, the consumer and the community. It begins with increased awareness of outbreaks and being informed of the spreading mechanisms and any protective measures such as personal protective equipment.

Hand-washing is one of the most effective ways to reduce the spread of viruses. To ensure proper hand hygiene, place illustrated signs or posters near each sink and hand sanitizer dispensing station. More detailed information on hand hygiene can be found at Infection Prevention and Control (IPAC) Canada, Public Health Canada, and the Canadian Centre for Occupational Health and Safety websites. They also include free posters for downloads.

Viruses generally remain active longer on non-porous surfaces like stainless steel and plastic than on softer surfaces, like fabrics and sponges. Some viruses may remain active for days. In the case of Ebola, the virus has been known to survive for weeks in blood outside the body and also for weeks on contaminated surfaces at low temperatures. It is important to ensure work areas are disinfected and cleaned more frequently during an outbreak.

It is important for organizations to provide all necessary personal protective equipment: masks, respirators such as N95, gloves, alcohol-based hand sanitizer and disinfectant wipes to employees and train employees on them, as well as encouraging ill employees to stay home.

Studies have shown that the impact of broad-reaching infectious disease on workplace operations and services can be mitigated through proactive continuity planning.

Business continuity plans are designed to help an organization prepare for extended employee absences – about 25 percent in peak weeks, disruption of services such as telecommunications, electricity and water, as well as severely reduced supply chain activities.

The plan should be built around priorities. It should prescribe steps for maintaining core functions, preparing and training employees on procedures, include the establishment of company policies on sick leave and other emergency absences and should be reviewed annually.

Cooperation, communication and trust – attributes of a healthy and resilient organization – are essential to successfully weather the onslaught of a pandemic. Research has shown that while the impacts of an unhealthy workplace are numerous, the risk of infection also increases by two to three times.

In healthy organizations, managers trust employees to work effectively at remote locations. Employers who offer suitable sick leave programs, encourage employees to self-report illness and trust their employees to work remotely, can also reduce the risk of spreading the illness.

Resilient organizations also support their employees in managing stress and mental health – known factors that can impact the human immune system. The impact of workplace mental health was also recognized by the Canadian Standards Association through the 2013 launch of *CSA Z1003, Standard for Psychological Health and Safety in the Workplace*. The standard offers a wonderful re-

source for voluntary implementation.

In addition to getting the annual flu shot, there is a lot to be done on a personal scale: wash hands thoroughly and properly after touching public surfaces and before each meal; avoid touching the face since viruses can easily enter the body through eyes, nose and mouth; use hand moisturizers after each hand wash to replenish drying skin; disinfect work areas with disinfectant wipes before a shift and wipe down the work area as frequently as needed.

Public Safety Canada also encourages Canadian families to be prepared for the first 72 hours of any emergency. A family emergency plan should include: food and water, a list of emergency contacts, your family's (and pet's) health information and needs and a well-stocked medicine cabinet with supplies for flu and other prescriptions. In the case of a pandemic, the duration may even be longer than other emergencies or disasters so it may be better to be prepared for more than 72 hours. ■■■■



Julia Lok works for Workplace Safety and Prevention Services as a Consultant. She has more than 6 years in independent health facilities, with a focus in quality management and infection control.



• [julia.lok@wsps.ca](mailto:julia.lok@wsps.ca)



# KINDNESS *in your* WORKPLACE

*A proactive solution for building resilience and engagement*

*By Olivia McIvor*

**D**o the daily stressors of your work cause you to say or do things that may be “unkind?” Could kindness be a remedy that relieves workplace stress and increases employee engagement? Stress in the workplace can lead to a multitude of issues: high turnover, diminished productivity, health problems, absenteeism, disability claims, lawsuits and, worst of all, workplace aggression.

The World Health Organization calls stress “the health epidemic of the 21st century.” Statistics Canada has calculated that the cost of work time lost to stress amounts to \$20 million annually and that absenteeism is responsible for 15 to 20 per cent of payroll costs.

According to the 2012 Towers Watson *Global Workforce Study*, increased workplace stress leads to increased disengagement. The study, with 32,000 employees participating, offered a snapshot of worker engagement levels. The findings were startling – only 35 per cent of employees felt engaged in their work.

Engagement is a term used widely in leadership circles to define the positive energy employees exhibit toward their work tasks mentally, emotionally and physically. Towers Watson’s research indicated that one core factor affecting engagement was an employee’s ability to manage the daily stressors of their work.

## **CAN KINDNESS BE A SOLUTION?**

Kindness is a simple concept – maybe too simple to provide a solution to the stressors and challenges faced daily at work. Yet, current research suggests that kindness has the power and magnitude to effect change and decrease stress within individuals and organizations.

The American Management Association (AMA) discovered the power of kindness at work when it set out to examine whether a manager’s character had an effect on employee en-

gagement levels and retention. Respondents were asked if they planned to work for their company for a long time. Of those who worked for a manager they considered kind, 79 per cent answered yes; of those who worked for someone they considered unkind, 23 per cent answered yes.

Respondents were also asked if they looked forward to going to work every day; 74 per cent of those who worked for a kind boss answered yes, compared to 32 per cent of those who worked for someone they considered unkind. Overall results showcased that 70 per cent of those working for kind managers gave extra effort to everything they did; whereas those working for a manager they found unkind only gave 54 per cent of what they felt capable of in their work.

Academics at the University of Michigan and Emory University in the U.S., and the University of British Columbia, identified what they referred to as a cascading effect when a worker experiences compassion in the workplace. The researchers found that employee engagement with each other and their work improved when they practiced acts of kindness. They also found that the positive emotions generated by acts of kindness increased job satisfaction, lowered job stress and turnover, and contributed to feelings of wellbeing and psychological safety.

Dr. Jane Dutton, of the University of Michigan School of Business, said, “Our findings suggest that compassion among co-workers is more than simply a momentary, humane response to pain; it fosters important organizational outcomes and leaves its imprint on the organizational landscape.”

## **KINDNESS TO COLLEAGUES**

In South Africa, there is a philosophy referred to as *Ubuntu*, which means, “I am because of who we are.” Desmond Tutu believes that *Ubuntu* is the very essence of what it is to be human.

“You cannot be human all by yourself. When you have this quality – *Ubuntu* – you are known for your generosity. We think of ourselves far too frequently as just individuals, separated from one another, whereas you are connected, and what you do affects the whole world. When you do well, it spreads out; it is for the whole of humanity,” said Tutu.

Studies and statistics are attention-grabbing, but the real power of kindness emerges in stories of how acts of kindness shape the way in which we connect with what we do and with each other.

Patti loves her work in food service at a small rural hospital. When she makes pancakes for the children’s ward, she makes them look like kittens. She says, “If I can take a little more time to make food look special, they [the children] will eat more and get healthier quicker.”

When Margaret’s home burned to the ground, everything was lost. The gift, Margaret said, was that everyone, including the family pets, escaped without harm. Because she had lived in her community for many years, boxes of clothing, food and sundries arrived daily to help Margaret and her family.

John is a civic employee. When he ran out of paid sick days and short-term disability for an unexpected illness, his colleagues took up a collection and sent it around. However, they were not collecting cash. Instead, they asked for donations of unused sick time in increments over four hours to multiple days. His comrades collected enough for him to take an additional two months off with pay – one heartfelt sick day at a time.

### **KINDNESS IS GOOD FOR YOU**

A kind act can be expressed in a multitude of ways, both concrete and intangible. Research has shown that there are also a multitude of health benefits which flow from doing a good deed. One such benefit is known as “helper’s high,” a phrase that originated in the late 1980s with Allan Luks, the executive director of the global Big Brothers and Big Sisters organization at that time.

Luks was curious about the side effects of benevolent actions and surveyed 3,000 adult volunteers. When the results came in, 95 per cent said they experienced positive feelings after committing acts of kindness through their volunteer work.

Luks defined “helper’s high” as a euphoric feeling, followed by a long period of calm, after performing a kind act. His research indicated that individuals who experience “helper’s high” routinely report that they experience fewer colds, an increase in joy and self-esteem, less stress and even less physical pain by the release of the body’s endorphins.

Dr. Myriam Mongrain, of York University in Toronto monitored a test group of more than 700 subjects who, for one

week, were asked to do something kind for someone each day in some small way. The participants were interviewed six months later to see if that week of doing good deeds had any lasting effect on them. She found that more than 50 per cent of the participants voluntarily continued doing good deeds because they felt such an improved sense of well-being. Some participants even stated that the experiment had actually changed their lives for the better. Mongrain concluded, “What’s amazing is that the time investment required for these changes to occur is so small; we’re talking mere minutes a day.”

Researchers at Emory University in Atlanta, Georgia, studied activity in the brain using a functional magnetic resonance imaging (fMRI) scanner while subjects helped another person. They found more oxygen flowed to the brain and interestingly, the same area of the brain that was active when a person received an award or experienced pleasure was also active in their subjects.

Dr. Paul J. Zak, Professor at Claremont University, as well as author of *The Moral Molecule*, has done ground-breaking work on how oxytocin affects and benefits us. His studies have shown that when we undertake kind actions, chemical reactions within our bodies take place so that more oxytocin, the hormone that promotes bonding, is produced.

Like a healthy diet, kindness nurtures a sense of wellbeing in individuals. Perhaps we may someday fully understand that it plays a physiological part in our health that is as vital as essential vitamins and minerals.

### **CREATE A CULTURE OF KINDNESS**

Organizations are on a continuous search for ways in which they can hire, train and retain staff, while building strong relationships both within the company and the community. Using kindness as a business driver is a proactive approach aimed at enhancing the well-being of individuals within an organization, and the sustainability and health of the organization itself.

Begin a kindness campaign within your company with programs and activities around the theme of Kindness to Oneself. This theme aims to support self-care and the nurturing of one’s health and well-being.

When you are comfortable, you can move on to Kindness to Colleagues. This theme fosters optimistic teamwork and the growth of a caring workplace, one in which colleagues not only see each other for what they do, but also for who they are. Seek out goodwill ambassadors to assist and support you in the journey to a kinder workplace. Find ways to recognize, honour and celebrate the uniqueness of your co-workers.

A quick formula for treating others with respect and kindness is to pause and ask yourself three questions: Is what I am about to say or do truthful? Is it necessary that I say or do it? And, above all else, can I say or do it with kindness?

Ideas for cultivating a culture of kindness might include:

- Creating a “kindness corner” bulletin board or online. Invite people to contribute inspiring thoughts, quotes, suggestions, positive newsworthy events and articles;
- Starting a kindness group that comes together to dialogue and commit conscious acts of kindness in the organization and in the community;
- Holding a Kindness@Work day in conjunction with the annual global World Kindness Day held on November 13;
- Hosting “Lunch and Learn” presentations. This is a great way to foster caring connections between colleagues through the exploration of personal development themes;
- Starting a “Positive Growth” library. Invite colleagues to donate books that brought them joy, self-discovery and learning;
- Linking kindness to recognition, Occupational Health and Safety initiatives and in-house training programs; and
- Opening staff meetings and events with kindness stories and successes.

Kindness in the Community is the natural next step. Take kindness even further and make a difference locally and globally through community service.

### THE KINDNESS CHALLENGE

Focusing on kindness as a core value and as a standard for personal decision-making provides a solid foundation from which to recharge and centre oneself. When under pressure within a work environment, we may find it difficult to determine which options available represent the highest level of integrity, trust or innovation, but it is usually quite simple to determine which choice is the most kind to ourselves, our colleagues and our communities.

A quote to contemplate asks, “If someone were to pay you ten cents for every kind word you spoke and collect five cents for every unkind word, would you be richer or poorer?” Take the kindness challenge and in the next 48 hours commit a conscious act of kindness for yourself, a colleague or your community and see how good you feel. ■ ■ ■ ■ ■

Olivia McIvor is an international organizational development expert and bestselling author. Her most recent book, *The Business of Kindness*, researches and validates the impact kindness has on progressive workplace cultures.

- [www.oliviamcivor.com](http://www.oliviamcivor.com)



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# HOT and COLD

## Start to Finish

### Ensuring food temperatures remain where they started

By Marsha Diamond, MA, RDN

Healthcare foodservice operators are under daily pressure to enhance food safety and patient/resident satisfaction scores. Poor temperature maintenance not only affects the taste of food, but can also have a financial impact. There are many points, from receiving to service, where a challenge can occur.

Patients and residents of care homes receiving food at less-than-desired temperatures often send it back to the kitchen, which eventually results in a tremendous amount of food and financial waste each year. The goal of healthcare foodservice includes elevating patient satisfaction, increasing consumption for adequate hydration and nourishment for the individual under your care and improving quality of life while reducing food waste and food costs.

Healthcare operators are interested in reliable heat and cold retention solutions that overcome the challenge of keeping foods hotter or colder longer in order to minimize the number of returned plates and reduce the gap be-

tween quality and cost. Keeping temperatures constant can be challenging since meal tray deliveries can take up to 40 minutes. The key is in selecting equipment and products that integrate well together at every step of the meal delivery.

#### EQUIPMENT

Be aware of the handling points of assembly, which include foods ready for consumption, and meal assembly line until delivery point. Also, consider delivery points from completion of tray, or bulk food containers, to the residents. During meal assembly, remember to seal bowls and mugs with disposable and reusable lids to maintain proper temperature and to make the transport easier.

#### KEEP HOT FOODS HOT

The foundation for a safe and successful meal delivery begins with hot food and a hot plate. Food may not retain heat for many reasons: the size of the tray line, the openness of the kitchen, material of the plate, cold plates, den-

sity of the food, or type of food. Therefore, evaluate the best meal assembly configuration and equipment that will enable temperatures greater than 60°C. Each equipment option has to be weighed for its importance in improving meal quality and enhancing resident/patient satisfaction scores.

- Induction systems – hot plate and hot base or induction activator and plates to start off with a heat that will hold temperatures for 30 to 60 minutes depending on the products. Best for tray delivery.
- Wax bases with safety rims – safety with seniors or cognitive-impaired patients – food can be kept warm for up to 90 minutes, giving the client time to eat food that is still palatable and hot.
- Combination wax base and plate heater – heats wax bases and plates in one mobile unit with separate individually controlled heat compartments. You can adjust temperatures for food safety. Convection forced air ensures even heating to all plates and metal wax bases.



- Convection plate heater dispensers – use convection forced air to ensure even heating. Each plate is heated more quickly and thoroughly. This provides a better starting temperature for hot prepared food.
- Radiant plate heaters – warm all the plates. Heat dissipates as it rises, so bottom plates will be hotter than those on top.
- Hot food counters – holds food temperatures during meal assembly. Options are two- to five-well models. Combine the slim line style counter and the standard hot food counter to form an “L” or “U” shape workstation to create an ergonomic and efficient workspace.

Most hot food counters can be run with water or without. With water is the most efficient way because it generates steam that hits the bottom of the pan of food. They can be run dry, but

the temperature of the food pan depends on the heat to be conducted through the air. They are designed to maintain food temperatures at or above 60°C depending on how they are used. They are best in your kitchen for meal assembly or configured in a dining room setting for service.

- Hot induction top – a couple of manufacturers now make drop-in induction equipment for which the electronics can be positioned up to 10 feet away, giving you even greater flexibility in how you lay out your cooking line. Additionally, induction may make big inroads in hot-food-holding equipment. Induction hot-food wells do not require water (you cannot call it a steam table anymore), saving water, energy and the draining of traditional steam tables. Most fit 2- and 4-inch-deep hotel pans. A few manufacturers also have released induction soup kettles.

Use domes to cover hot foods and plates to extend holding temperatures. The average meal assembly line time is three to four trays per minute. During that time, food products are moving down the tray line uncovered.

#### KEEP COLD FOODS COLD

Proper refrigeration/freezer equipment enables us to achieve the best cold temperatures maintained at or below 4°C for items such as salads and cold beverages. Any higher and salads and cold gelatinous desserts become tepid and don't retain flavour and palatability. For ice cream and frozen desserts, the range is -12°C or lower.

- Blast chillers – provide improved food safety, quality and longer shelf life; faster chilling for salads and sandwiches slows bacterial growth and moisture loss and increases shelf life. These units are usually installed in the kitchen.



INTRODUCING

# BON APPETIT MOBILE SERVICE CART

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- Cold eutectic drawers – are manufactured in two separate sizes for one-door and two-door model tray delivery carts. The cold drawer provides storage for chilled food items when inserted into an enclosed compartment. Any tray cart that holds 15" x 20" meal trays will accept the cold drawer. The interior includes a flexible eutectic chill blanket positioned beneath a perforated stainless steel false bottom. It will keep foods cold for up to 90 minutes - ideal for delivery carts.

- Air screen refrigerators – should monitor airflow to adjust automatically, flowing horizontally to allow cold air to sustain itself and further enhance the quality of foods stored. Adjustable slides are for bulk or portioned food items. They operate at below 4°C with the door open for 90 minutes. This type of equipment has a smaller footprint, uses vertical space, is energy efficient, and has better ergonomics than cold boxes or horizontal air curtains with air strips.

- Stainless cold well pans – can add some pizzazz by serving from colorful ceramic food pans. These food counters will keep temperatures at or below 4°C.

### DELIVERY CARTS

With hot/cold (multi-temp) tray delivery or one-unit carts, healthcare professionals can maintain safe food temperatures as long as the cart is plugged into a power source. When unplugged, the cart can preserve temperatures for up to 30 minutes.

The ability to re-plug into a power source means temperature and product integrity can be sustained for longer meal periods. These are best practices for patients or senior residents who are unable to feed themselves.

Some have trays, slides or all-bulk units that have tray slides on hot and cold bulk for more flexibility, maneuverability, small footprint and temperature options.

Choose meal delivery carts with reliable insulation, quiet carts to cause the least disturbance and larger casters for ease of maneuverability. Heat does build up in a cart and this could affect your cold foods. Evaluate distances over which you need food to travel and check out cold solutions to maximize cold food flavour, taste and safety.

Equipment considerations: user-friendly design, modifiable in outer appearance to align with your ambience, easy to sanitize, lightweight and an extended 2-year warranty.

Equipment considerations: user-friendly design, modifiable in outer appearance to align with your ambience, easy to sanitize, lightweight and an extended 2-year warranty.

### EVALUATE YOUR OPERATION

Evaluating the current protocol will help to identify areas that call for improvement. Measure and document the temperatures of your present meal delivery process, beginning with the food, to the equipment, plating to transportation time. Start with a benchmark evaluation for a full overview from post-prep until service. Continue quarterly evaluations and let staff lead this initiative. It will enable a buy-in and accountability for making improvements in operations and increasing quality of care.

- Measure and document the temperatures of your present meal delivery process, begin with the prepared food;
- Evaluate layout and space constraints on your tray line or meal assembly line;
- Meal delivery system temperature validation – log time/temps of foods, place a probe-type logger under the dome of the first meal, mark that tray, make sure the last tray served is the marked tray or take the temperature of plated food before it's placed under the dome - first tray and last tray;
- Determine if you have the right equipment and it is being used correctly; and

- Quality of the food – taste the tray, looking for colour, texture, smell, mouth feel and especially temperature. Ask yourself, "Would I want to eat or drink this, especially if I was not feeling well? Would I serve this to one of my family members? Would this exceed my expectations?"

Points to remember: cover food ASAP, reassess tray line processes to accommodate better temperature retention, re-evaluate your delivery touch points, times, training and equipment including thermometers.

The primary goal of every healthcare meal delivery program is to keep foods at safe temperatures, from plating to time of service. Food quality influences patients' and residents' attitudes about their hospital or care home stay and will add to or enhance hydration and nourishment to help with healing and wellness. Your patients expect nothing less – nor should you.



Marsha Diamond, MA, RDN is a foodservice business coach, digital and social media marketer. Contact her for a free time and temperature consultation for your healthcare operation.



• marsha@marshadiamond.com

# Nutrition and Hydration Week

Worldwide Afternoon Tea on Wednesday, March 18, just part of a week-long global effort

By Derek Johnson



**N**utrition and Hydration Week was created by the two leading professional associations for health and social care in the UK: Hospital Caterers Association (HCA) and National Association of Care Catering (NACC), and is supported by NHS England's Patient Safety First department.

The week's mission is to create a global movement to reinforce and focus energy, activity and engagement on nutrition and hydration as an important part of quality care, experience and safety improvement in health and social-care settings. It provides a platform to further raise awareness about the work currently being delivered by foodservice workers in health care.

Nutrition and Hydration Week 2015, March 16 to 22, will be promoting:

- The 10 key characteristics for good nutritional care (in the UK);
- Protected mealtimes;
- Nutrition advocates (champions for each setting);
- The minimum standards for good nutrition;
- Highlighting good nutrition and hydration practices; and
- Continued education for professionals.

The week developed from its UK origins to become a worldwide event by utilising existing networks via the HCI and social media to make the world a virtual village. To build a week and engage involvement across so many borders has meant creating a social movement predominantly using Twitter, LinkedIn and Facebook. Although social movements differ in size, they are all essentially collective – a group of people with a common ideology who try together to achieve certain general goals. This fits clearly with the week's mission and aims.

The week engages most of these aspects thanks to the support it has gained, especially across Canada. People have delivered transformative events – both organised and spontaneous – and they have often been delivered as a collective through multi-disciplinary teams. The week is proving to be durable with a voluntary and social aspect to its activ-

ities. While it doesn't create conflict as it builds on positives, it could be viewed as political – a force for legislative change.

It requires drive to maintain the week in the social arena. The commitment by the leads is immense, but it is through the actions of those engaged that have continually spurred leads to ensure the week is promoted as widely as possible.

As with any campaign, there are key moments that make it all worthwhile. Last year, a communication from the ANFP in India indicated they were taking part in the week and were delivering food to a group of old people who would not normally be receiving any. An elderly woman in a hospital ward sang along and danced in her bed to the tunes of a visiting musician. She hadn't moved for weeks according to her daughter. A message came from Kathi Holt in British Columbia to say that they were hosting a tea party. This meant the Worldwide Tea Party would start in Tasmania and run around the world, across Canada, and finish up on the Pacific Coast.

The week has reached professionals in more than 90 countries worldwide and links are being made for wider engagement this year. Plus, to help celebrate the CSNM's 50th anniversary, the week has challenged those taking part in the Worldwide Afternoon Tea to have a Canadian theme. The success is also thanks to the CSNM whose members have engaged Nutrition and Hydration Week in Canada.

To learn more about Nutrition and Hydration Week, visit [www.nutritionandhydrationweek.co.uk](http://www.nutritionandhydrationweek.co.uk).

Success has been the legacy that the week has created with more interest and awareness and the desire to further promote good food and drink practices whenever possible by people working in the sector.



Derek is a past chair of the NACC and employed by Leeds City Council as Principal Catering Manager – Social Care, providing catering expertise to the residential and daycare establishments and community-based services. Derek has been involved in developing many of the UK's care catering initiatives in the past decade.

• [www.nutritionandhydrationweek.co.uk](http://www.nutritionandhydrationweek.co.uk)



# The Unhappy Customer

When things turn ugly, there's a useful checklist to refer to which will help smooth the waters

By Margaret Leaver-Power, RD



Every manager who has worked in food service in a healthcare setting has experienced an unhappy or dissatisfied customer. It is important to have a tool to use – to address the situation of facing a customer complaint or a conflict situation. The tool provided below can be used in any setting and shared with others within the team who handle dissatisfied or unhappy customers.

The best scenario when a customer complains is immediate resolution,

and the customer is completely satisfied. However, what reaction could be expected from the customer if the issue happens again, or other issues arise? Barriers to handling a complaint or to resolving a conflict can lead to the manager's messaging being misunderstood – a waste of time and frustrating for everyone involved. Effectively communicating with the person means overcoming barriers to have a clear message. Addressing the matter and follow-up will happen after the conversation takes place.

Some examples of barriers to resolving a complaint include:

- The use of jargon;
- Emotional barriers;
- Lack of attention, interest, distractions, or irrelevance to the receiver;
- Differences in viewpoint;
- Physical disabilities;
- Language differences;
- Expectations and prejudices;
- Cultural differences; and
- Your own anger and stress level.

It is paramount to understand that perceptions and filters can affect responses to a given situation. A manager's cultural background may affect how they see conflict and their own willingness to engage. Their personal understanding can undermine a willingness to be flexible and consider alternatives when in conflict. Impressions of the messenger or the person who is making the complaint may become a barrier to their responses. Previous experiences also determine their perceptions.

One reason why a manager sometimes avoid these issues is not realizing that it takes courage to approach others with a sense of empathy, openness and respect. There should be ground rules in place when discussing an issue or complaint. Managers should not discuss an issue where others can hear. It is best to provide a private environment for communication and wait until the person calms down.

In order to address the concern, the following conflict resolution tool, outlined here as a checklist, may help you maintain focus and resolve a situation calmly and sincerely.

- Actively listen;
- Reflect;
- Problem solve with flexibility or ask for more information;
- Clarify or validate the person's feelings;
- Empathize;
- Build an agreement; and
- Close on a positive note and follow up.

## Actively listen

Think of the acronym WAIT or "Why am I talking?" You must be seen to be listening; use verbal and non-verbal messaging. By nodding your head, you're agreeing to have the person continue to talk, not that you are agreeing to everything that was said. Respond appropriately and do not be distracted by other things. Have eye contact with the person. Physical posture should be slightly leaning forward. Take notes for longer conversations.

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**Reflect**

Closely mirror what the speaker has said. Use terms like “What I hear you say is...” then paraphrase what the person said. Build from what you hear and continue to listen.

**Problem solve with flexibility or ask for more information**

Identify the issue(s) brought forward clearly and concisely. Ask questions to ensure the correct message has been received, i.e. “I understand she does not like the vegetable soup, is there another soup she would like?” Use open questions or ask for more information. Be open to tangents; the customer may respond with “Well, it’s actually the tomatoes she doesn’t like in the vegetable soup.”

**Clarify or validate the person’s feelings**

Ask non-judgemental questions. You are summarizing and asking for feedback so that you can be accurate. Be calm, patient and respectful. Seek to ask open ended questions. Focus on any underlying issues.

**Empathize**

“I understand you do not like the soup served at lunch today, I am very sorry to hear this.” For some managers empathy comes naturally while others need to work on it intellectually. For example, think about being in the other person’s shoes.

**Build an agreement**

Agree on the action to be taken. Respond only when everything has been said. It might sound like “May I respond about the issue with the soup today?” Summarize the conversation with key notes.

**Close on a positive note and follow up**

“Thank you, Mrs. Jones, for coming and letting me know about the soup today. I will ensure in the future that...”

There are many issues much more complex than a bowl of soup, but if managers follow and practice the sequence in this conflict resolution tool, situations can be easier to manage in the future.



Margaret Leaver-Power is a dietitian with over 30 years of experience in managerial roles in acute care hospitals, clinical and administrative dietetics in long term care homes, along with experience in airline catering operations. She has recently started her own business “MLP Dietary Consultant Services”

• [mlpower@cogeco.ca](mailto:mlpower@cogeco.ca)

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# Satisfy the Need

Burlodge Canada's meal delivery systems lead the way through innovation and cooperation

By Stan Michalak



Since its inception in 1990, Burlodge Canada has secured more than 90 per cent of the advanced meal delivery system market in Canada at a time when health-care services are under financial pressure to deliver more with less. One might wonder how it's possible to capture market share in a belt-tightened environment. The answer is simple – provide value at every turn, stay focused but flexible and adapt to changing times by developing and bringing to market equipment that enables efficiency to drive an ROI.

As part of a larger Burlodge family that includes the UK, France, Italy and the U.S., Burlodge Canada sells to the Canadian market. The VP of business development for Burlodge Canada, Thomas Holzschuher, says the word *depth* is the key to understanding how Burlodge Canada markets. "With our depth of client experience forged over the past 25 years in Canada, we have become one of the preeminent resources for solving the day-to-day challenges that operations face. The combination of our excellent products, talented staff, loyal clients and our 'no empty promise' approach to establishing lifelong partnerships encourages us to be a positive influence in how our clients function," says Holzschuher.

The depth of resources at Burlodge does not stop at our border. The fact that Burlodge equipment is made by Burlodge at its manufacturing facility in Italy, allows the company to constantly innovate. "If a client has a specific need, we work with them to develop equipment specific to that need," says Holzschuher. A good example of this recently was where the company made over 120 design changes to an existing meal delivery system for a Correctional (Prison) Facility. "We are a large company but we still have the capability to meet special and specific needs," he says.

"There is a definite passion to please at this company," says sales executive, Jo-Anna Fawcett. "This company stands behind every product and service it provides. We would not exist without our customer. We understand the daily challenges our customers are faced with because the majority of Burlodge team members have come from health care operations," she says. "Burlodge representatives stay current. It is just a part of who we are that we stay on trend and antici-

pate what's coming. We take great pride in developing new equipment we think will be needed. For example, our new beverage cart (The BBC) can be incorporated into hydration programs."

"Being the leader in the marketplace, by far, we are setting the standards," says Holzschuher. "We've developed programs and services revolving around our equipment." One such program is Client Focused Dining, which works with Burlodge's bulk re-therm Multigen cart, found in select hospitals and long-term care facilities in Canada. Everything required to prepare a patient's meal is on the cart. Once the patient makes a selection, the meal is prepared on the spot. It's like having room service bring the entire menu to your hotel room. "If a mistake happens, the meal service system is right there on the floor, so it can be corrected quickly," says Holzschuher.

Burlodge Canada also brings innovation to the marketplace by expanding its products and services through strong partnerships and alliances with other 'best in breed' companies. "We are a very innovative company," says Holzschuher. "We can manufacture a product like our new Bon Appetit Bulk Service Cart or we can develop a new program like our ReFresh Program ([www.burlodgerefresh.com](http://www.burlodgerefresh.com)), or we can find a relevant third-party equipment system and help its entry to the Canadian market because it will provide value to our clients".

For example, in 2015, Burlodge will expand on its partnership with Aethon Robotics from the U.S. and provide services to the Canadian Marketplace for Automated Guided Vehicles (Robotic Portering).

At the core of it, the real reason Burlodge can claim such raving fans cannot simply come from good equipment and programs. It must be an attitude that reflects value, innovation and cooperation so that a customer is not merely purchasing a piece of equipment but an entire system driven by a team that subscribes to a healthy philosophy of customer service.

"It doesn't end with the sale," says Fawcett. ■ ■ ■ ■

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Stan Michalak is the creative director of Cutting Edge Communications, publisher of *Food Service & Nutrition* magazine.

• [smichalak@cecommunications.ca](mailto:smichalak@cecommunications.ca)



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The food service industry in Canada is growing. As suppliers seek innovative ways to improve their products, members of the CSNM pursue excellence in delivering them to their clients.

Mutual support among suppliers, Nutrition Managers and the CSNM ensures a bright future for the food service industry.

To learn more about the CSNM, visit our website.

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## MARCH 4

**Alberta Food Processors Assoc. Food Safety Conference**  
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## APRIL 11 – 12

**CHFA West Trade Show & Conference**  
Vancouver, BC  
[www.chfa.ca/tradeshows](http://www.chfa.ca/tradeshows)

## APRIL 12 – 13

**APEX Trade Show 2015**  
Halifax, NS  
[www.apextradeshow.ca](http://www.apextradeshow.ca)

## APRIL 28 – MAY 2

**4th Canadian Obesity Summit**  
Toronto, ON  
[www.con-obesitysummit.ca](http://www.con-obesitysummit.ca)

## SSNM

Second-year students of the Food and Nutrition Management Program at Saskatchewan Polytechnic Saskatoon Campus held their annual Thanks to Industry Dinner last November. The dinner is part of the students catering class and it showcases the quality of the students and provides them an opportunity to have a hands-on learning experience. The students are responsible for duties in the back and front of the house. They were involved with developing the theme, program and menu, as well as the centrepieces, table settings, food prep and production. It is also an opportunity to thank those who provide field placements for the students, guest lectures and advisory committee members. In the coming months, the students will be busy finishing their courses and starting their six week field placements before graduation in May.

## OSNM

The OSNM board has been busy finishing up on the new strategic plan. A workshop was held and excellent ideas were discussed for the future of OSNM. The final copy of the strategic plan will be available on the OSNM website.

OSNM Members are looking forward to the new blended membership initiative and all that it will bring.

Education opportunities that the OSNM board is organizing for 2015 will be a spring symposium being held in Toronto and hosted by Monica McCallum, Chapter F representative. OSNM's annual conference will be hosted by Chapter E with Chris Weber as the representative. Details and dates for both will be posted on the OSNM and CSNM websites.

The OSNM board will be posting details of the 2015 Food Service Awareness Week with materials available in the membership-only section. Nutrition and Hydration Week is March 16 – 22, 2015, and participation from all lines of business is encouraged. Last year, we had a lot of great entries across Ontario and Canada with hopes that we can make a bigger impact this year. You can check the Nutrition and Hydration Week Facebook page or follow them on Twitter @NHWeek.

The OSNM board is always looking for volunteers to help out with some OSNM committees. Check out the website for areas on where you can volunteer.

Follow us on Facebook, Linked in, and Twitter. Lots of great information is shared through our social media outlets.

## PSNM

Ten PSNM members met in November at The Windermere Care Centre, a privately-owned 210-bed complex care facility. Located in the beautiful South Grandville area of Vancouver, across from the Vancouver General Hospital and close to transit, stores and shops, residents have a fantastic view of Vancouver.

Members had the pleasure of listening to Heather Schofield from Power Smart and André LaRivière from Smarter Restaurants as they presented ideas on saving energy. Andre and Heather offered the group some cost saving ideas from equipment to people, to getting less from more, less consumption, lower environmental impact, more control, more sustainability, reducing your footprint and creating healthy, happier workplaces.

## ASNM

For the first time, Alberta CSNM members will be required to vote for the position of Alberta Representative to CSNM. In years past, this position was appointed by the ASNM board. The term of this position is one year.

The annual Food Matters conference will be held once again May 1 and 2, 2015, in Edmonton. ASNM will hold its annual AGM this coming May in conjunction with this conference.

ASNM members can look forward to renewing their ASNM membership through the CSNM Website. ASNM Membership costs will continue to be deferred until the ASNM board can meet to discuss this at the next AGM in May.

# CONTINUING EDUCATION QUIZ

YOUR NAME

MEMBERSHIP NUMBER

PHONE NUMBER

DATE

## PANDEMIC RESPONSE

### Competency 2.0 *Quality Management*

1. What is a "superbug?"
  - A - A virus-resistant bacteria
  - B - An antibiotic-resistant bacteria
  - C - A bacteria-resistant virus
  - D - An antibiotic-resistant virus
2. Which of the following is NOT true about a pandemic influenza?
  - A - A seasonal flu vaccine is also effective for a pandemic influenza
  - B - It is a novel virus that humans have limited or no immunity to
  - C - It is fully transmissible between humans
  - D - It may last up to two years and illnesses occur in waves
3. Which answer correctly outlines the main components of a business continuity plan?
  - A - Absenteeism, prescribed steps to de-contaminate the workplace, prescribed training to staff
  - B - Steps to temporarily shut down the business, prescribed steps to disinfect the workplace, prescribed training to visitors
  - C - Priorities, prescribed steps to maintain core functions, prescribed steps to prepare and train staff on procedures, company policies (i.e. sick leave, alternate work schedules)
  - D - Policies to ensure staff work at the office, cancel policies on sick leave and alternate work arrangements
4. Which of the following is NOT true about a seasonal influenza virus infection?
  - A - People are most infectious 24 hours before showing any symptoms
  - B - Adults can continue to shed viruses 5–7 days and children can continue to shed viruses up to 10 days after becoming sick
  - C - It is a novel virus strain/sub-type
  - D - One can slow down the spread of the virus by practicing personal protective controls like frequent and thorough hand-washing

## HOT AND COLD: START TO FINISH

### Competency 5.0 *Food Service Systems Management*

1. To have better temperature retention from meal assembly to service, you need:
  - A - The right equipment
  - B - People and training
  - C - Food covers/domes
  - D - All the above
2. What temperature do cold foods (salads, milk and more) need to be upon leaving the kitchen/service to the patient/resident?
  - A - Less than 0° C
  - B - At or less than 4° C
  - C - More than 32° C
  - D - More than 66° C
3. Which is not suitable when selecting the best choices for meal delivery carts?
  - A - Reliable insulation
  - B - Carts with small wheels
  - C - Quiet carts to cause the least disturbance
  - D - Evaluating distance over which you need to travel as this may affect the final temperature of food
4. Which things are most affected by poor temperature maintenance?
  - A - Salaries
  - B - Client satisfaction and food safety
  - C - Durability of trays
  - D - Menu choices

## COMPLETE THIS QUIZ ONLINE!

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# Luda

## H

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# Good health starts with the right base

Based on a tasty, well-balanced menu



*New Culinary Tomato Base*



## SOUP AND SAUCE MIXES

- Low sodium
- No gluten
- No trans fat
- No MSG



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