



# Diet Manual

## Disaster Preparedness

After 9/11, foodservice operations in the United States evolved to include emergency preparedness plans as not having a disaster plan affected many health care facilities in New York and surrounding areas. Before then, much disaster planning had been done in isolated groups—in “silos”—with little information sharing and interactivity. Now planning involves all levels of government, as well as community agencies and volunteers from charitable organizations. Hospitals, assisted living facilities, hospices, long-term-care facilities, and retirement communities have specific regulations for disaster planning related to foodservice for their facilities.

The Joint Commission has adopted an “all hazards” approach for responding to a wide range of facility-specific disasters. Disaster plans are expected to include as much local support as possible and to use information from practice drills or real disasters to identify and address challenges to improve the plan. Practice drills should involve working with vendors for a disaster trial to work through established processes; this could involve a personnel availability audit and identification of community assistance (and contact information) from other local health care facilities, vendors, volunteer organizations such as the Salvation Army, and religious organizations. It could also involve planning for downtime to obtain diet orders and other crucial information in the event of computer outage and subsequent file recovery.

### **Tips for Developing a Disaster Plan**

- Perform a Hazards Vulnerability Analysis (HVA) using information from the Federal Emergency Management Agency (FEMA) [website](#) to identify the hazards that could potentially disrupt food services.
- Focus on one category of disasters at a time. For each type of disaster, create a “problem scenario,” a brief description of the type of disaster for which you are developing a plan. Identify your team members and their roles and a “communication protocol.” The communication protocol should list the names of and contact information for individuals, vendors, and agencies (including the [Red Cross](#)) with whom you will communicate during a disaster once your plan is activated.
- Develop a short-term contingency plan that you will follow during the first 72 hours of the disaster.

- Develop a long-term contingency plan to use if the disaster continues for more than 72 hours. It may be necessary to activate some or all of your long-term plan in less than 72 hours.
- Review the plan and perform a practice drill at least once annually. Identify issues and challenges that you might encounter and strategies to address them. Update your communication protocol and the plan to accommodate any changes in regulations or the community-wide plan.
- Develop a site-specific disaster plan following the tips presented here for each type of disaster you could experience.

## **General Guidelines for a Disaster Plan**

### Planning

- Determine your responsibilities for foodservice during a disaster, including the need to serve not only patients but also staff and first responders. Determine if your facility will be used as a triage center, in which case you may be responsible for serving members of the community and possibly their pets, too.
- Keep a 7-day inventory of shelf-stable items for the number of meals (patient and nonpatient) you anticipate serving in a sustained emergency that may disrupt the availability of water, power, and/or delivery of food supplies. At minimum, a residential care facility should consider an inventory of food products for 72 hours, and a hospital should consider an inventory of food products for 96 hours.
- Have a plan for water emergencies and identify a source for potable water in the case of a loss of water supply.
- Coordinate the availability of backup electrical power, if not already connected to emergency power, with plant operations. Priority needs for electrical generation include the following:
  - Refrigeration
  - Hoods
  - Stoves, ovens, and steamers
  - Freezers
- If your department has separate insurance coverage, keep a printed copy of your insurance policy with your disaster plan. If you do not have a separate policy, when appropriate, determine what will be covered in the disaster, so that you know what records to maintain with regard to food, supplies, and equipment before they are destroyed. It is a good idea to take photos of the food, supplies, and equipment that could/will be destroyed, in the event you need this information for insurance payments.
- Determine your recovery plan. This plan is a basic statement of what you plan to do to restore operations, in terms of feeding patients, staff, and first responders.

### Supplies

- When feasible, store food, water, and cleaning and sanitary supplies, including disposables, onsite. Inventory and rotate supplies to ensure that all expiration dates are followed. Include security for food products in the overall facility security plan.
- Have a plan for the maintenance of refrigerated foods, should there be a loss of power. This includes, but is not limited to, monitoring temperatures and limiting access to the refrigerated areas. Consider drafting a memorandum of understanding (MOU) for obtaining refrigerated trucks

to hold refrigerated foods temporarily. The MOU should also include a provision for obtaining fuel to keep the refrigerated trucks operating.

- Determine how you will work with your food vendors during a disaster to make sure that your facility has food products to meet your needs. Consider drafting MOUs with vendors that outline the responsibilities of both your facility and the vendors during a disruption of the food supply chain in a disaster.
- Plan to conserve food supplies immediately at the beginning of a known emergency. Strategies will be incident-specific and may include but are not limited to:
  - Cutting back to two meals per day for non-patients
  - Reducing hours of cafeteria services
  - Curtailing complimentary beverages
- Ensure that gas and other devices are stored safely.
  - Your facility should have the ability to heat water and/or limited food products through the use of gas grills or other such devices with grills.
- Work with information technology (IT) to ensure that needed foodservice information is on backup and is retrievable in an emergency. Keep up-to-date printed copies of your disaster plan; your communication protocol, including contact information for food vendors and other suppliers; and your MOUs.
- Be prepared for your facility to function on its own, should resources from outside your facility not be available.

## Storage

- Store disposable dinnerware for the number of meals you may need to serve for the time frame of the identified planning period.
- Store hand sanitizers, in the event that water is not available for hand washing before and after meals.
- Store cleaning supplies for washing the limited number of “pots and pans” that may be used.
- Have a plan for waste disposal. Note that waste disposal will increase significantly with the use of disposables.

## Planning a Disaster Menu

- Each health care facility is required to have a 7-day disaster menu with a nutrient analysis. Check with your food supplier/distributor for a disaster menu and a complete nutritional analysis. Find out if your memorandum of understanding (MOU) can include a clause asking vendors to ship a predetermined order for your disaster menus when a disaster is declared. Refer to the sample 3-day disaster menu as a guide in planning the required 7-day emergency menu.
- If there is a disruption in the food supply and/or delivery, fresh produce and dairy products will be the first items in short supply. The disaster menu should be adapted to use perishable foods first, especially if there is a loss of power for refrigeration.
- If it is anticipated that there may be a loss of water and/or heat, the food products in inventory that require water and/or heat should be used first, if possible.
- Monitor patients on special diets, especially patients with food allergies and those whose diets need texture modifications. Be mindful that given your limited food supplies, it may not be

possible to strictly follow the menus for patients on disease-specific diets, for example, renal patients with low-sodium diet needs or patients on diabetic diets.

- Be sure to plan for the needs of patients receiving enteral nutrition, parenteral nutrition, and standard and specialized infant formulas in your disaster plan and menu.
- Consider the food needs and customs of special populations and address them in your disaster plan, for example, whether family members can bring in food for patients, if feasible, especially if there are certain religious, social, or cultural customs that should be honored.
- During a disaster, many people need even more than the recommended average of 1 gallon of water/fluid per day. The typical individual amount needed depends on age, physical activity, physical condition, climate, and time of year

### Sample Disaster Menus

Note that health care facilities are required to have a 7-day disaster menu. The sample menus presented here are intended as an example only.

#### SAMPLE MENUS

**Breakfast for 3 Consecutive Days**

Assorted juices  
Dry cereal with milk (if available)  
Canned fruit  
Bread, spread, jelly/jam  
Instant coffee/tea for adults  
Hot cocoa for children

**Lunch and Dinner for 3 Consecutive Days**

Soup (if possible)  
Peanut butter and jelly sandwiches (lunch—day 1)  
Fruit juices, instant coffee/tea  
Protein salads for both lunch and dinner—tuna, chicken, pimento cheese  
Peanut butter and jelly with bread/crackers  
Cold mixed canned vegetable salad, dressing  
Canned fruit, ready-to-eat puddings, gelatins  
Chips (if available)  
Juice, instant drinks

These menus are adapted here with permission from Puckett (2003).