

Appendix A – Emergency Food Planning – Selected Regulatory References*

22 CCR Section 70277 Dietetic Service Equipment and Supplies.
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 5. LICENSING AND CERTIFICATION OF HEALTH FACILITIES, HOME HEALTH
AGENCIES, CLINICS, AND REFERRAL AGENCIES
CHAPTER 1. GENERAL ACUTE CARE HOSPITALS
ARTICLE 3. BASIC SERVICES

This database is current through 4/16/10 Register 2010, No. 16.

§ 70277. Dietetic Service Equipment and Supplies.

(a) Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good working order.

(1) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.

(2) Equipment necessary for preparation and maintenance of menus, records and references shall be provided.

(3) Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the hospital.

(b) Food Supplies.

(1) At least one week's supply of staple foods and at least two (2) days supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu.

(2) All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food in unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents or swells shall not be accepted or retained.

(3) Milk, milk products and products resembling milk shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code.

(4) Milk may be served in individual containers, the cap or seal of which shall not be removed except in the presence of the patient. Milk may be served from a dispensing device which has been approved for such use. Milk served from an approved device shall be dispensed directly into the glass or other container from which the patient drinks.

(5) Catered foods and beverages from a source outside the hospital shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes as determined by the Department.

(6) Foods held in refrigerated or other storage areas shall be appropriately covered. Food which was prepared and not served shall be stored appropriately, clearly labeled and dated.

(7) Hermetically sealed foods or beverages served in the hospital shall have been processed in compliance with applicable federal, state and local codes.

Note: Regulations may have changed/been updated since publication of this document – February 13, 2012.

22 CCR Section 70741 Acute Hospital Disaster Program

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 5. LICENSING AND CERTIFICATION OF HEALTH FACILITIES, HOME HEALTH
AGENCIES, CLINICS, AND REFERRAL AGENCIES
CHAPTER 1. GENERAL ACUTE CARE HOSPITALS
ARTICLE 7. ADMINISTRATION

This database is current through 4/16/10 Register 2010, No. 16.

§ 70741. Disaster and Mass Casualty Program.

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

(b) The program shall cover disasters occurring in the community and widespread disasters. It shall provide for at least the following:

(1) Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2) An efficient system of notifying and assigning personnel.

(3) Unified medical command.

(4) Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5) Prompt transfer of casualties, when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definite care.

(6) A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he is moved.

(7) Procedures for the prompt discharge or transfer of patients already in the hospital at the time of the disaster who can be moved without jeopardy.

(8) Maintaining security in order to keep relatives and curious persons out of the triage area.

(9) Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will be made to provide organized dissemination of information.

(c) The program shall be brought up-to-date, at least annually, and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere, indicating that all new employees have been oriented to the program and procedures within a reasonable time after commencement of their employment.

(d) The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills. The actual evacuation of patients to safe areas during the drill is optional.

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Relevant CMS Interpretive Guidelines:

- 42 CFR 482.41(a) for the requirement for storing food
- 482.41(a)(2) relates to maintenance of an adequate emergency water supply.
- 482.41(c)(2) which makes a distinction between supplies needed on a “day-to-day” basis, and supplies that may be needed in an emergency.

§482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.

Interpretive Guidelines §482.41(a)

The hospital must ensure that the condition of the physical plant and overall hospital environment is developed and maintained in a manner to ensure the safety and well being of patients. This includes ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with Federal and State laws, regulations, and guidelines and manufacturer’s recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair. The routine and preventive maintenance and testing activities should be incorporated into the hospital’s **QAPI** plan.

Assuring the safety and well being of patients would include developing and implementing appropriate **emergency preparedness** plans and capabilities. The hospital must develop and implement a comprehensive plan to ensure that the safety and well being of patients are assured during emergency situations. The hospital must coordinate with Federal, State, and local emergency preparedness and health authorities to identify likely risks for their area (e.g., natural disasters, bioterrorism threats, disruption of utilities such as water, sewer, electrical communications, fuel; nuclear accidents, industrial accidents, and other likely mass casualties, etc.) and to develop appropriate responses that will assure the safety and well being of patients. The following issues should be considered when developing the comprehensive emergency plans(s):

1. The differing needs of each location where the certified hospital operates;
2. The special needs of patient populations treated at the hospital (e.g., patients with psychiatric diagnosis, patients on special diets, newborns, etc.);
3. Security of patients and walk-in patients;
4. Security of supplies from misappropriation;
5. Pharmaceuticals, food, other supplies and equipment that may be needed during emergency/disaster situations;
6. Communication to external entities if telephones and computers are not operating or become overloaded (e.g., ham radio operators, community officials, other healthcare facilities if transfer of patients is necessary, etc.);
7. Communication among staff within the hospital itself;
8. Qualifications and training needed by personnel, including healthcare staff, security staff, and maintenance staff, to implement and carry out emergency procedures;
9. Identification, availability and notification of personnel that are needed to implement and carry out the hospital’s emergency plans;
10. Identification of community resources, including lines of communication and names and contact information for community emergency preparedness coordinators and responders;
11. Provisions if gas, water, electricity supply is shut off to the community;
12. Transfer or discharge of patients to home, other healthcare settings, or other hospitals;
13. Transfer of patients with hospital equipment to another hospital or healthcare setting; and
14. Methods to evaluate repairs needed and to secure various likely materials and supplies to effectuate repairs.

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§482.41(a)(2) - There must be facilities for emergency gas and water supply.

Interpretive Guidelines §482.41(a)(2)

The hospital must have a system to provide emergency gas and water as needed to provide care to inpatients and other persons who may come to the hospital in need of care. This includes making arrangements with local utility companies and others for the provision of emergency sources of water and gas. The hospital should consider nationally accepted references or calculations made by qualified staff when determining the need for at least water and gas. For example, one source for information on water is the Federal Emergency Management Agency (FEMA).

Emergency gas includes fuels such as propane, natural gas, fuel oil, liquefied natural gas, as well as any gases the hospital uses in the care of patients such as oxygen, nitrogen, nitrous oxide, etc.

The hospital should have a plan to protect these limited emergency supplies, and have a plan for prioritizing their use until adequate supplies are available. The plan should also address the event of a disruption in supply (e.g., disruption to the entire surrounding community).

§482.41(c)(2) - Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

Interpretive Guidelines §482.41(c)(2)

Facilities must be maintained to ensure an acceptable level of safety and quality.

Supplies must be maintained to ensure an acceptable level of safety and quality. This would include that supplies are stored in such a manner to ensure the safety of the stored supplies (protection against theft or damage, contamination, or deterioration), as well as, that the storage practices do not violate fire codes or otherwise endanger patients (storage of flammables, blocking passageways, storage of contaminated or dangerous materials, safe storage practices for poisons, etc.).

Additionally, “supplies must be maintained to ensure an acceptable level of safety” would include that the hospital identifies the supplies it needs to meet its patients’ needs for both day-to-day operations and those supplies that are likely to be needed in likely emergency situations such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, etc.; and that the hospital makes adequate provisions to ensure the availability of those supplies when needed.

Equipment must be maintained to ensure an acceptable level of safety and quality.

Equipment includes both facility equipment (e.g., elevators, generators, air handlers, medical gas systems, air compressors and vacuum systems, etc.) and medical equipment (e.g., biomedical equipment, radiological equipment, patient beds, stretchers, IV infusion equipment, ventilators, laboratory equipment, etc.).

There must be a regular periodical maintenance and testing program for medical devices and equipment. A qualified individual such as a clinical or biomedical engineer, or other qualified maintenance person must monitor, test, calibrate and maintain the equipment periodically in accordance with the manufacturer’s recommendations and Federal and State laws and regulations. Equipment maintenance may be conducted using hospital staff, contracts, or through a combination of hospital staff and contracted services.

“Equipment must be maintained to ensure an acceptable level of safety” would include that the hospital identifies the equipment it needs to meet its patients’ needs for both day-to-day operations and equipment that is likely to be needed in likely emergency/disaster situations such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, internal disasters, etc.; and that the hospital makes adequate provisions to ensure the availability of that equipment when needed.

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Appendix B
Emergency Food Planning References
Accrediting Agency References*

Standard -- Element of Performance	Agency - Description
The Joint Commission	
EM 01.01.01 EP 8	The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical and medication-related resources and assets (See also EM.02.02.03, EP6)
EM.02.01.01 EP 3	The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospitals efforts to provide communications, resource and assets, security and safety, staff, utilities, or patient care for at least 96 hours. Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.
EM.02.02.03 EP 3	The Emergency Operations Plan describes the following: How the hospital will obtain and replenish non-medical supplies that will be required through the response and recovery phases of an emergency.
EM.02.02.03 EP 6	The Emergency Operations Plan describes the following: How the hospital will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8)
EM.02.02.07 EP 5	The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation and incident stress debriefing)
EM.02.02.07 EP 6	The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care and communication).
National Fire Prevention Association (NFPA99)	
Chapter 11	Health Care Emergency Preparedness
11-5.3.5*	Logistics. Contingency planning for disasters shall include as a minimum stockpiling or ensuring immediate or at least uninterrupted access to critical materials such as the following: (a) Pharmaceuticals (b) Medical supplies (c) Food supplies (d) Industrial and potable (drinking) water
Health Facilities Accreditation Program (HFAP): Nutritional Services	
24.00.12	<u>Emergency Preparedness Plan</u> The Emergency Preparedness Plan of the facilities addresses methods for ensuring the nutritional needs of patients and personnel during an internal or external emergency or disaster. (See accreditation documents for explanation and scoring)
Det Norske Veritas (DNV) Healthcare	
PE6 SR2	Emergency Management Systems The organization shall meet the requirements set forth in NFPA 99, Chapter 12, Emergency Management (See NFPA99)

CHA Hospital Preparedness Program
 Emergency Food Planning Guidance Reference – February 13, 2012

*Note: References only, please review complete, current standards. Standards may have changed/been updated since publication of this document.