

Attachment B  
**California Hospital Emergency Food Planning Guidance and Toolkit**  
**Planning Guidelines – Recommendations**

The most important assumption underlying emergency food plan supply calculations is the potential for an event that may require the hospital to maintain operations without access to normal supply chains or help from the community. An event of this scale and scope will not just alter food service, but all hospital operations. These guidelines and recommendations are intended to assist with preparing for this type of event and to prioritize a focus on the critical hospital role of patient care during a disaster or other emergency event.

**Note: These Guidelines support the Hospital Emergency Food Calculation Tool (Attachment C) and Instructions for Food Calculation Tool use (Attachment D) and do not represent an exhaustive emergency food plan checklist**

**General**

- Hospital Emergency Operations Plan (EOP), emergency food and business continuity plans are consistent; for example, the EOP addresses security for food supplies, how to provide and maintain resources for patients and essential staff, measures to conserve resources that include alteration of visitor policies to limit the number of individuals in the facility who will be fed, and closure of the hospital cafeteria to the public and use of meal tickets for entry. As a result, these plans should be developed in coordination with emergency management.
- Emergency Food Plans and procedures reference and incorporate the Hospital Incident Command System (HICS) for emergency operations and documentation, including coordination and communication with the Hospital Command Center throughout an event
- A disaster event may impact an entire community or region; therefore, the hospital plans incorporate early and definitive steps to assess, secure and conserve hospital resources for patients and essential staff; while there may be individuals seeking shelter, the hospital plans focus on caring for existing patients and victims of the disaster and look to local government agencies to meet community needs for shelter and food
- If there is any possibility that supply chains *may* be disrupted, emergency food plans incorporate early triggers to immediately implement measures to conserve and protect existing food supplies; it is easier to expand food service once it is *confirmed* that food supply chains are established, but by delaying conservation measures, essential food supplies may be expended without immediate resupply options and may impact extended hospital operations
- Emergency food response may well need to differ from planning assumptions; plans are based upon the Hazard Vulnerability Analysis (HVA) and provide flexibility to adjust the hospital response dependent upon event circumstances by altering who may be fed, how much they will be fed and how food service will take place

**Plans and Procedures**

- Plans address how food safety and sanitation will be maintained during disaster operations and document staff training, adequate sanitation supplies, disposables, trash disposal, etc.
- Emergency food plans include altered operations to address the potential for reduced food service staff availability and higher demand, eliminating “room service”, curtailment of cafeteria services, security, meal tickets, and loss of utilities
- Emergency food plans, procedures and resources (e.g., supplies and equipment) address altered operations and meal planning for an event involving loss of utilities (electricity, water, information systems) including the equipment and resources necessary to implement those plans (e.g., can openers, grills, disposables, etc)
- It is documented that food service staff understand disaster/emergency food plans, the location of the plan and just-in-time tools to implement emergency food plans
- Plans identify emergency food service staffing needs (how many staff will be needed for altered operations and where will they come from?)
- Plans include just-in-time training tools on food safety and emergency food protocols for staffing pool individuals who may need to work in food service during an event (but do not normally do so)
- Emergency food plans have a distinct patient plan which is separate from staff and other individuals included in emergency food calculations (who, what, how much, when, how)

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- Plans specifically address special populations menu needs and how they will be met with emergency food supplies (e.g., low sodium, diabetic, finely ground), including pediatric patients who may present to hospital; emergency food menus are relatively consistent and altered only to the extent required by special needs
- Plans identify how ready to feed (RTF), breast milk, formulas and other food items maintained on patient care units are addressed
- Plans identify how food will be distributed to staff and others; consider discontinuing patient “room service”, use of meal tickets in accordance with policies for staff and others covered by hospital emergency food plan, and have a supply of meal tickets and a plan/protocols for their use
- Plans include customizable signage and flyers regarding altered food service plans and protocols and procedures for distribution to inform visitors/others of hospital plans and reasons, especially those who will have no/reduced food access
- Plans include protocols to educate patient care and other staff regarding emergency food plans and the need to conserve resources
- Plans identify how menus and meal plans may be altered when it is anticipated that the demand *may* exceed resources. For example, if emergency food plans assume 200 patients for 7 days at 2000 calories per day and there are 250 patients and it is not certain supply chains will be restored within 7 days, then plans incorporate a process to recalculate and alter food plans to conserve resources (e.g., reduce meals/calories)
- Emergency food inventories are calculated and established based on documented assumptions with logical sources and are consistent with plans and regulatory requirements

### Inventories

- Plans address both potable and non-potable water needs; the roles of Nutrition Services and other hospital areas in meeting patient hydration needs are addressed and consistent with broader hospital plans
- The difference between food plans and inventories for inpatients and for staff/others are clearly identified in inventory lists and inventories
- Plans include routine review and documentation of food inventory supply levels and expiration dates to demonstrate compliance; regularly scheduled review is standardized to occur on same day
- Routine review of all food supplies for expiration dates is documented, including staff emergency food supplies that may be stored separately
- Plans address how foods used in the emergency food supply will be rotated; rotation should ensure that emergency food supplies do not fall below Plan inventory levels (i.e., rotation calendar, emergency food par levels in accordance with plans for both patients and others). Consider use of shelf stable foods.
- When establishing emergency food plans, plans identify how and where food inventories will be stored “on premises” of the licensed hospital facility. If space is a limitation, consider limiting food plans for “on premise” food supplies to meet regulatory requirements. While more costly, consider use of alternatives that use less space like Meals Ready to Eat, Heater Meals, Ensure, etc.
- Plans identify how the food storage area/room temperature will be monitored and documented to ensure stability of food before and over the duration of an extended disaster event
- If emergency food plans include meal replacements, plans document how inventory will be maintained and monitored for temperature and expiration; consider staggered purchase of meal replacements so that all supplies do not expire at the same time
- Plans address use of disposables to limit the need for cleaning; therefore, food service disposables that are consistent with emergency food plans should be included in inventories (lists and physical)