

Attachment C

California Hospital Emergency Food Planning Tool

I. Key Assumptions: Estimating Food Plan Population Groups

Note: Please See Worksheet Instructions

Facility Name:		
Facility Address:		
Contact Name:		
Contact Email:		Contact Phone:
Variables entered in orange cells will populate calculated cells		
Blue cells automatically calculated (do not enter data)		
Estimating Population to be Served (who hospital will feed)		
	Assumption	Number
A. Basic Needs (For inpatients)		
Staffed Hospital Beds	312	312 Patients
B. Surge Targets: Inpatient - Emergency Department		
Licensed Hospital Beds (% of - Total)	100%	359 Patients
<i>Essential</i> Staff Ratio to Patients	1.29	463 Staff
Total Emergency/Surge Populations (<i>Essential</i>)		822
C. Surge Targets: Optional Populations to Be Fed (Consistent with EOP)		
Ambulatory Care Patients		0 Other Patients
Ambulatory Surgery	0	To add categories Insert rows ABOVE 'Other' to allow inclusion in Total
Infusion	0	
Dialysis	0	
Other (Identify)	0	
Other (Identify)	0	
Ambulatory Care Staff Ratios	0	0 Other Staff
Others		
Staff Family/Dependent Ratios (e.g., .1 per staff)	0.10	46 Staff Family
Visitors (e.g., .30 per patient)	0.30	108 Visitors
Rooming In Patient Family Members (e.g., peds, ICU, OB)	0.10	36 Rooming In
Physicians - Hospital (ED, hospitalist, Rad, Intensivist, trauma, etc)	0.15	54
Physicians - Rounding	0.10	36 Physicians
Volunteers (e.g., .10 per patient)	0.10	36 Volunteers
Others (Identify, set ratio to patients)	0.00	0 Others
Total Others		316 All Other
D. Surge - Emergency Planning Population Assumptions		
Total Patients		359
Total Staff		463
Total Others		316
Total		1,138

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II. Key Assumptions: PATIENT Meal Requirements - Assumptions

Note: Please See Worksheet Instructions

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Disaster/Surge Populations	Number
Total Patients	359

A. Patient Nutritional Needs Per Day

Age/Life Stage	Patients ⁽¹⁾		Basic Daily Needs ⁽²⁾		
	% of Total	Number	Calories	Protein (gms)	Fluid (ozs)
Children (1-5)	8%	29	1,400	15	50
Pregnant/Lactating	5%	18	2,000	71	82
Adol/Adult	87%	312	1,800	51	77
Other:	0%	-	-	-	-
Other:	0%	-	-	-	-
Total/Average	100%	359	1,778	49	75
Infants (0-1)	8%	29	545	9.1	24

⁽¹⁾ Acute Census, SNF PLUS Newborn Nursery

⁽²⁾ Reference and be consistent with *Hospital's* Nutrition Care Standards (IOM DRI)

⁽³⁾ Coordinate with EOP for consistent potable water plans and sources (e.g., Nutrition, Nursing)

B. Patient Requirements - Meal Type (% must add to 100%)

Diet	% of Patients	Number
Regular/Soft	28%	109
Diabetic	12%	47
Low Sodium/Cardiac	17%	66
Clear Liquid	5%	19
Renal	2%	8
Mechanical-Soft	4%	16
Pureed	3%	12
Full Liquid	3%	12
Other:	0%	-
Other:	0%	-
Subtotal	74%	289
<i>Enteral</i>	7%	27
<i>NPO/IV</i>	12%	47
<i>Infants</i>	7%	29
Total	100%	392

Meal Patients

NOTE: Emergency Food Plans should address how patient menu requirements for each category of patients will be met from emergency food supplies. If MRE's will be used, then describe how patient needs will be accomodated (e.g., ground, pureed in liquid, etc).

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California Hospital Emergency Food Planning Tool

III. Key Assumptions: PATIENT Meal Plan Assumptions - Inventory

Note: Please See Worksheet Instructions

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A. Days of Food

Population	Number	Phase 1		Phase 2		Total	
		Days	Days of Food	Days	Days of Food	Days	Days of Food
Patients							
Meal Patients	289	4	1,156	3	867	7	2,023
NPO/IV	47	4	188	3	141	7	329
Enteral Feeding	27	4	108	3	81	7	189
Infants	29	4	115	3	86	7	201
Totals	392		1,567		1,175		2,742

Enter the number of days you plan for each category of patients; breakdown into phases for initial period (Phase 1) and subsequent period (Phase 2), if applicable and consistent with hospital emergency food plans. If two phases planned, complete second Patient Disaster Menu for Phase 2 below; otherwise zero out orange cells.

Note: Title 22 requires a minimum of 7 days of staples (non-perishable) and 2 days of perishable foods on premises

Phase 1

B-1. Patient Disaster Menu -- Phase 1 (assumes regular menu modified in plans to meet patient menu)

C-1. Menu to Inventory Needs - Average Servings

Food Type	Assumptions		Meals/Snacks			Daily		Patient Food Inventory Needs			Total Servings	
	Unit	Calories/Unit	First Qty	Second Qty	Third Qty	Total Qty	Calories	Total Qty	Ounces/Unit	Total Ounces	Avg/Serving	Servings
Meals												
Protein (meat/all products)	Ounce	75	1.00	2.50	2.00	5.50	413	6,358	1.00	6,358	1.83	3,468
Starch	Cups	160	1.00	1.00	1.00	3.00	480	3,468	8.00	27,744	1.00	3,468
Vegetable	Cups	50	-	0.50	0.50	1.00	50	1,156	8.00	9,248	0.50	2,312
Fruit	Cups	120	0.50	-	0.50	1.00	120	1,156	8.00	9,248	0.50	2,312
Milk	Fl Ounce	15	8.00	4.00	-	12.00	180	13,872	1.00	13,872	6.00	2,312
Condiments	Ounce	40	-	0.25	0.25	0.50	20	578	1.00	578	0	2,312
Other (specify)	Ounce	-	-	-	-	-	-	-	1.00	-	0	-
Oils/Fats	Grams	9	5.00	15.00	10.00	30.00	270	34,680	0.30	10,404	10.00	3,468
Subtotal							1,533					
Snack	Each	160	-	1.00	1.00	2.00	320	2,312	1.00	2,312	1.00	2,312
MRE/Meal Replacement	Each	600	-	-	-	-	-	-	1.00	-	0	-
Other (specify)	Each	600	-	-	-	-	-	-	1.00	-	0	-
Total							1,853					
% of Basic Daily Need							104%					
Enteral Formula	Fl Ounces	36	8.00	16.00	16.00	40	1,440	4,320	1.00	4,320	13.3	324
Infant Formula	Fl Ounces	20	8.00	8.00	12.00	28	560	3,217	1.00	3,217	9.3	345

Notes:

Enter assumptions in light orange/dashed border cells in accordance with hospital Nutrition Care Standards and emergency food plans (e.g., if using MREs, adjust meal assumptions and quantities as appropriate to plans)

Emergency Food Plan should describe how the standard meal plan will be adjusted for modified diets (e.g., low sodium, renal, diabetic, pureed)

Patient Food Inventory Needs should translate to food inventory and inventory lists for patients

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III. Key Assumptions: PATIENT Meal Plan Assumptions - Inventory

Note: Please See Worksheet Instructions

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Blue cells automatically calculated (do not enter data)

A. Days of Food

Population	Number	Phase 1		Phase 2		Total	
		Days	Days of Food	Days	Days of Food	Days	Days of Food
Patients							
Meal Patients	289	4	1,156	3	867	7	2,023
NPO/IV	47	4	188	3	141	7	329
Enteral Feeding	27	4	108	3	81	7	189
Infants	29	4	115	3	86	7	201
Totals	392		1,567		1,175		2,742

Enter the number of days you plan for each category of patients; breakdown into phases for initial period (Phase 1) and subsequent period (Phase 2), if applicable and consistent with hospital emergency food plans. If two phases planned, complete second Patient Disaster Menu for Phase 2 below; otherwise zero out orange cells.

Note: Title 22 requires a minimum of 7 days of staples (non-perishable) and 2 days of perishable foods on premises

Phase 2

B-2. Patient Disaster Menu -- Phase 2 (assumes regular menu modified in plans to meet patient menu)								C-1. Menu to Inventory Needs - Average Servings				
Food Type	Assumptions		Meals/Snacks			Daily		Patient Food Inventory Needs			Total Servings	
	Unit	Calories/Unit	First Qty	Second Qty	Third Qty	Total Qty	Calories	Total Qty	Ounces/Unit	Total Ounces	Avg/Serving	Servings
Meals												
Protein (meat/all products)	Ounce	75	-	2.50	-	2.50	188	2,168	1.00	2,168	2.5	867
Starch	Cups	160	-	1.00	-	1.00	160	867	8.00	6,936	1.0	867
Vegetable	Cups	50	-	0.50	-	0.50	25	434	8.00	3,468	0.5	867
Fruit	Cups	120	0.50	-	-	0.50	60	434	8.00	3,468	0.5	867
Milk	Fl Ounce	15	4.00	-	-	4.00	60	3,468	1.00	3,468	4.0	867
Condiments	Ounce	40	-	0.25	-	0.25	10	217	1.00	217	0.3	867
Other (specify)	Ounce	0	-	-	-	-	-	-	1.00	-	0	-
Oils/Fats	Grams	9	-	15.00	-	15.00	135	13,005	0.30	3,902	15.0	867
Subtotal							638					
Snack	Each	250	-	-	-	-	-	-	-	-	0	-
MRE/Meal Replacement	Each	600	1.00	-	1.00	2.00	1,200	1,734	1.00	1,734	1.00	1,734
Other (specify) Ensure	Each	400	-	-	-	-	-	-	1.00	-	0	-
Total							1,838					
% of Basic Daily Need							103%					
Enteral Formula	Fl Ounces	36	8.00	16.00	16.00	40	1,440	3,240	1.00	3,240	13.33	243
Infant Formula	Fl Ounces	20	8.00	8.00	12.00	28	560	2,412	1.00	2,412	9.33	258

Notes:

Enter assumptions in light orange/dashed border cells in accordance with hospital Nutrition Care Standards and emergency food plans (e.g., if using MREs, adjust meal assumptions and quantities as appropriate to plans)

Emergency Food Plan should describe how the standard meal plan will be adjusted for modified diets (e.g., low sodium, renal, diabetic, pureed)

Patient Food Inventory Needs should translate to food inventory and inventory lists for patients

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IV. Key Assumptions: **STAFF - OTHER Meal Plan Assumptions**

Note: Please See Worksheet Instructions

Variables entered in orange cells will populate calculated cells
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A. Days - Meals								
Population	Number	Phase 1			Phase 2			Total
		Days	Meals/Day	Meals	Days	Meals/Day	Meals	
Essential Staff	463	4	3	5,557	3	3	4,168	9,725
Physicians - Hospital Based	54	4	3	646	3	3	5,816	6,462
Physicians - Rounding	36	4	1	144	3	1	431	574
Volunteers	36	4	1	144	3	1	431	574
Visitors	108	4	1	431	3	1	1,292	1,723
Rooming In Family	36	3	2	215	3	2	1,292	1,508
Staff Family/Dependents	46	4	1	185	4	1	741	926
Others	0	0	0	-	0	0	-	-
	779			Subtotal 7,322			Subtotal 14,171	21,493

17,336 Subtotal
4,157 Subtotal
Total NON PATIENT Meals

Note:

Enter the number of days and meals per day you plan for each category of individuals broken down into PHASES for initial period (Phase 1) and subsequent period (Phase 2), if applicable and consistent with hospital emergency food plans. Assumes first phase includes use of perishables that may not be replenished. If two phases planned, please address each population in each phase and complete second Patient Disaster Menu for Phase 2 below; otherwise zero out orange cells.

Enter the number of daily meals you plan to provide for each category of individuals; you may average some groups (e.g., some physicians will be there 24/7 and some will be only for one meal, your plans may include feeding visitors once per day but rooming in family members twice in 24 hour periods)

Phase 1												
B. Staff - Other Disaster Menu					C. Menu to Inventory Needs							
Food Type	Assumptions		Meals/Snacks			Daily		Food Inventory Needs				
	Unit	Calories/Unit	First Qty	Second Qty	Third Qty	Total Qty	Calories	Total Qty	Ounce/ Unit	Total Ounces		
										Avg/ Serving	Servings	
Meal												
Protein (meat/all products)	Ounce	75	1.00	2.00	3.00	6.0	450	14,644	1.00	14,644	2.00	7,322
Starch	Cups	160	1.00	1.00	1.00	3.0	480	7,322	8.00	58,577	1.00	7,322
Vegetable	Cups	50	-	-	1.00	1.0	50	2,441	8.00	19,526	1.00	2,441
Fruit	Cups	120	0.50	-	0.50	1.0	120	2,441	8.00	19,526	0.50	4,881
Milk	Fl Ounce	15	8.00	4.00	-	12.0	180	29,289	1.00	29,289	6.00	4,881
Condiments	Ounce	40	-	-	-	-	-	-	1.00	-	0	-
Other (specify)		0	-	-	-	-	-	-	0.25	-	0	-
Oils/Fats	Grams	9	5.00	15.00	10.00	30.0	270	73,222	0.30	21,966	10.00	7,322
Subtotal							1,550					
Snack	Each	160	-	1.00	-	1.0	160	2,441	1.00	2,441	1.00	2,441
MRE/Meal Replacement	Each	600	-	-	-	-	-	-	1.00	-	0	-
Other (specify)	Each	600	-	-	-	-	-	-	1.00	-	0	-
Total							1,710					

Notes:

Section B - Phase 1 will be consistent with Section A - Phase 1 relative to resulting quantity and servings

Enter assumptions in accordance with hospital Nutrition Care Standards and emergency food plans (e.g., if using MREs or other alternatives, enter them in this worksheet in appropriate row/column consistent with plans)

Emergency Food Plan should describe (narrative) how staff and other populations food needs will be met (e.g., MRE, Combination of MRE/Meals, etc.)

Food Inventory Needs should translate to food inventory and inventory lists for staff and others to be accommodated by emergency food plans.

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IV. Key Assumptions: **STAFF - OTHER Meal Plan Assumptions**

Note: Please See Worksheet Instructions

Variables entered in orange cells will populate calculated cells

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A. Days - Meals								
Population	Number	Phase 1			Phase 2			Total
		Days	Meals/Day	Meals	Days	Meals/Day	Meals	
Essential Staff	463	4	3	5,557	3	3	4,168	9,725
Physicians - Hospital Based	54	4	3	646	3	3	5,816	6,462
Physicians - Rounding	36	4	1	144	3	1	431	574
Volunteers	36	4	1	144	3	1	431	574
Visitors	108	4	1	431	3	1	1,292	1,723
Rooming In Family	36	3	2	215	3	2	1,292	1,508
Staff Family/Dependents	46	4	1	185	4	1	741	926
Others	0	0	0	-	0	0	-	-
	779			Subtotal 7,322			Subtotal 14,171	
								17,336 Subtotal
								4,157 Subtotal
								21,493 Total NON PATIENT Meals

Note:

Enter the number of days and meals per day you plan for each category of individuals broken down into PHASES for initial period (Phase 1) and subsequent period (Phase 2), if applicable and consistent with hospital emergency food plans. Assumes first phase includes use of perishables that may not be replenished. If two phases planned, please address each population in each phase and complete second Patient Disaster Menu for Phase 2 below; otherwise zero out orange cells.

Enter the number of daily meals you plan to provide for each category of individuals; you may average some groups (e.g., some physicians will be there 24/7 and some will be only for one meal, your plans may include feeding visitors once per day but rooming in family members twice in 24 hour periods)

Phase 2												
B. Staff - Other Disaster Menu							C. Menu to Inventory Needs					
Food Type	Assumptions		Meals/Snacks			Daily		Food Inventory Needs			Total Servings	
	Unit	Calories/U nit	First Qty	Second Qty	Third Qty	Qty	Calories	Total Qty	Ounce/ Unit	Total Ounces	Avg/ Serving	Servings
Meal												
Protein (meat/all products)	Ounce	75	-	-	-	-	-	-	1.00	-	0	-
Starch	Cups	160	-	-	-	-	-	-	8.00	-	0	-
Vegetable	Cups	50	-	-	-	-	-	-	8.00	-	0	-
Fruit	Cups	120	-	-	-	-	-	-	8.00	-	0	-
Milk	Fl Ounce	15	-	-	-	-	-	-	1.00	-	0	-
Condiments	Ounce	40	-	-	-	-	-	-	1.00	-	0	-
Other (specify)		0	-	-	-	-	-	-	0.25	-	0	-
Oils/Fats	Grams	9	-	-	-	-	-	-	0.30	-	0	-
Subtotal												
Snack (Ensure)	Each	250	-	1.0	-	1.0	250	4,724	1.00	4,724	1.00	4,724
MRE/Meal Replacement	Each	600	-	-	-	-	-	-	1.00	-	0	-
Other (Ensure)	Each	250	2.00	2.00	2.00	6.0	1,500	28,342	1.00	28,342	2.00	14,171
Total							1,750					

Notes:

Section B - Phase 2 will be driven by Section A - Phase 2 total meals to calculate quantities and resulting servings

Enter assumptions in accordance with hospital Nutrition Care Standards and emergency food plans (e.g., if using MREs or other alternatives, enter them in this worksheet in appropriate row/column consistent with plans)

Emergency Food Plan should describe (narrative) how staff and other populations food needs will be met (e.g., MRE, Combination of MRE/Meals, etc.)

Food Inventory Needs should translate to food inventory and inventory lists for staff and others to be accommodated by emergency food plans.

Attachment C
California Hospital Emergency Food Planning Tool
V. Key Assumptions: Meal Plans to INVENTORIES
Note: Please See Worksheet Instructions

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Food Type	Units	Emergency Inventory Needs and Total Servings (In Ounces)								
		Patients			Non-Patients (Staff-Other)			Total Patients/Staff-Others		
		Total Needed	Avg/ Serving	Servings	Total Needed	Avg/ Serving	Servings	Total Needed	Avg/ Serving	Servings
Meal										
Protein (meat/all products)	Ounce	8,526	1.97	4,335	14,644	2.00	7,322	23,170	1.99	11,657
Starch	Cups	34,680	8.00	4,335	58,577	8.00	7,322	93,257	8.00	11,657
Vegetable	Cups	12,716	4.00	3,179	19,526	8.00	2,441	32,242	5.74	5,620
Fruit	Cups	12,716	4.00	3,179	19,526	4.00	4,881	32,242	4.00	8,060
Milk	Fl Ounce	17,340	5.45	3,179	29,289	6.00	4,881	46,629	5.78	8,060
Condiments	Ounce	795	0.25	3,179	-	-	-	795	0.25	3,179
Other (specify)	Ounce	-	-	-	-	-	-	-	-	-
Oils/Fats	Grams	14,306	3.30	4,335	21,966	3.00	7,322	36,272	3.11	11,657
Snack	Each	2,312	1.00	2,312	7,164	1.00	7,164	9,476	1.00	9,476
MRE/Meal Replacement	Each	1,734	1.00	1,734	-	-	-	1,734	1.00	1,734
Other (Ensure)	Each	-	-	-	28,342	2.00	14,171	28,342	2.00	14,171
Enteral Formula	Fl Ounce	7560	13.33	567	-	-	-	7,560	13.33	567
Infant Formula	Fl Ounce	5629.12	9.33	603	-	-	-	5,629	9.33	603

Notes:

All Inventory Needs carried forward from worksheets C-III and C-IV (do not enter/alter data on this page)

Servings based on average per serving calculated from Worksheets C-111 and C-IV (do not alter on this page)

Attachment C
California Hospital Emergency Food Planning Tool
VI. Example: Food Inventory List (See Page Notes)

Food Type	Food Item	Food Units and Amounts				Total Units	AVERAGE Servings per Case	Total Patient Servings	Total Staff/Other Servings	Daily Patient Par Cases	Daily Staff Par Cases	Total Daily Par Cases
		Type	# Per (Case)	Unit Measure	Unit Size							
Proteins	Beans, canned	Case	6	Ounce	96	576	104	398	4,394	4	43	47
	Peanut Butter (individual packets= 1 Tbsp each)	Case	200	Ounce	0.5	100	200	656	-	4	-	4
	Tuna, packed in water	Case	6	Ounce	43	258	258	2,052	8,788	8	35	43
	Meat (chicken, turkey, fish, beef, pork)					-	-					
Starch	Cereal (all flavors)	Case	96	Ounce	8	768	96	398	-	5	-	5
	Crackers, Saltine	Case	500	Each	1	500	500	825	4,394	2	9	11
	Crackers, Sodium Free	Case	300	Each	1	300	300	339	-	2	-	2
	Bread	Case		Slice		-	-					
Vegetable	Corn, canned	Case	6	Ounce	96	576	156	427	-	3	-	3
	Tomatoes, canned, diced	Case	6	Ounce	96	576	156	968	-	7	-	7
Fruit	Canned Fruit (all types)	Case	6	Ounce	96	576	156	427	-	3	-	3
	Juice (all flavors)	Case	48	Ounce	4	192	48	825	2,197	18	46	64
	Dried fruit (Raisins)	Pouch	160	Each	1	160	160	398	2,197	3	14	17
	Whole Fruit					-	-					
Milk	Milk, Alta Dena (1%)	Case	18	Fl Ounce	8	144	18	398	-	23	-	23
Condiments	Spread (individual packet)	Case	500	Each	0.44	220	500	2,052	-	4	-	4
						-	-					
Fat/Oils	Canola Oil	Case	5	Fl Ounce	283	1,415	4,245		4,394	-	1	1
						-	-					

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California Hospital Emergency Food Planning Tool
VI. Example: Food Inventory List (See Page Notes)

Food Type	Food Item	Food Units and Amounts				Total Units	AVERAGE Servings per Case	Total Patient Servings	Total Staff/Other Servings	Daily Patient Par Cases	Daily Staff Par Cases	Total Daily Par Cases
		Type	# Per (Case)	Unit Measure	Unit Size							
Oral Supplements	Nepro*	Case	24	Fl Ounce	8	192	24	87	-	4	-	4
	Soda (all flavors)	Case	24	Fl Ounce	12	288	24	796	2,197	34	92	126
	Thickened Milk*	Case	27	Fl Ounce	8	216	27	140	-	6	-	6
	Thickened Juice*	Case	27	Fl Ounce	8	216	27	56	-	3	-	3
	Ensure*	Case	24	Fl Ounce	8	192	24	24	-	1	-	1
	Ensure Clear*	Case	32	Fl Ounce	6.7	214	27	60	-	3	-	3
						-						
Snack	Granola Bar	Case	6	Ounce	13.3	80	94	174	-	2	-	2
	Pudding	Case	6	Ounce	96	576	312	480	-	2	-	2
						-						
Enteral Formula	Jevity 1.2	Case	24	Each	8	192	3	120		5		5
	Jevity 1.5	Case	24	Each	8	192	3	120		5		5
	Glucerna	Case	24	Each	8	192	3	240		10		10
	Nepro	Case	24	Each	8	192	4	30		1		1
	Perative	Case	24	Each	8	192	4	30		1		1
Infant Formula	Similac Advance Liquid Concentrate	Case	12	Each		-				2		2
	Similac Neosure Liquid Concentrate	Case	6	Each	12.9	77				1		1
	PM 60/40 Powder	Case	6	Pound	1	6				1		1
	Pregestimil	Case	6	Pound	1	6				1		1

- Notes:**
- Each column has a Note that describes its purpose related to *Hospital Emergency Food Calculation Tool* (roll over the header for each column to see the Note).
 - This Inventory Worksheet EXAMPLE is intended to be used in conjunction with the *Hospital Emergency Food Calculation Tool*.
 - Food categories, average serving sizes and TOTAL PAR levels should be consistent with Worksheet C-III (patient menu) and C-IV (staff/other menu) and C-V (Inventory-Serving Totals).
 - Food Items/product names listed are EXAMPLES only; each hospital should enter actual Food Items in hospital menus and inventories
 - Hospital Nutrition Service inventories may not include ready to feed (RTF), formulas and other food items maintain on patient care units; these food items should be addressed in hospital's written plans.