



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

**Hospital Preparedness Program**

**California Hospital**

**Emergency Food Supply Planning Guidance and Toolkit**

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**California Hospital Association – Hospital Preparedness Program  
Hospital Emergency Food Supply Planning Guidance and Toolkit**

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\*An Excel Workbook (Planning Calculation Tool) for use in calculating hospital emergency food supply needs is intended to accompany this Guidance and should be saved with a hospital identifier, date and PLAN in the file name. The file name should be updated each time the Plan (tool) is updated. When the tool is used during an actual event to update assumptions and assess resources against demand and circumstances, the file name should include hospital identifier, date and EVENT in the file name (you may wish to include time).

## California Hospital Association – Hospital Preparedness Program Hospital Emergency Food Supply Planning Guidance and Toolkit

### Purpose

This document is intended to provide guidance and tools to hospitals in planning for, and documenting, emergency food supplies, including meeting regulatory requirements. Included are planning guidelines and assumptions, regulatory references, sample planning calculation tools, and other resources intended to support planning efforts.

### Overview

Regulatory and accrediting agencies require hospitals to plan for and document an adequate inventory of on-site assets and resources, including food supplies for patients for normal, day-to-day operations and for emergency situations. Hospitals need to consider and prepare for the potential risks and hazards, and the needs that may arise from those risks, specific to their situation. Hospitals have been cited by regulatory agencies for not having adequate food plans, documentation and/or inventories based on differing interpretation of regulations by those agencies and hospitals. This guidance is intended to assist hospitals with emergency food planning and preparedness consistent with emergency operations plans and current regulatory requirements.

The Planning Guidance and Toolkit was developed by the California Hospital Association (CHA) Hospital Preparedness Program (HPP) through the Hospital Emergency Food Advisory Group (**Attachment A**). The Advisory Group provided valuable input, references, examples and time to this effort. The Guidance and Toolkit have been reviewed by the California Department of Public Health (CDPH) Division of Licensing and Certification.

### Regulatory – Accrediting Agency Overview

Following is a summary of key regulatory references relative to emergency food planning. **Appendix A** includes the full regulatory language at the time of publication for each reference. **Appendix B** includes key accrediting agency elements related to emergency food supplies at the time of publication. Note that references focus on food supplies and not on food operations and represent those current at the time this document was published.

*Title 22 – Section 70277* specifies that at least a one week (7 days) supply of staple foods (non-perishable) and two (2) days supply of perishable food shall be maintained *on the premises*. These food supplies are to be appropriate to meet the requirements of the menu; interpreted to mean to meet patient dietary needs and restrictions (e.g., regular, low sodium, liquid, diabetic, infant, etc.).

*Title 22 – Section 70741* further specifies that each hospital shall have a disaster and mass casualty program that includes provisions for the availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials. As each hospital's services and situation are different, the definition of *adequate* is subject to those differences.

*42 CFR 482.41(c) (2) CMS Interpretive Guidelines* specify that supplies must be maintained to ensure an acceptable level of safety and makes a distinction between supplies needed on a day-to-day basis and supplies that are likely to be needed during an emergency.

*The Joint Commission* requires that each hospital have an Emergency Operations Plan that describes key elements applicable to emergency food supplies:

- Hospital capabilities and response procedures for when the hospital cannot be supported by the local community for at least 96 hours (EM 02.02.01-3)
- A documented inventory of resources and assets on site that may be needed during an emergency (EM 01.01.01 – 8)
- How a facility will obtain and replenish non-medical resources during a disaster (EM 02.02.03-3)

- Plan identifying how a facility will monitor quantities of resources and assets during an emergency (EM 02.02.03-6)
- Plan for how a facility will manage staff support needs during an emergency (EM 02.02.07-5) as well as staff family support needs (EM 02.02.07-6)

The *Healthcare Facilities Accreditation Program* (HFAP) alternative to TJC requires that hospitals have a plan and emergency food supplies to feed patients, staff and visitors for at least three (3) days.

The National Fire Protection Association (*NFPA 99*) specifies that hospitals will have contingency plans for disasters, including stockpiling for ensuring immediate, or at least uninterrupted, access to food supplies (11-5.3.5(c))

Det Norske Veritas (DNV) Healthcare references the need for the hospital to meet NFPA 99 requirements.

### Guidance – Recommendations

Emergency food plan assumptions should be consistent with the hospital Emergency Operations Plan (EOP) and recognize patient care, and staff who are essential to providing it, as their first priority. This guidance provides a logical process for planning and documenting emergency food plans as outlined in the flow diagram in **Exhibit 1**. While hospitals may plan based on a logical set of assumptions, disasters may present a different reality and steps may need to be taken during an event to alter plans as outlined in the flow diagram in **Exhibit 2**. These contingencies should be considered from the outset of an event, keeping the hospitals primary role as a healthcare provider as the focus and priority.

**Attachment B** includes key recommendations and guidelines for consideration in developing emergency food plans; this document is not a comprehensive checklist for emergency food planning but includes key issues identified by Advisory Group members during their deliberations.

### Emergency Food Calculations

Emergency food plans should clearly document calculations and the sources/logic for assumptions used in estimating emergency food needs and inventories. In calculating emergency food supply needs, in addition to consistency with the EOP, there are several practical factors which need to be considered:

- Who does the hospital plan to feed (e.g., patients, staff, visitors, physicians, etc)
- What will each group be fed (meals, MRE, etc)
- How often will each group be fed (e.g., number of meals, snacks, meal replacements)
- How food will be delivered (food stations, meal tickets, disposables, security, etc)

Combined, the responses to each question above will result in a calculation of estimated emergency food supply needs. These assumptions should be incorporated into the emergency food plan with the expectation that the hospital will be reviewed by regulatory agencies for compliance against their own plan, even if it exceeds regulatory requirements. Given the costs associated with managing and rotating a large inventory, space limitations and the circumstances that would bring a hospital to activate its emergency food plan, it is recommended that careful consideration be given to developing the assumptions underlying emergency food supply estimates. The recommendations in this guidance incorporate those considerations.

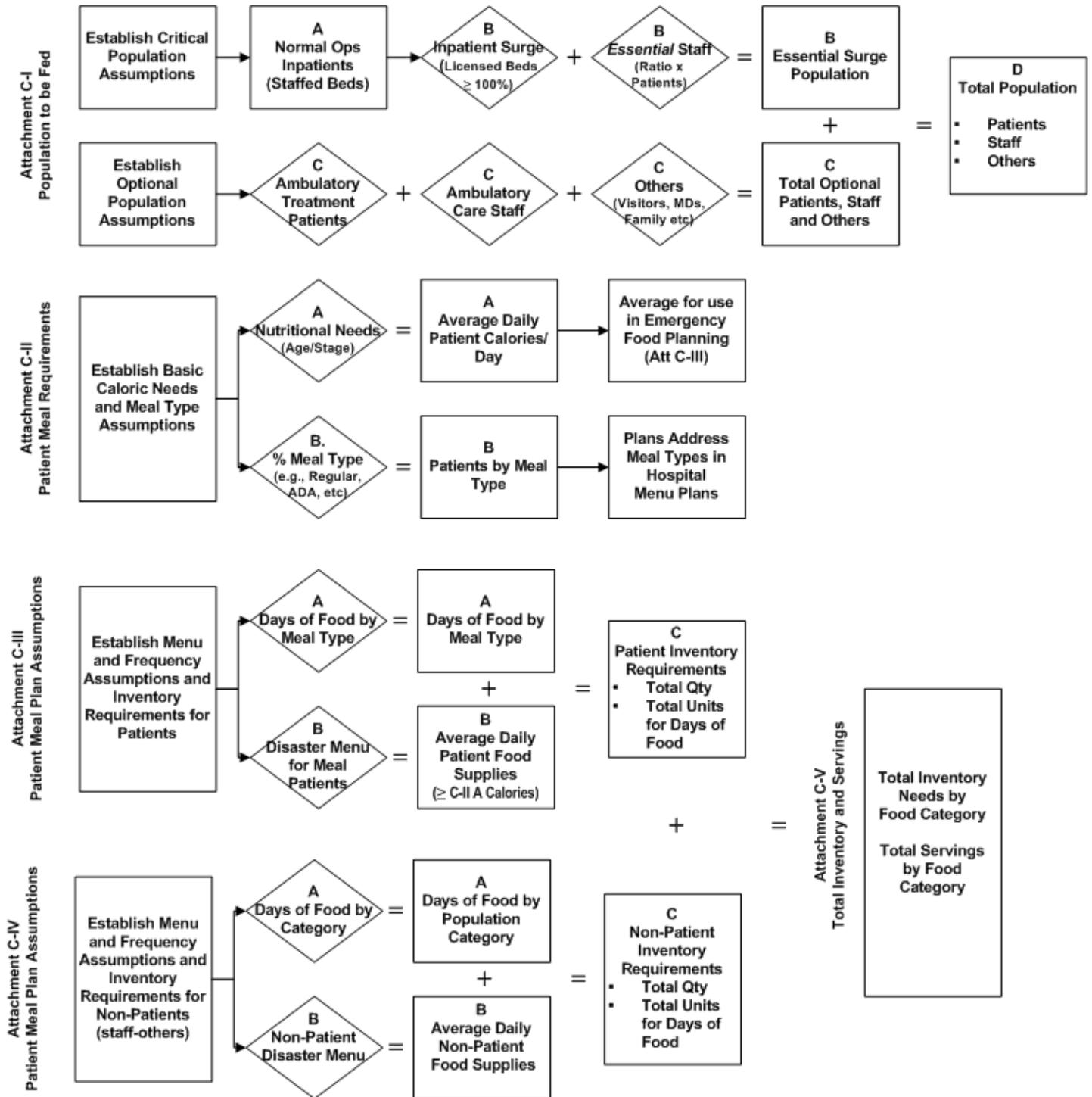
**Attachment C** is an Emergency Food Planning Calculation Tool and **Attachment D** includes Instructions for each worksheet in the Calculation Tool. The tool should be modified to be consistent with the hospital's nutrition care standards and plans and is intended to document emergency food supply assumptions and calculations. It should be saved with a hospital identifier, date and the word "plan" in the file name which should be updated each time the tool is updated. Similarly, the tool assumptions may be updated during an event to assess needs versus inventory and should be saved with a new file name that includes the date and event.

**References – Additional Resources**

*Following are several references and additional resources related to emergency food supply planning and emergency food operations.*

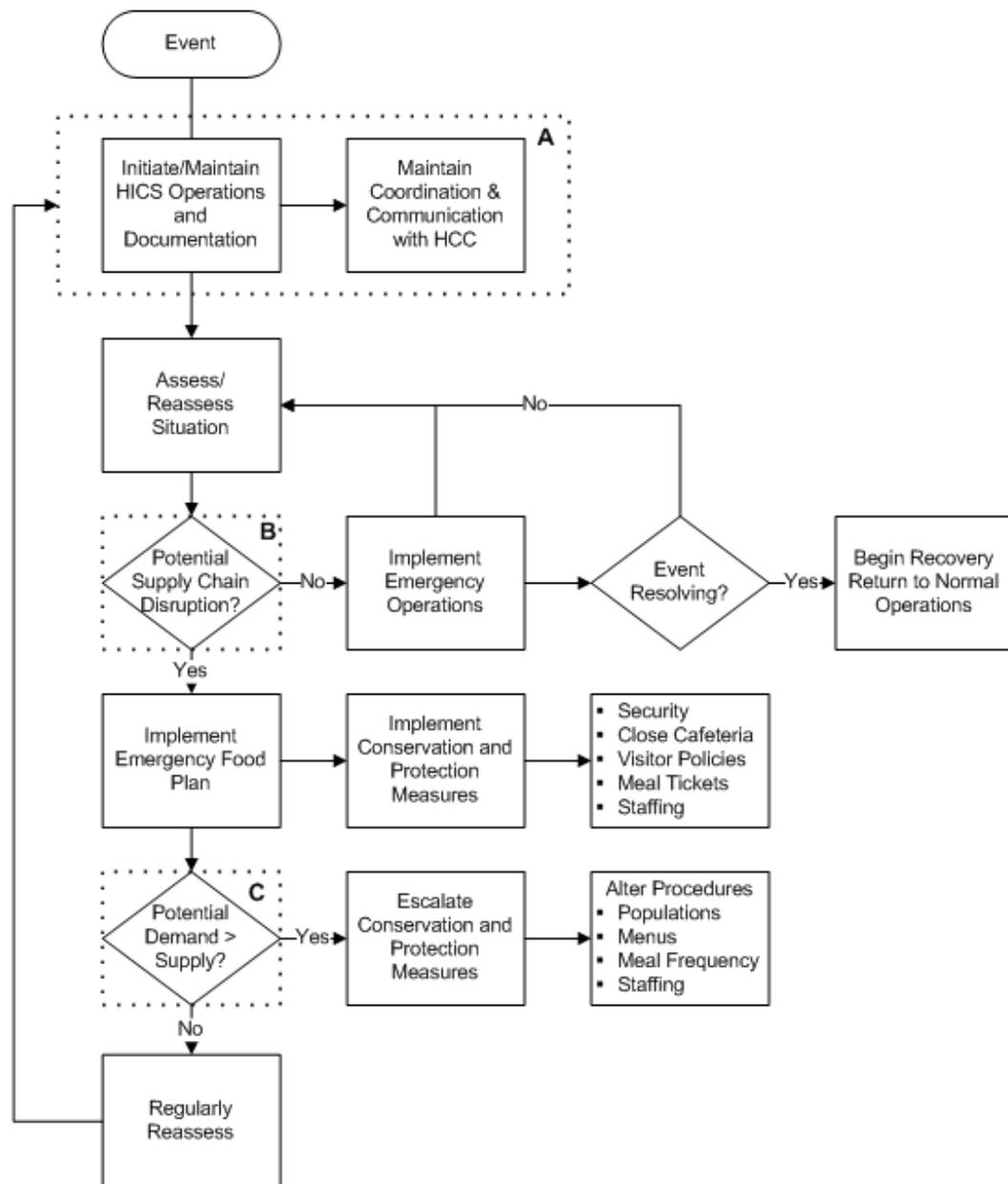
- Emergency Food Service: Planning for Disasters*, Centre for Emergency Preparedness and Response, Canada
- Disaster and Emergency Preparedness in Food Service Operations*, Puckett and Norton (ISBN-10: 0880913053)
- Dietary Reference Intakes (DRI), Institute of Medicine, USDA ([www.usda.gov](http://www.usda.gov))
- Example Just-in-Time Staff Training Tools (UCSF) <http://www.calhospitalprepare.org/sites/main/files/file-attachments/foodsafetytrainingguide.pdf>
- Patient Emergency Food Menu by Type and Emergency Staffing Plan Example (UCSF) <http://www.calhospitalprepare.org/sites/main/files/file-attachments/patientfeedingguide.pdf>

## Exhibit 1 California Hospital Emergency Food Planning Steps - Assumptions Flow Diagram



Note: This flow Diagram is intended to be used with the California Hospital Food Planning Guidance and each reference corresponds to worksheets from the Food Planning Tool (Attachment C) and Instructions (Attachment D)

## Exhibit 2 California Hospital Emergency Food Planning – Response Flow Diagram



- A** Initiate and maintain Hospital Incident Command System (HICS) operations and coordination with the Hospital Command Center (HCC) for emergency operations.
- Intelligence, decisions and activation of plans and procedures
  - Resource and supply chain management, internal communication, security, etc.
  - Regular updates on event and department situation status
  - Recovery/return to normal operations when appropriate
- B** If it is known, or there is the potential, that supply chains may be disrupted, hospital should implement emergency food plans and security measures quickly to protect and conserve food supplies and allow for an extended period without resupply. Waiting for outside assistance may shorten the period of time the hospital can sustain patient care operations.
- C** Use Food Calculation Tool (New file name) or other means to periodically assess resources against updated assumptions to determine need to alter menu/feeding plans or hospital operations
- Population(s) to be fed greater than emergency food plan assumptions (demand)
  - Potential disruption exceeding emergency food plan number of days (days of food)
  - Food inventories available less than emergency food plan (due to event, spoilage, etc)