

Food Service Business Continuity Planning for COVID-19

Food Services COVID-19 Business Continuity Planning

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Stage 1

- BAU – plan how you are going to deal with the next 3 stages
- Issues you will need to consider at this stage
 - Staff shortages – identify key staff (manager/coordinator, cooks, stores manager, nutrition assistants/menu monitors)
 - Food supply continuity/contingency
 - Menu processing continuity – or alternative MOSD for later stages
 - Staff training/communication processes
 - Cleaning chemicals continuity
 - Model of Service Delivery (MOSD) at each Stage

Stage 1 – Staff

- Key staff –
 - identify back up staff (2 – 3 layers of these)
 - Start upskilling/training/work shadowing
- Staff Shortages
 - Determine number of casuals you will need
 - Recruit casuals if needed
 - Orientation and mandatory training
- General
 - Ensure all duty statements and work place instructions up to date
 - Simple instructions on laminated cards for equipment
- Communication
 - Plan and implement staff communication process

Stage 1 – food, supplies & menu

- Food & Chemical supply
 - Check with current suppliers re continuity/contingency plans
 - Check if you can access PC items if needed at later stage eg. PC desserts, PC meals (Plated frozen) – PIFS!
 - Texture modified meals – have a supply of prepared items.
 - Check chemical supply continuity /contingency
 - Check supply of disposable cutlery & crockery for later stages (if needed)
- Menu processing continuity
 - If you have an electronic system – check with company re support available
 - What is contingency if can't process menus (staff shortages or move to alternate menu)
 - Start to plan a reduced menu (may be staged) – work with your foodservices
- General
 - Ensure you have reviewed any alternate/reduced menus for allergens and identified essential Therapeutic diets that will be needed – with clear meal outlines.
- Communication
 - Daily communication with staff to ensure everyone on the same page
 - Reminders of Distancing, Cleaning, Personal hygiene, PPE etc

Stage 2

- Staff shortages and/or increase in patient numbers
 - Start casuals – train by buddying up (1.5 m apart!)
 - Train NA/MM replacements
- Food/Menus
 - Finalise all alternate menus and have them ready to implement
- Communication
 - Daily communication with staff to ensure everyone on the same page
 - Reminders of Distancing, Cleaning, Personal hygiene, PPE etc

Stage 3

- Staff shortages
 - Casuals now on rosters and staff replaced as required
 - May be dropping non-essential processes
- Changes to MOSD
 - May be staged or may implement whole
- Changes to Menu
 - Start implementation of alternate menus (staged or all at once)
- Communication
 - Daily communication with staff to ensure everyone on the same page
 - Reminders of Distancing, Cleaning, Personal hygiene, PPE etc

Stage 4

- Staff shortages +/- significant increase in patient numbers
 - Working with reduced workforce (no longer able to replace all staff) or no capacity to increase staff for increased load
 - Move to alternate MOSD & Menu for Stage 4
- Menu processing
 - May be ceased – default or off trolley select
 - Only essential Therapeutic diets produced – eg TM, Allergen, GF
- Communication
 - Daily communication with staff to ensure everyone on the same page
 - Reminders of Distancing, Cleaning, Personal hygiene, PPE etc

Other considerations

- Kitchen outbreak
 - How will you manage service delivery in event of outbreak in kitchen (ie staff member test +ve)
 - Have plan for meal supply (off site or alt kitchen option)
 - Have plan for cleaning down kitchen (may required shut down of the kitchen for a period of time)
 - Staff back up
- PPE for staff
 - What, when, how much
- How to manage returning meal trays
 - When to washup, PPE
- How to manage potential increases for ED packs

Food Service and COVID-19

Our journey at Fiona Stanley Hospital so far ...

Bianca Guthrie
Senior Dietitian – Food Service APD

Fiona Stanley Hospital



Where to start?

- State DoH recommendations

Food Services

- Non-essential staff should be restricted. All food and beverages are to be delivered by HCWs directly caring for the patient.
- Standard precautions should be used when handling used crockery and cutlery.
- The combination of hot water and detergents used in automatic dishwashers is sufficient to decontaminate these items.
- Unopened food items or food waste is to be discarded into general waste.

- What are other sites local, national and international doing?
- Infection Prevention & Management
- Communication and engagement with key stakeholders
- Business Continuity Planning

What we are doing currently?

- Meals delivered by Nursing
- Disposable
- Bottled water initially, disposable cups of water on meal trays
- Snacks on meal trays
- Modified 3 point ID check



Diets & Menu

- Anticipating more HEHP diets
 - Blanket for some non-COVID wards
 - COVID +ve on diet
- Increasing ordering of items for HEHP – eggs, snacks, supplements
- Increased texture modified diets?
- Reduced menu if needed

Patient Catering

- Business as usual currently
- Back up suppliers
- In touch with suppliers about their contingency
- Increased ordering of PC items
- On boarding and training of new staff
- Increased spacing between staff on the tray line
- Chefs on separate AM/PM shifts

Take home messages

- No one size fits all
- Plan early & document everything!
- Be flexible & adapt to needs of staff and patients

Remember to be kind to yourselves, be patient with other others and focus on what we can influence, as we navigate the rapidly evolving and uncertain times together.

Questions & Answer session