

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA HANDBOOK 1109.04
Transmittal Sheet
October 11, 2013

FOOD SERVICES MANAGEMENT PROGRAM

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook provides procedures for the management of food service operations at Department of Veterans Affairs (VA) facilities.

2. SUMMARY OF MAJOR CHANGES. This VHA Handbook has:

a. Changed to reflect current 2009 Food Code and the Supplement to the 2009 Food Code dated September 29, 2011 for the preparation, storage, transport, and delivery of nutritious, appetizing, and safe food at those facilities that operate advanced food preparation and food service systems.

b. Expanded information regarding food recalls.

c. Added a dedicated section on Community Living Center Cultural Transformation Meal Service Initiatives.

d. Added a Section added on facility Director's responsibilities.

3. RELATED DIRECTIVE. VHA Directive 1109, Nutrition and Food Services.

4. RESPONSIBLE OFFICE. The National Director, Nutrition and Food Services (10P4E), Office of Patient Care Services, is responsible for the contents of this Handbook. Questions may be addressed at 202-391-9662.

5. RESCISSION. VHA Handbook 1109.04, Food Service Management Program, dated April 11, 2007, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of October 2018.

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FOOD SERVICE MANAGEMENT PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Food Service Management Handbook provides procedures for the food service management components and the responsibilities for operation of the Nutrition and Food Services Program. **AUTHORITY:** 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

a. The Nutrition and Food Services Program must provide quality meals that are nutritionally adequate, meet the regulatory requirements for food safety, and are acceptable to Veterans in a health care and residential environment. The highest standard of quality and safety must be maintained in accordance with the Food and Drug Administration (FDA) Food Code and the Department of Veterans Affairs (VA), VHA-established food safety program. Continuous quality improvement, assessment, and monitoring ensures that operational and cost-effective measures are maintained.

b. The regulations cited in this Handbook are based on established food service industry safety standards. Facilities that choose to deviate from these standards need to provide adequate documentation and references to substantiate any variations to their local management staff. These guidelines are accurate and based upon the 2009 FDA Food Code and the 2009 Supplement to the 2009 FDA Food Code. **NOTE:** *Any future changes to the FDA Food Code take precedence over this Handbook.*

3. SCOPE: This Handbook outlines regulations, procedures, recommendations, and guidelines that apply to all Nutrition and Food Services programs, as well as facilities integrated with Veterans Canteen Services (VCS), within VHA. These include:

a. Procedures for the purchase, storage, receiving, and delivery of food products and supplies from a commercial food service contractors;

b. Guidelines for the preparation, storage, transport, and delivery of nutritious, appetizing, and safe foods;

c. Recommendations for effective orientation and ongoing training requirements for all employees and food handlers; and

d. Emergency preparedness guidelines for food service operations in the event of disasters and/or other emergencies.

4. DEFINITIONS

a. **Blast Chillers.** Blast chillers are units designed to move food through the temperature danger zone, 5° Celsius (C) (41° Fahrenheit (F)) to 57°C (135°F) quickly, through the use of cold convected air. Most units allow the operator to set target chill temperatures and monitor the temperature of food throughout the chill cycle.

b. **Blast Freezers.** Blast freezers are units designed to move food through the temperature danger zone very quickly, enabling frozen food items to be stored in a conventional freezer.

c. **Commission on Dietetic Registration (CDR).** CDR is the credentialing agency for Academy of Nutrition and Dietetics (A.N.D.), which is the Nation's largest organization of nutrition and food service professionals.

d. **Critical Control Point.** The Critical Control Point is a step at which control can be applied, and is essential to prevent or eliminate a food safety hazard, or to reduce it to an acceptable level.

e. **Hazard Analysis Critical Control Point (HACCP) Food Safety System.** A HACCP plan is a preventive approach to food safety that involves identifying potential hazards, establishing preventive or control measures, and continuous monitoring to ensure that standards or critical limits are met.

f. **Hermetically-Sealed Container.** A hermetically-sealed container is designed and intended to be secure against the entry of microorganisms and, in the case of low-acid canned foods, to maintain the commercial sterility of its contents after processing.

g. **Highly-Susceptible Population.** A highly-susceptible population is a group of individuals who are more likely than other populations to experience food borne illness because they are immunocompromised, and/or older adults in a facility that provides health care or assisted living services, such as a hospital or nursing home.

h. **Material Safety Data Sheets (MSDS).** MSDS are information sheets designed to provide both workers and emergency personnel with the proper procedures for handling or working with a particular substance. MSDS include information such as physical data (melting point, boiling point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill and/or leak procedures.

i. **Occupational Safety and Health Administration (OSHA).** OSHA is a Federal agency created by Congress to assure safe and healthful working conditions for workers by setting and enforcing standards and by providing training, outreach, education and assistance.

j. **Potentially-Hazardous Food.** Potentially-hazardous foods require time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. Foods that require TCS include: those from animal sources such as meats, poultry, fish, shellfish, milk or milk products, foods of plant origin that have been heat treated such as rice, potatoes, beans

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and vegetables or specific raw plant foods that consists of cut melons, raw seed sprouts, cut leafy greens or tomatoes, soy products and non-treated garlic-in-oil mixtures.

k. **Production Area.** A production area is any area of the kitchen where foods and food products are processes, cooked, assembled or otherwise produced.

l. **Rethermalization.** Rethermalization is the rapid reheating of potentially-hazardous foods to 74°C (165°F) or higher before being served or before being placed in hot food storage equipment.

m. **Safe Temperature Zone.** Based on the latest information outlined in the FDA Food Code 2009, a safe temperature zone means temperatures at, or below, 5° C (41°F) or 57°C (135° F) or above, which prevent the growth and proliferation of microorganisms. *NOTE: As this definition is revised and updated in the FDA Food Code and supplements are added, its application supersedes this VHA Handbook reference.*

n. **Standardization.** Standardization means making, to the maximum extent possible, the types and kinds of supplies and equipment purchased, consistent with clinical and practitioner needs, facilitating the delivery of cost-effective, high-quality health care.

o. **Subsistence.** Subsistence is defined as food products, purchased from approved and/or mandatory sources, for the provision of meals to the Veteran beneficiary.

p. **Tumble Chillers.** Tumble chillers are units designed to move food through the temperature danger zone quickly by placing prepackaged hot food into a drum which rotates inside a reservoir of chilled water. The tumbling action increases the effectiveness of the chilled water in cooling the food.

5. RESPONSIBILITIES OF THE FACILITY DIRECTOR: The facility Director is responsible for:

a. Ensuring that excellent comprehensive and innovative nutrition and food services programs are provided to our Veterans and stakeholders.

b. Ensuring that the Chief, Nutrition and Food Services (NFS) or Program Manager, NFS/Veterans Canteen Service (VCS) Integrated Services is properly credentialed by and serves as the subject matter expert and advisor to facility in matters regarding nutrition and food services; and serves as a liaison and the contact point for NFS, VA Central Office.

6. RESPONSIBILITIES OF THE CHIEF, NUTRITION FOOD SERVICES, OR PROGRAM MANAGER, NUTRITION FOOD SERVICES/VETERANS CANTEEN SERVICE INTEGRATED SERVICES: The Chief, NFS, or Program Manager, NFS/ VCS Integrated Services is responsible for:

a. Establishing guidelines and ensuring compliance to provide a safe food supply for all patients and residents according to their medical and/or nutritional needs. This individual must

be a Registered Dietitian. Guidelines established are to conform to accepted professional practices and the current FDA Food Code safety standards.

b. Tracking performance improvement activities. Performance improvement activities are conducted to ensure standardization of processes and procedures, and the delivery of quality and cost-effective nutrition care to all patients and residents.

c. Directing the day-to-day food service operations. This person must demonstrate knowledge of food code requirements, Hazard Analysis Critical Control Point (HACCP) principles, and other preventive actions to protect patients from food-borne illnesses. Certification in a food safety program is recommended.

d. Ensuring that local and state requirements, in relation to the minimum level of ServSafe employee certification are met by the facility. *NOTE: VHA Recommends ServSafe Certification for all food service and production supervisors.*

e. Ensuring that contractors abide by food safety standards, for example in the transportation of food.

f. Maintaining food safety and sanitation both on-site and off-site, in accordance with HACCP guidelines Web site:

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm054672.htm>

g. Ensuring the effectiveness of procedures, products, and/or equipment.

h. Publishing a plan for emergency feeding, i.e., to provide meal service for patients and residents, casualties, and authorized staff during internal and/or external disasters. This must be coordinated with the facility's disaster plan.

i. Documenting all training and monitoring activities.

j. Responding to all food recalls/alerts received from Subsistence Prime Vendor, National Center for Patient Safety, other vendors or the Food Safety Sub-Committee within 24 hours if found to have products in inventory included in the recall.

7. RESPONSIBILITIES OF THE NUTRITION AND FOOD SERVICES' FIELD

ADVISORY COMMITTEE (NFAC): The NFAC is responsible for providing guidance, advice, and assistance to the National Director, Nutrition and Food Services, VA Central Office on matters relating to policy formulation and program development.

8. RESPONSIBILITIES OF THE NUTRITION AND FOOD SERVICES' FOOD

SAFETY SUBCOMMITTEE: The Nutrition and Food Services' Food Safety Subcommittee (a subset of the Business/Food Service Sub-Committee of the Nutrition Field Advisory Committee) is responsible for the interpretation of the FDA Food Code, HACCP Food Safety System and other guidelines.

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9. RESPONSIBILITIES OF THE NUTRITION AND FOOD SERVICES' CLINICAL NUTRITION SUBCOMMITTEE: The Clinical Nutrition Subcommittee (CNS), a subcommittee of the NFAC, is responsible for oversight of communications with Veterans Integrated Service Network (VISN) Clinical Liaisons in order to facilitate consistent clinical nutrition practice throughout the continuum of care.

10. TYPE OF MEAL SERVICE

a. The types of food preparation and meal delivery systems available are:

- (1) Cook-Serve, Conventional.
- (2) Cook-Serve, Restaurant Style, Room Service
- (3) Cook-Chill.
- (4) Cook-Freeze.
- (5) Commissary.
- (6) Ready-to-Serve.

b. Sites need to evaluate costs and quality issues on an ongoing basis to determine the most efficient type of food service operation for their VA facility or VISN. Any proposed changes in the types of food production and service systems from conventional systems (cook-serve) to Advanced Food Preparation (AFP) and/or Advanced Delivery Systems (ADS) need to include conducting a comprehensive cost benefit analysis study with approval from the VISN Director, and concurrence from the National Director, NFS, VA Central Office.

11. MENUS

a. Cycle menus, using standardized recipes and meeting healthy diet guidelines need to consist of at least a 3-week cycle pattern for facilities with a VA Community Living Center (CLC) or a domiciliary. Cycle menus for less than 3 weeks may be used for acute medical or short-stay CLC residents. The menus need to be carefully planned to provide essential nutrients and adhere to diet prescriptions. Meals and snacks need to be appetizing, meet individual food preferences, provide variety, aesthetic value, and allow for seasonal variations of food items.

b. A nutritional analysis must be completed by a registered dietitian when new menus are planned or, at least annually, for the regular menu and two selected modified diet menus. Analysis must include at least a minimum of 1 week for the following nutrients for the population served: calories, carbohydrates, protein, fat, cholesterol, fiber, sodium, potassium, calcium, and iron.

c. Menus must be approved by a registered dietitian; and menu substitutions must be approved in advance by a registered dietitian. If a substitution must be made and the registered dietitian is not available, a supervisor, dietetic technician, or diet aide needs to determine the

appropriate substitution. All menu substitutions must be of approximate equivalent nutrient value.

12. MEAL HOURS

a. Three meals a day are provided at times comparable to regular meal hours in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day. When a supplemental feeding is offered at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day. **NOTE:** *The local policy needs to publish the schedule of specific meal times as applicable to the patient and/or resident units in the facility.*

b. Meal hours and breaks for NFS employees are scheduled so that they do not interfere with the regular patient meal service.

13. SUPPLEMENTAL FEEDINGS

a. The registered dietitian's Scope of Practice includes prescribing nutrition supplements, as appropriate, within the diet order or Medical Nutrition Therapy (MNT) plan to increase or augment oral caloric intake.

b. Ready-to-serve commercial medical nutrition supplement products must be used. For patients or CLC residents requiring thickened liquids, commercially pre-thickened liquids will be provided in the correct consistency when ordered as a supplemental feeding. If not available, NFS employees will thicken liquids to the correct consistency with a gum-based or starch-based thickener per manufacturer's instruction prior to service to the patient or CLC residents.

c. Individually labeled food and beverage items are also provided as supplemental feedings. Each portion must be marked with an expiration date and the method used to identify the patient or CLC residents.

d. Fluids and foods used for medication may be delivered in bulk and need to be labeled appropriately including an expiration date.

14. PATIENT AND RESIDENT SATISFACTION

a. NFS seeks to improve the quality and acceptability of Nutrition and food Services by conducting and appropriately responding to VA Form 10-5387, Customer Satisfaction Survey for Nutrition and Food Services. The latest edition of the survey tool as approved by the Office of Management and Bureau (OMB) for NFS is to be used by VA facilities to survey the quality and acceptability of nutrition and food services to inpatients, residents, and patients recently discharged. **NOTE:** *VA Form 10- 0498 can be found at: http://vaww.nutrition.va.gov/docs/vaco-docs/FoodandNutritionSurvey_10-0498.pdf. This is an internal VA Web site and is not available to the public.*

b. Quarterly random surveys are to be completed with effective quality improvement and follow-up on any issues identified. Patients and residents need to be randomly selected for

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participation. The random survey sampling needs to include at least 25 percent of the local average daily census (ADC). Results must be tracked and reported as part of the service performance improvement program.

c. If a facility has a large population incapable of completing these surveys, another mechanism needs to be in place to determine overall acceptability of food services. This could include documented plate waste studies, observation at meal rounds, or input from patient and resident councils.

15. FOOD SAFETY PROGRAM

a. Serving safe food is vital to all facilities providing care to a highly susceptible population. All NFS Programs, and any other entity (such as Voluntary Service, Recreation Service, Canteen Service or any other group outside of the medical facility) providing any type of food service to patients and residents must have an effective, proactive food safety plan and/or program based on preventing food safety hazards before they occur. Foods purchased by groups not affiliated with NFS must be purchased from vendors meeting all local, state and federal guidelines, as applicable. The food safety plan must provide guidance, policies, and standard operating procedures (SOP) regarding safety, sanitation, procurement, storage, preparation, handling, and service of all food according to the current FDA Food Code. Families wishing to bring in special items for Veterans that are sensitive to time and temperature control such as soups, casseroles, etc. should be encouraged only to bring in one portion of the item which can be consumed immediately. Any leftover should be in a sealed, disposable container with the Veteran's name, date, room number, and contents. Any leftovers not consumed within 24 hours that require time and temperature control will be discarded.

b. HACCP is a preventive system of control procedures and training programs. HACCP plans are developed and implemented at facilities in accordance with FDA Food Code guidelines and The Joint Commission standards. HACCP plan development is based on HACCP principles combined with SOPs, a training program, and a monitoring program to oversee compliance.

c. An appointed HACCP team or coordinator establishes a plan using:

- (1) Principle #1: Perform Hazard Analysis;
- (2) Principle #2: Identification of Critical Control Points;
- (3) Principle #3: Establish Criteria for Control and Critical Limits;
- (4) Principle #4: Establish Procedures to Monitor Critical Control Points;
- (5) Principle #5: Determine Corrective Actions;
- (6) Principle #6: Establish Effective Record Keeping Systems; and
- (7) Principle #7: Establish Verification Procedures.

d. A HACCP Food Safety Plan needs to be developed and incorporated into service policies and SOPs. The plan should include a monitoring system, a corrective action plan, and a verification process.

e. The Food Safety Plan and/or the HACCP Plan must be evaluated on an annual basis for effectiveness and compliance.

16. Community Living Center Cultural Transformation Meal Service Initiatives

a. NFS supports Cultural Transformational Initiatives within the organization; including collaborative efforts among the interdisciplinary team and residents to facilitate Veteran Centric Care. When planning meal service; consideration is given to residents' needs, and interests. Liberalized diets are encouraged; however restricted diets are available at the discretion of the physician. To the greatest extent possible, CLC residents are offered choices in food, dining locations and times. Medical facility policies are developed in conjunction with the interdisciplinary team as a collaborative effort to support Cultural Transformation Initiatives and outline roles and responsibilities for all care givers, supportive services and residents. Recommendations include ensuring:

(1) Diet Orders are determined jointly with the resident, dietitian and provider accordance with his/her informed choices, goals and preferences rather than exclusively by diagnosis. Diet orders will support self-direction and an individualized plan of care.

(2) Therapeutic diets are available and served to the resident when medically necessary. Adaptive devices will be available for those who have difficulty handling regular utensils. It is important that all who assist the resident with meals recognize the importance of the adaptive equipment and ensure such equipment is properly cleaned and stored.

(3) Menus are planned based on the Academy of Nutrition and Dietetic Association's position papers on Nutrition across the Spectrum of Aging and Individual Nutrition Approaches for Older Adults in Healthcare Communities, and VA Healthy Diet.

(4) Special meals are served on holidays and special occasions. Residents should be allowed to participate in planning for special meals.

(5) The dining rooms location is the preferable location for all meals for all residents. In the unlikely event that the resident may need to eat in another location such as their bedrooms, appropriate accommodations will be made. Resident eating locations are personalized based on Resident agreed upon goals which support the Resident's preferences whenever possible.

(6) The dining atmosphere supports socialization during meals and promotes good nutrition.

(7) Appropriate numbers of staff are assigned from all services to the dining room to provide meal assistance and ensure resident safety. Patients will be given the option of having meals in the dining room should be served at the table on plates and glassware, rather than on trays or with prepackaged containers. Patient's choice for meal service will be included in their care

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plan. It is expected that all members of the interdisciplinary team and facility staff participate in serving meals to ensure that every resident is assisted.

(8) Options for meal times are available to accommodate residents' preferences based on their preferred routines, including, but not limited to, continental breakfast, extended meal hours, early and late meals.

(9) Residents are offered a variety of foods and menu choices at meals as appropriate, based on individual resident care plans.

(10) Foods provided at meals are served at the proper temperatures.

(11) Snacks, supplements, and beverages should be readily available to CLC residents between meal times, 24-hours a day. CLC staff will assist those who are unable to obtain their own snacks and/or beverages or to support those who may need guidance on making better snack choices. The variety of snacks and beverages will support residents' health needs and include adequate choices. Beverages of various consistencies will be readily available and offered to the resident throughout the day.

(12) Other Considerations. Quality of life and food intake is improved when resident meals include familiar foods, liberalized diets, and home style meals in a dining environment that is comfortable and relaxed. NFS will support and provide guidance and education regarding safety and sanitation during meal service. Local policies will address:

(a) Foods brought in from outside sources, provided by and/or for recreational activities, and foods prepared outside the facility.

(b) Use of residential type appliances (i.e., toasters, bread machines, coffee pots and other such appliances) for resident and staff use to support socialization, independent living skills, and appetite.

(c) Refrigerators in resident rooms are the personal property of the resident(s) in that room. Residents are responsible for monitoring functioning and temperatures of refrigerator and the cleanliness and food safety of all items stored in these refrigerators. NFS will provide residents or caregiver, as appropriate, education on food and storage guidelines (labeling, dating and expected shelf-life based on product). For example, the shelf-life of foods such as bottles of ketchup, salad dressings or soda will be longer than take-out or home-prepared food.

17. PROCUREMENT

a. NFS is responsible for the identification and purchasing of all subsistence items and food service supplies needed for patient and resident food services. All products are purchased in accordance with the Subsistence Prime Vendor (SPV) Contract, and other authorized procurement sources, as needed.

b. Funds allocated for subsistence and food service supply products are used to provide subsistence, meals or beverages for patients and residents only. **NOTE:** *Exceptions to allow non-patients to receive these products may be authorized by the medical facility Director.*

c. In accordance with the VA Procurement and Logistics Office (10NA2), and VHA Directive 1761.1 (http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=419), VHA must standardize the types and categories of the supplies and equipment it purchases to the maximum extent possible consistent with patient care and practitioner needs. Standardizing products enhances a single standard of care for veterans across the entire enterprise. In accordance with VHA Directive 1761.1, the SPV contract is the mandatory (Tier One) source for subsistence and food service supplies. The National Dietary Supplement and Tube Feeding Contract is the mandatory source for the products contained within this contract and can be distributed through the SPV contract.

d. To promote and achieve cost effectiveness in food and food service supply procurement, national subsistence and/or supply standardization agreements have been established for selected product categories. Examples of these categories are: frozen entrees, canned soups, cookies, crackers, meats, coffee, ware-washing chemicals, paper and plastic products, etc. Any facility wanting to deviate from the standardized agreements and/or dietary supplement or tube feeding contract must submit a waiver to the VHA Logistics Office (or other designated procurement office) for authorization to purchase from a non-mandatory source. **NOTE:** *Contact the medical center or VISN Chief Logistics Officer for the current appropriate procedure for filing a waiver.*

e. Any new food and/or convenience products, not covered under the standardized agreements, need to be evaluated prior to being added to the patient menu. Products need to be evaluated for quality, variety, flavor or taste, nutritional content, and cost. A form, such as VA Form 10-7983, Sensory Evaluation of Convenience Foods, may be used as an evaluation tool to screen foods for acceptability. Whenever possible, patient and/or resident participation in sensory evaluation of products needs to be utilized. Increased portion cost needs to be justified by increased quality, decreased waste, and reduced labor expenditure. A nutritional analysis must be provided from the vendor on convenience products and reviewed for menu or dietary compliance. **NOTE:** *VA Form 10-7983 can be found at: <http://vaww4.va.gov/vaforms/>. This is an internal VA Web site and is not available to the public.*

f. All product recalls received by the SPV contractor from manufacturers, United States Department of Agriculture (USDA), or the FDA that involve products delivered to a VA medical facility, must be communicated to the involved medical facilities within 24 hours of notification receipt from the source. The recalled items must be handled according to the guidelines provided by the SPV contractor. If specific procedures are not indicated, segregate and mark the product by indicating it should not be used, and return identified products (or destroy, if designated) as soon as possible to the SPV contractor for proper credit or replacement. Foods to be disposed of because of a FDA or Food Safety and Inspection Service recall will be disposed of in accordance with FDA and Center for Disease Control guidelines. Any product that is on a recall list should be disposed of in a safe manner to prevent infections in humans or animals, (FDA recall Web site is located at: <http://www.fda.gov/Safety/Recalls/default.htm>. The USDA recall Web site is located at: <http://www.fsis.usda.gov/Home/index.asp>). Food recalls received from the National Center for Patient Safety (NCPS) will be responded to per VISN policy.

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g. All juices and dairy products, regardless of packaging, including apple and orange juice, apple cider, milk, ice cream, processed cheese (American cheese), and liquid, frozen, and dry eggs and egg products need to be pasteurized.

(1) Only pasteurized shell eggs or pasteurized liquid, frozen, or dry eggs, or egg products are to be used.

(2) Fluid and dry milk, and milk products, including those used in cooking, must comply with Grade A pasteurized standards and be procured pasteurized. Milk must be procured in machine-filled and sealed containers of appropriate capacity for daily needs, but should not exceed 19 liter (5 gallon) containers.

h. Meat, poultry, and seafood must be purchased in accordance with the facility HACCP plan. Seafood and poultry need to be purchased frozen. Meat (beef and pork) may be purchased chilled, within the proper HACCP temperature ranges, and securely sealed to prevent contamination.

i. Commercially-produced bread, rolls, and baked goods from local bakeries are purchased in accordance with required specifications. Bread used for tray service is commercially wrapped or protected from contamination and dehydration through the use of food grade plastic bags or other protective covering.

j. Ice cream, frozen yogurt and sherbet are purchased in accordance with required specifications.

k. Yogurt is purchased in accordance with required specifications.

l. Food purchased in hermetically-sealed containers must be obtained from a food processing plant that meets local, state and federal regulations.

18. SUBSISTENCE AND SUPPLIES RECEIVING

a. Subsistence items are received and inspected in accordance with the terms and conditions of the SPV contract and local HACCP guidelines. The inspection requirements are cited in 48 Code of Federal Regulations (CFR) chapter 8; VA Acquisition Regulations (VAAR), Subpart 852.211-72, and VAAR, Subpart 870.111-5. Subsistence and supplies must be received under sanitary and safe conditions.

b. All food purchased must be delivered in clean vehicles capable of maintaining temperatures which optimize product safety and quality according to food safety and HACCP Food System guidelines.

c. Orders on the delivery truck need to be palletized and stacked according to fragility of product with the most fragile on top and sturdier on bottom. Chemicals must be separate from foodstuffs. Pallets must not be stacked higher than 60 inches when received by the facility. Pallets on trucks can be higher but must be reduced to 60 inches when received by VA.

d. Upon receipt, all foods are inspected for conformance to the purchasing agreement and for signs of deterioration or contamination. Perishable food items are to be delivered within the safe temperature zone as reflected in the HACCP plan or purchase requirement.

e. Any items received that do not meet the purchase requirements, or show signs of deterioration or contamination, are to be refused and returned to the vendor for corrective action and/or account credit. Recurring problems with product quality, pricing, etc. need to be reported to the VISN SPV Leader for assistance in resolution.

f. All items need to be clearly labeled and indicate the expiration date, as appropriate, when received. Facilities may add receipt date for inventory tracking purposes, first-in, first-out (FIFO).

g. Potentially hazardous food must be received at a temperature at, or below, 5° C (41° F). Perishable food items are to be received within the safe temperature zone as reflected in the HACCP plan or purchase requirements.

h. Frozen products must be hard frozen with no signs of defrosting, and temperature of product must be at, or below, -12° C (10° F).

i. Shelf stable items must be protected from heat, shipped, and stored at a temperature at, or below, 21° C (70° F).

j. All food must be free of evidence of previous temperature abuse.

k. Dry goods must be received in good condition and be free of evidence of moisture abuse. All packaging must be intact, without holes, tears, or punctures.

l. Monitoring criteria must be established at facility level to ensure that delivery temperatures and conditions are within the required range, and according to the HACCP Food Safety Plan.

m. Foods previously rejected for receipt must not be accepted on subsequent deliveries. A procedure needs to be in place to clearly mark and identify rejected items. Foods that cannot immediately be returned to the vendor need to be segregated and a log needs to be maintained for any rejected products by designated food service employee.

19. STORAGE

a. General Storage Principles

(1) Facilities need to provide safe, sanitary, and secure conditions for storage of subsistence, non-food supplies and chemicals (see par. 19).

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(2) Items in storage need to be labeled with an expiration date and/or date of receipt. The FIFO method of inventory control needs to be used to ensure that the newer supplies are positioned for use.

(3) Proper lighting must be maintained throughout the storage areas.

(4) The use of slatted shelves allows for air circulation around food in storerooms, refrigerators, and freezers. Adequate shelving is necessary to eliminate the need to stack boxes and crates on the floor or on top of each other. In order to promote good air circulation, storage shelves must not be overloaded.

(5) Cardboard cartons used in shipping food need to be discarded as soon as possible once the cans, cartons, etc. have been removed. Cardboard cartons should not be brought into the food preparation or tray assembly areas.

(6) Food needs to be stored in the original container unless the packaging is damaged, exposing the contents to contamination. If re-packaging is necessary, a single-use, sanitary container that is leak-proof and non-absorbent with a tight fitting lid needs to be used. Any critical information, such as establishment number, lot number, etc should be noted on the re-packaged container, for reference in the event of a food recall or alert.

(7) To maintain optimal quality of subsistence and supplies, products must not be stored past their recommended shelf life, or as indicated by expiration dates.

(8) All food items need to be stored 6 inches off of the floor and at least 18 inches from sprinkler heads. The exception to the 18 inch rule is from National Fire Protection Association (NFPA) Section 13, which permits storage against walls above the 18 inch plane, as long as the stored materials or shelves are not directly below the sprinkler deflector.

(9) The Chief, NFS or designee determines the authorized nutrition and food service staff who are to have access to storage areas.

b. Subsistence Dry Storage

(1) Dry storage areas must be well ventilated and pest free.

(2) The temperature needs to be between 10°-21.2° C (50°-70° F). Relative humidity needs to be at 50 to 60 percent.

(3) Food needs to be protected from direct and other sources of bright light. Windows and openings need to be covered or the glass painted opaque to protect from sunlight.

c. Refrigerated Storage

(1) The equipment for refrigerated storage needs to maintain food at a temperature at or below 5° C (41° F). Each storage area needs to be equipped with a thermometer that is accurate plus or minus (+/-) 1.7° C (3° F). Refrigeration units that do not have a read-out display of the

temperature need to have thermometers placed in the warmest area of the unit. Temperatures must be recorded and monitored daily by designated nutrition and food service staff. Any variances require corrective action.

(2) If any refrigeration unit exceeds 7.2° C (45° F), potentially hazardous foods need to be relocated immediately to another operational refrigeration unit. The temperature of the food products in a refrigeration unit that has been out of the proper temperature range need to be tested with a thermometer. If food products are in the 5° C (41° F) to 21° C (70° F) range for more than 1 hour or exceed 21° C (70° F), they must be discarded.

(3) Separate refrigeration units are strongly recommended for raw meat, dairy, and fruits and vegetables, whenever possible. Raw foods are not to be stored above ready-to-eat foods, cooked foods, fruits, or vegetables.

(4) In order to support proper cooling of the units, fan coils, and electrical parts must be monitored daily by nutrition and food service or a designated employee to prevent dust or debris build up.

d. **Freezer Storage**

(1) Freezer temperatures need to be maintained at or below –17.8° C (0° F)

(2) Freezer temperatures need to be monitored several times during a 24-hour period, by a designated nutrition and food service employee and a process needs to exist for temperature documentation. Any variances noted require corrective actions.

(3) Frozen foods need to be moved from the receipt area to the freezer as soon as possible after delivery or before signs of thawing occur.

e. **Chemical Storage.** Chemicals must be packed separately from food items or paper goods used for food packaging.

(1) Only those poisonous or toxic materials that are required for the operation and maintenance of a food establishment, such as for the cleaning and sanitizing of equipment and utensils, and the control of insects and rodents, are to be allowed in a food establishment.

(2) Chemicals and cleaning supplies need to be stored in their original containers and labeled with the contents and hazards. MSDS that describe the contents, hazards, and handling procedures for chemical products need to be readily available, as required by OSHA. Chemicals and cleaning supplies are stored separately from subsistence and operating supplies.

(3) Poisonous or toxic materials must be stored to avoid contamination of food, equipment, utensils, linens, single service, and single use articles by:

(a) Separating the poisonous or toxic materials, by spacing or partitioning; and

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(b) Locating the poisonous or toxic materials in an area that is not above food, equipment, utensils, linens, and single service or single use articles.

(4) Poisonous and toxic materials must be stored in secured, locked areas and/or cabinets. If it is necessary to transfer chemicals, store the poisonous and toxic materials in sturdy clearly labeled containers with the contents and their hazards.

(5) Poisonous or toxic materials must be used in accordance with the manufacturer's instructions.

(6) All spray bottles or containers with toxic or poisonous substances, such as sanitizers, must be clearly labeled.

(7) Corrosive and flammable products must always be stored separately.

(8) Proper signage must be posted in the area to ensure employees are aware that potentially toxic and/or poisonous chemicals are stored within the area.

(9) All hazardous chemicals need to be inventoried monthly, by a designated nutrition and food service employee or more often, based on facility policy.

(10) Containers with diluted cleaning agents need to be labeled with the name of the product.

(11) Empty chemical containers are to be discarded and are not to be used for storage.

20. FOOD PRODUCTION

a. General Principles

(1) Emphasis is placed on the techniques of food preparation and service to retain nutrients, flavor, and eye appeal.

(2) Food prepared in a private home must not be used or offered for patient or resident consumption. Exceptions may be made on an individual basis where family or friends provide food items for an inpatient or resident, if approved by nursing staff or the registered dietitian.

(3) HACCP principles must be utilized for the procurement, setup, and dispensing of all enteral feeding products. Only commercially prepared ready to use enteral feedings are used.

(4) Pureed foods and any other mechanically-altered foods must have a shelf life of no more than 24 hours, if prepared and held for service on a hot tray line at appropriate holding temperatures. If prepared and blast chilled, shelf life is in accordance with the section on advanced food preparation (see subpar. 20.d). Leftovers must not be used in the preparation of these products. If commercially prepared products are purchased, the manufacturer's expiration date must be strictly followed.

(5) For purposes of quality, cost control, and food safety, standardized recipes must be used. HACCP guidelines must be incorporated into standardized recipes.

(6) Food-grade seamless hard rubber or acrylic, separate labeled or colored cutting boards must be used for raw and cooked foods. Boards need to be washed, rinsed, sanitized, and air dried after each use, after each food preparation, after an interruption, and after 4 hours of continued use. Cutting boards must be replaced on a regular basis as determined by the Chief, NFS or designee or when the board has cuts, scratches, or cracks. *NOTE: Wooden cutting boards may be allowed by local codes; however, the use of wooden cutting boards, utensils, and utensils with wooden handles is discouraged. If wooden cutting boards, cutting blocks, baker's tables, and utensils are allowed, they need to be made from seamless, close-grained, nontoxic hardwoods.*

(7) For foods requiring refrigeration (chilled foods), the time out of the refrigerator is restricted to 30 minutes or less. The critical safety limit for chilled foods is 10°C (50°F). If the internal temperature of chilled food rises above 10°C (50°F) during storage, preparation, or distribution, the food must be discarded. Food preparation work must be completed away from heat sources such as ovens.

(8) Ice used for food or a cooling medium must be made from drinking water which is safe for consumption (potable). A closed system for ice making and automatic dispensing should be used.

(9) Raw and partially-cooked animal foods, such as rare meats, raw fish, etc., must not be served. Raw animal foods such as eggs, fish, meat, poultry, and foods containing these raw animal foods, must be cooked to heat all parts of the food to a temperature and for a time that complies with HACCP guidelines. Refer to the current FDA Food Code for cooking, reheating, holding times, and temperatures.

(10) Fruits and vegetables that are cooked for hot holding must be cooked to a minimum temperature of 57° C (135° F).

(11) Sulfating agents must not be applied to any product, including fresh fruits and vegetables intended for raw consumption.

(12) Foods may be heated in a microwave provided that all parts of the food reach a temperature of at least 74° C (165° F) and the food is rotated and stirred, covered, and allowed to stand covered for 2 minutes after heating.

(13) Unpasteurized shell eggs should not be served to patients or residents in any form. Pasteurized shell eggs are considered undercooked when the white is not firm and the yolk has not thickened.

(14) All poultry dressing and stuffing's must be baked separately.

(15) All types of broth must be handled with the same care as meat or poultry.

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(16) Facility-prepared foods may not be frozen unless a blast chiller is utilized to bring the food temperatures into the safe temperature zone within recommended times.

(17) Single-use items such as metal cans, crimped-aluminum pans, plastic bags, and cartons, etc., are not to be reused after the original contents have been removed. These items must be discarded as trash.

b. **Tempering / Thawing**

(1) Frozen items need to be tempered or thawed in a refrigerator at or below 5° C (41° F), and never tempered or thawed at room temperature. No food is to be refrozen after it has been tempered and thawed.

(2) Alternate thawing methods may include completely submerging the product under running cold water at a temperature at or below 21°C (70° F). The water must have sufficient velocity to agitate and float off loose particles into the overflow. The product needs to be thawed within 2 hours using this method. This method is not to be used for whole turkeys, large cuts of meat, or any other item that cannot be completely thawed within 2 hours.

(3) Foods thawed in a microwave must be immediately transferred to conventional cooking equipment with no interruption in the cooking process.

c. **Cook-Serve**

(1) Only the foods needed for immediate service are cooked at one time by relay cooking, or batch cooking in small quantities. All vegetables, cooked eggs, cereal, toast, and hot beverages are prepared using the relay cooking method. Grilled food items are prepared to provide an even flow of grilled items from tray assembly to cafeteria service.

(2) Leftovers, those foods that have been heated to serve to patients or residents, but have not left the food service area, are to be kept to a minimum and may be used within 24 hours (except those mentioned in subpar. 20c(2)(a) if they have not been out of the safe temperature zone and properly chilled.

(a) Leftovers, such as diced or ground meat, fish and poultry, creamed food mixtures for croquettes; sandwich fillings; bacon and meat drippings; convenience entrees; and cream soups must not be used.

(b) Labels, with product name and expiration date, must be visibly placed on leftovers.

(3) Left over meats and poultry are not to be used for grinding or dicing to serve patients or residents requiring a modified texture diet. Meats and poultry must be thoroughly cooked and handled as little as possible, when preparing modified textured diets.

(4) Potentially-hazardous foods requiring refrigeration after preparation must be rapidly cooled to an internal temperature of 21° C (70° F) within 2 hours. Within 6 hours total time the food needs to reach 5° C (41° F). Potentially-hazardous foods of large volume, or foods

prepared in large quantities, need to be rapidly chilled in small, shallow pans so that a safe temperature zone is reached.

d. **Cook-Chill, Advanced Food Preparation (AFP)**

(1) AFP is a system, in which food is prepared or cooked in advance, rapidly chilled immediately after preparation, held under tightly-controlled refrigeration until time of service, and rethermalized, either in bulk or on individual trays, for service. AFP is completed separately from meal service and needs to be scheduled to utilize staff, space, and equipment to best advantage.

(2) There are several types of AFP systems. Methods vary in how foods are chilled, packaged, and stored.

(3) In all types of AFP models, food remaining after rethermalization and service must not be used as ingredients in other food products.

e. **Blast Chilling, 5-Day Storage System**

NOTE: Although the 2009 FDA Food Code states that food can be stored for up to 7 days, due to the highly-susceptible population served within VHA, food must not be kept for more than 5 days. This includes the day of preparation and the day of service.

(1) In a cook-chill system using mechanical or “blast” chilling, foods are prepared 1 to 5 days in advance of service to the required degree of doneness, and then rapidly chilled using the blast chiller. Food must be cooled to:

(a) Below 21° degrees C (70° F) within 2 hours; or

(b) Between 21° C (70° F) and 5° C (41° F) or below within an additional 4 hours.

(2) Foods may be stored up to 5 days, including the day of preparation and the day of service, if food is maintained at 1-2° C (33-36° F).

(3) It is essential to maintain and monitor production schedules. Planning for blast chilling requires an analysis of production schedules, pan capacity of blast chillers, and chilling times. Once food has finished preparation, it must go immediately to the blast chillers.

(4) Procedures for blast chilling state that:

(a) Manufacturer's guidelines must be strictly followed at all times.

(b) Food production must be scheduled in accordance with the blast chiller capacity.

(c) Foods need to be placed into sanitary, moisture-proof containers.

(d) Product depth per pan should not exceed more than 2 inches.

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(5) Food temperatures need to be recorded before entering the blast chiller and again at the end of the cycle to ensure the product has reached the appropriate temperature. Core temperature of the pan (center of the pan, which is approximately 1 inch deep) needs to be the position monitored. Temperature must be monitored throughout the chilling process to allow for corrective actions to occur in a timely manner.

(6) Cut large pieces of meats such as roasts, into maximum portions of 6-8 pounds or less.

(7) Pans need to be spaced to allow for adequate air circulation in the blast chiller. A minimum of 1 inch of free space above and below the pan or product surface is recommended, unless equipment requirements vary.

(8) Returned products from a cold tray line must not be held longer than 24 hours. Any pureed foods, ground meat, or any item containing milk or eggs need to be discarded after the intended meal service.

f. **Tumble Chilling - 45-Day (or greater) Storage System**

(1) Manufacturers guidelines for all steps in the tumble chill process must be strictly followed at all times.

(2) Food is processed in specially-designed packaging that allows for extended shelf life of cooked foods. The products can be safely stored for up to 45 days, assuming that food handling techniques are carefully observed and enforced.

(3) Pumpable food products are cooked in a special kettle, pumped at 82° C (180° F) into aseptic casings, and then rapidly chilled in a rotational ice bath chiller. Solid meats are packaged in aseptic casings, cooked in a hot water bath “cook tank,” and then chilled in a circulating ice water bath.

(4) Cooked potentially hazardous foods must be cooled to:

(a) Below 21° C (70° F) within 2 hours; and

(b) Between 21° C (70° F) and 5° C (41° F) within an additional 2 hours.

21. STORAGE OF PREPARED FOOD PRODUCTS (FOOD BANK)

a. Food bank refrigerators must maintain an internal temperature of between –2.2° and 0° C (28° -32°F) for tumble-chilled products and 1 – 2°C (33-36° F) for blast chilled products.

b. A clearly visible thermometer must be provided, and needs to be placed in the warmest part of the unit. Temperature logs must be maintained by designated nutrition and food service employee .

- c. Length of time for holding cooked and/or chilled food and consumption needs to be no more than 5 days for blast-chill systems, or 45 days for tumble chill systems (including the day of production to the day of service).
- d. All containers need to be clearly labeled with the product name and the expiration date.
- e. Food containers need to be stacked according to distribution points and production orders and need to use FIFO principles.
- f. Never use a food bank for storing items other than food.
- g. Access to a food bank needs to be limited to ensure that the door is not opened too frequently. Open doors for the shortest possible time to avoid undue temperature fluctuations.

22. REHEATING (RETHEMALIZATION) OF FOOD

- a. Due to the variation among equipment used in the rethermalization process, the manufacturer's instructions must be carefully followed.
- b. Hot foods need to be reheated to an internal temperature of at least 74° C (165° F) for at least 15 seconds. Individually-portioned food (i.e., plated food from the tray line) must reach this temperature within 1 hour or it must be discarded. Food heated in bulk must reach 74°C (165° F) within 2 hours or be discarded.
- c. Potentially hazardous food reheated in a microwave oven must be reheated so that all parts of the food reach a temperature of at least 74° C (165° F) and the food is rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating.
- d. A monitoring system needs to be in place to check tray rethermalization equipment. This may consist of:
 - (1) A computerized monitoring system that alerts staff if a module is out of temperature; or
 - (2) A manual system where cart temperatures are checked during each rethermalization cycle period.
- e. If a module is found out of temperature range, the module needs to be taken out of service and repaired before using again.
- f. Monitoring must take place at all times the system is in use, including overnight if the carts are docked and held refrigerated.
- g. Preventive maintenance needs to be performed according to facility policy frequency on rethermalization equipment (modules and carts) to ensure accuracy and appropriate temperatures.

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23. TRANSPORTATION OF PREPARED FOOD ITEMS WITHIN A MEDICAL FACILITY

NOTE: This paragraph is intended for food transport within food trucks or carts in the medical facility (i.e., delivery of trays to patient care areas or resident areas, or delivery of bulk food to a cafeteria setting). It is not intended for the transport of food off-site or long distances away from the facility. Food products are intended to be used for immediate service.

a. Food trucks and/or carts designed specifically for food transportation must be used. They need to be:

(1) Capable of being tightly closed and must be designed to hold food at appropriate temperatures, regardless of delays;

(2) Sturdy and, when appropriate, sectioned so food items do not mix;

(3) Leak proof; and

(4) Easy to clean and sanitize.

b. Cold bulk foods must remain at, or below, 5°C (41°F) throughout the transportation process.

c. Hot bulk foods must remain at, or above 57°C (135°F) throughout the transportation process.

d. Cook, serve assembled meal trays need to be delivered immediately upon leaving the tray line.

e. Cook-Chill ADS assembled meal trays need to be delivered immediately upon completion of the rethermalization cycle.

f. If motor vehicle operators are required for transportation (i.e., cart tugger), operators must have current training in safe operation of vehicles.

g. Transportation carts must be inspected and sanitized after each use..

24. TRANSPORTATION OF BULK OR PLATED PRODUCTS OUTSIDE OF A MEDICAL FACILITY

NOTE: This paragraph is intended for food transport outside of the medical center facility (i.e., delivery of pre-made meal trays or delivery of bulk food to a remote setting). It is not intended for transport of food on-site, which usually requires a motorized vehicle as a means of delivery.

a. General Guidelines

(1) The food transportation process must be included in the NFS HACCP plan.

(2) Control systems must be in place to ensure the integrity and safety of the food. Emergency plans need to be established if the system fails at any point of this process.

(3) If an outside contractor is used for transportation, the standards in this section apply, and there must be a system in place to ensure the contractor is abiding by food safety standards.

b. **Food transport containers** must be used that are:

(1) Capable of being tightly closed and designed to hold food at appropriate temperatures regardless of delays;

(2) Sturdy and, when appropriate, sectioned so food items do not mix;

(3) Leak proof; and

(4) Easy to clean and sanitize (National Sanitation Foundation International approved).

c. **Food sent in original case packaging** (i.e., crates of milk or cases of canned goods) may be placed on a pallet or flatbed hand truck and contained with shrink wrap for added protection.

d. **All food must be tightly and securely covered.** Food covers need to prevent and protect food from contamination during all stages of the transportation process. Covers need to be such that they do not become torn or ripped at any time. All food must be properly labeled with product name and expiration date.

e. **Foods must remain at or below 5°C (41°F) or at or above 57°C (135°F) throughout the transportation process.**

(1) For cold foods, this requires refrigerated transportation vehicles or containers that allow all foods to remain at or below 5°C (41°F) at all times.

(2) For hot foods, this requires the use of insulated containers or heat generating cabinets that maintain temperature of at least 57°C (135°F) during the entire transportation process.

(3) Transportation of hot food should take no more than 1 hour to prevent deterioration in quality of food.

f. **When food is received, temperatures are to be taken and logged.** Food needs to be inspected for safety and quality. Foods that do not meet standards must not be accepted and need to be return or discarded.

g. **Chemicals must not be packed with food items or with paper goods used for food packaging.** They must be kept separate.

h. **Trucks**

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(1) Truck Inspection procedures need to be established by facility policy. These inspections need to be conducted and documented on a daily basis, and must include a mechanical inspection for safety and an inspection for sanitation.

(2) Motor vehicle operators must have a current and appropriate drivers' license, (Class B license where required), and must be properly trained.

(3) If the truck is used to transport items other than food, it must be sanitized before being re-loaded with food items.

(4) Trucks need to be locked and not left unattended.

(5) Transport vehicles need to have the ability to tightly secure food containers to prevent them from shifting during transport.

25. TRAY ASSEMBLY AND MEAL SERVICE

a. General Guidelines

(1) Proper employee sanitation and personal hygiene must be followed at all times during tray assembly and service in accordance with paragraph 26 "Sanitation".

(2) Dining room service is recommended for CLCs, psychiatry, spinal cord injury, rehabilitation, and domiciliary patients to meet treatment needs. Other ambulant patients are served in dining rooms or provided tray service as determined by the medical facility. *NOTE: Due to the highly-susceptible nature of the medical facility population, it is recommended that family style service or self-service areas be used with caution. This is to decrease the risk of contamination from multiple patients handling serving utensils.*

(3) Heated unitized pellet bases, plate covers, or other industry tested and approved heat retention and/or rethermalization systems are used for tray service to maintain food at acceptable temperatures. Monitoring of food temperatures needs to be an ongoing process to ensure that hot and cold food temperatures are being properly maintained during meal service. Food must be transported only in enclosed carts. Appropriate precautions must be taken to preserve the quality and safety of all food items on the tray; this may require covering individual items.

(4) Quality indicators and monitors for tray assembly and food service need to be included in the NFS Quality Improvement Program. These indicators or monitors need to be based on specific food temperatures or times and tray delivery standards established by the local medical facility (i.e., random sampling of patients' meals, point of service food temperatures, tray accuracy, trays served per minute, etc.).

(5) When NFS issues food to patients and residents for off-site activities, procedures must be established to maintain food safety and sanitation in accordance with HACCP guidelines.

(6) When refrigerated bulk milk and juice dispensers are used:

(a) The dispenser cabinet must be provided with adequate mechanical refrigeration and suitable automatic controls capable of maintaining the temperature of the cabinet at or below 5°C (41°F). It needs to be cleaned every day and kept under constant refrigeration. Safeguards need to be in place to prevent contamination. Appropriate food-grade tubing needs to be used and secured when not in use.

(b) Whenever patients and residents are permitted to draw hot beverages, the urn or dispenser must be equipped with a self-closing spigot in good working order. If a touch pad dispenser system is utilized, NFS staff must ensure that the appropriate fill levels are programmed to prevent overflow.

(c) All bulk beverage dispensers must be disassembled and cleaned daily. Any beverage not held under refrigeration (i.e., tea) needs to be discarded at the end of the service period.

b. **Tray Assembly Guidelines**

(1) Tray assembly needs to take place in a central location, if possible.

(2) Tray tickets or diet cards need to be utilized to ensure appropriate food items are served for each diet, according to the facility diet manual.

(3) Proper portioning and serving utensils must be used.

(4) All food items on the tray line and on the tray need to be protected from contamination, which may include covering individual items to preserve sanitation standards.

c. **Hot Food Tray Assembly (Tray line).** Food must be maintained at or above 57°C (135° F) in order to be served. To prevent time and/or temperature abuse and to preserve quality, food must not be held greater than 2 hours on a hot tray line. Any hot food leftover at the end of the tray line needs to be discarded if it cannot be used for immediate service (i.e., in a cafeteria). Trays need to be delivered immediately upon completion of assembly.

d. **Cold Food Tray Assembly (Tray line).** Food must be maintained at, or below, 5°C (41°F). If food is maintained at proper temperature during tray line, leftover food may be used for subsequent meal service according to guidelines in paragraph 20.

e. **Meal Service Guidelines**

(1) NFS personnel must correctly deliver trays to the patient's and resident's bedside in appropriate areas as determined by the medical facility. In some areas trays may be delivered to the ward for other staff members to pass to patients and residents (i.e., psychiatry, CLC, etc.). NFS may also deliver trays to the patients' and residents' dining rooms. Tray set-up and patient or resident assistance need to be provided by nursing service or trained facility staff. This may be food service workers if they have received proper training in patient and resident tray set-up and feeding techniques. The medical facility infection control policy must be followed by all staff when delivering trays and nourishments to patients and residents.

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(2) NFS coordinates the time and sequence of tray delivery with Nursing Service and any other medical facility staff receiving meals.

(3) Patients and residents are allowed adequate eating time from tray delivery at bedside or dining room, before trays are retrieved by facility staff. This needs to be, at the very minimum, no less than 45 minutes. Additional time needs to be allowed if the patient or resident requires it. Soiled trays need to be retrieved from patient or resident care service areas according to facility policy frequency. An enclosed cart must be provided in the area for nursing to leave remaining soiled trays. If a cart is not available, staff may place the soiled tray in a bag (not a hazardous material red bag) and securely tie it until it can be retrieved.

(4) Patients and residents will be identified, during meal and or tray delivery using 2 forms of identification – complete name, birthday, social security number, etc. Menus or other documents with patient sensitive information must not be left on the trays. The Veteran may keep his/her menu, thus assuming responsibility for their personal information.

f. **Bedside Tray Service.** Patients and residents are identified according to VHA and facility privacy policy.

(1) Tray passers (food service workers, nursing, etc.) must be trained and instructed to follow the facility's infection control policy (see par. 25).

(2) Employees must not touch patient's or resident's belongings on the bedside table. Touching these items can lead to cross contamination and the spread of infectious disease.

(3) Tray service needs to begin immediately after food is plated on a hot tray line or immediately after completion of a rethermalization cycle for a cold tray line.

(4) Tray transport must be accomplished only in enclosed carts (see par. 25).

g. **Dining Room Service**

(1) If NFS delivers patient or resident trays to a dining room, facility guidelines must be followed with respect to tray passing and/or service (i.e., who sets up trays, assists patients and residents, etc.).

(2) If NFS staff are responsible for cleaning tables and/or removing trays, this needs to be done in a timely manner at the conclusion of meal time.

(3) Single service items should be utilized to decrease the risk of contamination, when possible. Family style serving containers (i.e., bottles of ketchup, salt and pepper on tables) may be used only when containers can be properly washed and sanitized appropriately.

(4) Tray service needs to begin immediately after food is plated on a hot tray line or immediately after completion of a rethermalization cycle for a cold tray line.

(5) Tray and/or food transport needs to be accomplished only in enclosed carts.

(6) If providing, Dining Room tableside service all safety, sanitation and infection control guidelines must be maintained.

h. Cafeteria (Bulk Food) Service

(1) Food prepared for cafeteria service needs to be monitored for temperature and time adherence. Foods need to be cooked to the appropriate internal temperature as specified in paragraph 14. Hot food needs to be maintained at or above 57° C (135° F). Cold food needs to be maintained at or below 5°C (41° F). If food is found to be out of the temperature range for greater than 60 minutes, it must be discarded.

(2) Monitors must be in place to ensure proper sanitation in the serving area.

(3) Single serve items need to be utilized to decrease the risk of contamination. Family style serving containers (i.e., bottles of ketchup, salt and pepper on tables) are discouraged unless a SOP is in place for sanitizing and cleaning them after each use.

(4) If bulk food is being transported to a cafeteria, not adjacent to the preparation area, it must be done only in enclosed carts to prevent contamination from outside sources. If bulk food is transported to a cafeteria adjacent to the preparation area, the food must be covered during transport; it does not necessarily need to be in an enclosed cart.

(5) Hot food items need to be discarded after cafeteria service is complete. Cold food items, if held at appropriate temperatures, can be saved for later use within the expiration date.

26. SANITATION

a. General Guidelines

(1) All NFS areas are maintained in a clean, safe, and orderly working environment. A comprehensive sanitation program must be established that assures a procedure for cleaning and sanitizing equipment and work areas. The food service areas must be cleaned routinely to maintain sanitation. Cleaning must be done during periods when the least amount of food is exposed. This requirement does not apply to cleaning that is necessary due to a spill or other accident. Working surfaces, utensils, equipment, and other food-contact surfaces are thoroughly cleaned and sanitized after each period of use or at 4 hour intervals, if the utensil or equipment is in constant use. The food contact surfaces of cooking equipment and pans must be kept free of encrusted grease deposits and other soil accumulations.

(2) Traffic of unauthorized individuals through the food service and preparation areas must be controlled at all times.

(3) Live animals are not allowed in the food preparation and service area(s). **NOTE:** *Exceptions may be allowed if the contamination of food, clean equipment, utensils, linens, unwrapped single-service and single-use articles can be avoided. For example: fish in*

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aquariums, patrol dogs accompanying police, service animals for disabled persons, pets in the common dining areas of institutional care facilities.

(4) NFS personnel are responsible for their own personal hygiene. Personal hygiene includes:

(a) Hand Washing. Proper procedures should be followed, using designated hand sinks, to wash hands immediately before engaging in food preparation; after touching bare human body parts; after using the toilet; after coughing or sneezing; after using a handkerchief or tissue; using tobacco; eating; drinking; after handling soiled equipment or utensils; during food preparation when switching between raw food handling and ready-to-eat food handling; and immediately before putting on and after removing disposable gloves. Designated hand sinks should not be used for any other purpose other than hand washing.

(b) Fingernails. Nails must be kept clean and trimmed at all times. Food service workers or cooks may not wear fingernail polish or artificial nails when working with exposed food.

(c) Jewelry. Jewelry can harbor microorganisms and may pose a safety hazard around equipment. Rings, (except for plain bands), bracelets (including medical information jewelry), watches, earrings, necklaces, and facial jewelry (such as nose rings, tongue piercing, etc.) must be removed. Necklaces, including medical information, must be secured underneath the uniform.

(d) Hair Restraints. Hats, hair coverings or nets, beard restraints, and clothing that cover body hair are to be worn in food production and food service areas.

(e) Uniforms. Uniforms must be clean and changed daily. When working in refrigerated units, only jackets or coats issued as part of the uniform may be worn.

(f) Grooming. Daily bathing is required, with the use of deodorant. Perfume and cologne must not be used.

(g) Aprons. A clean apron needs to be worn daily. Aprons need to be removed when leaving food preparation areas, and properly stored prior to using the restroom or taking out the garbage.

(5) A procedure must be established to ensure that employees are not allowed to work if they have open skin lesions, have been diagnosed with a communicable disease, or *Salmonella*, *shigella*, *E. coli*, *hepatitis A*, or have symptoms of an intestinal illness. Employees excluded from work for these reasons can only be reinstated with proper medical documentation that states the employee is free of symptoms, and cleared for food service work.

(6) Employees must not chew gum while preparing or serving food, while in the food preparation areas, or in areas used for equipment and utensil washing. **NOTE:** *Employees must only eat, drink, chew gum, or use tobacco products in designated areas. Beverages in covered containers with a straw are allowed by some local regulatory agencies.*

(7) When foods are tasted during preparation, they must be placed in a separate dish and tasted with a clean utensil. The dish and utensil need to then be removed from the food preparation area for cleaning and sanitizing.

(8) Employees must never spit in the food service establishment.

(9) If used, single-use gloves must be used for only one task such as working with ready-to-eat-food or with raw animal food, and then discarded. Gloves must be discarded when damaged or soiled, or when interruptions occur in the food operation. **NOTE:** *Latex rubber gloves do not need to be used.*

(a) Gloves may be worn during tray retrieval from the patient or resident care area(s).

(b) Gloves must be discarded, and hands washed immediately, between each patient or resident care area, to reduce the risk of cross contamination.

(c) Gloves must not be worn in elevators and common hallways.

(10) Exhaust air ducts must be kept clean, and filters need to be changed per facility policy so they are not a source of contamination for dust, dirt, and other foreign materials.

(11) Cleaning cloths used for wiping food spills must be used for no other purpose. Dry or wet cloths used with raw animal foods must be kept separate from cloths used for other purposes. Cloths must be free of food debris and visible soil and laundered daily. Wet cloths should be stored in sanitizing solution while not in use and disposed and removed for laundering when heavily soiled or at the end of an 8 hour shift. Disposable or single use cloths are recommended for use in production areas, especially those processing raw, potentially hazardous foods.

(12) Disposable or single use cloths must be stored in closed cartons or containers, which protect them from contamination.

(13) Single service supplements and nourishments provided on patient or resident trays, or retrieved from patient or resident rooms or bedsides; need to be discarded if returned to the service, even if unopened.

(14) Foods from patient or resident trays may only be retrieved for re-use if the tray has not been served to the patient or resident and has remained under NFS control, the food has been maintained within acceptable temperature according to HACCP guidelines, and the food is completely wrapped and in its original packaging.

b. Sanitation in Production Areas

(1) Precautions must be taken to avoid any possible cross-contamination of food by separating raw animal foods during storage, thawing, preparation, holding, and display from other raw ready-to-eat foods such as vegetables, fish, meat, poultry, and from cooked ready-to-eat foods.

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(2) All equipment must be National Sanitation Foundation (NSF) approved.

(3) Coordination is required between NFS and Engineering Service for the inspection of all hoods, grease traps, and drains to ensure that they are safe and operating properly. Cleaning needs to be coordinated with assigned services.

c. **Sanitation During Ware Washing**

(1) Local management is responsible for the examination of dishes (chipped or worn dishware needs to be discarded), equipment, and working surfaces. When new dish and utensil sanitizing, handling, and storage procedures are established, or new detergents and cleaning equipment used, examinations must be employed to determine the effectiveness of procedures, products, and/or equipment.

(2) All ware washing machines must be equipped with easily-readable thermometers in each tank of the machine. *NOTE: Low temperature ware washing machines equipped with chemical sanitizers are not recommended for use. Such ware washing machines do not need to be included as a future replacement item.*

(a) The Celsius needs to be accurate within +/- 1.7° when calibrated, or if a Fahrenheit thermometer, it needs to be accurate within +/- 3°.

(b) In addition, a thermometer of equal accuracy must be provided, which indicates the temperatures of the final rinse water as it enters the manifold.

(3) The wash water temperature for a single tank ware washer must be at or above 71°C (160°F), and final rinse water is at or above 82°C (180°F) at the entrance to the manifold.

(4) The wash water temperature for a double tank ware washer must be at or above 66°C (150°F), and the final rinse water must be at, or above, 82°C (180°F) at the entrance to the manifold.

(5) The applicable temperatures are recorded according to local policy, by meal and are checked by Food Service Management. These temperatures for multiple tank ware washers are:

(a) Pre-wash, from 37.8°C – 60°C (100 – 140°F);

(b) Wash from 66 – 71°C (150 – 160°F);

(c) Pumped Rinse, from 71 – 82°C (160 – 180°F); and

(d) Final Rinse, from 82 – 90.5°C (180 – 195°F).

(6) Conveyors in dish washing machines must be accurately timed to ensure proper exposure times in wash and rinse cycle per manufacturers' recommendations.

(7) Procedures for handling and storage of clean dishes and utensils must be followed to prevent re-contamination.

(8) The ware washing area must be set up to provide a dirty and clean area to prevent cross contamination of dishes, utensils, etc., during the ware-washing process.

d. **Hand Washing Sinks and Eye Wash Stations.** Hand washing sinks and eye wash stations need to be easily accessible to all areas of the department. Eye wash stations and emergency showers must be inspected and tested according to facility policy. Hand washing sinks and eye wash stations must not be used for food or beverage preparation.

e. **Waste Management**

(1) Storage areas for refuse, recyclables, and returnables must be separate from food preparation and service areas, and maintained in good repair. Storage areas must also be clean and free of unnecessary items.

(2) Garbage cans or receptacles need to be durable, leak-proof, nonabsorbent, and insect and rodent resistant. Garbage cans need to be kept covered with tight-fitting lids, and plastic bags may be used to line the receptacles. *NOTE: Foot-pedal operated containers are recommended to prevent touching the lid while discarding trash.*

(3) Soiled receptacles and waste handling units for refuse, recyclables, and returnables must be cleaned as per facility policy to prevent them from developing a buildup of soil or becoming attractants for insects and rodents.

(4) Refuse, recyclables, and returnables must be removed from the premises as per facility policy that minimizes the development of objectionable odors and other conditions which attract or harbor insects or rodents.

f. **Pest Control**

(1) The presence of insects, rodents, and other pests needs to be controlled and minimized by routinely inspecting incoming shipments of food and supplies, routine departmental inspections, and eliminating harborage conditions. *NOTE: Shelf and drawer liners and paper displayed on walls serves as harborage for pests and is not recommended.*

(2) Packing cases within the kitchen area need to be kept to a minimum. Foods need to be unpacked to the extent possible prior to shelving.

(3) Additional measures include:

(a) Sealing all cracks in floors and walls to prevent any pests from entering;

(b) Repairing gaps and cracks in doorframes and thresholds; and

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(c) Inspecting behind refrigerators, freezer, stoves, sinks, and floor drains for signs of pests during daily walk through by a designated nutrition and food service employee.

(4) Outer openings are to be protected from the entry of insects and rodents, for instance:

(a) Windows must be closed and tight-fitting; if needed for ventilation, the opening needs to be covered with 16 meshes per 1 inch screening.

(b) Doors must be solid, tight fitting, and self-closing. **NOTE:** *Exit doors need not be self-closing if they are designated for use only during an emergency.*

(c) If doors are opened to an outside area, air curtains or other effective means of controlling pest entry need to be used.

(d) Elevators must have solid, tight-fitting doors when closed; if opened to an outside area, air curtains, or another effective means of controlling pests, need to be used.

(e) NFS should work cooperatively with Facilities Management in establishing an effective pest management program.

27. TRAINING

a. NFS must conduct on-going training programs, formal orientations, continuous on-the-job training, and group classes designed to maintain and improve knowledge and skills of employees, volunteers, Incentive Therapy, and other work therapy patients.

b. Training subjects covered include all of the topics required by The Joint Commission, as well as those required by VHA, and local medical facilities.

c. Employees must be trained in food safety as it relates to their assigned duties. Food handlers must have training in:

(1) **Safety.** The importance of food safety.

(2) **Personal Hygiene.** Health, personal cleanliness, proper work attire, and hygienic practices, including hand washing.

(3) **Food Preparation.** Time and temperature control, the prevention of cross-contamination, and safe practices for receiving, storing, handling, preparing, cooking, holding, serving, cooling, and reheating food.

(4) **Cleaning and Sanitizing.** Procedures for cleaning and sanitizing food-contact surfaces.

(5) **Chemicals.** Procedures for safely handling of the chemicals used in the NFS.

(6) **Pests.** Pest identification and preventive measures.

d. The learning objectives for staff are based on the competencies required to maintain and improve job performance, and address the knowledge, skills, and abilities appropriate to an individual's job responsibilities.

e. The effectiveness of orientation, training, and education provided is evaluated through quality assessment and improvement techniques.

28. EMERGENCY PREPAREDNESS

The Chief, NFS is responsible for establishing and publishing a plan for emergency feeding to provide meal service for patients, residents, casualties, and authorized staff during internal and/or external disasters. The activation of the plan needs to be in coordination with the medical facility disaster plan. The key elements of the plan to be addressed are the logistics of the food and water supply, loss of utilities, loss of communication, waste management, employee support, and security.

a. Food and Supplies

(1) Food items for an emergency food inventory need to be canned, shelf-stable, and ready-to-use, requiring minimal processing, and little or no additional water. Facilities that utilize the cook chill system of food preparation must be able to pull prepared food products from the food bank. The food bank refrigerator must be linked to the emergency power system. Food stores must be adequate to serve a pre-determined number of people for a length of time set by the medical facility policy. Facilities that are receiver sites must maintain an emergency food inventory, in case of a disruption in the normal delivery from the production center.

(2) Recommended additional supplies to have on hand include: flashlights, batteries, manual can openers, heavy-duty trash bags, and a portable radio.

(3) An inventory of disposable service items required for meal service that need to be kept in stock include: plates, cups, bowls, and utensils.

(4) Chemicals needed for chemical sanitizing of dishware, cooking utensils, and waterless hand washing solution need to be kept in stock.

(5) **Emergency Feeding Menu.** An emergency feeding menu is dependent on availability of utilities, food inventory, and number of food service workers.

(a) A menu that requires a minimal number of staff for preparation and assembly is recommended when planning for a worst case scenario.

(b) The emergency menu needs to be planned with food items that do not require cooking or heating before service.

(c) When possible, the food inventory for the emergency menu should be stored apart from routine subsistence. When not possible to store emergency inventory apart from daily inventory, facilities need to ensure that inventory for subsistence and supplies on hand include excess to

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cover extended days for emergency coverage. The items need to be labeled, dated, and rotated according to the shelf life of the product. The location needs to be dry and secure from theft or tampering. Air tight storage containers need to be used to protect the food from insects and pests. An off-site or remote storage location may be considered in the event that the NFS warehouse/storage is damaged or destroyed.

(d) To conserve water, recipes that require little or no water need to be used.

(6) Prime Vendor

(a) An automatic emergency delivery from a prime vendor may be pre-arranged in the event that normal lines of communication are disrupted. These deliveries are used primarily for weather disasters where future deliveries may be delayed.

(b) A communication tree and emergency food plan needs to be shared with the Prime Vendor. Both parties need to have multiple contacts in the event an emergency occurs. This communication tool and plan needs to be reviewed annually by the Chief, NFS or designee.

b. Water Supply

(1) The recommended ration of water used by many federal agencies, including the Environmental Protection Agency (EPA), is 3 liters for a 70 kilograms (or 154 pounds) adult and 1 liter for a 10 kilograms (or 22 pounds) child per day. In addition, the minimal amount of water required for food preparation and sanitation needs to be determined.

(2) Disposable utensils and plates need to be used to reduce warewashing water needs. Coordination with Engineering Service needs to take place so that there is a supply of water in an emergency.

(3) If the medical facility does not have its own on-site source of water, a pre-arranged contract with an outside hauler, such as a dairy, would be the emergency source of water.

(4) A cooperative effort is needed to determine which service orders and maintains an inventory of bottled water.

(5) Bottled water for drinking must be in a sealed, plastic container with a shelf life of 1 year, and rotated prior to expiration.

c. Utilities

(1) In case of an electrical failure, emergency power outlets need to be available in the service for key electrical systems and equipment.

(a) A plan needs to be made with Engineering Service for emergency power sources for essential kitchen equipment, i.e., walk-in refrigerators, ovens, food banks, dishwashers, etc.

(b) An emergency lighting system needs to be available as a back-up to normal lighting in the areas where food preparation, tray assembly or service takes place, and in routes of egress. The alternative would be to have a source for portable lighting that may be brought into the work areas.

(2) In the event of a steam failure, an alternate method must be required for sanitizing dishware and utensils, and for steam-operated equipment, for the length of time the steam is shut down. **NOTE:** *Chemicals for cleaning and sanitizing may be considered as an option in place of the dish machine.*

(3) Flashlights and batteries need to be available for use in areas such as storerooms, locker rooms, and bathrooms that are not on emergency power.

(4) Routes of egress need to be free and clear of obstacles that staff could trip over in dim lighting.

d. **Transport**

(1) The interruption of utilities (electricity) may impact the vertical delivery of meals and supplies to the patient units. A medical facility plan for the disruption of utilities needs to include an action plan for NFS meal delivery.

(2) Such a plan may require a change in the normal schedule for meal delivery, and/or utilizing staff from the labor pool to assist in delivery.

(3) When elevators that are used for the transport of patient and resident meals are out of service, manpower from a labor pool must be used to form a human chain to transport trays on the stairway.

e. **Communication**

(1) In the event of a disruption in telephone service, patient or resident information can be obtained from the Veterans Health Information Systems and Technology Architecture (VistA) computer system. Staff with cell phones need to be identified if cellular phone service is functioning.

(2) If the computer system is disrupted, all patient and resident care units need to be contacted prior to each meal to obtain critical, operational information required to feed the patients and residents. This could be accomplished by using food service employees or a runner from the labor pool. Referral to the most recently printed ward diet order list would facilitate validation of most information. All orders and changes received from nursing service must be in writing.

f. **Waste Management.** An interruption of utilities (water, electricity) may have an impact on the method used for waste removal. Disposals and pulpers may not be operational. Food waste and disposables must be manually collected in heavy-duty trash bags. Additional barrels and dumpsters need to be made available.

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(1) More scheduled trash collections need to be added.

(2) In the event that the normal trash collection is unavailable, an alternate on-site location for the storage of bagged trash needs to be planned.

g. **Employee Support.** During a disaster, employees need to respond according to the local medical facility NFS disaster plan.

(1) Employees must wear their identification badges at all times.

(2) The supervisor on duty needs to identify the employees available for assignment to the medical facility manpower pool, as well as for determining the needs of the service.

(3) The number of staff available impacts the type of food preparation and the type of meal service provided during a disaster.

(4) When an emergency situation exists that warrants the return of staff to the medical facility, a systematic method for notifying staff needs to be activated through a telephone cascade calling system.

(a) An up-to-date master cascade calling list is maintained in NFS. Each person on the list needs to be trained in the use of the telephone cascade calling system.

(b) The system is to be tested on a periodic basis, according to facility policy.

(5) When the medical facility Director issues an order for the emergency feeding of staff, the type of menu to be served needs to be considered, as well as the location for meal service.

h. **Security.** Procedures need to be established to identify preventive measures minimizing the risk that food could be subject to, such as, but not limited to tampering and criminal or terrorist actions.

(1) The components of the operations that need to be addressed are: physical, facility security, employees, computer systems, raw materials and packaging, operations, and finished products.

(2) Strategies and procedures are to be developed in response to a breach in the security of the operation.

(3) The plan of action needs to be tested on a regular basis to ensure all employees are trained for their role in the plan.

29. REFERENCES

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