

by Linda Eck Mills, MBA, RDN, LDN, FADA

Emergency Preparedness

“We cannot stop natural disasters, but we can arm ourselves with knowledge: so many lives wouldn’t have to be lost if there was enough disaster preparedness.” Petra Nemcova, 2004 Thailand Tsunami Survivor

It is critically important that foodservice professionals and support staff prepare for disasters to safeguard vulnerable patients/residents, employees and visitors, and the facility during emergencies.

According to the National Oceanic and Atmospheric Administration (NOAA), 2010-2019 was a landmark decade which saw a significant number of billion-dollar events in the U.S.

- 2017 was a record year in this decade with FEMA (Federal Emergency Management Agency) recognizing 137 separate disaster declarations. Over 95.6 million people affected and an additional 9,697 killed by these disasters made them catastrophic in loss of lives and total costs. Sixteen of these disasters cost \$1 billion to \$3 billion, with a new record of \$306 billion in disaster losses.
- 2018 had 124 major declared disasters, 14 of which were over \$1 billion in damage with a total of \$91 billion in disaster losses.
- 2019 had 101 major declared disasters with 14 over \$1 billion in damage with a total of \$45 billion in losses.

Ensure Your Disaster Plan Won’t Be Disastrous



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Year	Total Disasters	Major Disasters
2015	79	43
2016	72	46
2017	137	59
2018	124	60
2019	101	61
2020	305*	102*

Source: www.FEMA.org

*The final 2020 figures were not yet available at press time, but are sure to be even greater with a record-setting year for wildfires, hurricanes, and other disasters.

According to the NOAA's National Centers for Environmental Information, the number of billion-dollar weather and climate disasters is rising, and the average number of incidents per year is increasing exponentially:

Decade	Average Incidents Per Year
1980-1989	2.9
1990-1999	5.3
2000-2009	6.2
2010-2019	11.9

WHAT THIS MEANS TO FOODSERVICE OPERATIONS

The Centers for Medicare and Medicaid Services (CMS) updated the Disaster Rule in November 2017. There are now 44 emergency preparedness tags which impact six inpatient and 11 outpatient licensed healthcare providers. Food and Nutrition Services should carefully review these tags to know what impacts their specific provider type.

So where do you start to plan, prepare, and educate for emergency and disaster situations?

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ALL-HAZARDS APPROACH NEEDS TO CONSIDER:

- Loss of normal water supply
- Economic disruption
- Armed individuals
- Severe weather
- Loss of power
- Bomb threats
- Fire or smoke
- Bioterrorism
- Loss of heat
- Hurricane
- Earthquake
- Derecho
- Civil unrest
- Gas leak
- Flooding
- Tornado
- Pandemic
- Major accidents (train, truck, plane)

Plan

The All-Hazards Approach is used when planning to address potential disaster needs. Anticipate the possible hazards for your geographic area and realize there are more hazards now than in the past. (See sidebar.) With the COVID-19 pandemic continuing, also consider the potential for synchronous emergencies when discussing preparedness plans. Consequently, planning is more complicated, and a healthcare facility may require more than three or four days of food in their emergency supply.

Prepare

What will you do if there is no electricity, gas, water, deliveries, kitchen equipment, or even no trained foodservice staff?

If there is no electric, a generator may be an option, but consider these and other questions: What is connected to the generator in the kitchen? How long will the fuel supply last? What if the fuel source is shut off or the fuel line is ruptured?

If you have gas, similar considerations need to be explored. You may be able to cook with gas, but the exhaust unit over the cooking area is electric. Is there adequate lighting to safely work in the kitchen?

The supply chain is only as good as its weakest link during emergencies. It may no longer be sufficient to have just a three-day emergency supply of food in a nursing home or a four-day supply in a hospital and have a memorandum of understanding (MOU) with vendors as the backup to bring items immediately. Vendors themselves can experience supply chain issues with products and supplies commonly used for emergencies, damage to their building or trucks, inaccessible roads, and staff shortages or furloughs.



**EMERGENCY PLANNING
RESOURCES**

- Federal Emergency Management Agency - FEMA.gov
- ASPR TRACIE - asprtracie.hhs.gov (government preparedness information gateway that provides access to resources to improve preparedness and response)
- Centers for Medicare and Medicaid Services - CMS.gov
- Wisconsin Preparedness Toolkit - <https://www.dhs.wisconsin.gov/preparedness/toolkits.htm>
- California Association of Health Facilities Disaster Preparedness Program - <https://www.cahfdisasterprep.com/>

With the pandemic, the supply chain in the U.S. became an issue. When faced with tornadoes, wildfires, hurricanes, or severe tropical storms, healthcare staff soon discovered that nationwide shortages of food put them in even more disastrous situations. They scrambled to change menus when items were not available, dealt with double-digit price increases for a number of items that were available, and had significant numbers of staff absent after testing positive or being quarantined. Facility emergency teams are taking a closer look at their needs and how to be better prepared before surveyors visit and cite the facility for a lack of appropriate planning.

Some facilities are adding line items to the facility budget for emergency supplies of food, water, medical, and pharmacy supplies instead of these items being part of the food service or nursing budgets. Some teams are looking at freeze-dried and dehydrated foods, and water with extended shelf life to save time and money with emergency supplies.

Healthcare facilities need to have supplies on the premises to be self-sufficient for a longer time after an emergency. Super Storm Sandy hit Long Island, N.Y. and the East Coast in 2017 causing a loss of power for 11 days—just one of many examples. Think of this like car insurance. Do you have the state minimum required car insurance, or do you have additional coverage to provide protection when an accident occurs? Most people have additional insurance for peace of mind. Review the specific regulations for your facility type and geographic area. Coordinate with the city, township, county, or state Emergency Management Teams for local recommendations. Evaluate the facility's All-Hazards vulnerability analysis for the specific number of days needed and regulatory “at least” or “a minimum of” specifications.

Having a thorough and consistent inventory management system for your facility's disaster meal plan is not just recommended, it is absolutely crucial. The last thing any director wants to cope

with when disaster strikes is incomplete supplies for the emergency meal plan. Such a situation can be stress-inducing at best, and an additional disaster at worst.

A well-managed inventory will save staff time and money. If foodservice employees ‘borrow’ from their facility’s emergency food supply, it is often not noticed or replaced until completing a periodic inventory. Even worse, the shortage may not be revealed until an emergency or disaster is in progress or a survey is underway.

Facilities must support a wide range of elders, residents, and patients with a myriad of health conditions, medical diets, and texture modification needs. A facility’s plan must include meals that can be easily prepared for everyone, are consistent with diets, and will provide the proper nutrition they need and deserve in a disaster. Peanut butter and jelly sandwiches, or sandwiches in general, will not fit all the potential medical and texture-modified diet needs and are very labor intensive to make. Does the emergency meal plan have diet extensions or spreadsheets and a nutritional analysis to ensure needs are being met?

No matter what the most common disasters are in your geographic area, there is at least one universal truth: everyone needs an emergency evacuation plan. The plan can include any number of steps, depending on the facility layout and local evacuation routes. It is crucial to be prepared for a number of disaster scenarios, and while there are plenty of things to worry about during an evacuation, having access to nutritious food and water shouldn’t be one of them. Are you prepared to quickly move emergency food and water supplies? Can your emergency menu be prepared without utilities?

Don’t forget about water in the emergency plan. The industry standard for water is one gallon of water per person per day with half used for cooking and half for drinking. While water doesn’t expire, the packing material may leach into the water and result in the need to replace it at regular intervals. Note the manufacturer’s expiration date. Consider how easy the emergency water supply is to dispense if you shelter in place or need to evacuate.

Educate

As the old adage says, practice makes perfect. Conducting comprehensive training at least annually will identify gaps in your plan and confirm the capabilities and capacities of your current system. Determine whether the facility requires a full-scale disaster drill or a tabletop exercise. Train all new and existing staff and be sure that food and nutrition services employees are included in facility drills.

Components of a comprehensive training program should include:

- An individualized facility hazard vulnerability assessment
- Unique policies and procedures based on the most-likely hazards
- An internal communication plan
- An annual review and update of the emergency plan
- Training for all new and existing staff, highlighting individual roles

- A plan for training annually
- A plan to document training

Emergency plans are needed, but how good is the food and nutrition plan for your facility? Does your facility have the following?

- Written emergency plans
- Trained staff
- Tests of the emergency plan with drills
- Disaster menus that can be used if the kitchen is destroyed or the facility is evacuated
- Disaster menus with nutritional analysis suitable for therapeutic medical, religious, texture-modified, and vegetarian diets, and for clients with food allergies
- Food and water supply in-house for at least three days, or up to 10 days depending on the All-Hazards Approach analysis, in case the memorandum of understanding (MOU) with vendors cannot be fulfilled

SUMMING IT UP

Consistent and comprehensive emergency preparedness will enhance the resiliency of facilities and prevent loss of life while reducing disaster recovery costs. Now is the time for action. Bolster your facility’s in-house emergency supplies for food and water. Don’t let your lack of emergency preparedness be your next disaster. ■

REFERENCES

1. NOAA National Centers for Environmental Information (NCEI) *U.S. Billion-Dollar Weather and Climate Disasters (2020)*. <https://www.ncdc.noaa.gov/billions/>, DOI: 10.25921/stkw-7w73
2. *Emergency Preparedness Acronym & Glossary List; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended by Public Law 106-390, October 30, 2000, Sec. 102*. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS_EP_Acronym-Glossary_final.pdf Revised 9/2008