

Emergency and Disaster Planning for Food and Nutrition Services

A Comprehensive Guide to Preparedness and Response



Becky Dorner & Associates, Inc.
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Emergency and Disaster Planning for Food and Nutrition Services

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Emergency and Disaster Planning for Food and Nutrition Services

A copy of this manual should be kept in a very well-known and easily accessed location in the kitchen or storage area.

Table of Contents

◆ License Agreement and Restrictions	i
◆ Acknowledgments	ii
◆ Table of Contents.....	iv
◆ Chapter 1: Introduction.....	1
Recent Natural Disasters in the United States.....	3
◆ Chapter 2: Regulations Related to Emergency Preparedness	5
Occupational Safety and Health Administration (OSHA) Regulations	6
Federal Nursing Home Regulations.....	7
Long Term Care Facilities: Are You Ready for a Disaster	8
Joint Commission Regulations: Hospitals, Nursing Facilities, Home Care	9
◆ Chapter 3: Disaster Planning and Preparedness.....	10
Overview of Disaster Planning.....	12
Risk Analysis	14
Identify Risks	15
Disaster Planning Flow Chart	16
Emergency Alert Systems	17
Types of Disasters.....	17
Healthcare Facility Fires.....	17
Cooking Safety.....	18
Wildfires.....	19
Hurricanes, Flash Floods and Tornadoes.....	21
Winter Storms (Snow and/or Ice).....	24
Earthquakes	25
Terrorism Events	27
Food and Water/Beverage Terrorism	27
Biological Bioterrorism Agents.....	27
Anthrax	27
Cutaneous Anthrax.....	28
Inhalation Anthrax.....	28
Gastrointestinal Anthrax	28
Botulism.....	28
Foodborne Botulism.....	29
Plague	29
Smallpox.....	29
Chemical Bioterrorism	30
Radiological Terrorism.....	31

Emergency and Disaster Planning for Food and Nutrition Services

Preparing for the Possibility of a Bioterrorist Attack	34
Infectious Agents, Quarantines and Pandemics	35
Planning for Evacuees.....	36
Contingency Plans for Cooking During or After a Disaster	37
Contingency Plans for Communication and Computer Systems	39
Plan for Facility Pets	41
Long-Term Care Facilities: Are You Ready for A Disaster?.....	42
Basics of Planning for a Disaster	42
♦ Chapter 4: Employee Training: Sample Inservice Outlines	43
Inservice 1: Dietary Disaster Plan Overview	44
Inservice 2: Water Purification, Water Supplies	45
Inservice 3: Food Safety and Sanitation During a Disaster.....	46
Employee Training.....	47
Mock Disaster Drill	47
Mock Disaster Drill Evaluation Form.....	48
♦ Chapter 5: During a Disaster	49
Coordination of Emergency and Disaster Plan	50
Evacuation Procedures.....	52
Service Outages	53
Sources of Water and Other Fluids	54
Water Purification	56
Emergency Contacts	59
Passwords and Other Important Information for Department Operations.....	60
Keeping Food Safe During and/or After a Disaster.....	61
Refrigerated Foods - When to Save and When to Discard	63
Frozen Foods - When to Save and When to Discard.....	65
Develop a Plan to Use Perishable Foods	67
Food Safety During a Disaster.....	68
Resource: Minimum Cooking, Holding and Reheating Temperatures	70
Summary Chart for Minimum Food Temperatures and Holding Times for Reheating Foods for Hot Holding	71
Resource: Critical Temperatures for Safe Food Handling	72
Cooling Foods During a Disaster	73
Handwashing/Sanitizing	74
Sanitizing Dishes During a Disaster.....	75
♦ Chapter 6: Disaster Preparedness Forms	76
Location of Needed Items and Information During a Disaster	77
Disaster Responsibilities and Assignment Form.....	79
General Disaster Supplies	80
Sample Letter of Intent for Provision of Emergency Supplies.....	82
Sample Emergency Contact Information Form.....	83

Emergency and Disaster Planning for Food and Nutrition Services

Emergency Refrigeration and Freezer Temperature Monitoring Form	84
Medical Nutrition Therapy Information	85
♦ Chapter 7: Emergency Food and Water Supplies	86
Emergency Food and Water Supplies	87
Resource: Non-Perishable Foods List for Emergency Supply	89
Semi Perishable Foods	90
Emergency Plan Special Diets Conversion Table	91
Meals for Evacuation	92
Suggested Emergency Menu Pattern	93
Sample Menu Shell	94
Suggested Serving Sizes for Starch Portions for Diabetic Diets	95
Sample Emergency Paper Supplies	96
Emergency Water Supply	97
♦ Chapter 8: Emergency Menus and Recipes	99
3 Day Emergency Meal Plan: No Utilities	101
Use Foods in Order of Perishability	102
Suggested Emergency Menu Pattern	103
Sample Menu Shell	104
Sample 3 Day Puree Diet Emergency Meal Plan	105
Suggested Serving Sizes for Starches for Diabetic Diets	106
Menu and Recipes for 3 Day Emergency with No Utilities	107
Menu Notes for 3 Day Emergency Meal Plan: Assumes No Utilities are Available	108
Emergency Food and Water Supplies for 3 Days	110
Emergency Food and Water Supplies for 3 Days for Pureed Diets	111
Day 1 Emergency Meal Plan - Assumes No Utilities	112
Day 2 Emergency Meal Plan - Assumes No Utilities	113
Day 3 Emergency Meal Plan - Assumes No Utilities	114
Deviled Ham Sandwich Recipe	115
Chicken Salad Sandwich Recipe	116
Peanut Butter and Jelly Sandwich Recipe	117
Tuna Salad Sandwich Recipe	118
7 Day Emergency Meal Plan: Assumes Cooking Ability	119
Menu Notes for 7 Day Emergency Meal Plan: Assumes Cooking Ability	120
Sample Emergency Food and Water Supplies for 7 Days	122
Day 1 Emergency Meal Plan - Assumes Cooking Ability	123
Day 2 Emergency Meal Plan - Assumes Cooking Ability	124
Day 3 Emergency Meal Plan - Assumes Cooking Ability	125

Emergency and Disaster Planning for Food and Nutrition Services

Day 4 Emergency Meal Plan - Assumes Cooking Ability	126
Day 5 Emergency Meal Plan - Assumes Cooking Ability	127
Day 6 Emergency Meal Plan - Assumes Cooking Ability	128
Day 7 Emergency Meal Plan - Assumes Cooking Ability	129
Recipes Used in 7 Day Emergency Menus	130
Egg and Cheese Bake	131
Beefy Chili	132
Egg Salad Sandwich.....	133
Potato Egg Bake	134
Chicken Salad Sandwich	135
Easy Beef Stew	136
Peanut Butter and Jelly Sandwich	137
Macaroni and Cheese.....	138
Stewed Tomatoes.....	139
Tuna Salad Sandwich.....	140
Turkey Broccoli Casserole	141
Turkey and Cheese Sandwich	142
Chicken and Noodles.....	143
Ham and Cheese Sandwich	144
Hot Dog on a Bun	145
Baked Beans	146
General Recipes	147
Beefy Macaroni Casserole.....	148
Chicken, Barbecue	149
Chicken and Broccoli Casserole	150
Chicken Tenders.....	151
Meatloaf	152
Pork Chops, Baked.....	153
Pork Chops, Barbecued.....	154
Pork Roast.....	155
Roast Beef Sandwich, Open Faced	157
Tuna Noodle Casserole	158
Turkey, Roasted	159
Noodles, Buttered	160
Pasta	161
Potatoes, Baked	162
Potatoes, Mashed.....	163
Potato Wedges	164
Potatoes, Sweet - Baked, Canned.....	165

Emergency and Disaster Planning for Food and Nutrition Services

Potatoes, Sweet – Baked, Fresh	166
Vegetables, Mixed, Frozen	167
Vegetables, Mixed, Canned.....	168
Fruit	169
Additional Recipe Ideas	170
♦ Chapter 9: Policies and Procedures <i>(The following policies and procedures are taken directly from the 2023 Becky Dorner & Associates, Inc. Policy & Procedure Manual for Food and Nutrition Services in Healthcare Facilities)</i>	171
Emergency and Disaster Planning	172
Role of Food Service Department During an Emergency	175
Back-up for Electronic Files	176
Employee Training	177
Resource: Food and Nutrition Service Disaster Plan.....	179
Coordination of Emergency and Disaster Plan	182
Emergency Contact Information	183
Fire Prevention	184
Resource: Fire Prevention Plan.....	185
Fire Safety Rules	186
Fire Plan for Food and Nutrition Services Department	187
Resource: How to Contain Food and Nutrition Services Department Fires	188
Resource: Helpful Fire Safety Information: R.A.C.E. and P.A.S.S.....	189
Facility Specific Policy and Procedure for Fires	191
Resource: Emergency First Aid	192
Emergency Eye Wash	193
Accident/Incident Report	195
Water Requirements	197
Sources of Water During an Emergency	200
Water Purification	201
Hand Washing During a Disaster	203
Dishwashing Without Electricity	204
Internal Policies	205
♦ Notes from a Disaster Survivor	206
♦ References and Resources	207

Emergency and Disaster Planning for Food and Nutrition Services

Introduction

Disasters and emergency situations of all kinds can have a devastating outcome. Most people who have survived a disaster agree that their chance for survival dramatically increased because they were prepared, knowledgeable, adaptable, and calm during their experience. This manual was written to help assist health care facilities survive a disaster or emergency safely, and to help them provide adequate food and water during and after an emergency event.

This document is intended to provide registered dietitian nutritionists (RDNs), nutrition and dietetic technicians, registered (NDTRs), certified dietary managers (CDMs), directors of food and nutrition services, and other food and nutrition services personnel with detailed information on planning for emergencies. This manual provides information on:

- How to be prepared for different types of disasters.
- How to train staff to be prepared for a variety of emergency situations.
- How to determine needed emergency supplies to have on hand.
- How to ensure adequate and safe water supplies are available.

The manual contains:

- Sample policies and procedures.
- Safe food handling guidelines during a disaster.
- Sample emergency menus, recipes and supplies.

A disaster can strike anywhere and at any time. The key to successfully surviving and moving forward is advanced planning.

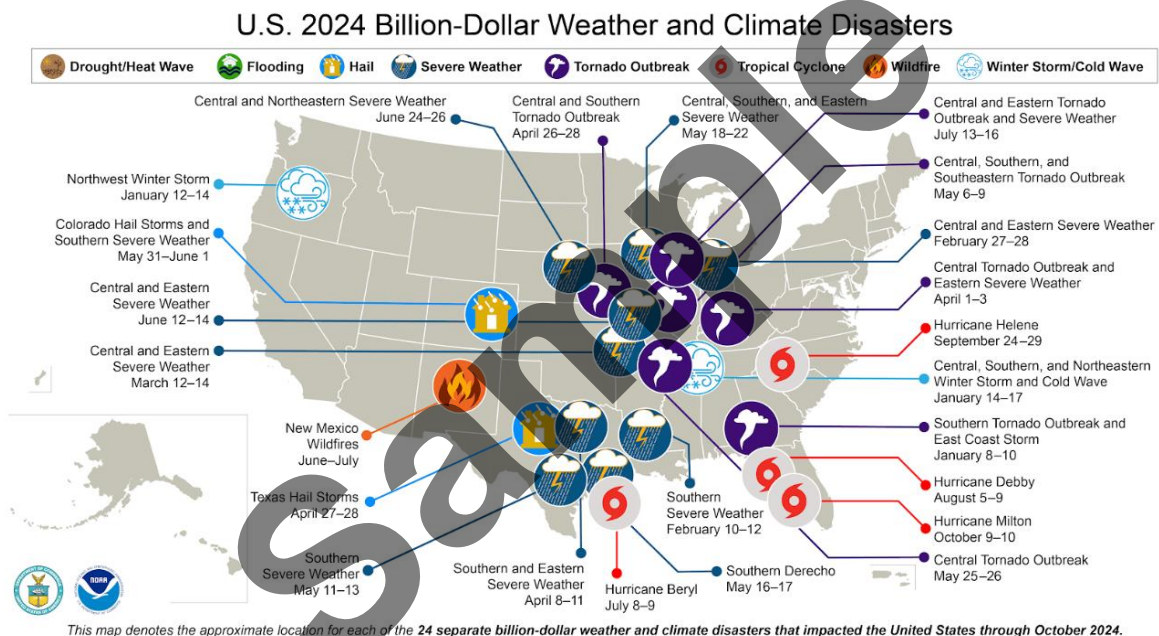
It is important to be familiar with the types of natural disasters that are common in different areas of the country. Hurricanes or snow emergencies usually allow for some preparation but some natural disasters such as earthquakes, tornadoes, or sudden flash floods come without much warning. Some disasters, including fires, terrorist attacks, or explosions can also occur unexpectedly. Other emergencies develop more slowly (for example, the Covid pandemic or other infectious disease outbreaks) and usually require changes in operations to address specific needs of a facility and its patients and staff. Regardless of the type of disaster, it is essential to have a plan of action that has been tested and evaluated and is ready to implement. In preparation for, during, and following a disaster, the Food and Nutrition Services Department should work in collaboration with facility administration, maintenance personnel, life safety officers, infection control specialists, and other facility staff.

Because a disaster could happen at any time, it is imperative to have enough water and food in storage at all times. In the event of a power outage, contaminated water supply, or evacuation, food items should be as simple as possible to prepare and serve and water purification may be necessary.

Recent Natural Disasters in the United States

Prior to the publication of this book, the U.S. experienced a major natural disaster, Hurricane Helene, which created devastation throughout multiple states, resulting in loss of homes, livelihoods and sadly, hundreds of deaths. Through November 1, 2024, there were 24 confirmed weather/climate disasters including severe storms, tropical cyclones, wildfires, and winter storm events, each totaling at least \$1 billion in damage and resulting in a total of 418 deaths.

The number of weather and climate disasters where overall damage/costs reached or exceeded \$1 billion has increased dramatically since 1980. From 1980-1989, the U.S. averaged 3.3 such events each year. From 2010-2019, the average climbed to 13.1 events, and in 2023, the average was 28 events per year. There is no question that these disasters are becoming more intense and will continue to be a concern for many years to come (1). Despite the map depiction below, no state is completely immune to disaster.



In 2023, the southern/midwestern drought and heat wave was responsible for 247 deaths. The central tornado outbreak in Iowa, Arkansas and Tennessee, along with a hailstorm affecting states from Texas to Ohio from March 31 to April 1 were responsible for 33 deaths and over 200 injuries. A tragic firestorm in Hawaii left 100 dead and devastated the historic town of Lahaina. These are just a few of the natural disasters that have occurred in recent history in addition to hurricanes, floods, winter cold and storms, tornadoes, mudslides, and wildfires (2).

In 2020, the COVID pandemic began. COVID-19 is a disease caused by a virus named SARS-CoV-2 which can be very contagious and spread quickly. Over one million people have died from COVID-19 in the U.S. During the COVID-19 pandemic, the U.S. federal government required that skilled nursing facilities (SNFs) close to visitors and eliminate communal activities, including dining. Although these policies were intended to protect residents, they may have had unintended negative effects (3).

Emergency and Disaster Planning for Food and Nutrition Services

Individuals in skilled nursing facilities are older, live in close quarters, and many have dementia or other serious illnesses, all risk factors for more severe manifestations of COVID-19. As of February 2022, individuals residing in nursing homes experienced more than 175,000 COVID-19-related deaths (3).

The enormity of these and other disasters take many by surprise. No matter how well prepared any healthcare facility is, there are many things that cannot be predicted. However, these experiences can be used to learn how to cope with emergencies and how to be ready when disaster strikes.

Notes From a Disaster Survivor

During Hurricane Sandy, I dealt with a facility that was supposed to be "safe" from flooding. However, the kitchen was at ground level in the back of the building. The water rose to the first floor and the entire kitchen was destroyed. The tractor trailer of food in the parking lot was floating and unable to be used! We had 2 cold meals packed at a sister facility about 100 miles away, trucked as far as possible and then taken to the facility by boat. Medical diets did not exist with the bagged meals we provided. The residents and staff were thankful to have food. Once the mobile kitchen arrived, we started with the limited variety emergency menu and progressed to the regular menu once deliveries could be received. It was months before the kitchen was rebuilt and back functioning!

I would like to suggest these questions for people to think about what they would actually do or need to plan for during an actual disaster or emergency situation.

1. What disasters or emergency situations have occurred in your geographic area in the past 10 years, regardless of the impact to your facility or operation?
2. What type of disaster or emergency situations have the *potential* to happen in your geographic area as climate change and social determinants of health evolve?
3. What would you do if your vendor couldn't deliver, and grocery stores were destroyed?
4. What would you do if all electronics (cell phones, computers, etc.) were not able to be used?
5. What would you do if your kitchen was completely destroyed – no equipment or usable food?
6. What would you do if you were an evacuation site for another facility and in a matter of hours every available bed was filled?
7. What would you do if union truck drivers wouldn't cross the picket line of striking workers at your facility?
8. What would you do if the water supply was contaminated or not available?
9. What would you do if all your records/files were destroyed?
10. What would you do if the evening cleaning crew were the only employees in food and nutrition services or if none of your department's employees were on site when a disaster or emergency happened?
11. What would you do if your disaster plan was useless in the situation you face?

Emergency and Disaster Planning for Food and Nutrition Services

Day 1 Emergency Meal Plan – Assumes No Utilities

	Regular/NAS		Minced and Moist/Soft and Bite-Sized		Pureed*		CCHO**		CCHO Pureed*/**	
B R E A K F A S T	Assorted Juice	6 oz.	Assorted Juice	6 oz.	Assorted Juice	6 oz.	**Assorted Juice	6 oz.	**Assorted Juice	6 oz.
	Muffin	1	Soft Muffin, No Nuts	1	Hot Cereal	1 c	**Muffin or Toast	1	Cream of Wheat	1 c
	Dry Cereal	¾ c	Dry Cereal (soft)	¾ c	None		Dry Cereal	¾ c		
	Cottage Cheese (if available)	½ c	Cottage Cheese (if available)	½ c	Yogurt (smooth)	½ c	Cottage Cheese (if available)	½ c	**Yogurt (smooth) (if available)	½ c
	Bananas (if available) or Canned Fruit	¾ c	Bananas (if available) or Canned Fruit	¾ c	Applesauce, smooth	¾ c	Bananas (if available) or **Canned Fruit	¾ c	**Applesauce, smooth	¾ c
	Nutrition Supplement	8 oz.	Nutrition Supplement	8 oz.	Nutrition Supplement	8 oz.	**Nutri Supplement	8 oz.	**Nutri Supplement	8 oz.
L U N C H	Canned Deviled Ham Spread	3 oz.	Canned Deviled Ham Spread	3 oz.	Pureed Canned Beef	#8s	Canned Deviled Ham Spread	3 oz.	Pu Canned Beef	#8s
	Bread	2 sl	Bread	2 sl			Bread	2 sl		
	Canned 3 Bean Salad	¾ c	Canned 3 Bean Salad	¾ c	Pu Cnd Green Beans	#8+16s	Canned 3 Bean Salad	¾ c	Pu Cnd Green Beans	#8+16s
	Vegetable salad	¾ c	Soft Vegetable Salad	¾ c	Pu Canned Corn	#8+16s	Vegetable Salad	¾ c	Pu Canned Corn	#8+16s
	Canned Fruit	¾ c	Canned Fruit	¾ c	Pu Canned Pears	#8+16s	**Canned Fruit	¾ c	**Pu Canned Pears	#8+16s
	Water	8 oz.	Water	8 oz.	Water	8 oz.	Water	8 oz.	Water	8 oz.
D I N N E R	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.	Milk	8 oz.
	Canned Chicken Salad	3 oz.	Canned Chicken Salad, (soft)	3 oz.	Pureed Canned Chicken	#8s	Canned Chicken Salad	3 oz.	Pu Canned Chicken	#8s
	Bread	2 sl	Bread	2 sl			Bread	2 sl		
	Cheese Puffs	1oz	Cheese Puffs	1 oz.	Pu Canned Peaches	#8+16s	Cheese Puffs	1 oz.	**Pu Canned Peaches	#8+16s
	Canned Pickled Beets	¾ c	Canned Pickled Beets	¾ c	Pu Canned Beets	#8+16s	Canned Pickled Beets	¾ c	Pureed Canned Beets	#8+16s
	Mashed Potatoes	¾ c	Mashed Potatoes	¾ c	Mashed Potatoes	#8+16s	Mashed Potatoes	¾ c	Mashed Potatoes	¾ c
H S	Assorted Beverages	8 oz.	Assorted Beverages	8 oz.	Assorted Beverages	8 oz.	**Asst Beverages	8 oz.	**Asst Beverages	8 oz.
	Nutrition Supplement	6-8 oz.	Nutrition Supplement	6-8 oz.	Nutri Supplement	6-8 oz.	**Nutri Supplement	6-8 oz.	**Nutri Supplement	6-8 oz.
	Cereal Bar	1	Cereal Bar (soft)	1	Ready to Eat Pudding	½ c	**Cereal Bar	1	**Ready to Eat Pudding	6-8 oz.
	Water	8 oz.	Water	8 oz.	Nutrition Supplement	8 oz.	Water	8	**Nutri Supplement	½ c

Pu = Pureed *IDDSI Level 4 Pureed CCHO = Controlled Carbohydrate Diet ** = Low in Simple Sugars or per facility policy for residents with diabetes

Note: All liquids offered must be thickened to the ordered consistency.

Note: Goal is a minimum of 2½ cups of vegetables and 2 cups of fruit daily as per MyPlate guidelines if possible.

Emergency and Disaster Planning for Food and Nutrition Services

Water Requirements

Policy:

The facility has a written procedure, which defines the source of water when there is a loss of normal water supply, including provisions for storing both potable and non-potable water and a method for distributing the water. In the event of a loss of utilities, water may be unavailable, or if available, it may be contaminated and in need of purification. In either case, the food and nutrition services department will have an adequate supply of water on hand. This water will be used for cooking, cleaning, drinking and food preparation. Recognizing that suppliers may be unable to deliver immediately, a minimum of a 7 day emergency supply of water on site is recommended. Water should be stored in a cool, dry area away from heat sources.

Procedure:

1. Based on the *Risk Analysis* (see Chapter 1), a minimum of 3 day water supply, and preferably a 7-14 day supply of water, should be available on site. The quantity of water that is needed can be determined by the following calculations:

Suggested Water Requirements:

Type of Water	Amount Needed	Formula	Example (7 day supply) for 100 People
Drinking and Cooking Water	1.0 gallon per person per day**	# of people* X 1.0** gallons X number of days desired = gallons of drinking/cooking water needed	100 people X 1.0 gallon X 7 days = 700 gallons of drinking/cooking water
All-purpose Water	1.0 gallon per person per day	# of people* X 1 gallon X number of days desired = gallons of all-purpose water needed	100 people X 1.0 gallon X 7 days = 700 gallons of all-purpose water

*Include patients/residents, staff, and surge (visitors, evacuees, and rescue workers) as appropriate in estimate of water needed. Include nursing needs as necessary (medication pass, etc.).

**Hot climates can double the amount of fluid needed for drinking. If located in a hot climate area, increase the amount of drinking water accordingly. Adjust the amount of all purpose water accordingly as well. (Again, add extra as noted above in.*)

Note: Please check state and Joint Commissions regulations for specific quantities of water required.

Emergency and Disaster Planning for Food and Nutrition Services

Use of Stored Water Supplies

1. Bottled or distilled water for emergency purposes should be stored and labeled “FOR EMERGENCY USE ONLY.”
2. The nursing department may want to designate a specific amount for nursing procedures such as flushes, sterile dressing uses, or any other nursing procedure needing distilled or sterile water.
3. Staff should be instructed not to use the emergency water supply for any purpose other than an emergency situation.
4. During an emergency, staff should be provided with bottled or canned beverages for drinking.

Keeping Water Supplies Fresh

Rotate or discard water according to the manufacturer's expiration date on the container, then replace emergency water accordingly. Bottled water is expensive so a written plan to use, rotate and replace the water should be part of the disaster plan. Extend the life of water in cans and metal bottles for individual drinking water reduces the frequency of replacement and can be stacked higher to save valuable space to store emergency supplies. It also eliminates the necessity for disposable cups or glasses and the need to pour water before serving.

