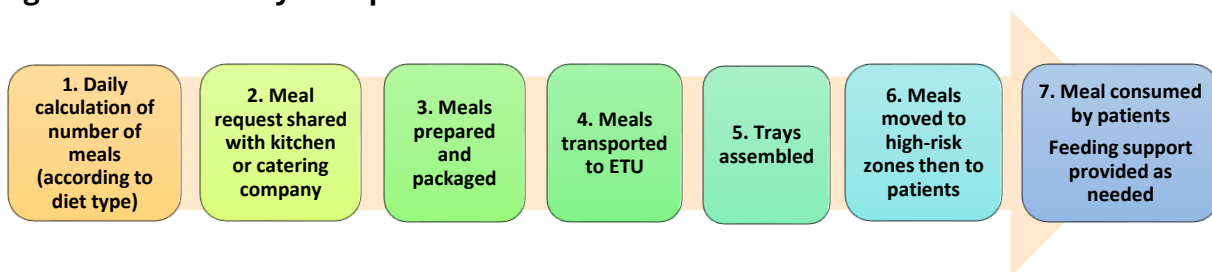


## FAQ Food Systems 1. How should meal preparation and food/drink distribution be managed in ETUs? (ETU food system)

An ETU's food system is the web of activities destined to provide proper nutrition to patients. It includes procurement, preparation, transport, distribution and consumption of food. A well-organized food system provides successful management of patient feeding according to their specific dietary needs.

The nutrition care process outlines the specific sequence of steps that lead to individual patients receiving meals (see FAQ G1). A significant portion of these steps lie within an ETU's food system; this is sometimes referred to as the ETU food chain. See Figure 1 for an example.

**Figure 1. ETU Food system processes / Food chain**



Clear procedures, schedules and distribution of tasks and responsibilities are key to proper food system functioning. Establishing and following such procedures is particularly important in the context of EVD to ensure hygiene measures are respected.

See below for meal scheduling, meal calculation and meal requests. For information regarding where meals should be prepared, see FAQ FS2. FAQ FS3 covers measures to be taken to ensure proper hygiene during meal preparation and FAQ FS4 covers food/drink packaging and transportation to a patient's bedside. Refer to FAQ G3 for special considerations in supporting ETU patients with feeding. And finally, FAQ FS5 provides instructions that can be provided to family/friends of patients wishing to provide food/drinks.

### **When should meals and snacks be served?**

Adults and children  $\geq 2$  years old should be offered 3 meals and 2-3 snacks daily. Meal frequency for children  $< 2$  years old depends on age. Each ETU should establish a daily schedule that best fits its needs, resources, and local habits. See below for meal schedule example. (See FAQs PC2 & PC3 for age-specific dietary recommendations).

**Table 1. ETU meal schedule example<sup>1</sup>**

Age	6h	8h	9h	10h	12h	14h	15h	16h	18h	20h	21h	22h	24h	2h	3h
0-1 months	milk		milk		milk		milk		milk		milk		milk		milk
1-2 months	milk		milk		milk		milk		milk			milk		milk	
2-5 months	milk			milk		milk			milk			milk		milk	
6-23 months *	milk		milk					milk		milk					
		breakfast			lunch		snack		dinner						
Patients >2 years		breakfast		snack	lunch		snack		dinner	snack					

\*Milk and food mealtimes may need to be adjusted according to child's age and sleeping schedule and staff/caretaker availability to provide feeding assistance.

### **How should meals be served?**

Food and drink must be delivered to patients in individual packaging or disposable containers. (See FAQ FS4 for food/drink packaging).

Either single use (disposable) or regular (reusable) utensils can be used. If single use, they must be treated as infectious waste and disposed of according to the facilities protocols for managing infectious waste. If reusable, they must be kept on the patient's ward and dedicated to a single patient, and establish a procedure for cleaning the utensils between use. Once the patient is discharged the utensils may be decontaminated for reuse or disposed of as infectious waste depending upon facility resources and capacity for safe and effective decontamination.<sup>2</sup>

### **How to calculate and request the total number of meals required daily?**

Meal requests should be created each day for meals that will be required on the following day. It can be helpful to plan for a few additional meals for each diet type to accommodate immediate needs as well as new admissions, requests for changes in diet type or additional meals.

During daily rounds, the medical team should designate the type of diet that each patient will receive (none, liquid, semi-solid, solid). In most cases, this is the diet that the patient will start to receive on the following day (with any additional instructions for the same day). This should be clearly recorded on patient's record or another designated place.

After rounds, diet prescriptions should be collected and compiled into a daily meal request form. Meal requests for kitchen or catering companies should include the number of patients according to:

- Age group (children <1 month, 1-2 months, 2-3 months, 4-5 months, 6-11 months, 12-23 months, 24-59 months, 5-10 years, 11-18 years, adults ≥18 years, pregnant and lactation women)
- Diet consistency (liquid, semi-solid, solid)

After being compiled, meal request information should be transferred from a member of the medical team in the high-risk zone to the nurse station in the low-risk zone, where a new daily meal request form should be filled out. Information can be transferred verbally (at the high-risk fence) or virtually (via photograph or scan).<sup>3</sup>

It may be helpful to have a specific section of the meal request form for meals that are prepared separately from standard meals (principally milk for infants and young children or liquid meals using sip feeds). This is especially important when using a catering service, as milk and sip feeds should be prepared on the ETU site. By a designated time in mid-afternoon, the daily meal request form should be validated and shared with the kitchen or catering company.

### References

1. GOAL. *International Package of Tools and Protocols for Ebola Treatment Units.*; 2014.
2. World Health Organization, World Food Programme, United Nations Children's Fund (UNICEF). *Interim Guideline: Nutritional Care of Children and Adults with Ebola Virus Disease in Treatment Centres.* World Health Organization; 2014.
3. Ministry of Health and Social Welfare, Republic of Liberia. *Guidelines on Nutritional Care and Support for EVD Patients in Treatment Units and Care Centers - A Practical Guide for Implementing Agencies Involved in the Management and Treatment of EVD in Liberia.*; 2014.