

## FAQ Food Systems 2. Where should ETU meals be prepared?

### To outsource or not?

ETU patient meals may be prepared directly on the ETU site or outsourced and transported to the ETU site ('catered'). When meal preparation occurs on-site, the kitchen and ingredient procurement are generally under the direct responsibility of the organization managing the ETU.

Many factors contribute to deciding which system of meal provision to use. Each has advantages and disadvantages; see Table 1.

**IMPORTANT: Whatever decision is taken, this must be made fast and efficiently as soon as possible in the outbreak and if there are any foreseeable delays in supplying food for patients (or health care workers) then stop-gap/contingency plans must also have been thought through. The best way to avoid delays or other obstacles in supplying food is to make these decisions and carry out the accompany preparatory actions BEFORE an outbreak as part of emergency preparedness plans.**

**Table 1. Advantages and disadvantages of ETU meal procurement options**

Source of meals	Advantages	Disadvantages/barriers
<b>Prepared onsite</b>	<p>Better oversight and control over the quality of food and hygiene practices used during food preparation</p> <p>Greater choice of ingredients and menus</p> <p>More flexibility in meeting patients' needs in terms of:</p> <ul style="list-style-type: none"> <li>- Mealtimes</li> <li>- Foods offered</li> </ul>	<p>Requires setting up a full-sized kitchen (time, space, budget)</p> <p>Requires recruiting, training, and managing kitchen staff</p> <p>Requires technical expertise (including hygiene control)</p>
<b>Outsourced ('catered')</b>	<p>Fewer human resources to hire and manage</p> <p>May be easier to provide culturally appropriate meals using local products</p>	<p>Transport to ETU not always provided</p> <p>Limited choice of available catering services (may impact quality and price)</p> <p>Small kitchen corner still required at ETU site (see below)</p>

Factors to consider when deciding which option to employ:

- Urgency and time required to set up a full kitchen and hire/train essential staff
- The ETU site and whether there is space for a full kitchen
- Ability to recruit essential kitchen staff (including availability)
- Size of the ETU (expected number of meals required daily)

- Availability of catering services (including location, quality, cost, meal options)
- Whether catering service will transport food to ETU
- Local/national regulations
- Most cost-effective option (dependent on the specific context and factors above)

Important points to consider, regardless of which option is used:

- Time between food preparation and arrival to patient's bedside should be short (to ensure proper food hygiene - see FAQ FS4).
- Meals must be individually packaged prior to being transported into the high-risk zone and to patients' bedsides. If food is catered: individual packaging can be done off-site where food is prepared, or food can be transported in bulk to the ETU and individual packaging can be done onsite.
- A nutritionist should be involved in preparing and selecting menus (whether on-site or giving remote support).
- Food hygiene is essential and quality control measures should be implemented and actively monitored (see FAQ FS3).

A hybrid option for food preparation may be possible. An example is using a catering service that prepares meals at or in very close vicinity to the ETU. Another option might be to use a catering service for solid and semi-solid meals but prepare liquid meals on-site.

Some countries have strict rules and regulations on food systems and food safety, and for contracting and tendering caterers for institutionalized residents, such as hospitalized patients. It is essential to inquire regarding these rules and regulations and to work with local authorities when setting up an ETU food system.

### ***Kitchen corner and tray assembly area***

Whether meal preparation is outsourced or managed onsite, each ETU should have the capacity to prepare or warm up small meals or milk; adapt meals for specific dietary needs (e.g., electrolyte imbalances); provide snacks (daytime and nighttime); and prepare special nutritious products that require reconstitution (e.g., therapeutic milk).

Thus, at minimum, each ETU should have a small '**kitchen corner**'. It must have a fridge, a stove or microwave, hand washing sink, and easy access to potable water. Other material to be included: kitchen utensils, pots/pans, electric kettle, bowls, cups, working tables, small desk and chair, whiteboard, shelves, lockable cupboard(s), garbage bin. Disinfectant and cleaning supplies for food preparation must be present as well as a cleaning of food preparation area. It is essential for this to be kept in mind during ETU planning, to ensure adequate budget and space are allocated.

ETUs must also have a dedicated area for packaging food and preparing it for transport to individual patients, which is called a '**tray assembly area**'. This generally requires 1-2 large tables, shelves for placing food waiting to be packaged and/or placed on trays, shelves for assembled trays, and a whiteboard.