

FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
Menu Planning and Snacks			
POLICY:	Cycle menus will be planned according to current legislation and established standards.		
PURPOSE:	To ensure that food served is safe, attractive, palatable and meets the nutritional requirements of the residents.		
ADULT CARE REGULATION:	7.3(1)(a-e) , 7.3(2) , 7.3 (3)(a-d) 7.4(1)(d), 7.6(1)(a-c), 7.11 (b)		
PROCEDURE:	1.	See page 11-24 of Meals and More	
	2.	(House Supervisor, Dietitian etc) will develop a (insert number here, must be minimum 4 week) week cycle menu with input from the residents, families/advocates, staff and annual resident satisfaction survey or consumption audit (as required in Adult Care Regulation 7.8 “Audit Program”).	
	3.	When choosing items, consider food preferences, costs, availability of seasonal foods, religious practices, cultural customs, and social needs.	
	4.	Menus should include the date, all snacks and beverages, and regular portion sizes.	
	5.	The menu should meet minimum daily requirements of Canada’s Food Guide for Healthy Eating. Each day should contain at least: <ul style="list-style-type: none"> • 5 servings of Grains • 5 servings of Fruits and Vegetables • 2 servings of Milk/Dairy • 2 servings of Meat/Alternates 	
	6.	Other considerations when choosing menu items: <ul style="list-style-type: none"> • Choose locally grown and BC grown foods as often as possible • Limit foods high in fat • Limit foods high in salt • Choose foods high in fibre • Choose foods high in calcium • Minimum of 1,500 mL/day of non-caffeinated fluids • Minimum of two snacks/day, one of which must be provided in the evening • Choose menu items so there is a variety of sizes, shapes, colours, textures, flavours and forms (ie raw and cooked) • 4 week cycle should have at least 20 different dinner items unless residents request certain meals more often 	
	7.	Brunch may be served on weekends – menus still must meet the requirements in # 5 and 6.	

PROCEDURE CONTINUED:	8.	Seasonal menus should be implemented (Spring/Summer and Fall/Winter) to increase variety, decrease costs by having more foods in season and respond to residents' needs.
	9.	Menu substitutions should be made within the same food group and provide similar nutritional value. <i>Insert one of the following statements. These substitutions must be recorded on the menu. or These substitutions must be recorded on the separate menu substitution record. or Separate menu substitution records are not necessary if intake records are recorded daily.</i>
	10.	Menus should also include special meals for holidays, birthdays, theme days and special events. Record these changes on the menu substitution record.
	11.	Menus and menu substitutions must be recorded and kept for at least one year.
	12.	A minimum of 2 snacks must be provided, one of which must be in the evening. Snacks should include at least 2 food groups, including a beverage. For snack ideas, see Meals and More pg 29-30.
	13.	Snacks must be listed on the menu or on a separate snack list.
	14.	<i>Insert specific snack availability information here: Snacks are available (list times and or what is available) ie snacks are available at all times, snacks are available in the afternoon and evening, beverages are available 24 hours a day etc. Insert information for staff such as "Staff are to ask residents if they wish to have a snack at these times" or "residents are able to help themselves to snacks".</i>
	15.	Menus must be sent to the dietitian and/or licensing nutritionist for evaluation. <i>Insert home's dietitian name and contact info and/or licensing nutritionist name and contact info if applicable</i>
	16.	For residents with special dietary needs, see "Provision of therapeutic diets/specialized menu" and their nutrition care plan.
	17.	Menu checklist audit (on page 139 of Meals and More) should be done yearly as per audit schedule or whenever the menu has been significantly changed.
RESOURCES:		<ul style="list-style-type: none"> • Canada's Food Guide • BC Food Guide • Examples of serving sizes • Sample menu format • Sample separate snack menu • Menu checklist (page 139 of Meals and More) • What's in season when • Menu substitution record (pg 19 of Meals and More)

FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
When to Obtain the Services of a Dietitian			
POLICY:			
The Dietitian will be notified, in a timely and effective manner, when a new resident arrives (if facility has a regular dietitian) and when a resident's condition changes in a way that impacts his/her nutritional health and well-being.			
PURPOSE:			
To ensure that the Dietitian is notified of changes in the status of individual residents so that the appropriate nutritional intervention can be initiated and monitored by the Dietitian.			
ADULT CARE REGULATION:			
7(2)(a)(b)			
PROCEDURE:			
	1.	The (insert specific person responsible, such as key worker, manager etc) will use the Nutrition Screening form "When to obtain services of a registered dietitian nutritionist" on page 69 of Meals and More to determine if a resident needs to be referred to a dietitian.	
	2.	The (insert specific person responsible, such as key worker, manager etc) should complete the screening form annually when nutrition care plans are updated, or sooner if there are new diagnoses or any new concerns that affect the nutrition of a resident such as:	
		<ul style="list-style-type: none"> • Significant weight change • Underweight • Fluid only for more than 72 hours • Tube fed • Skin breakdown/pressure ulcers • Difficulty swallowing/chewing • Any diet change, including texture modification • Chronic infection (e.g., Respiratory, Urinary Tract, Skin, etc.) • Condition with nutritional implications (e.g., Anemia, Anorexia Nervosa, Bone Fracture, Bulimia, Cancer, Chronic Obstructive Pulmonary Disease, Colostomy, Congestive Heart Failure, Crohn's Disease, Dementia, Depression, Diabetes, Gastric Reflux, Liver Failure, Prader-Willi, Renal Failure, Trauma, Surgery, etc.) • Daily medication for treatment of constipation • Inability to feed self • Intake from one of the four food groups severely restricted (see Canada's Food Guide to Health Eating) 	

Food and Nutrition Policies for Group Homes less than 24 beds

Simon Fraser and South Fraser Health Regions

September 2001

Adapted with permission from "Food & Nutrition for Quality Care: A Policy & Procedure Manual" VRHB May 1999

		<ul style="list-style-type: none"> • Lab values with nutritional implications outside of normal range (e.g., Cholesterol, Ferritin, Hematocrit, Hemoglobin, HemoglobinA1C, Potassium, Prealbumin, Sodium, etc.) • Ongoing diarrhea, nausea, vomiting • Poor appetite (usually eating less than half at meals) • Poor fluid intake (less than 30 mL/kg body weight) • Takes longer than 30 minutes to finish eating a meal
PROCEDURE CONTINUED:	3.	<p>If the nutrition screening tool score is greater than 5, the dietitian should be contacted within 1 day. If the dietitian is unavailable, contact <i>insert here HSCL nurse or OT, physician etc. If applicable, the name of specific forms to be used ie “dietitian referral requisition” etc.</i> Also check the resident’s nutrition care plan to see if there are specific instructions regarding when to contact the dietitian.</p> <p style="text-align: center;">Insert Dietitian name and contact # (ie Facility dietitian, HSCL dietitian) or “See contact page for dietitian”</p>
	4.	<p>If the home does not have a regular dietitian, contact the licensing nutritionist who can refer to where dietitian services can be obtained.</p> <p style="text-align: center;">Insert licensing RDN name and contact # or “See contact page for licensing nutritionist”</p>
	5.	<p>The dietitian (<i>and/or physician or HSCL nurse etc if the dietitian is unavailable</i>) should also be contacted if there is a change in nutrition status that is not on the screening tool but team members feel requires intervention.</p>
	6.	<p>If the nutrition screening tool is less than 5, the services of a dietitian are not necessary at this time. Repeat the nutrition screening tool at the next nutrition care plan review or sooner if the resident’s condition changes as listed in # 2.</p>
RESOURCES:		Meals and More page 69 screening tool

FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
Emergency Food Plan			
POLICY:			
The facility will have (<i>minimum of three</i>) days of emergency food service supplies on site at all times for ___ <i>residents and</i> ___ <i>staff</i> (<i>insert your numbers here</i>). The supplies will be rotated on a regular schedule to maintain acceptable quality and the food items will be used as regular menu items every 6 months or prior to the expiry dates.			
The supplies will be stored in (<i>specify where items will be stored in your facility ie: in a clean, safe, weather safe and accessible location</i>).			
PURPOSE:			
To ensure that a safe and adequate supply of appropriate items is available to meet the nutrition needs of residents and staff during an emergency.			
ADULT CARE REGULATION:			
CCFA 8 (c)			
PROCEDURE:			
1.	Review Meals and More page 57.		
2.	The (<i>manager or designate</i>) creates an emergency menu and an emergency food supplies list based on the menu. (<i>See sample attached- do calculations for correct amount of food for your facility needs</i>).		
3.	All residents will be provided with a general diet and regular textured food with the exception of residents with food allergies, dysphagia and any other special diet that is required to maintain a resident's health and safety. Menu planning principles: <ul style="list-style-type: none"> • Use liquids from canned fruits and vegetables for cooking and/or drinking • Use perishable food before non-perishable food Use refrigerated food first, frozen food next and then dry food		
4.	The (<i>manager or designate</i>) modifies the menu for residents on pureed and/or special diets or who have food allergies.		
5.	The (<i>manager or designate</i>) modifies the emergency menu modifications at least (<i>quarterly</i>), in order to ensure that it reflects the special diet needs of the current residents.		
6.	The facility stores (<i>a minimum of 3 litres</i>) per person per day (eating and drinking)- (6 litres would be essential for comfort).		
7.	Food supplies are stored in metal and plastic containers in (<i>identify location here</i>).(The area should be away from areas of high humidity or heat, combustible materials, strong odours or chemicals and which is free form pests, is structurally sound, easily accessible and close to a ground floor exit.)		
8.	Staff will be reallocated as necessary by (<i>the manager or designate</i>) to provide adequate meal service in the event of an emergency.		
RESOURCES:		<ul style="list-style-type: none"> • Emergency Food Supplies List (sample) 	

EMERGENCY FOOD SUPPLIES LIST (SAMPLE)

The following quantities are based on 4 residents and 4 staff members, and are based on the Emergency Menu sample, attached:

ITEMS	PORTION SIZE	3 DAY SUPPLY
<u>MILK:</u> UHT milk Powdered Milk	120 ml	16 X 1L 1.25 kg
<u>COFFEE/TEA:</u> Instant Coffee Tea Bags Coffee whitener Sugar Sugar Replacement		2 X 200 gms 36 – 40 bags 50 gm 1 kg 12 individual packets
<u>JUICES:</u> Tetra Paks: 1. Apple Juice 2. Orange Juice 3. Cranberry Juice	120 ml (4 fl oz) 120 ml (4 fl oz) 120 ml (4 fl oz)	3 X 1L 3 X 1L 3 X 1L
<u>WATER:</u>		17 X 12 L
<u>SOUP:</u> 1. Pea (Habitant) 2. Cream of Mushroom** 3. Vegetable Beef**	180 ml (6 fl oz) 180 ml (6 fl oz) 180 ml (6 fl oz)	3 X 796 ml cans 3 X 540 ml cans 3 X 540 ml cans
<u>CEREALS:</u> 1. Branflakes 2. Cornflakes 3. Raisin Bran	125-175 ml 125-175 ml 125-175 ml	475 ml box 525 ml box 775 ml box
JAM AND PEANUT BUTTER: 1. Strawberry jam 2. Marmalade 3. Peanut Butter	15 ml (1 tbsp) 15 ml (1 tbsp) 30 ml (2 tbsp)	375 ml plastic jar/tin 375 ml plastic jar/tin 500ml – 1L plastic jar
<u>MARGARINE:</u> Soft margarine		1 kg

Adapted with permission from Food & Nutrition for Quality Care: A Policy and Procedure Manual and accompanies the Emergency Menu sample.

** Ready- to- eat varieties

EMERGENCY FOOD SUPPLIES LIST (SAMPLE)

The following quantities are based on 4 residents and 4 staff members, and are based on the Emergency Menu sample, attached:

ITEMS	PORTION SIZE	3 DAY SUPPLY
<u>BREAD/CRACKERS/COOKIES</u>		
1. Bread	2 slices	5 loaves
2. Soda crackers	4 crackers	2 X 450 gm
3. Digestive cookies	2 cookies	2 X 350 gm
4. Graham crackers	2 cookies	2 X 454 gm
5. Arrowroot biscuits	2 cookies	2 X 350 gm
<u>MAIN ENTRÉE:</u>		
1. Tuna (canned) *	90 g (3 oz)	5 X 170 gm cans
2. Beef Stew (canned) *	184 gm (8 oz)	3 X 680 ml cans
3. Chicken (canned) *	90 gm (3 oz)	3 X 184 gms cans
4. Macaroni and Cheese (dry)	180 gm (6 oz)	4 boxes
5. Pork and beans (canned) *	254 gm(8 oz)	4 X 796 ml cans
6. Chicken Stew (canned) *	184 gm (8 oz)	4 X 540 ml cans
<u>FRUIT/VEGETABLES:</u>		
1. Pineapple Tidbits (canned)	60 ml (2 fl oz)	2 X 540 ml cans
2. Applesauce (canned)	120 ml (4 fl oz)	7 X 142 ml cans
3. Pumpkin (canned)	120 ml (4 fl oz)	1 X 796 ml can
4. Fruit cocktail (canned)	120 ml (4 fl oz)	1 X 796 ml can
5. Sliced beets (canned)	60 ml (2 fl oz)	2 X 398 ml can
6. Peaches (canned, diced)	120 ml (4 fl oz)	1 X 796 ml can
7. Peas (canned)	120 ml (4 fl oz)	4 X 284 ml cans
8. Green beans (canned)	120 ml (4 fl oz)	4 X 284 ml cans
9. Pears (canned, diced)	120 ml (4 fl oz)	4 X 398 ml cans
<u>PUDDINGS:</u>		
1. Tapioca (portions)	99 ml (3.5 fl oz)	8 X 99 ml (3.5 oz)
2. Butterscotch (portions)	99 ml (3.5 fl oz)	8 X 99 ml (3.5 fl oz)
3. Vanilla (portions)	99 ml (3.5 fl oz)	8 X 99 ml (3.5 fl oz)
<u>MISCELLANEOUS:</u>		
1. Dried raisins		1 bag of 14 boxes
2. Cheese spread *		1 jar (plastic)
3. Mayonnaise *		1 jar (plastic)
4. Relish (sweet)		1 jar (plastic)

*needs refrigeration as soon as container is opened

Adapted with permission from Food & Nutrition for Quality Care: A Policy and Procedure Manual

EMERGENCY MENU (SAMPLE)

MEAL	DAY 1	DAY 2	Day 3
Breakfast	Juice UHT milk Cold cereal Bread Peanut Butter Jam Tea/Coffee (optional)	Juice UHT dmilk Cold cereal Bread Cheese spread Jam Tea/Coffee (optional)	Juice UHT milk Cold cereal Bread Peanut butter Jam Tea/Coffee (optional)
Snack	Juice/Water	Juice/Water	Juice/Water
Lunch	Juice Pea Soup Crackers Tuna Sandwich Pineapple tidbits Tapioca Pudding	Juice Cream of Mushroom soup Crackers Chicken salad sandwich Sliced beets Canned peaches	Juice Vegetable beef soup Crackers Pork and beans Bread + margarine Butterscotch pudding
Snack	Juice/Applesauce	Juice/Raisins	Juice/Applesauce
Supper	Juice Beef Stew Pumpkin Bread + margarine Fruit cocktail	Juice Macaroni + cheese Peas Bread +margarine Vanilla pudding	Juice Chicken stew Green beans Bread +margarine Pears
Snack	Juice Digestive cookies	Juice Graham Crackers	Juice Arrowroot biscuits

Serve residents on pureed diets: cereal, crackers, cookies or crustless bread soaked in liquid; canned pureed meat, pudding, pureed fruits and pureed vegetables. Mash regular food items well, if using. Provide tomato or nectar juices to residents who need thickened fluids.

Ensure that there is an adequate supply of enteral formula for residents who are on enteral feedings (tube feedings).

FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
Use of Leftovers			
POLICY:	Leftovers will be stored and used in a manner that preserves the food's nutritive value and safety and in a manner which offers variety, appeal and texture to residents.		
PURPOSE:	To provide safe, quality and nutritious foods to residents.		
ADULT CARE REGULATIONS:	7.10 7.11		
PROCEDURE:	1.	Leftover food products, which have been cooked for residents meals must be refrigerated immediately after first use (within 2 hours). Food that has been served must be discarded.	
	2.	<p>(Staff) store safe and acceptable leftover food properly for use in future meal production. Products should be labeled and dated.</p> <ul style="list-style-type: none"> • If product is being held in the refrigerator, the 'use before' date is within (3 days maximum). • If product is being held in the freezer at less than -18C, the 'use before date' can be determined by following the chart attached. See chart also for a listing of appropriate foods to freeze and to use as leftovers. 	
	3.	Leftovers are reheated only once. After reheating, any further leftovers must be discarded.	
	4.	Review standardized recipes and portion sizes regularly. (See policy on Standardized Recipes and Portion Sizes)	
	5.	Review Meals and More manual, pages 51-53 for further information on food safety.	
RESOURCES:		<ul style="list-style-type: none"> • Guidelines for Storage of Frozen Food Products • Guidelines for Storage of Refrigerated Food Products 	

FACILITY NAME:			
SECTION:	Nutritional Care	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
Nutritional Assessments/Nutrition Care Plans			
POLICY:	<p>The (<i>dietitian, key worker, residential director, manager</i>) will conduct and document nutritional assessments in the health care record for each new resident, within two weeks of admission. The nutritional assessments will be reviewed on a regular basis.</p> <p>Nutrition Care Plans will be developed from the nutritional assessment using a team approach. The team will implement, monitor and evaluate the effectiveness of nutrition care plans.</p>		
PURPOSE:	To ensure optimal, individualized nutritional care for all residents.		
ADULT CARE REGULATIONS:	7.1 (a-e); 7.2; 7.3; 7.7 (1a-d); 7.9		
PROCEDURE:	1.	<p>Gather information from the health care record, resident binder, resident, family, previous care provider to complete the nutritional assessment tool (Meals and More manual pg 78, 79). Use the Nutrition screening form on page 69 of Meals and More, "When to obtain the services of a registered dietitian nutritionist" to determine if the resident needs to be referred to a dieitian.</p>	
	2.	<p>Develop a nutrition care plan, identifying nutritional concerns, interdisciplinary interventions and realistic, resident-focused, measurable goals (Meals and More pg 65-80).</p>	
	3.	<p>Communicate resident's nutritional needs to all team members using (<i>facility communication tools</i>). Update as necessary.</p>	
	4.	<p>The nutrition care plans will be updated for each resident at least annually or sooner if necessary (ie change in medication, change in diagnosis, change in nutritional needs, illness). Review will include data obtained from resident, staff, meal time observations, lab/test results that have been completed since the last review, weight records, medication orders and other relevant data on the health care record.</p>	
	5.	<p>Team evaluates the outcome of nutritional care as directed by the nutrition care plan, and the team updates the plan. If nutrition goals were unmet, evaluate goals and actions. If goals were met, set new goals.</p>	
RESOURCES		<ul style="list-style-type: none"> • Meals and More page references: • Nutrition Assessment Tool- Pages 78,79 • Nutrition Screening Tool- page 69 • Nutrition Care Planning- Pages 65-80 	

FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE: RESIDENT REFUSAL TO EAT and/or DRINK			
POLICY:	Residents will be allowed to eat in a dignified and respectful manner. Staff will provide assistance when the offer of help is accepted by a resident. Forced feeding will not be conducted.		
PURPOSE:	To provide facility staff with an action plan to implement when a resident refuses to eat.		
ADULT CARE REGULATIONS:	7.1 (d), 7.7 (1a); 7.3 (2)		
PROCEDURE:	1.	Document resident's refusal to eat and/or drink in the resident's (chart/binder).	
	2.	Continue to bring resident to dining area, at meal times for socialization. Continue to serve resident's meal.	
	3.	Prompt gently to eat. Offer assistance. Where appropriate discuss refusal with resident.	
	4.	Discuss eating pattern at a team meeting. Include resident and family as able. Modify Nutrition Care Plan to address the issues discussed. Modify the 'meal time guidelines' section of the Nutrition Care Plan as necessary.	
	5.	Use the Nutrition screening form "When to obtain services of a registered dietitian nutritionist" on Page 69 of Meals and More to determine if the resident needs to be referred to a dietitian.	
	6.	If refusal to eat continues for more than 72 hours, contact (HSCL nurse/dietitian/physician) . Continue to document food intake/refusal after each meal and snack.	
	7.	Record fluid intake to avoid dehydration.	

FACILITY NAME:			
SECTION:	Nutritional Care	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE: Resident Refusal to follow a Designated Meal Plan			
POLICY:	Residents will be allowed to eat in a dignified and respectful manner.		
PURPOSE:	To provide facility staff with an action plan to implement when a resident refuses to follow a designated meal plan.		
ADULT CARE REGULATIONS:	7.1 (d); 7.7 (1a)		
PROCEDURE:	1.	Document resident's refusal to follow the meal plan in the resident's (chart/binder) .	
	2.	Continue to offer the meal plan/diet as indicated in the resident's nutrition care plan.	
	3.	Try to determine the reason for the refusal to eat. Where appropriate, discuss meal plan with resident and the importance of following the special diet.	
	4.	Discuss resident's eating pattern at a team meeting. Include resident and family as able. Modify Nutrition Care Plan to address issues discussed. Modify the 'meal time guidelines' section of the Nutrition Care Plan as necessary. Monitor weight, and lab results for resident's whose diagnosis has specific nutrition related implications (eg- diabetes, high cholesterol, high blood pressure, Crohn's disease, etc). Contact residents physician as necessary.	
	5.	Use the Nutrition screening form "When to obtain services of a registered dietitian nutritionist" on Page 69 of Meals and More to determine if the resident needs to be referred to a dietitian. (see policy on "When to obtain the services of a dietitian")	
	6.	Continue to document food intake/refusal after each meal and snack.	
RESOURCES		<ul style="list-style-type: none"> Meals and More page 69 	

FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
Resident Participation in Foodservice Activities			
POLICY:	The facility will encourage residents to participate in Food Service activities, whenever possible and when indicated in the resident's Nutrition Care Plan.		
	The facility will ensure that a resident participating in food service activities is adequately supervised.		
PURPOSE:	To promote resident involvement and to maintain and promote skills of daily living. To ensure resident safety. To ensure that food is safely prepared and handled.		
ADULT CARE REGULATIONS:	7.9(1)(2)		
PROCEDURE:	1.	Interdisciplinary Team (<i>insert specific people responsible such as key worker, manager etc</i>), family and resident determines resident's interest and ability to participate in Food Service activities including menu planning and meal preparation. <i>Add here if there are regular menu planning sessions or times when residents can have input (ie residents will help with menu planning at monthly meeting etc)</i>	
	2.	(Team member) documents this information in the resident's chart.	
	3.	(Staff) make the appropriate arrangements to accommodate resident participation in these activities, and includes as part of the resident's nutrition care plan.	
	4.	(Staff) ensure that residents are adequately supervised. <i>Add how much supervision required (ie Jim can prepare meals alone, Jane must have at least 1 staff present, etc)</i>	
		<i>Add specific instructions here:</i> <i>ie -residents to wash hands before preparing food (ie refer to policy on "safe food practices"</i> <i>-list specific chores residents may have or how much they participate (ie residents will help set up table, help clear dishes)</i> <i>-clearly list who makes their own meals (ie Jim and Susan will pack their own lunches, Jane will help choose what to pack for her lunch)</i> <i>-limitations (ie not allowed to use knives or certain equipment, knives are kept in locked drawer etc)</i> <i>-add if there are any specific special activities where they participate (ie residents participate in baking club once a month)</i>	

FACILITY NAME:			
SECTION:	Food Production	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:	Safe Food Practices		
POLICY:	Staff and residents will observe safe food practices. <i>(All staff hold a current FoodSafe Level 1 certificate- insert the minimum requirements for your facility.)</i>		
PURPOSE:	To ensure that all food items prepared and served are safe for eating.		
ADULT CARE REGULATIONS:	7.10		
PROCEDURE:	1.	See pages 53-56 of Meals and More, on Food Safety Tips .	
	2.	Staff and residents follow good hygiene practices and wear clean clothing.	
	3.	Staff and residents do not wear dangling jewelry, rings with stones, nail polish or artificial nails.	
	4.	Staff and residents should wash their hands thoroughly upon entering the kitchen to prepare food and then after any chance of contamination. For example, after : <ul style="list-style-type: none"> • Cleaning dirty dishes/tables/chairs • Eating • Handling raw food items • Scratching • Smoking • Sneezing/coughing • Touching another person • Touching his/her hair • Using the washroom 	
	5.	Staff and residents will ensure that all cuts, rashes and sores are covered (finger cots/rubber gloves/effectively) before handling any food items. (Staff and residents with cuts, rashes and sores on their hands will not prepare food or come in contact with food surfaces.)	
	6.	Staff and residents with uncontrolled coughing/sneezing, or who have experienced vomiting or diarrhea within the last 48 hours are not permitted to assist in the kitchen.	
	7.	Staff and/or residents clean and sanitize all food contact surfaces when soiled, using a solution of (1oz of chlorine per gallon of water or other approved sanitizer).	
	8.	Staff and/or residents use cleaned and sanitized utensils and cutting boards for raw meats, vegetables and ready to eat and cooked foods. (Insert specifics about your facility's cutting board system. Example: Use a separate cutting board for raw meats and other foods.) Utensils and cutting boards are maintained in good condition.	
	9.	Qualified person provides in-services on foodborne illness to all staff.	

Food and Nutrition Policies for Group Homes less than 24 beds

Simon Fraser and South Fraser Health Regions

September 2001

Adapted with permission from "Food & Nutrition for Quality Care: A Policy & Procedure Manual" VRHB May

1999

FACILITY NAME:	
SECTION: Menu & Meal Service	EFFECTIVE DATE:
APPROVED BY:	REVIEW DATE:
TITLE: <p style="text-align: center;">Provision of Specialized, Therapeutic or Textured Modified Menus</p>	

POLICY: Modifications to the cycle menu will be made to ensure that special nutritional needs are met.

PURPOSE: To ensure that food served is safe, attractive, palatable and meets the nutritional requirements of the residents.

**ADULT CARE
REGULATION:** 7.3 (1) (c) (d) (e)

- PROCEDURE:**
1. See page 89-115 of Meals and More.
Specialized, therapeutic or textured modified menus will follow the same guidelines as noted in the policy "Menu Planning and Snacks"
 2. Specialized, therapeutic or textured modified menus should be as similar as possible to the regular cycle menu.
 3. Residents on special diets should be assessed and monitored by the dietitian and their physician should be aware.
 3. Specialized menus may include:
 - Vegetarian

Therapeutic menus may include:

 - Dysphagia (thick fluids) (MM pg 97-98, 118-121)
 - Cholesterol lowering (MM pg 100-102)
 - Diabetic (MM pg 103-106)
 - Low fat/weight control (MM pg 115-117)
 - Low salt (MM pg 113-115)
 - Weight gain (MM pg 109-112)
 - High or low fibre (MM pg 107-108)
 - Clear fluids
 - Others as defined by the dietitian, OT or physician

Texture modifications may include:

 - Cut up/Finger Foods (MM pg 90)
 - Minced moist (MM pg 91-93)
 - Puree (MM pg 94-96)

- Soft
- Others as defined by the dietitian, OT or physician

**ARE THESE DEFINITIONS
REQUIRED OR SHOULD
ALL SPECIAL MENUS BE
DEFINED BY THE
DIETITIAN WITH SPECIFIC
INSTRUCTIONS?**

4. **SPECIALIZED Menus:**
Vegetarian – Menus must have at least 2 servings of meat alternates daily.
5. **THERAPEUTIC Menus:**
All therapeutic menus should be defined by the Dietitian who should provide specific instructions for implementation.
6. **TEXTURE MODIFIED Menus:**
Cut up/ Finger foods – Bite sized pieces (approximately ½ inch) or foods that can be picked up easily with one hand
Minced moist –Easy to chew foods are mashed, finely grated or finely chopped. Soup, sauce, gravy, butter/margarine are added as need to moisten.
Puree –Blenderized foods so they are soft and smooth. Foods should not be runny or lumpy.
Soft – Moist, easy to chew foods. No hard, crunchy, stringy or fibrous items (ie nuts, seeds, corn)
7. All special menus must be evaluated and approved by the dietitian.

Insert facility dietitian name and contact info and/or licensing nutritionist

RESOURCES:

BCDNA Manual – texture modifications

**PROCEDURE
CONTINUED:**

6. Dietitian and Food Service Manager ensure that therapeutic and texture modified diets also follow the cycle menu. Whenever possible, residents on these diets should receive the same menu item, on the same day and at the same meal.
7. Dietitian and Food Service Manager establish a cycle menu for snacks.
8. Food Service Manager/Designate posts the menu in the kitchen, in a timely manner, and in an appropriate location and format that is easy for the residents to read.
9. Food Service Manager/Designate keeps a record of the menu and menu substitutions for at least one year. This is the record of food served daily to the residents.

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FACILITY NAME:			
SECTION:	Nutrition	EFFECTIVE DATE:	
APPROVED BY:		REVIEW DATE:	
TITLE:			
STANDARDIZED RECIPES and PORTION SIZES			
POLICY:	The staff will use standardized recipes for meal preparation. Portion sizes will be adequately controlled and monitored.		
PURPOSE:	To produce safe food of consistent quality and quantity.		
ADULT CARE REGULATIONS:	7.3(3)(a)(b)(c) 7.10(a)		
PROCEDURE:	1.	See page 31-33 of Meals and More for more information. The <i>(insert here Manager, Director of Client Services, Dietitian etc)</i> is responsible for ensuring standardized recipes are developed and appropriate portion sizes are served.	
	2.	Main menu items should have corresponding standardized recipes for staff to follow.	
	3.	Standardized recipes should include: <ul style="list-style-type: none"> • Name of recipe • Number of portions and serving size • List of ingredients and amounts • Method/procedure of combining ingredients • Equipment used in preparation and serving • Preparation time, cooking time and temperature • Special instructions for diets, texture modification and portion control, if needed 	
	4.	"Regular" portion sizes is the serving size listed in the recipe. Residents requiring "smaller" or "larger" portions will have their amounts adjusted appropriately.	
	5.	Determine the number of portions and serving sizes required (consider the number of residents and staff, whether small or large portions are needed) to determine the amount of food needed to be made.	
	6.	Recipes should be tested and adjusted to ensure residents enjoy it and that adequate amounts were made. Recipes should be made so that there is a minimal amount of leftovers. See policy on "Use of Leftovers".	
	7.	To ensure consistent portions are served, staff will use standard tools (ie scales, scoops, measuring cups, ladles, measuring spoons) to serve portions.	
	8.	Residents who require portion control should have portion sizes clearly listed in their nutrition care plans and/or recipes or menus. Staff should be aware and must ensure that portions are adequately measured.	
Resources		<ul style="list-style-type: none"> • Sample standardized recipe (pg 32 of Meals and More) 	

FACILITY NAME:		
SECTION:	Nutrition	EFFECTIVE DATE:
APPROVED BY:		REVIEW DATE:
TITLE:		
Undesirable Weight Gain		
POLICY:	Residents who exhibit undesirable weight gain will be identified and monitored to effectively manage their weight.	
PURPOSE:	To ensure that a client receives appropriate assessment by health professionals when facility staff record significant and undesirable weight gain.	
	To guide facility staff in determining necessary actions in addressing undesirable weight gain in clients	
ADULT CARE REGULATIONS:	7.1 7.7 (1)(d)	
PROCEDURE:	1.	See pages 115-116 of Meals and More for information on Weight Control.
	2.	Use the Nutrition Screening form on page 69 of Meals and More, "When to Obtain the Services of a Registered Dietitian/Nutritionist" to determine if resident needs to be referred to a dietitian.
	3.	Contact (HSCL dietitian or contract dietitian) or your Community Nutritionist (Licensing) who can refer you to where RDN services are available.
	4.	Review physical activity level of resident keeping in mind his/her abilities.
	5.	(Staff/RDN) reviews and revises resident's Nutrition Care Plan, implementing ideas from other team members, family and resident.
	6.	Implement and monitor the changed nutritional care plan.
	7.	(Staff, RDN) review menu for fat content and portion sizes. Modify menu as necessary.
RESOURCES:	<ul style="list-style-type: none"> • Meals and More Manual page 69, 115, 116 • Canada's Food Guide 	