Introduction
Evidence for pandemic preparedness in food services (FS) is limited. COVID-19 prompted planning for continuous provision of food and nutrition at the Canberra Hospital (TCH) which serves over 2500 meals daily. Scenarios were planned to account for potentially reduced staffing, increased patient admissions, and possibly interrupted supply chains.

TCH FS system operates as a cook-chill, tray line plated food service model with an electronic menu management system (delegate/MyMeal). A large proportion of meals are usually made in-house by production staff, including several labour-intensive meal components, such as sandwiches and desserts.

Aims
To offer an alternate FS model for inpatients and staff.
To develop meals which met nutrition standards, required reduced labour and were available from multiple suppliers.

Methods
Nutrition and Food Services considered all COVID response stages across Staff workflows, food supply, menu innovation and meal delivery.

Results
Staggered shifts and breaks were introduced to counteract non-modifiable factors present in FS, including suboptimal ventilation and to encourage reduced staff interaction. Face masks were required in confined spaces with limited opportunity for physical distancing, such as on the plating tray line.

Labour intensive in-house production was replaced with sealed portion-control (PC) items sourced from external suppliers, including replacing in-house made desserts with PC desserts.

A new portable freezer was installed to store frozen meals, which were sourced from several suppliers, before commencing production in-house. FS COVID-19 procedures were written to safely handle frozen meals - including allowing for thawing of frozen meals prior to retherming.

All frozen meals were analysed to assess compliance with nutrition standards and coded to therapeutic diets in the MyMeal FS management system. Fourteen-day default menus were created for the following diets: General, Diabetic, Vegetarian and Gluten Free. Default meals consisted of soup, a hot meal served with seasonal vegetables and potato/rice, a dessert, and water, with a sandwich for a midmeal snack.

Food provision processes were transformed on COVID wards, with provision of default selections only and automation of disposable trays and tableware. Trolleys were left outside wards for meal distribution by clinical staff. Staff meals were provided to reduce movement.

Conclusion
Contingencies were planned and successfully executed to introduce an alternate FS model using a reduced menu of frozen meals that could be prepared with existing FS kitchen facilities while supporting staff physical distancing and infection control measures.

Significance
Ultimately, all vulnerable patients received high quality, uninterrupted, nutritious food provision.

References
5. Jacinta Bryce, Susan R Davis, Andrew Slattery, Sarah Cooper, Sarah Hill, Andreas Seibold, Suzi Vrbat, Rodney Rosewarn, Sanjay Prasad, Danial Farias Nutrition Department, Canberra Health Services, Canberra ACT 2605. Food Services, Canberra Health Services, Canberra ACT 2605. Email contact: Jacinta.Bryce@act.gov.au