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Department of Social Welfare and Development

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Subject: Guideline in the Management of Food Supplies and Foodservice Operations at the Residential Centers and Institutions

I. Rationale

One of the objectives in the management of residential centers or institutions is to provide nourishment to the clients daily. The DSWD is mandated that all its resources including food either purchased or donated shall be managed, expended or utilized appropriately and in accordance with existing rules and regulations. It also safeguards the same against loss or wastage resulting from improper or illegal disposition.

Food expenses get the biggest share in the total budget of center / institution based on the number of clients being served. Thus, it is in this context that internal control measures are hereby initiated and adopted specifically in the management and utilization of food supplies in residential centers and institution thru its Dietary Service.

Similarly, effective measures should also be instilled on the preparation, cooking of meals and distribution of cooked food to clients. The preparation and cooking of meals are critical in ensuring that adequate, nutritious and palatable foods are being given to our clients. Proper food preparation is essential in maintaining the aesthetic quality of food. It contributes in minimizing waste and food cost as well as in the conservation of the nutrient value in foods. In addition, food spoilage and food-borne diseases can be prevented through proper food preparation.

On service of meals, an important consideration is how the cooked food will be served to the clients. The guidelines on this part of food service operation will define the manner by which food will be served to the clients considering the following: presentation of prepared food on the table and rules of etiquette to observe when dining.

Likewise, measures on managing the dietary/ therapeutic requirements of clients with illness were developed in order to ensure dietary adequacy of modified/ therapeutic diets.

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II. Legal Bases

These guidelines were devised in reference to the following:

1) **Implementing Rules and Regulations of Chapter III " Food Establishments" of the Code of Sanitation of the Philippines (P.D.856)**- the Code on the Sanitation of the Philippines, otherwise known as PD 856 was signed by former President Ferdinand E. Marcos on December 23, 1975, giving paramount importance to the health of the Filipino people and to update and codify the scattered sanitary laws of the country to ensure that the said laws are in keeping with the modern standards of sanitation.

2) **Guidelines on the Management of Food supplies at residential centers and institutions (RSO 001 series of 2004)** – the guidelines were developed to instill internal control measures to maximize the *utilization of purchased and donated food in DSWD-NCR residential centers and institutions*

III. Scope and Coverage

The guidelines in the management of food supplies and Food Service operations shall apply to all DSWD-NCR residential centers and institutions and centers with food establishments and facilities.

IV. Definition of Terms

As used in these guidelines, the terms below shall be defined as follows:

Biodegradable waste	- is a type of waste, typically originating from plant or animal source which may be broken down by other living organism.
Chemical sanitizer	- a chemical agent that disinfects by destroying, neutralizing or inhibiting the growth of disease-carrying microorganisms
First In- First Out	- foodstuff which was acquired first and with very short shelf life should be consumed first

Food allergy	- is an adverse immune response to a food protein. Food allergy is distinct from other adverse responses to food such as food intolerance, pharmacologic reactions and toxin-mediated reactions
Food poisoning	- refers to acute illness due to the ingestion of food which can lead to infectious diarrhea
Hygiene	- refers to the set of practices associated with the preservation of health and healthy living
Hypertension	- a medical condition in which the blood pressure is chronically elevated
Market Order	- an order or a list of foodstuff good for two to three days needed by a residential center and delivered in an agreed time/schedule of delivery
Nutritional care plan	-structured way of providing information on how much and what type of nutrient to give to the patient and rationale for the choice (nutrient formulation)
Nutrition intervention	-refers to purposely planned actions intended to positively change a nutrition-related behavior, environmental condition or aspect of health status for an individual, target group or the community
Nutritional requirement	- refers to the amount of nutrients needed by an individual
Temperature Danger Zone	- the temperature at which bacteria multiply rapidly. The temperature is from 40 degrees Fahrenheit to 140 degrees Fahrenheit

V. Objectives

1. To maximize the utilization of purchased and donated food in centers and institutions.
2. To establish a standard procedure from the preparation and storage of food received
3. To institutionalize a systematic budgeting and recording on the cost of food both purchased and donated
4. To systematize the procedure in the inspection and acceptance of deliveries
5. To develop measures to ensure food safety from receipt of raw foodstuff to distribution of cooked food to clients
6. To standardize the portion size of cooked food to all residential centers and institutions
7. To educate the clients on the rules of etiquette when dining
8. To ensure dietary adequacy of modified diets for clients with specific illnesses

VI. General Policies

In order to systematize and strengthen the management and utilization of food supplies, to standardize the procedure by which raw foodstuff are received and stored , meals are prepared, cooked and distributed to the clients, the following policies/ procedures shall be strictly observed:

a. MENU PLAN

In planning the menu, the following shall be considered:

1.1 Nutritional Requirement

1.1.1 Clients with specific needs and group of clientele

- a. Clientele group refers to the elderly, children, adolescents, pregnant and lactating women
- b. Clients' health status (disease conditions such as hypertension, obesity, food allergies and skin diseases)

1.1.2 Standard menu (refers to herein attached)

1.2 Budget requirement

1.2.1 Prescribed per capita per client per day

- 1.2.2 Available donated foodstuff
- 1.2.3 Prices of commodities based on bidding and prevailing prices
- 1.3 Clients and staff to be served
 - 1.3.1 Average number of clients per day
 - 1.3.2 Pattern of admission and discharges
 - 1.3.3 Projection as a result of unpredicted situation
 - 1.3.4 Staff entitlement for meals based on coverage of tour of duty (except for those with subsistence allowance)
- 1.4 Stockpile
 - 1.4.1 Availability of foodstuff in the storeroom
 - 1.4.2 Status of stocks as "First In First Out" (FIFO) principle
 - a. Updating of stock cards for non perishable food items per delivery and per issuance to Dietary Unit to ensure FIFO
 - b. Updating of stock cards for perishable food items per delivery and per issuance to Dietary Unit to ensure FIFO
- 1.5 Seasonality of Food
 - 1.5.1 List of fruits and vegetables by season

b. PURCHASE REQUEST

- 2.1 Purchase Request shall be based on approved Cycle Menu which represent the food requirement of the Center for three (3) months
- 2.2 The Nutritionist in preparing the said purchase request shall list down all food items included in the approved menu
- 2.3 Estimate the required funds using the price list of previous bidding
- 2.4 Preparation
 - 2.4.1 Purchase Request shall be prepared by quarter

Submission of Purchase Request is quarterly as follows:

- | | | |
|-------------------------|---|---------------------------------|
| 1 st quarter | - | 1 st week of October |
| 2 nd quarter | - | 1 st week of January |
| 3 rd quarter | - | 1 st week of April |

c. PURCHASE ORDER

- 3.1 Purchase Orders shall be based on approved purchase request and on price list provided by the region for specific quarter.
- 3.2 The said Purchase Order shall be submitted to the region two weeks prior to the month of consumption for approval.
- 3.3 The same shall be returned to the Center or Institution as basis for placing order of supplies to the dealer.

d. MARKET ORDER

- 4.1 Market order shall be based on the approved purchase order
- 4.2 The market order shall include all food items to be consumed in a week and listed based on delivery days agreed upon
- 4.3 On the other hand, market order for non perishable foodstuff shall be prepared monthly depending on stockpile
- 4.4 Market order shall be endorsed to supplier three days prior to delivery
- 4.5 A copy shall be given to the Inspector as reference in checking the deliveries.

e. DELIVERY

- 5.1 Deliveries of foodstuff shall be in accordance to the agreed schedule per center and institution as to frequency and day.
- 5.2 The same shall be in accordance with specifications as specified in the Purchase Order and market order.
- 5.3 The delivery of foodstuff shall be inspected by the Inspection Committee. The Inspection committee shall refer to the specifications of foodstuff for quality and the market order for the quantity ordered.
- 5.4 The said deliveries shall be received and accepted by duly authorized representatives of Acceptance Committee as to quantity and quality.
- 5.5 Undelivered foodstuff at the time of agreed day and time may be considered if delivered within the day or next day as long as it will not affect the menu from which these food are intended.

- 5.6 In case of complete failure of dealers to deliver any foodstuff for any other reason and no substitute can be used from the stocks, the center heads are allowed to use the cash advance as provided for to purchase the needed food items.
- 5.7 Cancellation of order can be done not on the scheduled delivery day but on the succeeding 2-3 deliveries or until such time donations have been maximized to replace goods to be purchased.

f. PAYMENT

- 6.1 Claims for payment shall bear all required supporting documents such as statement of account, sales invoice, Inspection and Acceptance Report, delivery receipts, and Requisition and Issuance Slip
- 6.2 The Dietary-In Charge shall see to it that supporting documents such as statement of account and sales invoice shall be forwarded by the supplier/ dealer to the center/ institution on the last day of delivery which falls on the 4th week of the month
- 6.3 Vouchers for payment shall be prepared the day after the supporting documents have been submitted by the supplier
- 6.4 The same shall be forwarded to the Field Office three days after preparation thereto.
- 6.5 The Field Office through its Accounting Unit shall process the voucher for payment for a maximum of 2 days from the date it was received.

g. REPORTING and RECORDING

- 7.1 Centers / Institutions shall maintain separate recording and reporting of all foodstuff received either purchased or donated incorporated in the Monthly Resource Generation Report using a prescribed form
- 7.2 Record the food expenses incurred for a month
- 7.3 Compute per capita per day per month using the food expenses incurred for a given month
- 7.4 Monetized donated goods received and produce of backyard garden that complimented the food requirement of the center

(Items 1-7 culled from RSO 001 series of 2004 but with inclusion of a and b under 1.4.2 and item nos 5.3, 5.6, 6.2 and 6.5)

To systematize the food service operation in the residential centers and institution, the following policies/ procedures shall be strictly observed:

1. On the preparation and cooking of meals

On the preparation and cooking of meals, the following shall be considered:

1.1 Proper sanitation in meal preparation

1.1.1 Personal hygiene of dietary staff and volunteers

- a. Hands washed , kept clean and with short fingernails
- b. With clean outer garments/ apron and proper hair restrain (hair net or cap)
- c. No jewelry or body decoration
- d. The Dietary staff and volunteers' health status (free from communicable and infectious diseases such as intestinal parasitism)
- e. Adequate knowledge on food safety and / or food handling
- f. Maintain good health and report illnesses
- g. Unsanitary habits and actions be avoided

1.1.2 Sanitation of facilities, equipment and utensils

- a. Segregation and prompt disposal of wastes daily.
 - i. Practice daily the "Garbage In, Garbage Out " principle
 - ii. Segregate biodegradable wastes from non-biodegradable
 - iii. There is sufficient number of garbage containers to hold all garbage which are accumulated between periods of removal from the Dietary premises.
- b. Kitchen should be screened and with proper ventilation.
- c. Proper care and maintenance of facilities , equipment and utensils
 - i. All equipment (refrigerating and cooking equipment) in the kitchen are carefully checked prior to preparation and cooking.
 - ii. Non functional equipment immediately reported to the concerned staff
 - iii. Use of freezers and refrigerators is maximized
 - iv. Freezers and refrigerators are defrosted once a week or as need arises
 - v. All lights are turned off when not in use.
 - vi. Gas in cooking the viand and rice should be utilized efficiently i.e, intensity of flame depends on the cooking preparation.
- d. Sanitize the kitchen premises daily or as need arises
 - i. The kitchen premises should be sanitized daily to prevent food poisoning .

- ii. A cleaning schedule should be prepared to determine what is to be cleaned, when it should be cleaned and who is responsible for cleaning each surface area or piece of equipment
- iii. Sanitation can be accomplished by using hot water (170 F) or chemical sanitizers such as chlorine and iodine using the recommended dilution ; for chlorine 50 to 100 ppm and for iodine 12.5 to 254 ppm.
- e. Each piece of equipment must be cleaned after each use and sanitized at the end of the day

1.2 Proper Food Handling

- 1.2.1 Inspection of all foodstuff in terms of quality prior to food preparation
- 1.2.2 Perishable food should be stored under refrigeration but should be stored not too long, even at refrigeration temperature
- 1.2.3 Thorough defrosting of frozen meat and poultry before cooking
 - a. Employ safe defrosting methods
 - i.i cold thawing method- food must be in leak proof package and submerged in cold tap water, changing the water every 30 minutes. A 3 to 4 pound package will thaw in 2 to 3 hours
 - i.ii refrigerator thawing method- food is thawed inside the refrigerator and may take longer to thaw at 40 F
- 1.2.4 Keeping high risks foods at temperature that inhibits growth of bacteria
- 1.2.5 Segregate raw from cooked food and meat from vegetables and fruits
- 1.2.5 Food supplies should be washed and cleaned properly especially fruits and vegetables
- 1.2.6 Utensils used for raw foods should not be used for apportioning cooked foods
- 1.2.7 Fish, pork and chicken are cut into portion size prior to storage and cooking
 - Fish- 1 slice of fish (medium)
 - Fish- 1 piece of fish (small)
 - Pork- 1 matchbox (small slice)
 - Chicken- ¼ breast or 1 piece chicken leg
- 1.2.8 Fish, pork and chicken, once apportioned into serving sizes should be stored in appropriate refrigerating compartments. Trays must be available to store them in an organized manner.

1.3 On cooking of meals

1.3.1 Cooked food thoroughly

- a. Follow the recommended safe cooking temperatures for beef, pork, chicken and egg given below:

Beef	-	well done	-	170 F or 77 C
		Ground beef	-	160 F or 71 C
Pork	-	well done	-	170 F or 77 C
		Cured pork	-	160 F or 71 C
Poultry-		Chicken	-	180 F or 82 C
Egg	-	fried, poached	-	cook until the yolk and white are firm
		casseroles, sauces and custards	-	160 F or 71 C

1.3.2 Cooked food should be served and eaten as soon as possible

1.3.3 Food must be kept out of the temperature danger zone (40 to 140 F) while being held for service

- a. Hold Cold Food at 41 F (5 C) or lower
b. Hold Hot Food at 135 F (57 C) or higher

1.3.4 Cold food can be held without temperature control for up to 6 hours if

- it was held at 41 degrees F (5 C) or lower prior to removing it from refrigeration
- it does not exceed 70F (21C) during the 6 hours
- it contains a label specifying the time it was removed from refrigeration and the time it must be thrown out
- it is served or discarded within 6 hours

1.3.5 Hot food can be held without temperature control for up to 4 hours if

- it was held at 135 F (57 C) or higher prior to removing it from temperature control
- it contains a label specifying when the item must be thrown out
- it is served and discarded within 4 hours

1.3.6 Refrigerate cooked food in shallow containers and as soon as it has cooled after cooking or processing

1.3.7 Reheat cooked food to at least 70 degrees centigrade

1.3.8 Keep cooked food separate from raw food

2 On the distribution/ service of cooked food to cottages

On the distribution/ service of cooked food to clients, the following should be considered:

- 2.1 Proper handling of cooked food
 - 2.1.1 Cooked food should be put in appropriate utensils i.e. stockpots to be distributed to cottages
 - 2.1.2 The apportioning of food per cottage must be done properly using clean utensils
 - 2.1.3 Cooked food must be endorsed to the houseparent on duty
 - 2.1.4 In instances that the houseparent could not get the cooked food, the Dietary Unit can only endorse the cooked food to a person/ staff authorized by the houseparent. The latter should provide an authorization letter duly signed by him.
 - 2.1.5 The houseparents should put the stock pots (with cooked rice and viand) in a clean and sanitary area .
 - 2.1.6 Cooked food should be apportioned by houseparent on duty. The latter can be assisted by a designated volunteer/ client.
 - 2.1.7 Clean and sanitized utensils must be used for serving food.
 - 2.1.8 Practice good personal hygiene
 - 2.1.9 Bare-hand contact be minimized with cooked or ready- to- eat food
- 2.2 The actual number of clients
 - 2.2.1 The Houseparent on duty per cottage should inform the Dietary unit on the actual number of clients
 - 2.2.2 The Dietary Unit should keep a list of the actual number of clients per cottage daily and should be recorded for reference
 - 2.2.3 Food to be dispensed per cottage should be based on the actual number of clients
- 2.3 Adequate utensils for eating
 - 2.3.1 The Center Head should provide adequate number of utensils to be used for eating such as spoons, fork , bowls and plate/ trays, and glass for drinking
 - 2.3.2 There should be sufficient number of tables and chairs for the clients in the dining hall.
- 2.4 Etiquette at the table
 - 2.4.1 The clients should be informed by houseparents of the etiquette or good manners to follow when dining
 - a. Prayer before and after meals

- b. Sit properly, no elbows on the table, no playing of flatware and glasses while waiting to be served
- c. Never reach food in front of a person. Ask to have it passed.
- d. Never use own flatware to get food from a serving platter.
- e. Flatware should be used properly for eating
 - i. use fork to gather food, spoon to bring food to the mouth and knife for cutting food into small pieces (use of fork is on case to case basis)
- f. Smacking the lips and eating with a noise is improper
- g. The plate should be kept always looking neat and tidy.
- h. All efforts must be made to keep the tablecloth clean.
- i. No leftover food on the plate.
- j. Arrange the flatware parallel to each other in the middle or side of the plate when finished eating.

2.5 Standard portion of rice and viand per client

2.5.1 The standard portion of rice , which is 1 cup should be followed. However, clients can be given additional rice if needed.

2.5.2 The standard portion for pork , chicken , fish, vegetables and fruits are as follows:

Pork	- 1 matchbox (small) slice
Fish (medium)	- 1 slice
Fish (small)	- 1 piece
Chicken	- ¼ breast, 1 piece chicken leg
Vegetables	- 1/2 cup cooked (adults),
Fruits	- 1 piece (small) or 1 slice (medium)

3. On managing leftover food/ leftover(s)

3.1 Leftovers should be managed efficiently (see attached appendix in managing specific leftover food items)

3.2 Leftovers should be managed carefully taking into consideration the guidelines in food safety and proper food handling

4. On managing the nutritional status of clients

To manage the nutritional status as well as to respond to the medical needs of clients requiring special and appropriate dietary management, the following guidelines must be followed:

4.1 Nutrition screening and monitoring must start with appropriate nutritional status assessment of clients

4.1.1 The weight and height prior to admission of clients must be undertaken by the Medical staff

- a. There should be suitable weighing tool preferably detecto weighing scale
- b. The weight and height of the clients must be taken accurately by using functional and accurate equipments

4.1.2 The assessment of the nutritional status of clients should be conducted immediately by the Nutritionist -Dietitian after the weight and height have been recorded

4.1.3 The nutrition intervention to be employed in order to rehabilitate a malnourished client should be identified and discussed with the Center Head, Medical Officer, Social Worker and Houseparent.

4.1.4 The food intake of a malnourished client must be routinely checked by the Nutritionist-Dietitian in coordination with the Houseparent

4.1.5 The medical/ health status that might interfere with the nutrition intervention and / or affect the rehabilitation of the client should be coordinated by the Medical Officer with the Nutritionist-Dietitian

4.1.6 A nutritional care plan of the malnourished clients must be prepared in coordination with the concerned staff (s)

4.2 Address the medical needs/ health status of clients by modifying their diet

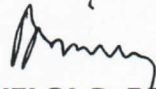
4.2.1 The Medical Service will refer clients needing therapeutic/ dietary management to the Dietary Unit

4.2.2 The Nutritionist-Dietitian will prepare the corresponding modified diet as per Medical Officer's advise/ orders

- 4.2.3 The Nutritionist-Dietitian will request the Cook to follow and prepare the modified diet until such time that the medical needs of the clients have been addressed or as per Medical Officer's advise/orders.

VII. Effectivity

This Order shall take effect immediately and supersedes, amends or modifies previous issuances inconsistent thereto.



THELSA P. BIOLENA