

## FOOD SERVICE MANAGEMENT

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes VHA policy for Nutrition and Food Services (NFS) operations and resource management of food service and production employees, including organizational structure, staffing, training, and program development at Department of Veterans Affairs (VA) medical facilities.

**2. SUMMARY OF CONTENT:** This directive delineates the operating structure and relationship of the NFS program office, the Nutrition Field Advisory Committee (NFAC), and VA medical facility NFS Chiefs. Additionally, the directive establishes sound management principles for maintaining safe and efficient use of resources in NFS. The directive outlines management of food service operations, resources, and financial and organizational planning. The directive covers all NFS food service and business programs within VHA, as well as facilities where Veteran feeding is integrated with Veterans Canteen Services (VCS), and includes:

a. Procedures for the purchase, storage, receipt, and delivery of food products and supplies from commercial food service vendors.

b. Guidelines for the preparation, storage, transport, and delivery of nutritious, appetizing, and safe foods.

c. Recommendations for effective orientation and ongoing training requirements for all employees and food handlers.

d. Emergency preparedness guidelines for food service operations in the event of disasters or other emergencies.

**3. RELATED ISSUES:** VHA Directive 1438, Clinical Nutrition Management and Therapy, dated September 19, 2019.

**4. RESPONSIBLE OFFICE:** The Office of Specialty Care Services, Nutrition and Food Services Program (10P11) is responsible for the contents of this directive. Questions may be referred to (202) 460-7120.

**5. RESCISSIONS:** VHA Manual M-1, Part I, Chapter 2, Quarters and Subsistence, dated January 13, 1983; VHA Handbook 1109.07, Nutrition and Food Services Human Resource Management, dated April 21, 2010; VHA Handbook 1109.06, Nutrition and Food Services Administrative Resources Management, dated July 9, 2009; VHA Handbook 1109.04, Food Service Management Program, dated October 11, 2013; VHA Handbook 1109.03, Nutrition & Food Services Safety, dated July 15, 2013; VHA Directive 2010-007 Healthy Diet Guidelines, dated February 12, 2010; Acting Deputy Under Secretary for Health for Operations and Management memorandum "Veterans

Health Administration (VHA) Kitchen & Food Production Areas,” dated June 20, 2016; and Deputy Undersecretary for Health Operations and Management memorandum “Nutrition & Food Services (NFS) Kitchen Closure Criteria,” dated November 3, 2017 are rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of October 31, 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE UNDER  
SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.  
Deputy Under Secretary for  
Health for Policy and Services

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on October 24, 2019.

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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## FOOD SERVICE MANAGEMENT

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes VHA policy for food service, financial, and human resource management components and the responsibilities for operation of the Nutrition and Food Services (NFS) food service and business programs within VHA, including the provision of quality meals that are nutritionally adequate, meet the regulatory requirements for food safety, and are acceptable to Veterans in health care and residential environments. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

a. NFS operations meet individual Veteran meal needs through Veteran-centric meal programs that put the Veteran at the center of all service. NFS strives to model healthy and sustainable food service practices so Veterans regain health and maintain wellbeing while being educated to a healthier lifestyle.

b. NFS Chiefs at Department of Veterans Affairs (VA) medical facilities strive to be good stewards of resources, including materials, facilities, financial, and labor. Through the NFS Annual Report and quarterly QPI data sharing, NFS leaders can benchmark site metrics to like facilities and operational norms across the health care system. Coordination of this activity is one of roles of the Nutrition Field Advisory Committee.

c. Veterans are served by over 8,000 NFS food service and clinical professionals. NFS serves over 39 million meals a year in acute care, rehabilitative care, community living centers, and domiciliaries across the health care system. While the Centers for Disease Control and Prevention (CDC) estimates over 48 million people get sick from foodborne illness each year in the U.S., for at least 10 years there have been no reported foodborne illnesses related to NFS operations in the health care system. The Food and Drug Administration (FDA) Food Code forms the foundation of the VHA-established food safety program. NFS staff is trained through American National Standards Institute (ANSI) certified food safety education programs to assure patient safety. These two components ensure food is safe when served and that the appropriate safeguards for highly susceptible populations are incorporated. **NOTE:** *The latest version of the FDA Food Code is available at:* <https://www.fda.gov/food/guidanceregulation/retailfoodprotection/foodcode/default.htm>.

### 3. DEFINITIONS

a. **Critical Control Point.** The Critical Control Point (CCP) is a point or procedure in a specific food system where loss of control may result in an unacceptable health risk. It is a step in the Hazard Analysis Critical Control Point (HACCP) process at which control can be applied, and is essential to prevent or eliminate a food safety hazard, or to reduce it to an acceptable level.

b. **Hazard Analysis Critical Control Point Plan.** The HACCP plan is a preventive approach to food safety that involves identifying potential hazards, establishing preventive or control measures, and continuous monitoring to ensure that standards or critical limits are met.

c. **Highly Susceptible Population.** Pursuant to the FDA Food Code, “highly susceptible population” means persons who are more likely than other people in the general population to experience foodborne disease because they are (1) immunocompromised, preschool age children, or older adults; and (2) obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center to this group of individuals.

d. **Production Area.** A production area is any area of the kitchen or satellite location where foods and food products are processed, cooked, assembled, plated, or otherwise produced.

e. **Rethermalization.** Rethermalization is the rapid reheating of cooked potentially-hazardous foods to 165 degrees Fahrenheit or higher before being served or before being placed in hot food storage equipment. ***NOTE: This is a CCP that must be monitored for time and temperature control.***

f. **Service Area.** A service area is a location where pre-plated food is provided by food service or health care workers to patients or residents.

g. **Subsistence.** Subsistence is defined as food, food products, nourishments, supplements, and enteral feeding provided for inpatient Veterans and authorized others, including those patients waiting for bed placement being held in temporary locations. ***NOTE: Subsistence must be purchased from approved or mandatory sources.***

h. **Test Tray.** A test tray is a sample meal tray replicating a Veteran meal that is evaluated by staff for a variety of qualitative and quantitative assessments of food items, including temperature, appearance, taste, and accuracy of diet.

i. **VA Healthy Diet Guidelines.** The VA Healthy Diet Guidelines are evidence-based healthy diet, menu planning, and environmentally conscious guidelines to assure healthy food choices are available to inpatient Veterans.

#### 4. POLICY

It is VHA policy to provide cost-effective, quality meals and nourishments that are nutritionally adequate, safe, and acceptable to Veterans in a health care, residential, and educational environment.

## 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations, including but not limited to:

(a) Distributing NFS Annual Report Memorandum to VISN Directors.

(b) Communicating NFS-related issue briefs or programmatic questions to the National Director, NFS.

(c) Resolving policy compliance and programmatic issues, as reported by the National Director, NFS, in consultation with the National Director, NFS. (See paragraph 5.c.(3).)

c. **National Director, Nutrition and Food Services.** The National Director, NFS, is responsible for:

(1) Serving as the national nutrition subject matter expert and the point of contact for Veteran programs and policies that impact nutrition and food services.

(2) Developing policy and guidance on Veteran care in clinical nutrition and food service and business programs consistent with the most current research, technology, scientific findings, and regulatory standards.

(3) Reporting known issues of non-compliance with this directive to the Deputy Under Secretary for Health for Operations and Management, and consulting on resolutions.

(4) Developing and executing NFS clinical and non-clinical strategic goals based upon VA and VHA strategic goals and objectives. **NOTE:** *The strategic goals can be found at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/SG/SitePages/Home.aspx>. This is an internal VA Web site that is not available to the public.*

(5) Submitting the NFS Annual Report Memorandum, which includes the NFS strategic goals, quality performance improvement (QPI) data request, and compliance

and benchmarking data request, to the Deputy Under Secretary for Health for Operations and Management.

(6) Approving or disapproving and providing guidance on all proposed deviations from a VA medical facility NFS Chief-led department, including but not limited to any proposed split of Clinical Nutrition and Food Service or re-evaluation of existing NFS/VCS integrations.

(7) Approving or disapproving all proposed changes to the types of food production and service at the facility level.

(8) Serving as the primary customer for the Subsistence Prime Vendor Contract, National Dietary Supplements Contract, and food service interface to the electronic health record.

(9) Making recommendations to VA medical facility NFS Chiefs when notified of foodborne illness linked to NFS operations at VA medical facilities. **NOTE:** *Current national protocol for foodborne illness can be found at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.*

(10) Receiving notifications from VA medical facility NFS Chiefs of recalled foods served to Veterans from NFS operations at VA medical facilities. **NOTE:** *Current national protocol for the recall process can be found at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.*

d. **Chair, VHA Nutrition Food Service Field Advisory Committee.** The Chair, Nutrition Food Service Field Advisory Committee (NFAC) is responsible for:

(1) Serving in an advisory capacity, along with a designated Vice-Chair, to the National Director, NFS, and to VA medical facility NFS Chiefs on VHA NFS issues. **NOTE:** *In the absence of a National Director, NFS and Deputy Director, the NFAC Chair will serve in an Acting capacity as National Director, NFS.*

(2) Delegating, as necessary, NFAC Chair responsibilities to NFAC members.

(3) Reviewing and approving the NFAC Charter, as developed by the committee, available at:

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) Collecting, analyzing, and publishing the quarterly administrative Quality Performance Improvement (QPI) reports and NFS Annual Report from VA medical facility NFS Chiefs, and providing support for the NFS Chiefs to ensure reporting of data by due date, as established by NFAC. QPI results are published on NFS SharePoint <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(5) Participating in development of all NFS strategic plan goals.

(6) Announcing to NFS Chiefs, within 3 months of publication, the FDA Food Code's latest version, and establishing date of compliance for any changes to field implementation. **NOTE:** *The latest version of the FDA Food Code is available at: <https://www.fda.gov/food/guidanceregulation/retailfoodprotection/foodcode/default.htm>.*

(7) Reviewing and revising the VA Healthy Diet Guidelines at minimum every 5 years, announcing to NFS Chiefs the latest version, and establishing date of compliance for any changes to field implementation, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(8) Initiating any changes to the NFS Satisfaction Survey.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring each VA medical facility implements this directive.

(2) Ensuring the VA medical facility NFS Chief submits the NFS Annual Report and QPI Reports in accordance with the NFS Annual Report Memorandum.

(3) Responding, as appropriate, to notifications from the VA medical facility Director of suspensions of food production operations where an imminent health hazard exists.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Designating a NFS Chief, as required by VA Handbook 5005/80, Part II, Appendix G-20, Dietitian Qualification Standard, dated September 5, 2014.

(2) Ensuring the NFS Chief is properly credentialed and serves as point of contact for NFS Program Office.

(3) Requesting and obtaining approval from the National Director, NFS for any proposed changes to the types of food production and service methodology, or disassociation of food services from clinical nutrition services at the VA medical facility.

(4) Where an imminent health hazard exists, as defined by criteria in the most current, NFAC-accepted FDA Food Code:

(a) Suspending food production operations in the affected food operation areas;

(b) Reporting the suspension to the VISN Director; and

(c) Resuming operations only when the VA medical facility inspection team determines that all imminent health hazards are resolved.



(5) Ensuring a VA medical facility food service inspection team is in place, which is comprised of subject matter experts on food safety, sanitation, pest management, facilities management, environmental management, and infection prevention and control. Ensuring the team conducts quarterly inspections of NFS kitchens and records findings and maintains records that are subject to external review or any regulatory or accreditation inspections. **NOTE:** *The current national inspection form can be found at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.*

(6) Ensuring correction of out-of-compliance Food Code “Priority Items” and “Priority Foundation Items,” as a result of quarterly inspection or otherwise identified, in accordance with the most current, NFAC-accepted FDA Food Code.

(7) Ensuring a cooperative Memorandum of Understanding or other written service line agreement is signed by, at minimum, NFS, Environmental Management Services, and Facilities Management Service that identifies the roles and responsibilities of these departments in maintaining kitchen sanitation, safety, equipment, and facilities. **NOTE:** *Examples of Memorandum of Understanding form can be found at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.*

(8) Ensuring NFS Chief complies with all relevant VA and VHA financial policy, including but not limited to: VA Financial Policy, Volume II, Chapter 4, Awards, Ceremonies, Food or Refreshments, Gifts, or Mementos, dated August 31, 2017. Current Office of Finance policies can be found at: <https://www.va.gov/finance/policy/pubs/>. **NOTE:** *NFS departments cannot be reimbursed for foods or services and may not retain the funds charged for foods and meals in General Post Funds or NFS Fund Control Points.*

(9) Ensuring a purchase card is available to the NFS Chief or NFS designee for immediate procurement of patient food, nourishments, or other operating supplies through non-Subsistence Prime Vendor (SPV) sources, in accordance with: VA Financial Policy, Volume XVI, Chapter 1, Charge Card Program, Government Purchase Card Program, dated January 26, 2017; VA Financial Policy, Volume XVI, Chapter 1A, Charge Card Program, Administrative Actions for Government Purchase Cards, dated June 14, 2018; and VA Financial Policy, Volume II, Chapter 4, Awards, Ceremonies, Food or Refreshments, Gifts, or Mementos, dated August 31, 2017. Current Office of Finance policies can be found at: <https://www.va.gov/finance/policy/pubs/>. **NOTE:** *The intent is that VA medical facility NFS departments have ready access to a purchase card for immediate micro-purchases, without need for individual purchase approvals or delegation memoranda.*

(10) Ensuring financial support is in place when NFS provides services in accordance with VHA Directive 1400.09, Education of Physicians and Dentists, dated September 9, 2016.

(11) Ensuring that the National Director, NFS and NFAC are notified, in writing and within 60 days, when a new VA medical facility NFS Chief is appointed.

(12) Assuring submittal of NFS Annual Report in response to VISN Action Item.

g. **VA Medical Facility Chief, Nutrition and Food Services.** The NFS Chief is responsible for:

(1) Reporting directly to the VA medical facility Director as the subject matter expert and advisor to the VA medical facility in matters regarding nutrition, patient-centered food service systems, and provision of food from non-VA sources, and serving as a liaison and the contact point for NFS, VA Central Office.

(2) Monitoring and analyzing the actual food, supplies, and labor costs with the planned NFS budget in terms of cost per-patient-day or cost per meal or meal equivalent on a minimum of a quarterly basis for NFS QPI Reports. **NOTE:** See <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/QPI/SitePages/Home.aspx> for more detailed information. *This is an internal VA Web site that is not available to the public.*

(3) Adhering to the Subsistence Prime Vendor (SPV) contract as the primary source of subsistence. Food service supplies are sourced through U.S. General Services Administration (GSA) Janitorial and Sanitation (JanSan) Purchase Channel, as available. **NOTE:** *The NFS Chief must adhere fully in accordance with the procedures outlined in Appendix B, Procurement: Subsistence and Supplies. Any VA medical facility wanting to deviate from the standardized agreements or dietary supplement or tube feeding contract must submit a waiver to the VHA Logistics Office (or other designated procurement office) for authorization to purchase from a non-mandatory source. Contact the VA medical facility or VISN Chief Logistics Officer for the current appropriate procedure for filing a waiver.*

(4) Adhering to the National Dietary Supplements Contract as the mandatory source of oral, enteral, and specialty nutrition products. **NOTE:** *The NFS Chief must adhere fully in accordance with the procedures outlined in Appendix B, Procurement: Subsistence and Supplies. Any VA medical facility wanting to deviate from the standardized agreements, or dietary supplement, or tube feeding contract must submit a waiver to the VHA Logistics Office (or other designated procurement office) for authorization to purchase from a non-mandatory source. Contact the VA medical center or VISN Chief Logistics Officer for the current appropriate procedure for filing a waiver.*

(5) Designating NFS Ordering Officer(s) authorized to place orders against the SPV contract. **NOTE:** *See Appendix B, Procurement Subsistence and Supplies for more information.*

(6) Adhering to the most current, NFAC-accepted Food Code requirements for food safety, security, and sanitation. **NOTE:** *The latest version of the FDA Food Code is available at:*

<https://www.fda.gov/food/guidanceregulation/retailfoodprotection/foodcode/default.htm>.

(7) Assuring food service systems and practices comply with VA National Center for Patient Safety's Mental Health Environment of Care Checklist (MHEOCC) for inpatient mental health units, including utilizing Food Code section 3-501.19, Time as a Public Health Control, for guidance regarding MHEOCC food and beverage temperatures below standard hot holding temperatures. **NOTE:** For more information, see the *Mental Health Environment of Care Checklist at: <http://vawww.ncps.med.va.gov/index.html>*. This is an internal VA Web site that is not available to the public.

(8) Submitting the NFS Annual Report and quarterly administrative QPI reports to NFAC and evaluating the overall VA medical facility NFS effectiveness through the review of operational, quality assurance, performance improvement, and benchmarking.

(9) Implementing performance improvement activities that improve the delivery of quality, safe, and cost-effective food and nutritional care to all patients and residents.

(10) Incorporating NFS strategic goals into individual NFS employee performance plans (including their own), as appropriate.

(11) Ensuring documentation of training activities of NFS employees.

(12) Participating in or acting as subject matter expert in food safety on the VA medical facility inspection team for the quarterly interdisciplinary inspection of NFS facilities.

(13) Maintaining operations contingency plans for unplanned kitchen systems failure or closure and emergency feeding during internal or external disasters.

(14) Participating in the VA medical facility Emergency Management Plan, in conjunction with the Facility Emergency Manager, or VA medical facility equivalent.

(15) Supporting the Healthy Teaching Kitchen (HTK) program through acquisition of food, supplies, and equipment, sanitation, and other support.

(16) Providing guidance on the provision of food from non-VA sources for highly susceptible populations, including but not limited to:

(a) Training for volunteers who serve food, in collaboration with Voluntary Services Chief;

(b) Special occasion meals to patients;

(c) Foods brought in by family members; and

(d) Recreational therapy activities involving food.

(17) Responding to all food recalls and alerts received from the Subsistence Prime Vendor (SPV) and other vendors and National Center for Patient Safety (NCPS) within

established time frames in the alert. **NOTE:** *The NFS Chief must provide a direct means of communication (that is, 24/7 phone and email contact) regarding recall notifications to the SPV and other vendors. This response must include:*

(a) Properly disposing of any recalled products in inventory;

(b) Requesting credit from the vendor for disposed products; and

(c) Advising VA medical facility leadership and National Director, NFS if recalled food was served in the VA medical facility. **NOTE:** *Current national protocol for the recall process can be found at:*

*<http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.*

(18) Following national protocol in the event of a suspected case of foodborne illness. **NOTE:** *Current national protocol for foodborne illness can be found at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.*

(19) Submitting, through appropriate facility process, projected budget requirements for planning and managing the full scope of facility NFS operations, including but not limited to staffing; labor hours and full-time employee (FTE); subsistence; supplies; uniforms and employee personal protective equipment; equipment and maintenance; information technology (IT) equipment; educational and training programs; incentive awards; site data, including planned seasonal workload; and miscellaneous costs.

(20) Participating in the planning of any new or redesigned operational space and equipment requirements (including capital improvement projects) relating to patient food production and service, and advising the VA medical facility Director if proposed changes require notification to the National Director, NFS.

(21) Ensuring there is an NFS representative on the VA medical facility Green Environmental Management System (GEMS) committee. **NOTE:** *For more information on the GEMS committee, see VHA Directive 7707, VHA Green Environmental Management System (GEMS) and Governing Environmental Policy Statement, dated December 29, 2015.*

(22) Assuring an active patient test tray program is in place that evaluates overall tray accuracy, food safety, quality and palatability, and implementing similar evaluations for bulk service settings, such as dining rooms or cafeteria settings. **NOTE:** *Cook-chill food service systems must include food temperature monitoring for proper rethermalization temperatures for trays before leaving the kitchen.*

(23) Adhering to VHA Directive 1171, Management of Patients with Swallowing (Oropharyngeal Dysphagia) and Feeding Disorders, dated April 14, 2017.

(24) Maintaining a NFS Hazard Analysis and Critical Control Point (HACCP) plan for food, nourishments, and enteral products that meets the most current, NFAC-accepted FDA Food Code. The plan must include:

(a) Purchasing, receiving, storage, preparation, cooking, advanced preparation handling (if applicable), transportation of food (if applicable) and points of service; and

(b) Training, monitoring systems, corrective action plans, and a verification process.

**NOTE:** For more information about HACCP plans, see <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public.

(25) Implementing security measures, in coordination with VA Police, in all NFS areas to protect against theft of supplies and equipment (including computer hardware) and reduce the risk of food terrorism, including the intentional contamination of food supplies. **NOTE:** For more information about NFS security, see <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. This is an internal VA Web site that is not available to the public. Security measures include but are not limited to:

(a) Controlling keys;

(b) Securing storage areas and equipment;

(c) Restricting access to storage, production, and service areas; and

(d) Providing employee education on prevention of and consequences to theft and misappropriation of federal resources, including food and equipment.

(26) Identifying NFS responsibilities in cultural transformational initiatives within the organization, including collaborative efforts among the interdisciplinary team and residents to facilitate Veteran-centric care. **NOTE:** For more information on cultural transformational initiatives, see [http://vaww.nutrition.va.gov/foodServiceProduction/cultural\\_transformation.asp](http://vaww.nutrition.va.gov/foodServiceProduction/cultural_transformation.asp). This is an internal VA Web site that is not available to the public.

(27) Implementing and evaluating regionally and culturally appropriate menu cycles following VA Healthy Diet Guidelines, available at: [https://vaww.nutrition.va.gov/Nutrition\\_and\\_Food\\_Services\\_Related\\_Directives\\_and\\_Handbooks.asp](https://vaww.nutrition.va.gov/Nutrition_and_Food_Services_Related_Directives_and_Handbooks.asp). **NOTE:** This is an internal VA Web site that is not available to the public. It is required that all VA medical facilities provide healthy diets according to these guidelines, including the Regular Diet.

(28) Conducting NFS Satisfaction Surveys to assess the quality and acceptability of nutrition and food services to inpatients and residents using VA Form 10-0498, which can be found at: [http://vaww.nutrition.va.gov/docs/vaco-docs/FoodandNutritionSurvey\\_10-0498.pdf](http://vaww.nutrition.va.gov/docs/vaco-docs/FoodandNutritionSurvey_10-0498.pdf). **NOTE:** This is an internal VA Web site that is not available to the public. As part of the survey process, the Chief must ensure:

(a) Patients and residents are randomly selected, generally representative of the acute and non-acute patient population, to complete the Satisfaction Survey.

(b) Results are tracked at minimum quarterly and reported in the NFS Annual Report.

(c) Survey return rates are equal to at least 100 percent of the local average daily census (ADC), as measured on a quarterly basis. **NOTE:** *Results of satisfaction surveys for acute care mental health areas are not included or reported in sites' QPI/NFS Annual Report consolidated results given service limitations, as described in Mental Health Environment of Care Checklist (MHEOCC), available at: <http://vawww.ncps.med.va.gov/index.html>.*

(d) Sites may deploy electronic or scannable versions of VA Form 10-0498 to aid in data collection and Veteran service recovery.

(29) Authorizing or making provisions to provide meals to authorized beneficiaries (for example, medical/dental residents, inpatients, and appropriate outpatients, in accordance with available resources and NFS Chief discretion).

(30) Ensuring that training topics are covered to ensure that staff members maintain the competencies required to maintain and improve job performance, and address the knowledge, skills, and abilities appropriate to their job responsibilities.

h. **VA Medical Facility Chief, Voluntary Service.** The Voluntary Service Chief has agreed to:

(1) Provide general orientation and training to volunteers, including training in food safety and sanitation for those volunteers who assist in the service of food.

(2) Collaborate with VA medical facility NFS staff to develop a description of duties and maintain personnel documents for volunteers detailed to NFS.

(3) Collaborate with the NFS Chief on nutrition-related Veteran programs, including but not limited to HTK programs, homeless nutrition programs, guest meals, and food insecurity programs.

i. **VA Medical Facility Chief, Veterans Canteen Service.** The Veterans Canteen Service (VCS) Chief has agreed to:

(1) Comply with this directive at NFS/VCS Integrated Sites.

(2) Collaborate, upon request, with the NFS Chief on nutrition-related activities, including but not limited to farmers markets, interdisciplinary inspections of NFS and VCS kitchens, guest meals, and food insecurity programs.

j. **VA Medical Facility Chief, Employee Education.** The Employee Education Chief has agreed to support training requirements for food service managerial control

and safe food handling, in accordance with the most current, NFAC-accepted FDA Food Code.

k. **Registered Dietitian Nutritionist.** The Registered Dietitian Nutritionist (RDN) is responsible for:

(1) Completing a nutritional analysis when new menu cycles are implemented and, at least annually, for the regular menu and two selected modified diet menus to assure nutritional adequacy. **NOTE:** *Analysis must include at least one week for the following nutrients for the population served: calories, carbohydrates, protein, fat, fiber, sodium, potassium, calcium, and iron.*

(2) Approving menus in advance, which must meet VA Healthy Diet Guidelines, and any menu substitutions. **NOTE:** *If a substitution must be made and the RDN is not available, a supervisor, dietetic technician, or diet aide must determine the diet appropriateness of the substitution, that is, approximate equivalent nutrient value.*

l. **Food Service and Production Personnel.** Food service and production personnel, and any other persons handling food (for example, volunteers, dietitians, nurses, or therapists who are involved in patient food programs), are responsible for adhering to the most current, NFAC-accepted FDA Food Code guidelines on personal hygiene and communicating information on health relating to diseases transmittable by food, as outlined in Appendix A, Employee Health, Personal Cleanliness, and Hygienic Practice.

## 6. TRAINING REQUIREMENTS

a. Employees, volunteers, and work therapy patients must receive food safety training as it relates to their assigned duties. All staff must maintain certification or education requirements appropriate for the position.

(1) Food service managers, supervisors and others who may be described as “person in charge” per the most current, NFAC-accepted FDA Food Code, must hold Food Protection Manager certification.

(2) Cook staff in Office of Personnel Manual (OPM) 7404 series must complete the education requirements every two years or hold Food Protection Manager certification.

(3) Food service staff in OPM 7408 series or any other persons handling food must hold certification as a food handler or complete the education requirements every two years.

(4) Staff assigned in OPM series 7404 and 7408 with position-based diet competencies must complete training on modified diets in the National Nutrition Care Manual. **NOTE:** *The Nutrition Care Manual is available by a national VA subscription to the manual and can be found at:*

*<http://www.nutritioncaremanual.org/sso.cfm?c=informat>. The subscription is only available to VA staff on a VA computer network.*

b. Other training topics must be covered to ensure that staff members maintain the competencies required to maintain and improve job performance, and address the knowledge, skills, and abilities appropriate to their job responsibilities.

## 7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by the requirements of this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any question regarding any aspect of records management, you should contact your facility Records Manager or your Records Liaison.

## 8. REFERENCES

a. 38 U.S.C. 7301(b).

b. VA Office of Finance Policies, available at:  
<https://www.va.gov/finance/policy/pubs/index.asp>.

c. VA Financial Policy, Volume II, Chapter 4, Awards, Ceremonies, Food or Refreshments, Gifts, or Mementos, dated August 31, 2017.

d. VA Financial Policy, Volume XVI, Chapter 1, Charge Card Program, Government Purchase Card Program, dated January 26, 2017.

e. VA Financial Policy, Volume XVI, Chapter 1A, Charge Card Program, Administrative Actions for Government Purchase Cards, dated June 14, 2018.

f. VA Financial Policy, Volume II, Chapter 6, 1358 Obligations, dated July 31, 2018.

g. VA Handbook 5005/80, Part II, Appendix G-20, Dietitian Qualification Standard, dated September 5, 2014.

h. VHA Directive 1171, Management of Patients with Swallowing (Oropharyngeal Dysphagia) and Feeding Disorders, dated April 14, 2017.

i. VHA Directive 1400.09, Education of Physicians and Dentists, dated September 9, 2016.

j. VHA Directive 1438, Clinical Nutrition, dated September 19, 2019.

k. VHA Directive 7707, VHA Green Environmental Management System (GEMS) And Governing Environmental Policy Statement, dated December 29, 2015.

l. VA Form 10-0498, available at: [http://vaww.nutrition.va.gov/docs/vaco-docs/FoodandNutritionSurvey\\_10-0498.pdf](http://vaww.nutrition.va.gov/docs/vaco-docs/FoodandNutritionSurvey_10-0498.pdf). **NOTE:** *This is an internal VA Web site that is not available to the public.*



m. Cultural Transformational Initiatives, Additional Information, available at: [http://vaww.nutrition.va.gov/foodServiceProduction/cultural\\_transformation.asp](http://vaww.nutrition.va.gov/foodServiceProduction/cultural_transformation.asp). **NOTE:** *This is an internal VA Web site that is not available to the public.*

n. FDA Food Code (latest version), available at: <https://www.fda.gov/food/GuidanceRegulation/retailfoodprotection/foodcode/default.htm>.

o. HACCP Plans, Additional Information, available at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

p. Mental Health Environment of Care Checklist (MHEOCC) <http://vaww.ncps.med.va.gov/index.html>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

q. National Dietary Supplements Contract, available at: <https://vaww.vashare.oit.va.gov/sites/communities/NCS-SubsistencePrimeVendor/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

r. National Protocol for Foodborne Illness and Recall Process, available at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

s. NFAC Charter, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

t. NFS Quality and Performance Reports, Additional Information, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/QPI/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

u. NFS Security, Additional Information, available at: <http://vaww.nutrition.va.gov/foodServiceProduction/index.asp>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

v. Nutrition Care Manual, available at: <http://www.nutritioncaremanual.org/sso.cfm?c=informat>. **NOTE:** *The subscription is only available to VA staff on a VA computer network.*

w. U.S. General Services Administration (GSA) Janitorial and Sanitation (JanSan) Purchase Channel, available at: <https://www.gsa.gov/buying-selling/purchasing-programs/federal-strategic-sourcing-initiative/janitorial-and-sanitation-supplies-jansan>

x. VA Healthy Diet Guidelines, available at: [https://vaww.nutrition.va.gov/Nutrition\\_and\\_Food\\_Services\\_Related\\_Directives\\_and\\_Handbooks.asp](https://vaww.nutrition.va.gov/Nutrition_and_Food_Services_Related_Directives_and_Handbooks.asp). **NOTE:** *This is an internal VA Web site that is not available to the public.*

**EMPLOYEE HEALTH, PERSONAL CLEANLINESS, AND HYGIENIC PRACTICE****1. OVERVIEW**

Food service and production personnel and all other persons who handle food are responsible for their own personal hygiene and communicating to their supervisors information on health relating to diseases transmittable by food. Additional information can be found in the most current, Nutrition Field Advisory Committee (NFAC)-accepted Food and Drug Administration (FDA) Food Code. **NOTE:** *The latest version of the FDA Food Code is available at:*

<https://www.fda.gov/food/guidanceregulation/retailfoodprotection/foodcode/default.htm>.

**2. PERSONAL HYGIENE**

a. The employee is responsible for their own personal hygiene, including but not limited to:

(1) Reporting for duty in a clean uniform without visible soils;

(2) Adequate grooming, that is, hair must be clean, styled, and neatly combed so that it will not hinder vision, work performance or cause a safety hazard;

(3) Personal hygiene practices;

(4) Hand hygiene;

(5) Use of proper hair restraint and beard guard; and

(6) Maintaining clean and trimmed fingernails with no polish or artificial nails.

b. The employee is prohibited from wearing any jewelry, except for a single plain band ring. This includes but is not limited to facial jewelry and piercings, gauging, bracelets, watches, necklaces, earrings and visible stud piercings. Medical information jewelry may be worn in the form of a necklace or anklet and must be covered by clothing and not pose a risk to contaminate food.

c. The employee is prohibited from using their personal, portable electronics, unless required and issued by the Department of Veterans Affairs (VA) to meet departmental and VA medical facility needs. Hand hygiene must be performed after using electronic devices, and the electronic devices must be sanitized routinely.

**3. COMMUNICATING INFORMATION ON HEALTH RELATING TO DISEASES TRANSMITTABLE BY FOOD**

a. The employee must report to their supervisor information about their health and activities as they relate to diseases that are transmissible through food.

b. The employee must report to their supervisor if they have any of the following symptoms:

(1) Vomiting.

(2) Diarrhea.

(3) Jaundice.

(4) Sore throat with fever.

(5) A lesion containing pus such as a boil or infected wound that is open or draining and is:

(a) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;

(b) On exposed portions of the arms, unless the lesion is protected by an impermeable cover; or

(c) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

c. The employee must report to their supervisor any illness diagnosed by a health practitioner due to:

(1) Norovirus.

(2) Hepatitis A.

(3) Shigella spp.

(4) Shiga Toxin-Producing Escherichia Coli.

(5) Typhoid Fever (caused by Salmonella Typhi).

(6) Salmonella (nontyphoidal).

d. Employees may be subject to medical clearance when calling off duty for circumstances identified above. Supervisors or Employee Health should reference Food Code Annex 3-Public Health Reasons/Administrative Guidelines for return to work following guidelines listed for Highly Susceptible Populations.

## PROCUREMENT: SUBSISTENCE AND SUPPLIES

### 1. SUBSISTENCE PRIME VENDOR CONTRACT

a. The Subsistence Prime Vendor (SPV) contract is the primary source for subsistence. SPV procurements are through 1358 obligations in accordance with Department of Veterans Affairs (VA) Financial Policy, Volume II, Chapter 6, 1358 Obligations, and is available at: <https://www.va.gov/finance/policy/pubs/volumell.asp>.

b. The SPV contract allows for the procurement of chemical and related supplies through U.S. General Services Administration (GSA) Janitorial and Sanitation (JanSan) Purchase Channel. Specialty supply items not available through JanSan may be purchased through alternate vendors, using standard VA procurement practices. Additional information is available at: <https://www.gsa.gov/buying-selling/purchasing-programs/federal-strategic-sourcing-initiative/janitorial-and-sanitation-supplies-jansan>.

c. In accordance with the VA Healthy Diet Guidelines, Nutrition and Food Services (NFS) procurement strategies and products support sustainable and environmentally sound practices. **NOTE:** *It is highly encouraged that performance improvement activities include efforts to increase sourcing of sustainable food and supply products.*

d. The SPV contract allows for the procurement of dairy, bread, and produce from local vendors. The purchase agreements are negotiated by a local or VISN Contracting Office, utilizing an NFS Contracting Officer Representative (COR). The terms of the purchase agreement must include provisions for: recall notification; ingredient, allergen, and nutrition information (as applicable); and mandated Good Agricultural Practices (GAP) for produce vendors.

e. Payment for non-SPV items may be paid for on a purchase card in accordance with applicable VA Financial and Purchase Card policies. **NOTE:** *Refer to VA Financial Policy, Volume XVI, Chapter 1, Charge Card Program, Government Purchase Card Program, dated January 26, 2017; VA Financial Policy, Volume XVI, Chapter 1A, Charge Card Program, Administrative Actions for Government Purchase Cards, dated June 14, 2018; and VA Financial Policy, Volume II, Chapter 4, Awards, Ceremonies, Food or Refreshments, Gifts, or Mementos, dated August 31, 2017.*

### 2. NATIONAL DIETARY SUPPLEMENTS CONTRACT

a. The National Dietary Supplements Contract is the mandatory source of oral, enteral, and specialty nutrition products, and is available at: <https://vaww.vashare.oit.va.gov/sites/communities/NCS-SubsistencePrimeVendor/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.* Products not available from SPV distribution centers are procured from the manufacturer, using standard VA procurement practices. **NOTE:** *See VHA Directive 1438, Clinical Nutrition Management and Therapy, dated September 19, 2019.*

b. Payment for non-contract items may be paid for on a purchase card in accordance with applicable VA Financial and Purchase Card policies. **NOTE:** *Refer to VA Financial Policy, Volume XVI, Chapter 1; VA Financial Policy, Volume XVI, Chapter 1A, and VA Financial Policy, Volume II, Chapter 4.*

### 3. UNIFORMS AND PROTECTIVE CLOTHING

a. NFS staff uniforms are procured through Environmental Management Services, in accordance to VHA Handbook 1850.04, Employee Uniforms, dated April 6, 2017, which includes additional information on uniforms and dress codes. **NOTE:** *Close-toed shoes are required in food service areas; nonslip soles are recommended.*

b. NFS follows local guidelines for budgeting and acquisition of employee personal protective equipment (for example, freezer wear, safety-toed shoes, gloves, and aprons).