TENDER REF. NO.: KK/196/2026/UPP(TC)

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

THE PROVISION OF CATERING SERVICES TO THE MANAGEMENT OF THE RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF FIVE (5) YEARS

TENDER FEE : $2,000.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 06th October 2026

TIME : 2.00 PM

FOA :

THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM

[NON-CLUSTERING]

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SECTION 2

SPECIFICATIONS

1. General

1.1 In a continuous effort to improve and enhance the quality of healthcare services provided to patients, Raja Isteri Pengiran Anak Saleha Hospital ("RIPAS Hospital" or "the Hospital") requires a qualified catering contractor to provide safe, nutritious, culturally appropriate, and therapeutically suitable meals for patients at RIPAS Hospital and its satellite sites, namely Child Development Centre and Psychiatry Services.

This service forms a critical component of patient care and recovery. The Caterer shall therefore maintain the highest standards in all aspects of service delivery, including food quality and presentation, nutritional adequacy, food hygiene and safety, infection prevention, transportation, timeliness of meal delivery, patient satisfaction, and overall operational performance. The Caterer shall at all times safeguard the reputation and public image of the Hospital.

The Caterer shall be responsible for preparing meals as ordered by the Hospital, managing all necessary logistical arrangements for transporting meals to the Hospital, plating and delivering meals to patients, and collecting and returning food trolleys, trays, crockery, cutlery, and related items after service.

1.2 The catering service shall cater for various patient diet categories, including but not limited to:
1.2.1 General Diet
1.2.2 General Diet (Disposable)
1.2.3 Therapeutic Diets
1.2.4 Children's Diets
1.2.5 First Class Diets

1.3 This specification is developed based on:
1.3.1 Ministry of Health Brunei Darussalam National Dietary Guidelines for Healthy Eating 2020
1.3.2 British Dietetic Association (BDA) Nutrition and Hydration Digest
1.3.3 International Healthcare Catering and Therapeutic Diet Standards
1.3.4 Agency for Clinical Innovation, New South Wales Australia

1.4 The Caterer shall support the Hospital's objectives in:
1.4.1 Nutritional wellbeing and patient recovery
1.4.2 Prevention and management of malnutrition
1.4.3 Management of diet-related diseases
1.4.4 Safe food handling and infection prevention
1.4.5 Provision of therapeutic diets
1.4.6 Patient satisfaction and continuous quality improvement
1.4.7 Promotion of healthy eating practices aligned with Brunei Vision 2035

2. Catering And Nutrition Standards

2.1 The caterer shall comply with:
2.1.1 Ministry of Health Brunei Darussalam National Dietary Guidelines
2.1.2 Brunei Food Safety Regulations
2.1.3 HACCP Principles
2.1.4 Infection prevention and control requirements
2.1.5 International Dysphagia Diet Standardization Initiative (IDDSI)

2.2 Menu shall:
2.2.1 Include a starter, main course, dessert, and beverages.
2.2.2 Meet the patients' prescribed nutritional requirements.
2.2.3 Be culturally appropriate.
2.2.4 Be Halal-certified.

2.2.5 Include healthier cooking methods.
2.2.6 Accommodate requests for **additional complimentary** protein-rich snacks for patients requiring increased protein intake, as prescribed by the MOH Clinical Dietitian, including suitable options such as eggs, fresh milk, or other high-protein alternatives.
2.2.7 Provide hygienically packed beverage options, including tea bags, coffee sachets, packet milk, Milo, and other suitable beverages, and shall ensure that sugar, artificial sweeteners, full cream milk, and low-fat milk are separately provided to accommodate individual patients' prescribed dietary and therapeutic requirements.
2.2.8 Utilize appropriate seasonings that comply with the patients' dietary requirements and restrictions, with preference given to natural herbs, spices, and fresh ingredients.
2.2.9 Restrict the use of artificial seasonings, flavour enhancers, and excessive sodium-containing condiments.
2.2.10 Limit excessive salt, sugar, and fat content.
2.2.11 Promote fruit, vegetable, and fibre intake.
2.2.12 Provide suitable nourishing fluids and fortified options for liquid diets to meet the patients' prescribed daily energy, protein, hydration, and therapeutic nutritional requirements.
2.2.13 Include suitable allergen-free meal options prepared in accordance with prescribed medical requirements and food safety standards to minimize the risk of allergen cross-contamination.
2.2.14 Provide vegetarian meals and other belief- or practice-related diets upon request that meet the patients' prescribed nutritional requirements.
2.2.15 Provide suitable food choices for neutropenic diets that meet the patients' prescribed nutritional and therapeutic requirements while complying with strict food safety and hygiene standards.
2.2.16 Be reviewed and approved by the Food Service Dietitian to ensure compliance with hospital nutritional standards, therapeutic dietary requirements, and patient safety.

2.3 The caterer shall provide nutrition analysis for all menus including:
2.3.1 Energy (kcal)
2.3.2 Protein (g)
2.3.3 Carbohydrate (g)
2.3.4 Fat (g)
2.3.5 Sodium (mg)
2.3.6 Fibre (mg)

2.4 The caterer shall provide a minimum fourteen (14)-day menu cycle including breakfast, lunch, dinner and snacks.

2.5 The Caterer shall employ or engage a qualified and certified Food Service Dietitian who shall liaise and coordinate with the MOH Clinical Dietitian to ensure that the dietary and nutritional requirements of patients are met at all times. Priority shall be given to the employment or engagement of a local Food Service Dietitian unless the Caterer can demonstrate that suitable local recruitment is not possible.

2.6 Any menu proposed by the employed Food Service Dietitian is open for audits by the MOH Clinical Dietitian from time to time.

2.7 The Caterer is expected to propose the different types of therapeutic diets which will have to be approved by the MOH Clinical Dietitian and Ministry of Health, and propose pricing for each type of diet under the categories of General.

2.8 The Caterer shall accommodate all temporary diets required for laboratory tests or investigations, including but not limited to Vanillylmandelic acid (VMA), Catecholamines and Metanephrines, and other special investigation-related dietary requirements, and shall ensure that such diets are appropriately modified to accommodate the patient's prescribed therapeutic dietary requirements, where applicable.

2.9 The Caterer shall provide appropriate temporary post-operative diets, including but not limited to clear fluid diets, full liquid diets, low residue and other medically prescribed transitional diets, and shall ensure that such diets are tailored to the patient's prescribed therapeutic dietary requirements, where applicable.

3. Scope of Work

3.1 Ordering:

3.1.1 The Caterer shall be responsible to provide daily printed menus or digital menu to show and distribute them to patients of the Hospital.

3.1.2 The Caterer shall provide all data and technical coorperation required for configuration of the catering services within BruHIMs system.

3.1.3 The Caterer shall also comply with any feature enhancements or additional requirement relating to BruHIMS that may be required by Ministry of Health.

3.1.4 The Caterer shall propose a digitalized system or mechanism to verify each payment claim based on the requested and delivered meals. The verification process shall be carried out by the Unit Pemakanan.

3.1.5 The Caterer shall be responsible for putting in place a data collection / ordering system in taking and processing meal orders, which is also monitorable by the Hospital. If a similar-functioning system is already implemented at the Hospital, the Caterer is expected to utilize this system accordingly.

3.1.6 On top of taking meal orders via the system, the exact daily meal requirements will be communicated to the Caterer with updated figures and requirements up to an agreed cut-off time before delivery. The Hospital shall have the right to contact the Caterer's representative and to request the supply of extra meals to the Hospital patients in case of urgent admission and last-minute changes. Taking of meal orders must be completed within the ordering window so that there is ample time to produce and prepare the requisite meals for delivery to the patients. The ordering window is proposed below:

Meal	*Final call for taking meal order from User*	*Last meal cancelation request from User*
Breakfast	10.00pm (the day before)	10.00pm (the day before)
Lunch	10.00am	10.00am
High-Tea	1.00pm	1.00pm
Dinner	4.00pm	4.00pm

Note. Subject for further review on a need-to basis

3.1.7 The total number of patient meals to be served will be based on the number of patients admitted as the Hospital will only pay for the patient meals delivered as documented and those that are according to the agreed standards. Details on the number of beds and the estimated bed occupancy rates for the different services of the Hospital are stated in **Schedule A**. The Hospital reserves the right to alter the meal order as required, with due notification being forwarded by **an agreed time**. Breakfast, Lunch, High-Tea and Dinner last order **as mentioned in 3.1.6,** any changes due to additional admission/request will be considered as new charges. Any changes discharge of patient after the Agreed Time of ordering shall be considered claimable.

3.1.8 However, the Caterer is still expected to prepare contingency meals in the event of sudden surge of inpatients or any other requirements.

3.2 Meal Preparation:

3.2.1 Preparing and cooking of patient meals shall be done in the Caterer's own off-site kitchen (not within the Hospital's premises).

3.2.2 The Caterer shall be responsible in ensuring that the entire meal preparation process at the off-site kitchen complies with infection control requirements which among others are as per the following:

- The Caterer stores food and nutrition products using sanitation, temperature, light, moisture, ventilation, and security in a manner that reduces the risk of infection;
- The Caterer prepares food and nutrition products using proper sanitation and procedure; and
- Kitchen sanitation measures are implemented to prevent the risk of cross-contamination.
- The hospital has the right to do random site inspection to check if the Caterer premises is up to the infection control requirement standard.

3.2.3 The Caterer shall comply with dietary requirements (including special diets) provided as specified according to the different categories of patients in Schedule B.
3.2.4 The meals prepared must be of the highest standard and quality in terms of taste, texture, freshness, and colour.
3.2.5 The meals prepared must be halal and free from monosodium glutamate.

3.3 Transportation of Patient Meals to the Hospital
3.3.1 The Caterer shall transport meals from their off-site kitchen to the Hospital.
3.3.2 The Caterer must have an adequate number of vehicles to transport patient meals from their off-site kitchen to the Hospital so as to ensure meals are delivered in a timely manner.
3.3.3 The Caterer must ensure that the transport vehicles are cleaned to maintain food hygiene and reduce the risk of cross-contamination.
3.3.4 The vehicles must be clearly marked with the name/logo of the Caterer and are fully equipped for proper loading/unloading as well as storage for cold and hot meals.
3.3.5 The Caterer is expected to ensure that food hygiene is maintained during loading/unloading of patient meals to/from transport vehicles.

3.4 Delivery of Patient Meals to the Pre-Distribution Areas (Transit)
3.4.1 The Caterer shall unload meals from their vehicles and deliver to the designated pre-distribution areas.
3.4.2 The Caterer must have an adequate number of heated food trolleys to deliver the meals to the pre-distribution areas.
3.4.3 The Caterer shall ensure that the heated food trolleys are well-equipped to maintain the meals' temperature during delivery.

3.5 Plating and Delivery/Distribution of Meals to the Patients
3.5.1 Plating of meals shall be carried out in the designated pre-distribution areas (ward pantry).
3.5.2 The Caterer must ensure that meals are plated in accordance with the Hospital's requirements in terms of portion size, freshness, taste, texture, colour and presentation. Any deviation from these requirements as well as the detection of foreign objects on any patient meal shall severely impact the Caterer's performance rating.
3.5.3 The Caterer shall ensure that the prescribed meal portion sizes are accurate by using standard measuring utensils and by providing appropriate training to stewards, conducted by the Caterer's food service dietitian.
3.5.4 The Caterer must ensure that cutlery sets, crockery sets, and meal trays are adequate daily and presentable in terms of size, colour and shape as approved by the Hospital. The Caterer shall keep extra quantities of cutlery sets, crockery sets, food serving trays and other utensils, and put them in a proper storage.
3.5.5 Each meal must be served with complete crockery, cutlery and meal tray that are thoroughly cleaned prior to plating and serving. Details on the minimum serving sets for guidance are stated in Schedule C.
3.5.6 The Caterer shall submit their proposed crockery, cutlery equipment with pictures and specifications in the tender proposal.
3.5.7 In the event that the meals served do not comply to the standards and requirements of the Hospital, the Caterer shall replace the meals immediately at no additional cost i.e., not claimable for payment.
3.5.8 The Caterer must have an adequate number of service trolleys to deliver the meals to the patients of the Hospital so as to ensure meals are delivered in a timely manner.
3.5.9 The Caterer is expected to cause minimal disturbance as noise must be kept to a minimum when delivering the meals.
3.5.10 The Caterer must deliver the meals to the patients within the serving window (serving times) as set by the Hospital. Details on serving times are stated in Schedule C.
3.5.11 The Caterer shall be expected to have a number of meals on-site as back up to cater for patients who may have been admitted urgently during the day.

3.6 Collection of Meal Trays, Cleaning, and Disposal of Waste
3.6.1 The Caterer shall collect meal trays after completion of meals at the **earliest 2 hours** after the meals are served.
3.6.2 The Caterer shall dispose food waste immediately and wash/clean the dirty cutleries, crockeries, meal trays, and catering equipment thoroughly and keep them in storage properly.

3.6.3 The Caterer shall be responsible for the proper disposal of all waste related to the catering services including any used cooking oil, food waste and dirty disposable items. The waste should not be thrown into any of the bins available in the facilities. Any improper disposal of waste will severely impact the Caterer's performance rating.

3.6.4 The Caterer shall have adequate rubbish trollies, rubbish/garbage bins and garbage plastic bags for effective management of the waste.

3.6.5 The Caterer shall have proper means of transportation of their waste to the appropriate rubbish dumping area (located off-site).

4. Staffing Requirement

4.1 The Caterer shall provide existing or proposed *Curriculum Vitae* as part of their proposal for the positions listed below:

4.2 The Caterer shall provide:

4.2.1 Catering manager

4.2.2 Food Service Dietitian

4.2.3 Nutritionist (Optional)

4.2.4 Diet chef(s)

4.2.5 Food service supervisors

4.2.6 Food handlers trained in:

- Food hygiene
- Therapeutic diets
- Allergen management
- Infection prevention
- International Dysphagia Diet Standardisation Initiative (IDDSI) standards

5. Service Quality

5.1 Quality Control

5.1.1 The Caterer shall be subject to periodical quality control inspections by the Ministry of Health (Department of Environmental Health Services) to ensure that all the relevant regulations are rigorously observed, and that the overall environment upholds the highest hygienic standards. The results of these inspections are to be submitted to the Hospital.

5.1.2 The Caterer must ensure that all food purchasing, storage, preparation, cooking, distribution and serving shall be in accordance with relevant legislation, standards, and infection control requirements. Any certification/accreditation are to be submitted to the Hospital.

5.1.3 The Caterer shall be required to meet strict quality standards, parameters and criteria both in terms of the quality of the supplied product and in terms of the service provided including but not limited to delivery, timeliness, hygiene, transport, staff training, etc. The Caterer shall ensure that all the equipment is in working order and properly maintained.

5.1.4 The Caterer shall keep a sample of all food items made available on the day's menu. The samples are to be taken just before being dispatched from the off-site kitchen. The Caterer shall advice the Hospital of any cases of food poisoning as soon as they occur.

5.1.5 The Caterer shall be responsible to perform, at its expense, a periodical bacteriological analysis of each of the constituents of a full meal, or as otherwise directed by the Hospital and/or Ministry of Health. The tests/analyses are to be conducted at a Ministry of Health certified laboratory. The results of these analyses/tests are to be submitted to the Hospital.

5.1.6 The Caterer shall be responsible to conduct a regular survey for the patients on the quality of their delivery of the Catering Services throughout the duration of the Agreement. The results of this survey are to be submitted to the Hospital on a monthly basis.

5.1.7 The Hospital and the Caterer shall hold monthly meetings (or at any time at the request of either party) in relation to the quality of the Catering Services provided or to discuss any problems that may have arisen, the quality of the services provided, and improvements that may be required and complaints of patients and hospital staff.

5.1.8 The Hospital reserves the right to demand the improvement or replacement of any services provided by the Caterer, if in its opinion such a service is not up to standard.

5.2 Catering Staff Standards

5.2.1 The Caterer shall at all times maintain a staff complement, which the Hospital considers adequate and suitable for efficient and expeditious operation of the Catering Services to be provided. The Caterer shall provide additional staff, upon instructions to this effect by the Hospital.

5.2.2 The Caterer shall ensure that all food-handling employees attend a Food Handlers Training Course. The Head Chef / Catering Manager / Accountant / Supervisory / Leading Hands & other Management staff must hold recognized qualifications in their respective specialty.

5.2.3 The Caterer shall ensure that all staff employed is properly trained. In the case of supervisory and management staff, all are to be in possession of recognised qualifications and certificates related to their area of work.

5.2.4 The Caterer shall maintain an accredited on-going staff-training programme.

5.2.5 The Caterer shall ensure that all catering staff wear a uniform, including a headdress (where applicable), as required by the relevant regulation/standards.

5.2.6 The Caterer shall provide uniforms, which shall be to the satisfaction of the Client for such employees or other authorised representatives wear a means of identification.

5.2.7 The Caterer shall provide safety and protective clothing and safety equipment for all employees deployed at the catering department as required in the course of their duties. The Caterer shall also provide the necessary personal protective equipment for all their employees, agents and sub-Caterers.

5.2.8 The Caterer, its employees or agents, shall not cause or permit any nuisance, annoyance or cause damage, inconvenience or discomfort to any person at any of the Hospital.

5.2.9 The Hospital shall have the right at any time to request the Caterer to remove/replace from the hospital's site any person representing the Caterer or employed by the chosen Caterer.

5.2.10 The Caterer shall nominate and appoint a manager fully responsible for the management of the Catering Services provided by the Caterer at the Hospital.

5.2.11 The Caterer shall utilize the services of a Dietitian/Nutritionist, who will liaise with the Hospital's Dietitian/Nutritionist to ensure that the dietary requirements of the patients in the Hospital are met.

5.2.12 The Caterer shall ensure that management / head chef are knowledgeable in hospital dietary requirements.

5.3 Supervision

5.3.1 The Hospital and/or its representatives shall have the right at all times, during the term of the Contract to enter into the catering areas used by the Caterer and examine any part thereof.

5.3.2 Regular food inspection for testing of quality, appearance, taste and portion size, shall be held at the discretion of the Hospital management. The Hospital or its representative shall also have the right to inspect on a regular basis, the Caterer's off-site kitchen and any other location involved in the provision of the Catering Service to ensure that the conditions of the Caterer and the standard of service is being followed.

5.4 Food Service Dietitian

5.4.1 Plan, develop, review and approve all hospital menus.

5.4.2 Ensure menus are nutritionally balanced and comply with Ministry of Health guidelines, therapeutic diet standards and hospital requirements.

5.4.3 Develop cycle menus with approved portion sizes and nutritional values.

5.4.4 Ensure menu variety, cultural suitability and patient acceptability.

5.4.5 Review menus periodically and recommend improvements.

5.4.6 Prescribe and verify therapeutic diets based on doctors' orders and patient requirements.

5.4.7 Provide dietary guidance for special cases.

5.4.8 Ensure correct preparation and serving of general and therapeutic meals.

5.4.9 Monitor compliance with prescribed diets.

6. Premise (Pre-Distribution Areas)

6.1 The Caterer will be allocated pre-distribution areas within the Hospital facility for convenience of necessary preparation prior to distribution of food to the patients.

6.2 The Caterer shall contribute towards enhancing the image of the facilities by carrying out the following:

6.2.1 The Caterer needs to provide the allocated pre-distribution areas with the needful necessities such as cold storage, furniture, and fixtures and fittings where necessary.
6.2.2 The Caterer shall finance towards the cost of supplying, installing, commissioning and maintenance of any related equipment and furniture including directional signage.
6.2.3 The Caterer at all times shall be responsible for maintenance of the infrastructure, replacements of electrical fittings and equipment. Any damages to the facilities shall be borne by the Caterer and must be reported to the Hospital.
6.2.4 The proposed building modifications must be submitted to the Hospital for permission before its implementation.
6.2.5 The Caterer shall provide cleaners to ensure the allocated premise/pre-distribution area are maintained to the highest standard of cleanliness so as to reduce the risk of cross-contamination.
6.2.6 The Caterer shall provide adequate equipment and tools for cleaning the allocated pre-distribution areas.

7. Security

7.1 The Caterer shall ensure that its employees are aware to the security and other regulations of the Hospital and that they fully comply with such regulations. Pilferage and damage caused to any items belonging to the Hospital will be borne by the Caterer.

7.2 For admission into the Hospital facilities, the Caterer, its employees, agents and sub-contractors must have security passes issued by the Caterer. For that purpose, the Caterer shall submit list of details of employees, agents and sub-contractors with pictures who have been tasked by the Caterer to perform the Catering Services. No employee, agent or sub-contractor of the Caterer shall be admitted into the facilities nor shall such employee, agent or sub-contractor be permitted to perform the Catering Services unless he/she has been issued with a security pass.

7.3 The Caterer, its employees, agents and sub-contractors shall only have access to areas prescribed by the Hospital. They are also liable to be security checked both on their person, their locker or their vehicle.

7.4 The Caterer, its employees, agents and sub-contractors shall not enter the Hospital facilities for any purpose other than that specified for the Catering Services.

8. Business Continuity Plan (BCP)

8.1 The Contractor shall develop, maintain and implement a Business Continuity Plan (BCP) to ensure uninterrupted hospital catering services throughout the Contract Period.

8.2 The BCP shall include contingency arrangements for any disruption affecting catering operations, including but not limited to:
8.2.1 Kitchen facility failure, equipment breakdown, power or water disruption;
8.2.2 Shortage of food supplies, manpower or essential resources; and
8.2.3 Food safety incidents, emergencies or unforeseen events.

8.3 The Contractor shall ensure the availability of:
8.3.1 Alternative food preparation arrangements or backup kitchen facilities;
8.3.2 Adequate manpower and transportation arrangements to maintain meal preparation and delivery services.

8.4 In the event of any disruption, the Contractor shall immediately notify the Hospital and activate the relevant BCP measures to ensure continuity of meal services.

8.5 The Contractor shall submit the BCP to the Hospital for approval within **thirty (30) days from the commencement of the Contract** and shall update the plan whenever necessary.

9. Claims And Payment

9.1 The Caterer shall only claim payment for the **number of meals delivered to the patients**, which are based on the **number of requisite meals confirmed by the agreed cut-off time**.

9.2 The Caterer's performance will be assessed every month based on a set of key performance indicators and their respective targets as specified in **Schedule D**.

9.3 The Hospital reserves the right to terminate the Agreement for the Catering Services if the Caterer's performance is not up to the standard of the Hospital or consistently falls below the Hospital's standards.

9.4 The Caterer shall prepare itemized billing for each facility under the Hospital.

9.5 The Caterer shall prepare and submit billing/invoice on a weekly basis and address respectively to:

Chief Executive Officer Special Grade
Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital
Ministry of Health
Negara Brunei Darussalam

10. Exit Clause

10.1 The Government reserves the right to terminate this contract early under the following circumstances:

10.1.1 Persistent failure by the Tenderer to meet KPIs despite repeated warnings and corrective action notices.

10.1.2 Engagement in illegal activities, subletting, or unauthorized use of the premises.

10.1.3 Major disruption to hospital operations or violation of MoH rules and regulations.

10.1.4 Force majeure events that make it impossible to operate (e.g., disasters, pandemics).

11. Termination Clause

11.1 Either party may terminate the contract by giving 90 days' written notice to the other party.

11.2 The Government may terminate immediately without notice if there is gross misconduct, breach of contract, non-compliance with health & safety regulations, or illegal activity.

11.3 Upon termination, the Tenderer shall:

11.3.1 Cease operations immediately; and

11.3.2 Remove all equipment, signage and personal property from the premises;

SCHEDULE A

NUMBER OF BEDS AND ESTIMATED BED OCCUPANCY RATES

SCHEDULE A

1. NUMBER OF BEDS BY SITE

1.1 Raja Isteri Pengiran Anak Saleha Hospital

Block 10

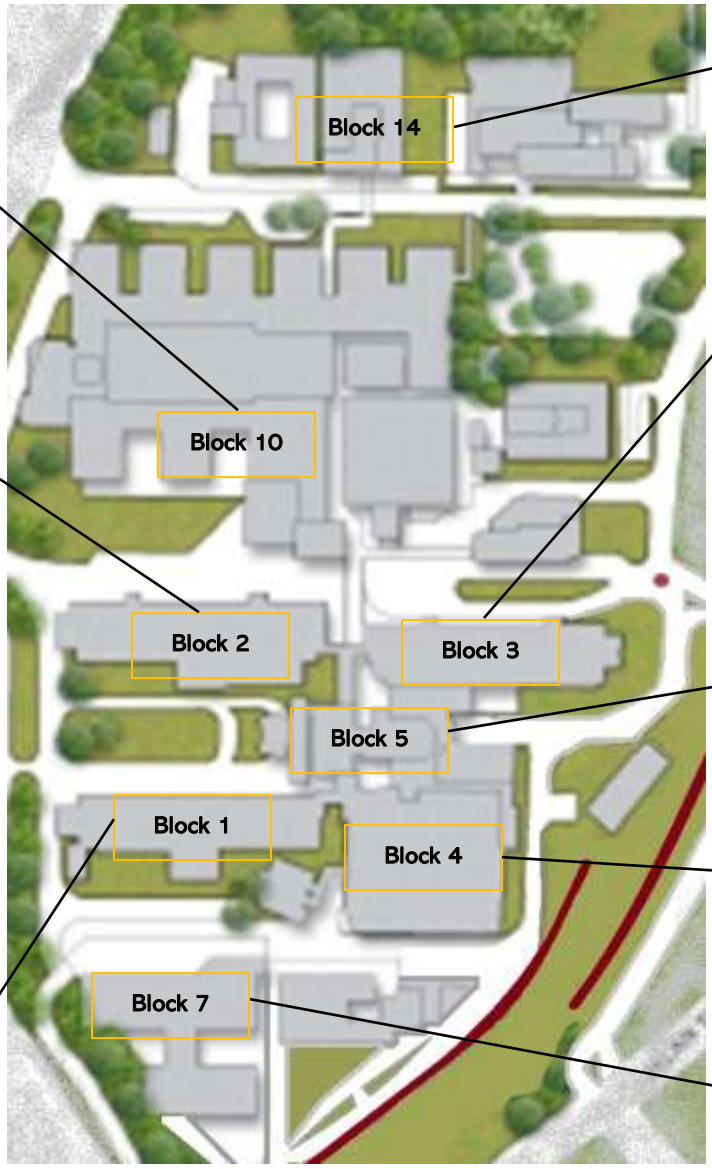
Level	Ward /Unit	No. Of Beds
G	Emergency Department	63

Block 2

Level	Ward /Unit	No. Of Beds
G	Ward 3	24
	Ward 4	36
1	ICU 2	18
2	Ward 15	12
	Ward 16	14
	Bunga Raya	1
	Bunga Mawar	1
3	Ward 21	26
	Ward 22	21
	Bunga Tanjong	1
	Bunga Melati	1

Block 1

Level	Ward /Unit	No. Of Beds
G	Ward 1	27
	Ward 2	26
1	Ward 6	28
	Day Care Unit	16
	Ward 7	25
2	Ward 12	24
	Ward 14	24
3	Ward 19	28
	Ward 20	22
	Bunga Gadong	1
	Bunga Kedundum	1
4	Ward 23	12
	Ward 25	22



Block 14

Level	Ward /Unit	No. Of Beds
2	Endoscopy Unit / Gastroscopy	7

Block 3

Level	Ward /Unit	No. Of Beds
1	Ward 10	8
	Ward 11	36
	Bunga Anggerek	1
	Bunga Chempaka	1
2	Ward 17	22
	HDU	4
	Ward 18	26
3	ICU 1	9
	Renal Dialysis Unit	20

Block 5

Level	Ward /Unit	No. Of Beds
6	Bunga Kuning Suite	4

Block 4

Level	Ward /Unit	No. Of Beds
1	ICU 3	13
2	Hematology Unit	23

Block 7

Level	Ward /Unit	No. Of Beds
1	Dayward / Delivery Suite/ 1st Stage / HDU	40
3	PICU/ HDU1&2/APU	69
5	Ward 26 & 27	40
6	Ward 28 & 29	38
7	Ward 30 & 31	52
8	Ward 32 & 33	52
9	Ward 34 & 35	24

1.2 Child Development Centre and Psychiatry Services, Kiarong

Child Development Centre

Level	Programme	No. Of Children
G	EDP	20
	Toddler	20

Psychiatry Services

Level	Ward/Unit	No. Of Beds
G	Male Ward	16
	Female Ward	16
	Rehabilitation	30

2. TOTAL NUMBER OF BEDS & TYPES OF MEALS REQUIRED BY TYPE OF SERVICE

Facilities / Services		No. of Beds	Type of Meals
Raja Isteri Pengiran Anak Saleha Hospital **Child Development Centre** **and** **Psychiatry Services**	Medical	224	General and Therapeutic
	Surgical	158	General and Therapeutic
	Critical Care	46	General and Therapeutic
	Obstetrics & Gynaecology	135	General and Therapeutic
	Paediatric	73	Children and General (**for carer -** only if patient is child whose age is below 1 year old)
	1st Class A1	10	1st Class and Therapeutic 1st Class
	1st Class A2	3	1st Class and Therapeutic 1st Class
	1st Class A3	41	1st Class and Therapeutic 1st Class
	Isolation	62	General (Disposable)
	Day Care Facility	94	General
	Renal Dialysis Unit	18	Therapeutic
	Seclusion / Security	34	General (Disposable)
	Bunga Kuning Suite	4	1st Class and Therapeutic 1st Class
	Child Development Centre	40	Children

3. BED OCCUPANCY RATES BY FACILITY/SERVICE (as at July 2020)

3.1 Bunga Kuning Suite

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Weekly)
		Active	Not Active	
1	Bunga Kuning Suite	3	1	80

3.2 1st Class A1

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Weekly)
		Active	Not Active	
1	Bunga Gadong	1	0	80
2	Bunga Kedundom	1	0	80
3	Bunga Raya	1	0	80
4	Bunga Mawar	1	0	80
5	Bunga Tanjong	1	0	80
6	Bunga Melati	1	0	80
7	Bunga Anggerek	1	0	80
8	Bunga Chempaka	1	0	80
9	Bunga Dahlia	1	0	80
10	Bunga Tasbih	1	0	80

3.3 1st Class A2

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Weekly)
		Active	Not Active	
1	Room at Ward 16	1	0	90
2	Room at Ward 20	1	0	92
3	Room at Ward 22	1	0	70 - 80

3.4 1st Class A3

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
1	Room at ward 16	9	0	92
2	Room at ward 20	4	0	90
3	Room at ward 22	4	0	70 - 80
4	Room at ward 23	8	0	80 - 100
5	Room at ward 34	6	0	80
6	Room at ward 35	10	0	80

3.5 General Wards (Medical, Surgical, Critical Care, Obstetrics & Gynaecology, Paediatric)

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
1	Ward 1	0	27	-
2	Ward 2	0	26	-
3	Ward 3	24	0	80-90
4	Ward 4	0	36	70-80
5	Ward 17	22	0	100
6	Ward 18	26	0	100
7	Ward 19	27	1	100
8	Ward 20	14	1	90
9	Ward 21	27	1	92
10	Ward 22	12	0	70-80
11	Ward 6	27	0	81
12	Ward 7	27	0	80
13	Sleep Lab (Wd 10)	0	1	-
14	Ward 11	25	1	100
15	Ward 12	24	1	100
16	Ward 14	24	1	90-100
17	Ward 25	6	18	50
18	Burn Unit	4	0	60-80
21	Paediatric ICU - PICU (L3)	3	5	10
22	HDU 1 (L3)	5	2	10
23	HDU 2 (L3)	11	0	36
24	Acute Paediatric Unit - APU (L3)	34	5	12
25	Ward 26 General Ward (L5)	4	0	36
26	Ward 27 General Ward (L5)	26	0	30-50
27	Ward 28 Oncology Ward (L6)	4	0	14
28	Ward 29 - Haematology Ward (L6)	28	0	10
29	1St Stage Labour Room	11	0	30-50
30	High Dependency Unit	4	0	20-30
31	VIP Delivery Suite	1	0	80
32	Delivery Suite	10	2	80
33	Admission / Assessment Room (L1)	3	0	10-20
34	Ward 30 – Gynaecology Ward (L7)	23	1	100

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
35	Ward 31 – Postnatal Ward (L7)	28	0	100
36	Ward 32 – Antenatal Ward (L8)	19	5	100
37	Ward 33 – Postnatal Ward (L8)	24	4	100
38	ICU 1 - Medical Intensive Care Unit (Bk 3 L3)	9	0	100
39	ICU 2 - Surgical Intensive Care Unit (BK 2 L1)	16	2	100
40	ICU 3 - Surgical Intensive Care Unit (BK 4 L1)	13	0	90-100
41	Coronary Care Unit (Bk 3 L3)	6	0	50

3.6 Day Care Facility (RIPAS Hospital and Psychiatry Services)

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
1	Dayward Surgical	6	0	100
2	Dayward O&G	16	0	100
3	Dayward Emergency Department	8	0	100
4	P1 Adult, Emergency Department	5	0	90-100
5	P2 Adult, Emergency Department	24	0	100
6	P1 Children Emergency, Emergency Department	1	0	90-100
7	P2 Children Emergency, Emergency Department	5	0	90-100
8	Haematology Unit	16	0	90-100
9	Gastroenterology & Hepatology Unit	7	0	90-100
10	MALU Kiarong	8	0	60
11	FALU Kiarong	8	0	40

3.7 Isolation

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
1	Ward 15	11	1	80-90
2	Ward 16	13	0	45-50
3	Ward 23	1	0	80-100
4	Ward 25	2	0	50
7	Paediatric ICU - PICU (L3)	2	0	10
8	HDU 1 (L3)	2	0	10

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
9	Acute Paediatric Unit - APU (L3)	2	0	12
10	Ward 26 - Isolation Ward (L5)	10	0	36
11	Ward 28 - Oncology Ward (L6)	10	0	14
12	Ward 35 – Postnatal Ward (L9)	2	0	50
13	Ward 10	1	0	20-25
14	Old CCU	1	0	60

3.8 Seclusion / Security (RIPAS Hospital and Psychiatry Services)

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
1	Male Ward Psychiatry Kiarong	16	0	80-100
2	Female Ward Psychiatry Kiarong	16	0	100
3	Room at Ward 20	1	0	90
4	Room at Ward 22	1	0	70-80
5	Rehabilitation	30		100

3.9 Renal Dialysis Unit

No.	Department / Wards / Unit	No. Of Beds		Average Occupancy rate % (Daily)
		Active	Not Active	
1	General Beds	16	0	100
2	Peritoneal Dialysis Room	1	0	50
3	Isolation Room	1	0	100

3.10 Child Development Centre

No.	Programme	Maximum No. Of Patients Daily **Breakfast**	Maximum No. Of Patients Daily **Afternoon Tea**
1	EDP	20	15
2	Toddler (Thursday & Saturday only)	20	0

Note: The figures for Child Development Centre show the maximum number of children registered. The average no. of patients per day will vary.

SCHEDULE B

MEAL STRUCTURE GUIDE & MENU

SCHEDULE B

1.1 The Caterer shall comply with the meal structure requirements specified in this Section when preparing the proposed sample menus under **Section 3, Schedule A.2 – Proposed Diet Meals**. The meal structure shall clearly distinguish between the General Diet and the 1st Class Diet.

1.2 Therapeutic diets shall follow the meal structure of the General Diet unless otherwise required by the prescribed dietary specifications. Where a therapeutic diet restricts or excludes certain food items, such as a Liquid Diet, the Caterer shall provide only the food items that are appropriate for the prescribed therapeutic diet while ensuring that the nutritional requirements are met.

1.3 Children/Paediatric diets shall follow the meal structure of the General Diet unless otherwise specified for the respective age group. For infants aged **6 to 12 months**, the Caterer shall provide only age-appropriate baby food and fluids in accordance with the prescribed dietary requirements and feeding guidelines.

1.4 Breakfast

Starter	+	**Main** Carbohydrate + Protein	+	**Beverage** Water + Other Beverage

No.	Course				1st Class	General
a	**Starter** (*One* of the following):					
	1	Roll / Malay Cake			✓	✓
	2	Cereal / Oat			✓	✓
	3	Fresh Yogurt (Fat free)			✓	
b	**Main**					
	1	Carbohydrate (*One* of the following):				
		1.1	Rice / Noodle		✓	✓
		1.2	Porridge		✓	✓
		1.3	Bread (One of the following):			
			1.3.1	Bun	✓	✓
			1.3.2	Doughnut	✓	✓
			1.3.3	Pau	✓	✓
			1.3.4	Roti Canai / Murtabak	✓	
	2	Protein (*One* of the following):				
		2.1	Eggs (x 2)		✓	✓
		2.2	Chicken		✓	✓
		2.3	Beef		✓	✓
		2.4	Fish		✓	✓
		2.5	Prawn		✓	✓
c	**Beverages**					
	1	Bottled Water (RO Water)			✓	✓
	2	Other Beverages (*One* of the following for General) OR (Juice + *One* of the others for 1st Class):				
		2.1	Juice (No sugar added)		✓	
		2.2	Coffee		✓	✓
		2.3	Tea		✓	✓
		2.4	Milo		✓	✓
		2.5	Low Fat Milk / Full Cream		✓	✓

1.5 Lunch / Dinner

Starter	+	**Main** Carbohydrate + Protein + Vegetable	+	**Dessert**	+	**Beverage** Water + Other Beverage

No.	Course			1st Class	General
a	**Starter** (*One* of the following):				
	1	Soup		✓	✓
	2	Pickles or Salad		✓	
	3	Dim Sum / Sushi		✓	
b	**Main**				
	1	Carbohydrate (*One* of the following):			
		1.1	Rice / Pasta / Potatoes	✓	✓
		1.2	Porridge	✓	✓
	2	Protein (*One* of the following):			
		2.1	Chicken	✓	✓
		2.2	Beef	✓	✓
		2.3	Fish	✓	✓
		2.4	Lamb	✓	
		2.5	Prawn	✓	
		2.6	Mussel	✓	
		2.7	Squid	✓	
	3	Vegetables		✓	✓
c	**Desserts** (Fruits for General) OR (Fruits + *One* of the others for 1st Class)				
	1	Fruits		✓	✓
	2	Cake		✓	
	3	Ice Cream		✓	
d	**Beverages**				
	1	Bottled Water (RO Water)		✓	✓
	2	Other Beverages (*One* of the following for **General**) OR (Juice + *One* of the others for **1st Class**):			
		2.1	Juices (No sugar added)	✓	
		2.2	Coffee	✓	✓
		2.3	Tea	✓	✓
		2.4	Milo	✓	✓
		2.5	Low Fat Milk / Full Cream	✓	✓

1.6 Afternoon Tea

Main Carbohydrate + Protein	+	**Dessert**	+	**Beverage** Water + Other Beverage

No.	Course			1st Class	General
a	**Main (***One* of the following):				
	1	Bread / Baked Buns / Sandwiches		✓	✓
	2	Cake / Assorted Pastries / Malay Cake		✓	✓
	3	Biscuits (x2)		✓	✓
b	**Desserts** (*One* of the following):				
	1	Bubur Kacang		✓	
	2	Ice Cream		✓	
c	**Beverages**				
	1	Bottled Water (RO Water)		✓	✓
	2	Other Beverages (*One* of the following for **General**) OR (Juice + *One* of the others for **1st Class**):			
		2.1	Juices (No sugar added)	✓	
		2.2	Coffee	✓	✓
		2.3	Tea	✓	✓
		2.4	Milo (No added sugar)	✓	✓
		2.5	Low Fat Milk / Full Cream (Pack)	✓	✓

1.7 **Condiments, Sauces & Others**

The Caterer shall serve meals with condiments, sauces, and others, where appropriate, depending on the menus approved by the Hospital. Portion sizes should adhere to the minimum as per the guidelines below:

No.	Items	Portion Size
1	Salt	1 Sachet
2	Pepper	1 Sachet
3	Tomato Ketchup	1 Sachet
4	Chili Sauce	1 Sachet
5	Jam / Marmalade	14g
6	Unsaturated Margarine	10g
7	Honey	14g
8	Gravy	50ml
9	Dressing	20ml
10	Sugar / sweetener	1 sachet
11	Creamer	1 sachet

2 MENUS

2.1 Menus for all categories shall be rotated every two (2) weeks unless instructed otherwise by the Hospital.

2.2 Menus shall be revised semi-annually (every six months) unless instructed otherwise by the Hospital.

2.3 Any menu revision shall be approved by the Hospital following food tasting/sampling session(s) organized by the Caterer.

SCHEDULE C

SERVING REQUIREMENTS

SCHEDULE C

1 SERVING REQUIREMENTS

1.1 1st Class

No.	Description
1	Three-food compartment plate White colour 2.5 cm depth (co-polymer)
2	Tray
3	Tray mat
4	Tea cup
5	Tea saucer
6	Milk jug
7	Sugar bowl
8	Dessert plate
9	Salad bowl
10	Tea pot
11	Coffee pot
12	Soup cup w/sauce
13	Juice glass
14	Table knife (High grade stainless steel)
15	Table spoon (High grade stainless steel)
16	Table fork (High grade stainless steel)
17	Soup spoon (High grade stainless steel)
18	Dessert knife (High grade stainless steel)
19	Dessert spoon (High grade stainless steel)
20	Cereal Bowl
21	Salad bowl
22	Service Trolley

1.2 General

No.	Description
1	Meal delivery insert tray lid (co-polymer)
2	Tray
3	Tray mat
4	Side plate
5	Tumbler
6	Cup and Saucer
7	Table spoon (stainless steel)
8	Table fork (stainless steel)
9	Teaspoon (stainless steel)
10	Hot Beverage Container (co-polymer)

1.3 Isolation Ward/Rooms and Seclusion and Security Room/Ward

1.3.1 Disposable containers, cups and utensils are to be used in place of the regular crockery and cutlery.

1.4 The Caterer shall provide all stationery consumables required for daily meal ticketing operations, including sticker paper, A4 paper, and printer ink.

2 SERVING TIMES

2.1 For RIPAS Hospital and Psychiatry Services, the Caterer shall ensure that the meals shall be ready for patients' consumption at the following times every day:

Breakfast	**:**	**7.45 am – 8.15 am**
Lunch	**:**	**11.45 am – 12.30 pm**
Afternoon Tea	**:**	**3.00 pm – 3.30 pm**
Dinner	**:**	**5.30 pm – 7.30 pm**

2.2 For Child Development Centre, the Caterer shall ensure that the meals shall be ready for patients' consumption at the following times every day:

Breakfast	**:**	**9.45 am – 10.15 am**
Afternoon Tea	**:**	**2.15 pm – 2.45 pm**

SCHEDULE D

KEY PERFORMANCE INDICATORS

SCHEDULE D

1. KEY PERFORMANCE INDICATORS

1.1 The Caterer's performance will be measured against a set of Key Performance Indicators (KPIs) grouped into four (4) categories as follows:

1.1.1 **Level 1: Compliance to Patient Safety**

The Caterer shall ensure that all meals are prepared and served in accordance with the prescribed diet orders, therapeutic diet requirements, food allergy precautions, and other patient-specific dietary requirements. Any non-compliance that may compromise patient safety or health shall be regarded as a critical breach.

1.1.2 **Level 2: Compliance to Infection Control Standards**

The Caterer shall comply with all applicable food safety, hygiene, infection prevention and control requirements throughout food purchasing, storage, preparation, cooking, transportation, distribution and serving. Meals shall be free from contamination and foreign objects at all times.

1.1.3 **Level 3: Compliance to Quality Standards**

The Caterer shall ensure that all meals meet the required standards for taste, texture, portion size, cooking quality, presentation, cleanliness of serving equipment, and completeness of meal service in accordance with the specifications of the Agreement.

1.1.4 **Level 4: Compliance to Operational Standards**

The Caterer shall ensure that meals are delivered and served according to the agreed schedule, meal trays are collected promptly, customer service is delivered professionally, and all staff comply with the Hospital's operational and security requirements.

1.2 The KPIs and their targets are stated below:

No.	Key Performance Indicator/s	Weightage
	LEVEL 1: Compliance to Patient safety	
1	Patient given food according to diet requirements recommended by dietitian and speech therapy. *Inclusion of therapeutic diets that are modified in texture – SS2, SS3. SS4, Minced and Puree	**$250 for each noncompliance + meal replacement**
2	Food safety ensured to patient – no spoilage, moldy, putrefaction, etc. (any that will implicate and deter patient's health when consumed)	
3	Staff aware of food allergy hazards (i.e., Lactose intolerant, seafood, nuts.)	
	LEVEL 2: Compliance to Infection Control standard	
4	No foreign objects were found/detected in the patient's meal	
5	The caterer's kitchen and/or pre-distribution areas do not fail health inspection in areas pertaining to food purchasing storage, preparation, cooking, distribution and serving shall be in accordance with relevant legislation, standard, and infection control requirements	**$150 for each noncompliance + meal replacement**
6	No foreign matter found/detected in the bacteriological analysis of each of the constituents of a full-meal	
	LEVEL 3: Compliance to quality standards	
7	Meals or constituents of meals are neither under/over cook	
8	Portion meals are as per specification	
9	The texture or constituents of the meal are as per standard (Full diet and Children)	**$100 for each noncompliance**
10	The taste of meals is as per standard (finalized after the food testing session)	
11	Meals served are presentable, clean and complete with cutlery and crockery that are set as per specification	
	LEVEL 4: Compliance to Operational standards	
12	Meals are transported to the hospital premises as scheduled (truck)	
13	Meals are served to the patients and collection of meal trays as scheduled according to requirement.	**$50 for each noncompliance**
14	No complaints from the public or the Hospital staff on Caterer's customer service	
15	The caterer's staff do not breach the security protocol of the Hospital	

1.3 A final performance rating will then be calculated based on how the Caterer deliver the targets of the KPIs.

SCHEDULE E

DIETARY REQUIREMENTS AND GUIDELINES

1. GENERAL AND THERAPEUTIC DIET SPECIFICATIONS

1.1 General Adult Diet

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60g/day
Carbohydrate Requirement	225–275 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	550–600 kcal	15 g	65–75 g
Lunch	550–600 kcal	20 g	65–75 g
Afternoon Snack	150–200 kcal	5 g	30–50 g
Dinner	550–600 kcal	20 g	65–75 g
Total / day	**1800-2000 kcal**	**60 g**	**225-275 g**

Menu Requirements:
- Daily fruit and vegetables
- Reduced fried foods
- Low sugar beverages
- Lean protein sources
- Reduced processed foods

1.2 Diabetic Diet

a) Adult wards at main RIPAS Hospital

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60 g/day
Carbohydrate Requirement	200–225 g/day (45-50%)
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	550–600 kcal	15 g	60–65 g
Lunch	550–600 kcal	20 g	60–65 g
Afternoon Snack	150–200 kcal	5 g	20–30 g
Dinner	550–600 kcal	20 g	60–65 g
Total / day	**1800-2000 kcal**	**60 g**	**200-225 g**

b) Adult wards at Women and Children Centre

Component	Requirement
Energy Requirement	1600 kcal/day
Protein Requirement	55 g/day
Carbohydrate Requirement	200 g/day (50%)
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	450 kcal	10 g	60 g
Lunch	500 kcal	20 g	60 g
Afternoon Snack	150 kcal	5 g	20 g
Dinner	500 kcal	20 g	60 g
Total / day	**1600 kcal**	**55 g**	**200 g**

Menu Requirements:

- Controlled carbohydrate portions
- Prioritize Low Glycaemic Index foods
- Wholegrain option at least once daily
- High fibre foods to manage blood glucose and promote satiety
- Lean protein sources
- Limit fried foods
- Fresh fruit encouraged and portion controlled
- No sugar-sweetened beverages, snacks and dessert
- Artificial sweetener option
- Restrict processed foods

1.3 Weight Reducing Diet

Component	Requirement
Energy Requirement	1600 kcal/day
Protein Requirement	60 g/day
Carbohydrate Requirement	200 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	450 kcal	15 g	60 g
Lunch	500 kcal	20 g	60 g
Afternoon Snack	150 kcal	5 g	20 g
Dinner	500 kcal	20 g	60 g
Total / day	**1600 kcal**	**60 g**	**200 g**

Menu requirements:

- Controlled portion sizes
- High fibre foods to promote satiety
- Wholegrain carbohydrate options
- Lean protein sources
- Reduced energy density meals
- Fresh fruits and vegetables daily
- Low fat cooking methods such as steaming, grilling, baking, or boiling
- Healthy snack options where prescribed
- Restrict processed foods
- Adequate hydration options including plain water
- Minimal added sugar
- Artificial sweetener option
- Recommended salt intake

1.4 Low Salt/ NAS diet

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60g/day
Carbohydrate Requirement	225–275 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	550–600 kcal	15 g	65–75 g
Lunch	550–600 kcal	20 g	65–75 g
Afternoon Snack	150–200 kcal	5 g	30–50 g
Dinner	550–600 kcal	20 g	65–75 g
Total / day	**1800-2000 kcal**	**60 g**	**225-275 g**

Menu Requirements:

- No added salt during food preparation or serving.
- Avoid the use of processed foods and high-sodium food products.
- Utilize healthier cooking methods such as grilling, steaming, or baking.
- Prioritize the use of natural herbs, spices, and fresh ingredients instead of salt for flavouring.
- Lean protein sources
- Include daily servings of fruits and vegetables.
- Wholegrains option
- Restrict fluid intake where prescribed.

1.5 Low Fat/ Low Cholesterol Diet

Component	Requirement
Energy Requirement	1600-1800 g/day
Protein Requirement	60 g/day
Carbohydrate Requirement	200-225 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	500–550 kcal	15 g	60–65 g
Lunch	500–550 kcal	20 g	60–65 g
Afternoon Snack	100–150 kcal	5 g	20–30 g
Dinner	500–550 kcal	20 g	60–65 g
Total / day	**1600-1800 kcal**	**60 g**	**200-225 g**

Menu Requirements:

- No deep frying
- Lean protein sources only
- Low fat dairy
- Low fat and healthy snacks/ dessert
- Healthier cooking methods such as steaming, grilling, baking, poaching, or stir-frying with minimal oil
- Daily fruits and vegetables
- Wholegrains option
- Restrict the use of excessive sugar and high-fat processed foods

1.6 Renal Diet

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	40–70 g/day depending on dialysis status
Carbohydrate Requirement	225–275 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

1.6.1 Quantity of basic items provided each meal:

Item	*Recommendation*
Meat/chicken/fish (excluding bones) – providing approximately 20-25 g protein per meal	80-120gm cooked, drained weight
Rice/noodles/potatoes – providing approximately 45 g carbohydrate per meal	150g cooked rice 250g cooked thick-rice porridge 200g cooked wheat/egg noodle 3 standard thinly sliced bread (approx. 90g) 250g boiled potatoes (*counted towards total potassium of the meal)
Vegetables	100gm cooked (drained weight)
Water	150mls
Tea	} No instant drinks
Local brewed coffee	} No instant drinks
Sugar or Sweetener	1 sachet
Creamer	1 sachet

1.6.2 Vegetables

- Vegetables shall be thoroughly washed and prepared in accordance with food safety and hygiene standards approved by the Food Service Dietitian.
- Appropriate measures shall be taken to reduce the potassium content of vegetables prior to cooking (e.g., soaking for a minimum of two (2) hours in warm unsalted water using ten times the amount of water to the amount of vegetable).

1.6.3 Suitable vegetables and fruits

- Vegetables and fruits with low potassium content (<200 mg per serving) shall be selected whenever possible.
- Vegetables containing <200 mg potassium per serving include, but are not limited to Arugula/Rocket, Asparagus (small portions), Bean sprouts, Broccoli (½ cup cooked), Cabbage (green or purple), Capsicum/bell peppers, Carrot (½ cup cooked), Cauliflower, Celery, Choy sum, Corn (½ cup), Cucumber, Endive, Eggplant, French beans, Lettuce (all types), Onion, Pak choy, Radish, Snow peas, Spring onion (small portions), Zucchini/Courgette.
- Fruits containing <200 mg potassium per serve include, but are not limited to Apple, Blackberries, Blueberries, Dragon fruit (small portion), Grapes, Guava (small portion), Lychee (small portion), Mandarin/Tangerine (small), Nectarine (small), Peach (small), Pear, Pineapple, Plum (small), Raspberries, Strawberries and Watermelon.

1.6.4 High potassium vegetables and fruits

- Vegetables and fruit with high potassium content (i.e., >200mg potassium per serve) must be portion-controlled in accordance with renal dietary guidelines

- Vegetables and fruit with high potassium content shall not be routinely served and may only be used in controlled portions in accordance with renal dietary guidelines.
- Vegetables containing >200 mg potassium per serving include, but are not limited to potato, sweet potato, yam, taro, cassava, beetroot, spinach, kangkung, pumpkin, winter squash, tomato products, avocado, mushrooms, bamboo shoots, lotus root and Brussels sprouts.
- Fruits containing >200 mg potassium per serving include, but are not limited to, banana, avocado, papaya, mango, honeydew melon, cantaloupe, durian, jackfruit, kiwi, pomegranate, orange, custard apple, chiku and dried fruits such as raisins, dates, prunes and dried apricots.
- Cured and preserved vegetables and fruits shall not be used in any dishes served

1.6.5 Fish, chicken, meat and meat alternatives

- All fish, chicken and/or meat portions provided at breakfast, lunch and dinner must provide between 20–25 g of protein per serving, (e.g., ~80 g cooked lean meat or nutritionally comparable portions of the three).
- In the event that the prescribed portion of fish, poultry or meat does not provide the required protein content, eggs and/or dairy products (e.g., fresh milk) may be incorporated to ensure the total protein content of the meal achieves 20–25 g per serving.
- All fish, chicken and/or meat must be cooked in accordance to the dietary guidelines set under Clause 4.6.7 below.
- Plant-based protein sources (e.g. legumes or soy products) may be included in controlled portions, in accordance with renal dietary guidelines, and shall be accounted for within the total potassium and phosphorus content of the meal.
- Processed and cured fish, chicken and/or meat (e.g. sausages, nuggets, corned beef) must not be used in any dishes served

1.6.6 Suitable for Hi-Tea menu:

- Hi-tea menus must be renal-appropriate, consisting of low-sodium, low-potassium and low-phosphate foods, with controlled portions.
- Low-potassium fruits and simple baked snacks may be used, and shall exclude processed, pickled, high-potassium and high-phosphate items.
- Examples of suitable snacks include, but are not limited to, egg/chicken/tuna sandwich or bun, butter/plain/vanilla sponge cake, plain chiffon cake/muffins

1.6.7 Dietary guidelines for caterer:

- Sodium shall be used sparingly in all menu planning, food preparation and cooking processes, in accordance with renal nutrition and Ministry of Health of Brunei Darussalam National Dietary Guidelines.
- Recipes shall prioritise low-sodium preparation methods and avoid the routine use of salt, high-sodium condiments, and processed foods
- Where sodium is required for food safety or palatability, the minimum practicable amount shall be used.
- Alternative flavouring methods, including herbs, spices, aromatics, citrus and vinegar, shall be used to maintain palatability while minimising sodium use.
- Examples of high-sodium ingredients to limit or avoid include, but are not limited to
  - Canned foods preserved in brine or salted liquids
  - Cheese and processed cheese products
  - Instant noodles and seasoning sachets
  - Pickled foods and preserved vegetables
  - Processed and cured meats (e.g., sausages, nuggets, deli meats)
  - Ready-made sauces, gravies, and marinades
  - Salted butter, margarine and spreads
  - Snack foods (e.g., chips, crackers, salted nuts)
  - Soy sauce, oyster sauce, fish sauce, teriyaki sauce

  - Stock cubes, bouillon powders, flavouring sachets (e.g., *cukup rasa*) and commercial soup bases
  - Table salt and seasoned salts
- Powdered spices such as curry powder shall be used sparingly and with caution, provided the caterer can ensure and demonstrate that the total potassium content per meal (breakfast, lunch or dinner) does not exceed 600 mg.
- The use of salted products (e.g., salted meat), dried prawns, belacan, offal, and dried fish (e.g., pusu, tamban, tahai) shall be strictly avoided.
- Each meal (i.e., breakfast, lunch or dinner) shall be formulated such that the total provision does not exceed 600 mg sodium and 600 mg potassium per serving.
- Final dietary restrictions, prohibited food items, and permitted food items shall be subject to periodic review, modification, and approval by the MOH Clinical Dietitian and the Ministry of Health based on current clinical practices, patient requirements, and nutritional guidelines.

1.7 High Protein High Energy Diet

Component	Requirement
Energy Requirement	2000 kcal/day
Protein Requirement	74 g/day
Carbohydrate Requirement	250 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	500 kcal	22 g	40 g
Lunch	550 kcal	22 g	60 g
Afternoon Snack	400 kcal	8 g	40 g
Dinner	550 kcal	22 g	60 g
Total / day	**2000 kcal**	**74 g**	**250 g**

Menu Requirements:

- Fortified meals and beverages to increase energy and protein content.
- Double protein portions where prescribed.
- Milk-based beverages and nourishing drinks.
- High-protein and high-energy snacks.
- Energy- and protein-dense food options such as eggs, dairy products, fish, poultry, legumes, and plant-based protein where appropriate.
- Food fortification methods such as the addition of milk powder, cheese, cream, butter or margarine where suitable and prescribed.
- Soft, easy-to-consume, and nutrient-dense meal options for patients with poor appetite or reduced intake.
- Accommodate the patient’s prescribed therapeutic dietary requirements and medical conditions where applicable.

1.8 Elderly Diet (≥65 years old)

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60 g/day
Carbohydrate Requirement	225–275 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	Energy (kcal)	*Protein (g)*	*Carbohydrate (g)*
Breakfast	550–600 kcal	15 g	65–75 g
Lunch	550–600 kcal	20 g	65–75 g
Afternoon Snack	150–200 kcal	10 g	30–50 g
Dinner	550–600 kcal	15 g	65–75 g
Total / day	**1800-2000 kcal**	**60 g**	**225-275 g**

Menu Requirements:

- Variety cuisine to accommodate older people taste
- Soft textured options
- Finger food options
- High protein snacks
- Calcium-rich foods
- Easy-to-chew protein foods
- Energy-dense meals for poor appetite

1.9 PEG Puree Diet

Component	Requirement
Energy Requirement	800 kcal/day
Protein Requirement	35 g/day
Carbohydrate Requirement	48 g/day
Meal Pattern	Breakfast, Lunch, Dinner

Ingredients:
160g cooked rice
160g cooked vegetables
100g boiled chicken
40 ml cooking oil
Boiled water

Instructions:
Place all the above ingredients into a blender and add distilled water until it reaches 750ml, then blend all ingredients until smooth. Divide the pureed food into three (3) separate containers, with 250ml in each container.

Preparation Requirements:
- Adhere to food safety practices during food preparation, including proper hand hygiene and sanitisation of utensils.
- Ensure the blender is thoroughly cleaned before use.
- Use new, clean containers for storage.
- Prepare 750 mL of distilled water.

1.10 Texture Modified Diets

The caterer shall comply with International Dysphagia Diet Standardisation Initiative (IDDSI) standards.

Diet types shall include:

- Pureed
- Minced & Moist
- Soft & Bite-Sized
- Thickened Fluids

Menu Requirements:

- Texture consistency maintained in accordance with the prescribed IDDSI standards
- Present texture-modified meals attractively, including the use of food moulds where appropriate, to improve appearance and patient acceptance
- Ensure texture-modified meals meet the patients' prescribed nutritional and therapeutic dietary requirements, with consistent use of standardized food mould sizes to maintain uniform portion weights.
- Appropriate thickened fluids according to prescribed consistency levels where required.
- Avoid mixing inconsistent textures within the same meal unless clinically prescribed.
- Maintain appropriate food temperature and texture during holding, transport, and serving.

1.11 Liquid / Fluid Diets

a) Full Liquid / Fluid diet

Menu Characteristics:

- Diet shall consist of liquids only
- Foods and beverages provided shall require no chewing
- Soups with <1.5 fibre to <2.5g per serve and without visible food pieces
- Strained rolled oats, rice cereal with milk, sugar or honey
- Drinking yoghurt without fruit pieces
- Plain jelly, smooth ice cream, soft custard and smooth milk desserts (e.g. mousse, crème caramel)
- Plain and flavoured milk or dairy alternatives
- Fruit juice, water, milk, tea and coffee
- Strained vegetable juices

b) Clear Fluid diet

Menu Characteristics:

- Diet shall consist only of clear fluids or foods that liquefy at room temperature and are transparent in appearance.
- All liquids containing fat shall be excluded.
- Fat-free, clear soup and broths
- Plain jelly, sorbet
- Water, apple juice, other pulp-free fruit juice
- Black tea and coffee

DIET FOR PAEDIATRIC PATIENTS

Paediatric diets shall be categorised according to age to ensure that meals provided are developmentally appropriate and meet the nutritional requirements of each age group.

The four paediatric diet categories are as follows:

Category	*Age Group*
Infant Diet	6 – 12 months old
Toddler Diet	1 – 3 years old
Preschool Diet	4 – 6 years old
School-Age Diet	≥ 7 years old

Each diet category shall provide age-appropriate food textures, portion sizes, nutritional content, and meal compositions in accordance with current paediatric nutrition guidelines and clinical requirements. Modifications may be made as prescribed by the clinical dietitian or medical team to accommodate specific medical, nutritional or developmental needs.

1. Infant Diet (6 – 12 months old)

1.1. Age-appropriate textures (developmental progression):

The catering kitchen shall provide meals that meet appropriate texture, nutritional, and food safety requirements for infants aged **6 – 12 months**. As infants undergo rapid developmental changes during this period and gradually transition from a predominantly milk-based diet to complementary solid foods, menu textures shall be modified according to the infant's developmental stage and feeding abilities.

1.1.1. Puree/Finely Mashed Texture

Foods shall be prepared as completely smooth, lump-free purees with a uniform consistency that can be easily swallowed without chewing. Examples include:

- Smooth infant rice cereal
- Pureed meats, poultry, or fish
- Smooth fruit purées
- Smooth vegetable purees

1.1.2. Mashed/Minced/Soft Lumps Texture

Foods shall be prepared as thicker purees or fork-mashed textures with a soft, moist consistency. The texture should remain uniform and easily manageable in the mouth while encouraging the development of oral motor skills. Examples include:

- Thickened fruit and vegetable purees
- Fork-mashed vegetables
- Mashed fruits
- Mashed legumes and soft protein foods

1.1.3. Lumps/Chopped/Finger Foods

Foods shall be prepared as finely minced, soft lumpy, or soft bite-sized textures that can be easily mashed with the gums and safely swallowed. Finger foods should be tender, appropriately sized, and dissolve or break apart easily during chewing. Examples include:

- Finely minced meat, poultry, or fish
- Thick congee with soft lumps
- Soft cooked vegetables cut into small pieces
- Soft ripe fruit pieces
- Soft tofu and scrambled egg pieces

Note:
All meals shall be prepared in accordance with hospital food safety standards and infant feeding guidelines.

1.2. Dietary Requirements and Clinical Considerations

Meals provided for infants aged **6 – 12 months** shall comply with the following nutritional, developmental, food safety, and clinical requirements:

1.2.1. General Dietary Requirements

- All meals shall be non-spicy and appropriate for infant consumption
- Menus shall provide a well-balanced diet incorporating the five core food groups as outlined in the National Dietary Guidelines
- Daily menus shall include an appropriate variety of:
  - Vegetables
  - Fruits
  - Wholegrains and cereals
  - Lean protein sources (e.g., meat, poultry, fish, eggs, legumes)
  - Dairy products or suitable dairy alternatives where clinically indicated
- Meals shall provide sufficient quantities of high-quality food to meet age-appropriate nutritional requirements, including adequate sources of:
  - Iron (e.g., meat, poultry, fish, iron-fortified cereals, legumes)
  - Vitamin C (e.g., fruits and vegetables) to enhance iron absorption.

1.2.2. Restrictions and Infant Feeding Safety Requirements

- No added salt, seasoning powders, stock cubes, soy sauce, or other high-sodium condiments shall be used in meal preparation
- No added sugar, syrups, sweetened sauces, or artificial sweeteners shall be used.
- Honey shall not be provided due to the risk of infant botulism.
- Low-fat or reduced-fat dairy products shall not be routinely used, as infants require adequate dietary fat to support growth and neurological development.
- Commercial fruit juices, cordials, sweetened beverages, carbonated drinks, tea, coffee, and other caffeinated beverages shall not be provided.

1.2.3. Choking Hazard Prevention

The following foods shall not be served due to the increased risk of choking:

- Whole nuts and nut pieces
- Seeds
- Popcorn
- Whole grapes
- Hard raw vegetables (e.g., raw carrot sticks)
- Hard fruits
- Large chunks of meat
- Sticky or chewy foods
- Stringy foods that are difficult to chew and swallow

All foods shall be prepared in age-appropriate textures and sizes consistent with the infant's developmental stage.

1.2.4. Food Safety Requirements

- All meats, poultry, seafood, and eggs shall be cooked thoroughly to safe internal temperatures.
- Raw or undercooked eggs shall not be used in any meal preparation
- Raw or undercooked animal products shall not be served.
- Food preparation and storage practices shall comply with hospital food safety and infection prevention standards to minimise the risk of foodborne illnesses, including those caused by Salmonella, Escherichia coli (E. coli), and Listeria species.

1.2.5. Allergen Management

- Common food allergens, including peanuts, tree nuts, eggs, soy, wheat, dairy, fish, and shellfish, shall be identifiable and manageable as individual food components where possible.

- Where allergen introduction is clinically indicated, meals should facilitate the introduction of one allergen at a time to support monitoring for potential allergic reactions.
- The catering service shall maintain strict allergen control measures, including:
  - Clear identification and labelling of allergen-containing foods.
  - Provision of allergen-free meals as prescribed.
  - Segregated storage, preparation and serving procedures to minimise cross-contamination.
  - Compliance with hospital allergen management policies and documented patient dietary restrictions.

1.2.6. Therapeutic Diet Modifications

Where prescribed by the dietitian or medical team, meals shall be modified to accommodate specific medical, nutritional, cultural, religious, or allergy-related requirements while maintaining nutritional adequacy and age-appropriate texture standards.

1.3. Average Macronutrient Distribution for Infant Diet (6 – 12 Months Old)

Based on an average energy provision of approximately 640 kcal/day from complementary foods and milk feeds

Macronutrient	*Amount (g/day)*	*% Total Energy*
Carbohydrates	72 – 88	45 – 55
Protein	11 – 17	7 – 11
Fat	25 – 28	35 – 40

Note:
Nutritional requirements may vary according to age, growth status, feeding method (breastfeeding or formula feeding), clinical condition, and individual medical requirements. The values above are intended as a guide for menu planning and meal provision.

1.4. Sample Daily Meal Distribution for Infant Diet (6 – 12 Months Old)

Based on a total daily energy provision of approximately 580-670 kcal/day

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	140 – 160	18 – 22	3 - 4	6 – 7
Lunch	210 – 240	27 – 33	4 – 6	8 – 10
Afternoon Tea	70 – 80	9 – 11	1 – 2	3 – 4
Dinner	160 – 190	21 – 26	4 – 5	7 – 8
Total	**580 – 670**	**75 - 92**	**12 – 17**	**24 – 29**

2. Toddler Diet (1 – 3 years old)

2.1. Dietary Requirements and Clinical Considerations

Meals provided for toddlers aged **1 – 3 years** shall comply with the following nutritional, developmental, food safety and clinical requirements:

- **Mildly flavoured and non-spicy meals:** Foods shall be mildly seasoned and free from excessive chilli, hot spices, or pepper. Natural herbs, mild spices and aromatics may be used to enhance flavour and encourage food acceptance.
- **Well-balanced diet:** Meals shall incorporate foods from all five core food groups, in accordance with the National Dietary Guidelines, to support optimal growth and development.
- **Variety of nutrient-rich foods:** Menus shall provide a balanced selection of vegetables, fruits, wholegrains, lean protein sources (meat, poultry, fish, eggs, and legumes) and dairy products daily to meet nutritional requirements.
- **Iron-rich and nutrient-dense foods:** Toddlers are at increased risk of iron deficiency anaemia. Meals shall include daily sources of iron-rich foods, particularly bioavailable haem iron sources such as lean meat, poultry and fish. Vitamin C-rich foods should be included to enhance iron absorption.
- **Controlled sodium and added sugars:** Added salt and sugars shall be minimised. Processed meats, commercial sauces, confectionery, sugar-sweetened beverages and ultra-processed foods shall be limited to support healthy eating habits and protect developing kidneys.
- **Full-fat dairy products:** Full-fat milk, yoghurt and cheese shall be prioritised, particularly for children under two years of age, to support growth, brain development and neurological function.
- **Appropriate beverages:** Water and milk shall be the primary beverages offered. Commercial fruit juices, cordials, carbonated beverages, energy drinks, tea, coffee and other caffeinated drinks shall not be provided.
- **Choking hazard prevention:** Foods presenting a choking risk shall not be served. These include whole nuts, large seeds, popcorn, whole grapes, whole cherry tomatoes, hard confectionery and tough pieces of meat. Grapes and cherry tomatoes shall be cut into quarters lengthways prior to serving.
- **Developmentally appropriate food presentation:** Foods shall be prepared and served in age-appropriate sizes and textures that promote safe self-feeding, including small cubes, strips or other easy-to-grasp shapes suitable for toddler utensils and finger feeding.
- **Food safety requirements:** All meat, poultry, seafood, and egg products shall be cooked thoroughly to safe internal temperatures to minimise the risk of foodborne illness caused by pathogens such as Escherichia coli, Salmonella spp., and Listeria monocytogenes.
- **Allergen management:** The catering service shall maintain strict allergen control procedures, including clear identification and labelling of meals free from common allergens (e.g., milk, egg, soy, wheat/gluten, fish, shellfish, peanuts and tree nuts). Appropriate measures shall be implemented to prevent cross-contamination during food preparation, storage, and service.
- **Texture modification:** Texture-modified meals shall be provided when clinically indicated, including soft, minced, mashed, or pureed diets for children with developmental delays, feeding difficulties, or swallowing disorders, as prescribed by the multidisciplinary team.

2.2. Average Macronutrient Distribution for Toddler Diet (1 – 3 Years Old)

Based on an average energy provision of approximately 1000 kcal/day

Macronutrient	*Amount (g/day)*	*% Total Energy*
Carbohydrates	125 – 140	50 – 56
Protein	30 – 45	12 – 18
Fat	30 - 40	27 – 35

Note:
Amounts represent typical daily intake ranges suitable for healthy toddlers and may vary according to age, growth, activity level and clinical needs. The values above are intended as a guide for menu planning and meal provision.

2.3. Sample Daily Meal Distribution for Toddler Diet (1 – 3 Years Old)

Based on a total daily energy provision of approximately 900 - 1040 kcal/day

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	220 – 250	30 – 35	8 – 10	7 – 9
Lunch	280 – 320	40 – 45	10 – 15	10 – 12
Afternoon Tea	120 – 150	15 – 20	4 – 5	4 – 5
Dinner	280 – 320	40 – 45	10 – 15	10 – 12
Total	**900 - 1040**	**125 - 145**	**32 – 45**	**31 - 38**

3. Preschool Diet (4 – 6 Years Old)

3.1. Dietary Requirements and Clinical Conditions

Meals provided for children aged **4 – 6 years** shall comply with the following nutritional, developmental, food safety and clinical requirements:

- **Mildly flavoured and non-spicy meals:** Foods shall be mildly seasoned and free from excessive chilli, hot spices or overly pungent seasonings. Herbs, mild spices and natural aromatics may be used to enhance flavour and encourage food acceptance.
- **Well-balanced diet:** Meals shall incorporate foods from all five core food groups, in accordance with the National Dietary Guidelines, to support healthy growth, development, and physical activity.
- **Variety of nutrient-rich foods:** Menus shall provide a balanced selection of vegetables, fruits, wholegrains, lean protein sources (meat, poultry, fish, eggs, and legumes) and dairy products daily to meet nutritional requirements.
- **Iron-rich and nutrient-dense foods:** Iron-rich foods shall be included daily, particularly bioavailable haem iron sources such as lean meat, poultry and fish. Vitamin C-rich foods should be offered alongside iron-containing foods to enhance iron absorption.
- **Controlled sodium and added sugars:** Added salt and sugars shall be minimised. Processed meats, commercial sauces, confectionery, sugar-sweetened beverages and ultra-processed foods shall be limited to support healthy dietary habits and reduce the risk of future chronic disease.
- **Dairy products:** Full-fat or reduced-fat dairy products may be provided, taking into consideration the child's age, nutritional status and clinical requirements. Milk, yoghurt and cheese should be offered regularly as sources of calcium and protein.
- **Appropriate beverages:** Water shall be the primary beverage offered throughout the day. Milk and no-sugar-added milo may also be provided as appropriate. Commercial fruit juices, cordials, carbonated beverages, energy drinks, tea, coffee and other caffeinated beverages shall not be served.
- **Choking hazard prevention:** Foods presenting a choking risk shall not be served. These include whole nuts, large seeds, popcorn, whole grapes, whole cherry tomatoes, hard confectionery and large tough pieces of meat. Grapes and cherry tomatoes shall be cut lengthways or quartered prior to serving.
- **Developmentally appropriate food presentation:** Meals shall be prepared in sizes and textures that are easily managed using standard child-sized utensils and are appropriate for the child's developmental stage.
- **Food safety requirements:** All meat, poultry, seafood, and egg products shall be cooked thoroughly to safe internal temperatures to minimise the risk of foodborne illness caused by pathogens such as Escherichia coli, Salmonella spp., and Listeria monocytogenes.
- **Allergen management:** The catering service shall maintain strict allergen control procedures, including clear identification and labelling of meals free from common allergens (e.g., milk, egg, soy, wheat/gluten, fish, shellfish, peanuts and tree nuts). Appropriate measures shall be implemented to prevent cross-contamination during food preparation, storage and service.
- **Texture modification:** Texture-modified meals shall be available when clinically indicated, including soft, minced, or pureed diets for children with feeding difficulties, developmental delays, or swallowing disorders, as prescribed by the multidisciplinary team.

3.2. Average Macronutrient Distribution for Preschool Diet (4 – 6 Years Old)

Based on an average energy provision of approximately 1400 kcal/day

Macronutrient	*Amount (g/day)*	*% Total Energy*
Carbohydrates	175 – 195	50 – 55
Protein	50 – 70	15 – 20
Fat	45 – 55	28 – 35

Note:
Actual requirements may vary according to age, growth rate, physical activity level, medical condition and clinical requirements. The values above are intended as a guide for menu planning and meal provision.

3.3. Sample Daily Meal Distribution for Preschool Diet (4 – 6 Years Old)

(Based on a total daily energy provision of approximately 1220 - 1440 kcal/day)

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	280 – 320	35 – 45	12 – 15	8 – 10
Lunch	380 – 450	50 – 60	18 – 22	12 – 15
Afternoon Tea	180 – 220	20 – 30	5 – 8	4 – 6
Dinner	380 – 450	50 – 60	18 – 22	12 – 15
Total	**1220 – 1440**	**155 – 195**	**53 – 67**	**36 – 46**

4. School-Age Diet (≥7 Years Old)

4.1. Dietary Requirements and Clinical Conditions

Meals provided for children aged **≥7 years** shall comply with the following nutritional, developmental, food safety, and clinical requirements:

- **Balanced and varied diet:** Meals shall incorporate foods from all five core food groups, in accordance with the National Dietary Guidelines, to support growth, development, cognitive function, and physical activity.
- **Variety of nutrient-rich foods:** Menus shall provide a balanced selection of vegetables, fruits, wholegrains, lean protein sources (meat, poultry, fish, eggs, legumes, and nuts where clinically appropriate), and dairy products daily to meet nutritional requirements.
- **Diverse flavours and food acceptance:** A variety of flavours may be incorporated through the use of herbs, spices, and natural aromatics. Excessively spicy, heavily seasoned, or highly processed foods should be avoided, particularly for unwell children with reduced appetite.
- **Iron-rich and nutrient-dense foods:** Iron-rich foods shall be included daily, particularly bioavailable haem iron sources such as lean meat, poultry, and fish. Vitamin C-rich foods should be offered alongside iron-containing foods to enhance iron absorption.
- **Controlled sodium and added sugars:** Added salt and sugars shall be minimised. Processed meats, commercial sauces, confectionery, sugar-sweetened beverages, and ultra-processed foods shall be limited to promote long-term cardiovascular and metabolic health.
- **Dairy products:** Reduced-fat milk, yoghurt, and cheese may be provided as the standard option for children aged two years and older, unless clinically contraindicated. Full-fat dairy products may be required for children with increased energy requirements, poor growth, or malnutrition.
- **Appropriate beverages:** Water shall be the primary beverage offered throughout the day. Milk and no-sugar-added milo may also be provided as appropriate. Commercial fruit juices, cordials, soft drinks, energy drinks, tea, coffee, and other caffeinated beverages shall not be served.
- **Food presentation and acceptability:** Meals shall be visually appealing, age-appropriate, culturally acceptable, and presented in a manner that promotes dignity, independence, and adequate food intake during hospitalisation.
- **Food safety requirements:** All meat, poultry, seafood, and egg products shall be cooked thoroughly to safe internal temperatures to minimise the risk of foodborne illness caused by pathogens such as *Escherichia coli*, *Salmonella* spp., and *Listeria monocytogenes*.
- **Allergen management:** The catering service shall maintain strict allergen control procedures, including clear identification and labelling of meals free from common allergens (e.g., milk, egg, soy, wheat/gluten, fish, shellfish, peanuts, and tree nuts). Appropriate measures shall be implemented to prevent cross-contamination during food preparation, storage, and service.
- **Texture modification:** Texture-modified meals shall be available when clinically indicated, including soft, minced, or pureed diets for children with feeding difficulties, neurological conditions, or swallowing disorders, as prescribed by the multidisciplinary team.
- **Special therapeutic diets:** Therapeutic diets, including allergy diets, diabetic diets, renal diets, ketogenic diets, and other medically prescribed dietary modifications, shall be available according to individual clinical requirements.

4.2. Average Macronutrient Distribution for School-Age Diet (≥ 7 Years Old)

Based on an average energy provision of approximately 1800 kcal/day

Macronutrient	*Amount (g/day)*	*% Total Energy*
Carbohydrates	225 – 250	50 – 55
Protein	60 – 80	13 – 18
Fat	60 – 70	28 – 35

Note:
Actual requirements may vary according to age, growth rate, physical activity level, medical condition and clinical requirements. The values above are intended as a guide for menu planning and meal provision.

4.3. Sample Daily Meal Distribution for School-Age Diet (≥ 7 Years Old)

Based on a total daily energy provision of approximately 1600 – 1800 kcal/day

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	400 – 450	50 – 60	15 – 20	12 – 15
Lunch	500 – 550	65 – 75	20 – 25	15 – 20
Afternoon Tea	200 - 250	25 – 35	8 – 10	8 – 10
Dinner	500 – 550	65 – 75	20 – 25	15 – 20
Total	**1600 – 1800**	**205 – 245**	**63 – 80**	**50 – 65**

5. Therapeutic Diet Modifications

The hospital catering service shall provide therapeutic diet modifications in accordance with clinical indications, multidisciplinary team prescriptions, and patient-specific requirements. All therapeutic diets shall be nutritionally adequate, safe, and age-appropriate.

- **High Energy High Protein (HEHP) Diet:** Provided for children with increased energy and protein requirements (e.g., undernutrition, chronic illness, post-surgical recovery). Meals shall be energy-dense with additional protein sources and fortified foods.
- **Diabetic Diet:** Carbohydrate intake shall be distributed evenly across meals and snacks to support glycaemic control. Added sugars shall be minimised, and low glycaemic index foods shall be encouraged where appropriate.
- **Renal Diet:** Provided for children with kidney disease requiring controlled intake of protein, sodium, potassium, and/or phosphorus, depending on clinical status and biochemical results.
- **Low Fat Diet:** Fat intake shall be moderated where clinically indicated (e.g., fat malabsorption disorders or specific gastrointestinal conditions), while ensuring adequate energy provision from alternative sources.
- **Texture-Modified Diets (as per clinical need):** Includes soft, minced, and pureed diets for children with dysphagia, neurological impairment, or chewing/swallowing difficulties, in line with swallowing safety recommendations (IDDSI).
- **Allergen-Free Diets:** Meals shall be prepared free from identified allergens such as milk, egg, soy, wheat/gluten, fish, shellfish, peanuts, and tree nuts, based on documented clinical allergy status. Strict cross-contamination control procedures shall be implemented.
- **Gluten-Free Diet:** Provided for children with coeliac disease or gluten intolerance. All foods shall exclude wheat, barley, rye, and contaminated oats.
- **Lactose-Free Diet:** Provided for children with lactose intolerance, using lactose-free dairy alternatives or suitable non-dairy substitutes while maintaining calcium intake.
- **Ketogenic Diet:** A high-fat, very low-carbohydrate diet used in specific medical conditions such as refractory epilepsy. Requires strict dietetic supervision and precise meal preparation.
- **Neutropenic Diet:** Focuses on strict food safety practices, including avoidance of high-risk raw foods and ensuring all foods are thoroughly cooked and hygienically prepared.

Note:
All therapeutic diets and menu specifications shall be regularly reviewed by the Food Service Dietitian to ensure compliance with hospital nutrition standards, menu adequacy, food safety requirements, and operational feasibility.

SECTION 3

FORMS TO BE USED

CONTENTS

SCHEDULE A – TENDER FORM

To:

TENDER REFERENCE NO.: KK/196/2026/UPP(TC)

INVITATION TO TENDER
PROVISION OF CATERING SERVICES TO THE RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL AND ITS SATELLITE SITES FOR A PERIOD OF FIVE (5) YEARS

TENDER OF (N*ame of Tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

1. **Business Proposal** complete with the proposed catering services to be offered (carrying out all aspects of catering services ranging **from taking of meal orders, food preparation in the Caterer's own kitchen to transportation, delivery and serving of meals to patients)** as well as including the description of different types of cooking with pictures, the types and brands of equipment and cutlery/crockery sets to be used, and the number of staff to be involved in the operation.

2. Please provide pricing for each diet on **Schedule A.1 – Summary of Price** and use the template as a guide on **Schedule A.2 – Propose Diet Meals** to provide and propose the diet meals comprising of starter, main course, dessert and beverage for all diets as following:

1. General Adult Diet	10. Weight Reducing Diet
2. 1st Class Adult Diet	11. Low Salt / NAS Diet
3. Infant Diet (6-12 month)	12. Low Fat / Low Cholesterol Diet
4. Toddler Diet (1 -3 years old)	13. Renal Diet
5. Preschool Diet (4-6 years old)	14. High Protein High Energy Diet
6. School-Age Diet (≥ 7 years old)	15. PEG Puree Diet
7. Elderly Diet (≥65)	16. Full Liquid / Fluid Diet
8. Diabetic at Main RIPAS Hospital	17. Clear Fluid Diet
9. Diabetic at Women and Children Centre (WCC)	18. General Vegetarian
	19. Any other proposed diet*

SCHEDULE A.1 – SUMMARY OF PRICE

A. Summary of Price for **1st Class, General, Children and Elderly**

No.	Meal	Pricing $			
		Breakfast	**Lunch**	**Afternoon Tea**	**Dinner**
1	General Diet Adult				
2	General Vegetarian				
3	1st Class Adult				
4	Infant Diet (6-12 month)				
5	Toddler Diet (1-3 years old)				
6	Preschool Diet (4-6 years old)				
7	School-Age Diet (≥ 7 years old)				
8	Elderly Diet (≥65)				

B. Summary of Price for all **Therapeutic Diet**

No.	Meal	Pricing $			
		Breakfast	**Lunch**	**Afternoon Tea**	**Dinner**
1	Diabetic Diet (Main Block)				
2	Diabetic Diet (WCC)				
3	Weight Reducing Diet				
4	Low Salt / NAS Diet				
5	Low Fat / Low Cholesterol Diet				
6	Renal Diet				
7	High Protein High Energy Diet				
8	PEG Puree Diet				
9	Full Liquid / Fluid Diet				
10	Clear Fluid Diet				

C. The caterer shall supply **sterile bottled water** for the exclusive use of patient receiving **Enteral Tube Feeding** (ICU and any wards) and for any emergency purposes with maximum two (2) bottles per meal per patient:

No.	Item	Portion size	Pricing $ (Should not exceed BND $0.50)
1	RO Water Bottle	500ml	

SCHEDULE A.2 – PROPOSED DIET MEALS

The Caterer is expected to propose the different types of diets which will have to be endorsed by the Hospital's Dietitian.

Refer to **A.2 (a)** for the sample propose diet template for:
1. General Adult Diet
2. General Vegetarian
3. 1st Class Adult
4. Toddler Diet (1 -3 years old)
5. Preschool Diet (4-6 years old)
6. School-Age Diet (≥ 7 years old)
7. Elderly Diet (≥65)
8. Diabetic Diet (Main Block)
9. Diabetic Diet (WCC)
10. Weight Reducing Diet
11. Low Salt / NAS Diet
12. Low Fat / Low Cholesterol Diet
13. Renal Diet
14. High Protein High Energy Diet

Refer to **A.2 (b)** for the sample propose diet template for:
1. Infant Diet (6-12 month)
2. Full Liquid / Fluid Diet
3. Clear Fluid Diet

Refer to **A.2 (c)** for the sample propose diet template for:
1. PEG Puree Diet

A.2 (a) SAMPLE TEMPLATE

BREAKFAST

			Portion Size
a	**Starter**		
	1	_____	
	2	_____	
	3	_____	
b	**Main**		
	1	**Carbohydrate**	
		1.1 _____	
		1.2 _____	
		1.3 _____	
	2	**Protein**	
		2.1 _____	
		2.2 _____	
		2.3 _____	
		2.4 _____	
		2.5 _____	
c	**Beverage**		
	1	**RO Bottle Water**	
	2	**Other Beverages:**	
		2.1 _____	
		2.2 _____	
		2.3 _____	
		2.4 _____	
		2.5 _____	

AFTERNOON TEA

			Portion Size
a	**Starter**		
	1		
	2		
	3		
b	**Desserts**		
	1		
	2		
	3		
c	**Beverage**		
	1	RO Bottle Water	
	2	Other Beverages:	
		2.1	
		2.2	
		2.3	
		2.4	
		2.5	

LUNCH / DINNER

			Portion Size
a	**Starter**		
	1		
	2		
	3		
b	**Main**		
	1	Carbohydrate	
		1.1	
		1.2	
	2	Protein	
		2.1	
		2.2	
		2.3	
		2.4	
		2.5	
		2.6	
		2.7	
	3	Vegetables	
		3.1	
		3.2	
c	**Beverage**		
	1	RO Bottle Water	
	2	Other Beverages:	
		2.1	
		2.2	
		2.3	
		2.4	
		2.5	

A.2 (b) SAMPLE TEMPLATE

		Portion Size
a	**Breakfast**	
1		
2		
3		
b	**Lunch / Dinner**	
1		
2		
3		
c	**Afternoon Tea**	
1		
2		
3		
d	**Beverages**	
1		
2		
3		

A.2 (c) SAMPLE TEMPLATE

		Portion Size
a	**Breakfast**	
1		
2		
3		
b	**Lunch / Dinner**	
1		
2		
3		
c	**Beverages**	
1		
2		
3		

Note. If any, proposed new diet by the Caterer shall be put below:

1. We offer and undertake on your acceptance of our Tender to provide the above-mentioned services in accordance with your Invitation To Tender.

2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.

3. We shall execute a formal agreement in the appropriate form set out in **Section 4 – Contract of the Invitation To Tender** together with such further terms and conditions, if any, agreed between the Government and us.

4. OUR OFFER IS VALID FOR **TWELVE (12) CALENDAR MONTHS** FROM THE TENDER CLOSING DATE.

5. When requested by you, we shall extend the validity of this offer.

6. We further undertake to give you any further information which you may require.

Dated this day of 20 .

Tenderer's official stamp:

_____

Signature of authorised officer of Tenderer
Name:
Designation:

SCHEDULE B - INFORMATION SUMMARY

2.1 Tenderers shall provide in this Schedule the following information:

a. Management summary

b. Company profile (including Contractor and sub-contractor(s), if any)

c. Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in:

- *Providing Specialized Catering Services*

d. Other information which is considered relevant

SCHEDULE C – SUB-CONTRACTS

3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.

3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	**Not Applicable**	**Not Applicable**
Sub-contractor(s)				

SCHEDULE D - TO PROVIDE CATERING SOP (SERVING, PLATING, TRANSPORTATION AND TEMPERATURE CONTROL)

SCHEDULE E – COMPANY'S BACKGROUND

5.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company's background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE F – REFERENCES

6.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 6.1 References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.**

5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.

5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE F - DECLARATION

7.1 Tenderers shall complete and submit the Declaration form below.

PENGAKUAN INTEGRITI PENENDER
TENDERER'S INTEGRITY DECLARATION