

Communal Dining Guidance

On September 17, 2020 [CMS released a memo](#) on visitation that also addresses communal activities and dining. (Please note: we also strongly encourage assisted living communities to apply the core principles in the guidance to their visitation policies.) Implementing these policies will likely require changes in staffing patterns and enlisting other staff in the facility in order to accomplish.

Facilities should take all reasonably available steps to implement visitation, providers should use an infection control and prevention mindset to help keep residents and patients connected and engaged. How this is implemented should be viewed on a facility-by-facility basis depending on COVID-19 infections in the facility, facility accommodations, staff availability, and resident needs.

Implement social distancing in your dining practices. Recommended approaches:

1. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. These residents/patients should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with masks, gloves, eye protection and gowns (as available) given the risk for these residents to cough while eating.
2. When residents are brought to the common area for dining, do this in intervals to maintain social distancing.
 - a. Attempt to separate tables as far apart as possible; at least six (6) feet if practicable.
 - b. Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time.
 - c. Ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size.
3. If necessary, arrange for meal sittings with only two (2) residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes. Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or no more than one person per table (assuming a standard four [4] person table). Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer **each time** when switching assistance between residents.
4. Facilities may need to consider use of volunteers or other paid personnel to accomplish food service, which can be viewed as essential and not as visitors. Note: they must undergo screening upon entry and adhere to frequent handwashing or use of alcohol-based hand rub.

As with all other guidance during the COVID-19 pandemic, handwashing and hygiene before, during and after meals is imperative for residents and staff.

Operating with Limited Resources

1. Consider utilizing all staff (as appropriate) to assist with meal service. While some may not be able to assist residents, who need special assistance with eating, they can assist in transporting meals to residents.
2. Facilities should check that they have adequate dishes, flatware, carts etc. to provide meal service to all residents and meet infection control guidelines. For transporting meals to residents, the food and cart need to be appropriately covered to protect from contamination.
3. Facilities may need to assess their food preparation techniques and utilize some "convenience items" vs "made from scratch" foods dependent on their overall staffing situation.
4. Facilities may need to adjust their menus to offer choice while also managing their staffing efficiently. Consider a menu that is adjusted for a shorter time frame and updated to reflect the foods being utilized during the time frame to manage staffing and availability from vendors.
5. Paper products for meal selections and meal service should be handled in a way to minimize contact across staff and resident.