

Communal Dining Guidance

[CMS's memo dated March 13, 2020](#) includes guidance to “cancel communal dining and all group activities” in your skilled nursing facility. (Please note: we also strongly encourage assisted living communities to abide by this recommendation.) Implementing this can be a challenge and 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 adhere, given the dire consequences of the spread of COVID-19 among our resident population. How this is implemented must be viewed on a facility-by-facility and day-to-day basis depending on facility accommodations, staff availability, and resident needs.

A key reason for the recommendation to cancel communal dining is linked to the concept of social distancing (e.g., limiting people being in close proximity to each other for periods of time; ideally people should keep about six [6] feet apart). Social distancing is recommended broadly across the public and recommended by CMS for facilities regarding resident interactions. Communal dining is a common group activity that places residents in close proximity to each other. This can spread respiratory viruses.

The experience in the Seattle, Washington area suggests the spread may have been facilitated by group activities, including perhaps communal dining.

This virus is now reported in 49 states. You should assume it is already in your surrounding community, whether or not it has been confirmed, due to lack of testing to-date.

Implement social distancing in your dining practices. Recommended approaches:

1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance.
2. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents 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.
3. If residents need to be 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.
 - d. 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.

4. 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.
5. The CMS memo also emphasizes no visitation of non-essential health care personnel, unless for compassionate care visits (end-of-life). 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.

In general, facility life will have to adjust significantly during this viral outbreak with a primary focus on:

1. necessary medical treatment,
2. hygiene,
3. hydration, and
4. meal service

as these will take more, if not all of your staff's time. **As with all other guidance during the COVID-19 pandemic, handwashing and hygiene before, during and after meals is imperative.**

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.