

Key Components to Reopening Dining

- **Level of spread** - Each state collaborates with the state survey agency, and state and local health departments to decide on criteria
 - Case status in community
 - Case status in nursing home
 - Adequate staffing
 - Access to adequate testing
 - Universal source control
 - Access to PPE
 - Local hospital capacity
- **CMS Core Principles**
 - Screening of all who enter the facility for signs and symptoms of COVID-19 (i.e., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
 - Hand hygiene (use of alcohol-based hand rub is preferred)
 - Face covering or mask (covering mouth and nose)
 - Social distancing at least six feet between persons
 - Cleaning and disinfecting high frequency touched surfaces in the facility often and designated visitation areas after each visit
 - Appropriate staff use of personal protective equipment (PPE)
 - Effective cohorting of residents (i.e., separate areas dedicated COVID-19 care)
 - Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (i.e., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)

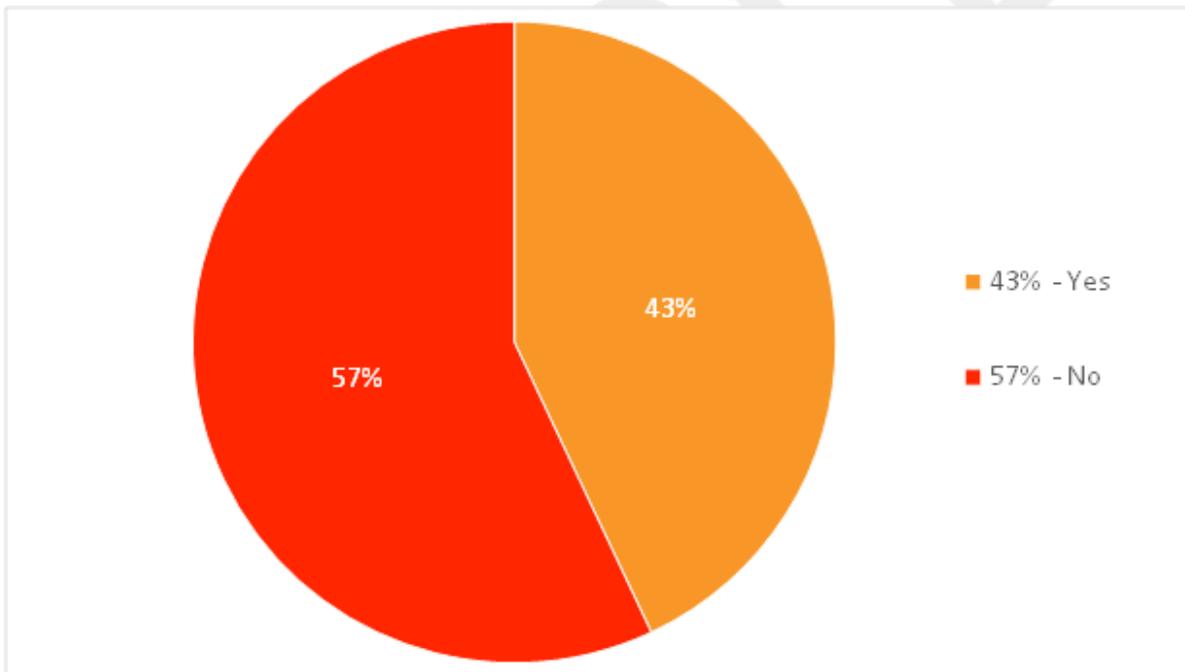
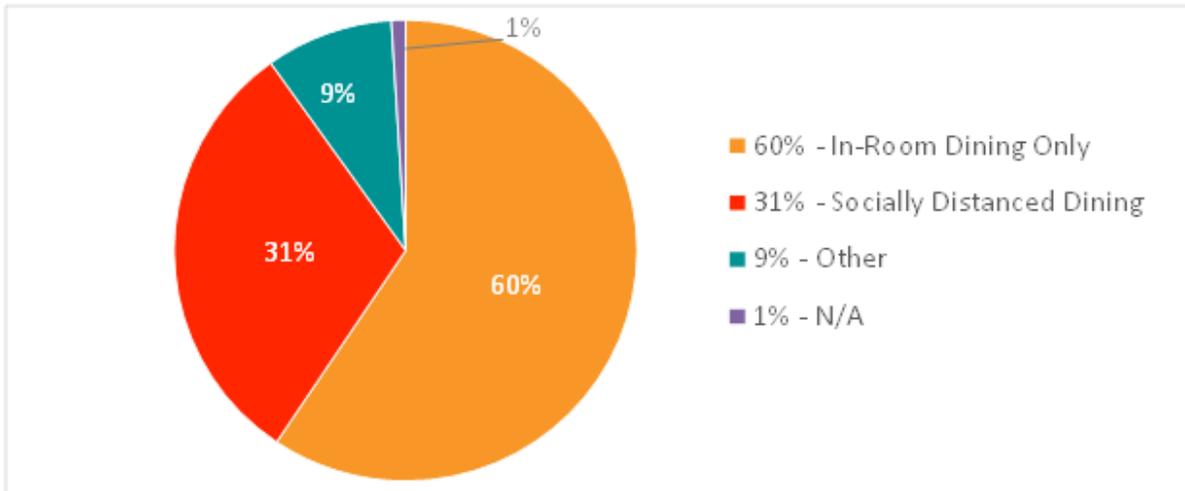
Communal Dining

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. **Residents may eat in the same room with social distancing (i.e., limited number of people at each table and with at least six feet between each person).** Facilities should consider additional limitations based on status of COVID-19 infections in the facility.

- Communal dining must be limited to only COVID-19 negative or asymptomatic residents
- Residents may eat in the same room with appropriate social distancing, spaced at least 6 feet apart or with appropriate barriers in place, such as plexiglass, with no more than 2 people at a table.
- No more than 50% of capacity in a dining area at one time.
- If staff assistance is required, appropriate hand hygiene must occur between assisting residents, as well as use of appropriate PPE.

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<https://www.anfonline.org/news-resources/covid-19-resources>

Hand Hygiene

- Hand washing
- Alcohol based hand sanitizer
- ABHS upon entering the dining room and at strategic locations

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Face Covering or Mask

- Appropriate masks as defined by the CDC
- Mouth and nose covered

Social Distancing – At least 6 feet social distancing

- Between persons, between tables
- Handy social distancing calculator
- <https://www.calconic.com/calculator-widgets/social-distancing-calculator/5ef21c169444bf0029086759>

Cleaning and Disinfecting

- Establish a disinfection routine
- Consider one staff member in charge of disinfecting
- Clean and disinfect tables, chairs, and other high touch areas after each meal
- Do not disinfect while residents are in the dining room

Appropriate Staff PPE

- Mask
- Other

Communal Dining Precautions/Suggestions

- Stagger arrival times and maintain social distancing (also known as physical distancing)
- Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time
- Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating, and
- Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/SNF-Guidance.aspx>

Cohorting in Communal Dining

- Same residents eat at the same location during mealtime
 - Same unit/hall
 - Roommates become tablemates
 - Assigned seating
- Same staff serve and assist these same residents
- Set up serving and bussing schedule

Phases 1 to 3 – Communal Dining

Restrict communal dining to COVID-19 negative and asymptomatic or COVID-19 recovered residents only:

- a. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables and using barriers and/or maintaining separation of space by at least 6 feet, as deemed appropriate based on facility risk assessment.

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- b. When feasible, seat the same small group of residents together each day, so that each resident is in contact with the same small group. There should be no mixing of residents across these groups.
- c. When feasible, staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible.
- d. The sharing of condiments and serving utensils is prohibited. Sanitize/clean high-touch surfaces (i.e., chairs, tables) between seating/meals. The facility should use disposable utensils and cups when possible.
- e. The facility must ensure that processes are in place to maintain infection control protocols such as preventing staff from cleaning used tableware (i.e., plates and cups) and immediately serving food without proper handwashing. When feasible disposable cups and utensils are preferred.

Consider the following steps:

- Refrain from removing used plates and tableware from the table until all residents have finished eating or;
- Utilize specific staff to service residents and refill drinks during the meal and;
- A separate group of staff to clear the plates and tableware when residents are done eating.

<https://www.nj.gov/education/reopening/>

Pre-Opening Flowchart

Determine Staffing Needs – food service, nursing and housekeeping based on # of COVID & those who want to eat in communal dining

Dining Venue - Location, # of seating, table arrangement, barrier, ventilation

- Inside versus outside
- Venue
 - Main
 - Private dining room
 - Assisted dining
 - Day room
- Signage
- 6 feet social distancing
 - # of seating
 - Physical barriers
 - Ventilation
- Entrance/Exit
 - Separate entrance and exit
 - Alcohol based hand sanitizer on entry and exit
 - 6 feet spacing marked on floor
 - Partitioned hostess stand
 - By reservation only
 - Red carpet treatment

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Identify Eligible Residents - Who, When, Where, How

- No COVID-19 positive
- Not on transmission-based precautions
- Independent residents
- Assisted residents
 - Memory impaired
 - High risk of choking or aspiration
- Other high nutritional risk
- Resident choice

Menu - Keep it simple, chef choice, alternatives

- Resident Centered
- Keep it simple and scaled back
- Menu
 - Posted
 - Disposable menus
 - Spoken
 - Be creative
- Convenient cuisine
 - Consider using convenience food items that require less prep than all scratch items, if labor pool is compromised
 - Comfort foods
 - Lean labor
 - Interim staff – skill level
 - Product shortages

Dining Set Up & Service - Regulations, mealtime sequence, by reservation, or taking

- Bare tables
- 6 feet apart
- Disposable placemats or tablecloths
- Single use condiments & no sharing
- Wrapped silverware
- Disposables vs regular dishware
- Buffets
 - Aroma
 - Activity
 - Servers only
- Start slow
 - Lunch only
 - One dining venue only
 - One seating
- Increase number of seating or venues
- Increase number of mealtimes

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- Rotate who eats in the dining room, for smaller locations

Dining Service

- Hand hygiene between residents
- Minimal service sequence
- Keep dining time at 1-hour max
- Have 2 different staff members serve and bus tables
- Clean and disinfect tables and chairs after all residents are done
- If more than 1 seating, allow time to ventilate

Inform Residents – Who, How, Where, When

- Who
 - Resident has a choice
 - Non-COVID-19/not on transmission-based precautions
 - Residents at high risk or independent?
 - Visitors
- How
 - Memo to residents
 - Get activities and nursing involved
 - Discuss process including mealtime, reservation/seating chart, rotation, core principles, menu
- Where
 - Dining venues
- When
 - Start date
 - Stop date – situations when communal dining may cease

Inservice Staff - Infection control, service sequence, cleaning & disinfecting

- All staff
 - Infection control as it pertains to communal dining
- Food and Dining Service
 - Cleaning and disinfecting communal dining areas
 - Cohorting: staff, residents, visitors
 - Table Set Up
 - Order taking and service sequence
 - Seat assignments and reservation process
- Residents
 - Who, What, Why, Where, When, How
- Nursing
 - Cohorting: Staff, residents, visitors
 - Seat assignments and reservation process
- Housekeeping
 - Cleaning and disinfecting dining areas

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<https://www.anfponline.org/news-resources/covid-19-resources>

<http://www.nutritionalliance.com/>

<https://www.ahcanca.org/News-and-Communications/Blog/Pages/February-Webinar---Reopening-Dining-Are-We-There-Yet.aspx>

February 2021

SAMPLE

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