

## Communal Dining Guidance

On September 23, 2022, the Centers for Medicare and Medicaid Services (CMS) updated their [guidance](#) on visitation in nursing homes. CMS continues to recommend that facilities can engage in communal activities and while adhering to the core principles of COVID-19 infection prevention, including social distancing, hand-hygiene, and source control masks. This applies to all residents, including those who are up-to-date or recovered from COVID-19 in the last 90 days.

Providers should continue to 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. Implementing these policies will likely require changes in staffing patterns and enlisting other staff in the facility.

Recommendations on implementing this guidance are included below. We also encourage assisted living communities to adhere to state guidance at a minimum and utilize these principles as appropriate.

### Recommendations for Dining

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, if possible, 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 when possible, 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 assisting 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 adhere to frequent handwashing or use of alcohol-based hand rub as well as adhere to core principles of COVID-19 infection prevention.

5. Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department. Residents who are on TBP (i.e. isolation or quarantine) should not participate in communal activities and dining until the criteria to discontinue TBP has been met.
6. A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others during large gatherings. If possible, facilities should educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.
7. A resident who is unable to wear a mask and whom staff cannot prevent having close contact with others should not attend large gatherings. To help residents prevent having close contact, such as in the case of a memory care unit, the staff should limit the size of group activities. They should also encourage frequent hand hygiene, assist with maintaining physical distancing as much as possible, and frequently cleaning high-touch surfaces.
8. If a resident refuses to wear a mask and physically distance from others during large gatherings, the facility should educate the resident on the importance of masking and physical distancing, document the education in the resident's medical record, and the resident should not participate in large gatherings.
9. Visitors may eat with a resident if the resident (or representative) and the visitor are aware of the risks and adhere to the core principles of infection prevention. Eating in a separate area is preferred, however if that is not possible, then the meal could occur in a common area as long as the visitor wears a mask (*in accordance with [CDC recommendations](#)*), except while eating or drinking.

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