



[In CMS's memo dated March 13, 2020](#) it is recommended to cancel communal dining. This is a challenging recommendation and below are some approaches to consider. This guidance is not official guidance from the government, rather is guidance for your consideration and written by the IHCA/INCAL.

While the CMS memo is not a mandate, facilities should take reasonably available steps to comply. This must be viewed on a facility-by-facility and day-to-day basis depending on physical plant, staff availability, and resident needs.

A key reason for the recommendation of canceling communal dining is to prevent spread of the COVID-19 virus and is linked to the concept of social distancing. Social distancing is recommended broadly across the public and was previously recommended by CMS to facilities regarding resident interactions.

Implement social distancing in your dining practices. Recommended approaches:

1. Identify high-risk choking residents, those at risk for aspiration. Meals for these residents should be a priority for distance from other residents with a minimum of 6-feet between them and any other resident.
2. Increase number of meal services or by offering meals in shifts so as to allow residents to sit at tables by themselves to ensure that social distancing between residents can be maintained.
3. Arrange for meal sittings with only 2 residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes. Attempt to separate tables as far apart as possible, 6 feet if practicable.
4. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance, then bring other residents with needs to the dining room in intervals that maintain social distances.
5. Residents who need assistance with feeding should be spaced apart as much as possible. Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer when switching assistance between residents.
6. The CMS memo also emphasizes no visitation of non-essential health care personnel, unless for compassionate care visits (end of life). At this time ISDH is viewing volunteers as visitors, so volunteers may not be an option to accomplish non-skilled food service activities. Facilities may need to consider other trained personnel to accomplish food service.

As an example facilities can rely on plans, and modify as needed, that would be in place for meal service during an influenza outbreak in the facility.

As with all other guidance during the COVID-19 pandemic, handwashing and hygiene before, during and after meals is imperative. From a more general perspective, facility life will have to adjust significantly in these times with a primary focus on (1) necessary medical treatment; (2) hygiene; (3) hydration; and (4) meal service. This may be what each full day consists of with taking more time to accomplish.