



Guidance for Relaxing Communal Dining and Activity Restrictions for Nursing Homes

June 22, 2020

In response to COVID-19 Nursing Homes have been instructed to restrict and/or discontinue communal dining and group activities. The Rhode Island Department of Health (RIDOH) recognizes that these restrictions have been difficult for residents who are used to a high level of socialization.

As Nursing Homes move toward limited communal dining and group activities, below are guidelines that should be implemented prior to relaxing restrictions and during operation. The goal is for nursing homes to initially implement plans that have the lowest possible risk. For instance, all other factors being equal and with appropriate health and safety protections in place, an activity that is outdoors would pose less risk than one that takes place indoors.

These guidelines are designed to help you continue to protect your residents as they begin to return to their communal lives. Understanding that those who are older or have underlying health conditions are most vulnerable during this pandemic, we recommend these guidelines are followed to the greatest extent possible.

Additional Considerations:

On May 18, 2020, the Centers for Medicare and Medicaid Services (CMS) released [Nursing Home Reopening Recommendations for State and Local Officials](#) which includes recommendations for opening in a phased approach and addresses communal dining and activities.

Implementation

Relaxation of the communal dining and activity restrictions are recommended to take effect on or after June 24, 2020, with appropriate policies, procedures, and training in place. Facilities should:

- Develop policies and procedures for resuming communal dining and group activities, including training staff on the necessary changes.
- Establish, and continue, communication with local and State authorities to determine current mitigation levels in your facility.
- Continue communication with residents, families, and staff about the changes that are being implemented, including policies restricting those who are COVID-19 positive or have any symptoms of COVID-19 from group activities and communal dining.

This guidance does not supersede any facility-specific guidance provided to Nursing Homes who have had COVID-19 cases. Facilities that have had COVID-19 positive cases should follow any individual guidance provided to them.

If the facility identifies a new onset COVID-19 case, the facility should go back to the highest level of vigilance and mitigation with respect to activities and dining. The facility may resume activities and dining no earlier than 14 days, at minimum, from the new onset of COVID-19 case(s).

Communal Dining

- Facilities who are COVID-19 negative and are asymptomatic may resume communal dining under the following conditions:
 - Dining room staff should always wear masks or cloth face coverings.
 - Residents should be screened prior to entering the dining room.
 - Residents should wear cloth face coverings while traveling to and from the dining room.
 - Ensure physical distancing is maintained:
 - Limit number of residents per table. (e.g. A table that usually accommodates four residents should be limited to two residents.)
 - Tables should be spaced at least eight feet apart, allowing two feet for the moving of chairs while maintaining a physical distance of six feet.
 - Keep the same residents seated at the same table each day, so that each resident is in contact with the same small group. There should be no mixing of residents.
 - 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.
 - Hand washing with soap and water is required prior to residents leaving their room, and staff should observe residents practice hand hygiene again as they enter the dining room.
 - Utilize alcohol-based hand sanitizer containing at least 60% alcohol. Meals should be served restaurant style (individual serving).
 - The sharing of condiments and serving utensils is prohibited.
 - Sanitize/clean high-touch surfaces (e.g. chairs, tables) between seatings.
 - The facility should ensure that processes are in place to prevent staff from cleaning used tableware (e.g. plates and cups) and then serving food. 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 serve residents and refill drinks during the meal and a separate group of staff to clear plates and tableware of those who are finished.

Plates can be china, provided strategies are in place that can reduce the movement of used dishware. Disposable plates, utensils, and tableware remain acceptable.

 - To address space limitations and encourage physical distancing, consider strategies such as:
 - Scheduling more than one seating for each meal
 - Having residents attend only one communal meal per day (e.g. those who like to sleep late may prefer breakfast in their room.)- Facilities should continue to ensure that steps are in place to provide adequate supervision for residents who have been assessed to need increased supervision at mealtime (e.g. are at increased risk of choking).

Activities

- Promote physical distancing (at least six feet between residents).
 - Implement steps to support physical distancing, such as repositioning furniture, mapping spacing on the floor with tape or other marking products, and providing other visual signals for residents.
- Activities should be conducted in small groups (five or less). In a larger room or outside, there can be three groups of five people, as long as physical distancing can be maintained.

- Staff and residents should wear masks or cloth face coverings.
- Keep the same residents in the same group each day so that each resident is in contact with the same group, including the same staff. There should be no mixing of residents.
- Staff should be assigned to a specific group of residents in order to minimize multiple interactions and remain with that group daily.
- Activity items should not be shared between residents. For example, residents should be given their own personal bingo cards and tiles.
- Outdoor activities are allowed and encouraged, as long as physical distancing is maintained.
- Staff should observe residents performing hand hygiene before and after engaging in any activity.
 - Wash hands with soap and water or utilize alcohol-based hand sanitizer which contains at least 60% alcohol.

Miscellaneous

- Residents who enjoy sitting in the lobby to read a book or the newspaper may do so provided they practice physical distancing and the resident wears a mask or cloth face covering.

Business Processes, Procedures, and Activities

Cleaning and Disinfecting Procedures

Policies and procedures should include how facilities will implement cleaning, health screening, physical distancing, and face covering procedures in accordance with RIDOH regulations.

All facilities should ensure the performance of environmental cleaning of the common spaces at least every four hours. In addition, commonly touched surfaces, such as shared workstations, elevator buttons, door handles, and railings, should be cleaned in accordance with [CDC guidance for specific industries](#).

Facilities should use, and have readily available to staff, cleaning/disinfecting products designed to clean/disinfect the surfaces they are cleaning/disinfecting and shall use the products in the manner intended. All entities should maintain records documenting the date, time, location, and procedures for the cleaning activities.