**ENP Considerations for Resuming In-Person Services**

*The following recommendations are based on available COVID-19 information as of March 19, 2021*. Public health guidance related to COVID-19 is constantly evolving as more becomes known through research and everyday experience. Nutrition directors should stay up-to-date on CDC and Wisconsin DHS guidelines and how they relate to ENP services and settings.

Each aging unit/provider will need to address specific opportunities and challenges related to population served, physical space, staffing, availability of volunteers, etc. and will need to tailor these recommendations accordingly. All planning related to resuming in-person nutrition services should be done in consultation with local public health departments and the area agency on aging. Aging unit staff should coordinate with ADRC staff, senior centers, and staff at other dining center locations to ensure that all parties are able to provide input in the planning process and are knowledgeable of processes in place to assure safety of staff, volunteers, and participants.

Consider that resuming in-person service will look and feel different. Programs may need to reevaluate the way services are provided and continue to offer a variety of options, such as combinations of virtual and in-person services, and/or carryout meals in addition to congregate meals, etc.

Be prepared for the possibility that in-person services may need to cease if cases increase or there is an outbreak associated with the dining center. Have a plan in place that allows the program to pivot quickly to carryout or home-delivered meals if closure is necessary.

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**COVID-19 Transmission**

COVID-19 is primarily spread to people who are in close contact (within about six feet) with an infected person. The virus is in droplets that are sprayed when a person coughs, sneezes, or talks. Infected persons may spread the virus, even if they do not have symptoms. Staying six feet away helps protect people from transmission. COVID-19 may also be spread if a person touches a surface or object with the virus on it and then touches their mouth, nose, or eyes. This is not the primary way the virus spreads, but precautions such as regular handwashing, cleaning and sanitizing should still be taken to reduce transmission risk.

Risk of infection depends on exposure. People are at increased risk if they:

* Have been in close contact with someone with COVID-19. Household contact in particular increases the risk of transmission.
* Live or spend time in a congregate setting where COVID-19 could spread rapidly.

Reinfection rates are rare but people 65 and older are at greater risk.

Per the [CDC guidance updated on March 8, 2021](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1615143336158), “risk of [COVID-19] infection during public social activities such as dining indoors at a restaurant or going to the gym is lower for fully vaccinated people. However, precautions should still be taken as transmission risk in these settings is higher and likely increases with the number of unvaccinated people present. Thus, fully vaccinated people engaging in social activities in public settings should continue to follow all [guidance for these settings](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html) including wearing a well-fitted mask, maintaining physical distance (at least 6 feet), avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, and washing hands frequently.”

Nutrition programs should plan on the likelihood that vaccination rates of staff, volunteers, and participants will never be 100%, and therefore transmission will be a risk and precautions will need to be taken.

**Health and Hygiene Considerations**

ENPs should have policy in place to address staff, volunteers, and participants who arrive at the facility with COVID-19 or COVID-like symptoms.

All entrants into the facility (staff, volunteers, and participants) should be screened for symptoms of COVID-19 and risk factors for infection (e.g. recent travel, exposure to a COVID-19 positive individual, etc.).

* Programs may consider providing staff and volunteers with a checklist to complete prior to their shift to assess their current health and symptoms that might pose a risk to older adults.
* Consider whether health screening questions will be asked by staff/volunteers, whether individuals will provided a list of questions to review, etc.
* Consider situations where symptoms might be indicative of another chronic condition (e.g. COPD) and how this will be determined and/or handled to avoid exclusion but also ensure safety of staff, volunteers, and participants. Will contact or verification with healthcare providers be required? Or will such questions be asked as part of program registration?
* Consider whether temperature checks will be required of staff, volunteers, and/or participants. If so, how (and by whom) will they be administered?
* Consider where in the facility screening will take place to ensure physical distancing and confidentiality.

Staff and volunteers who have symptoms of COVID-19

* Staff and volunteers with fever or COVID-19 symptoms should stay home and consult their healthcare provider or local public health’s recommendations on when to safely return to work.
* Programs should consider sick leave policies for staff and whether there is a need for revisions or increased flexibility.
	+ Are there sufficient substitute or back-up staff and volunteers to fill in if needed?

Participants who have symptoms of COVID-19

* Post signage on the front door letting participants know about changes to your policies and instructing them to stay home if they are experiencing COVID-like symptoms.
* Individuals with COVID-19 symptoms should return home and consult their healthcare provider or local public health’s recommendations on when to return.
	+ Determine how staff and volunteers will handle participants who arrive with COVID-like symptoms or who disclose they have COVID-19 and may not want to return home.
	+ Ensure that safe transportation options are available if a participant should have to return home unexpectedly.
* Participants with COVID-like symptoms can be provided with a carryout meal.

Supplies on hand at dining centers, meal preparation, and/or meal service areas:

* Facilities should have an adequate supply of paper goods, soap and hand sanitizer to allow proper hand hygiene among staff, volunteers, and participants.
* Provide tissues for proper cough/sneeze etiquette.
* Provide no-touch disposal receptacles.
* Provide face coverings and disposable gloves for staff and volunteers.

Communication to staff, volunteers, and participants:

* Emphasize effective hand hygiene, including washing hands with soap and water for at least 20 seconds, especially before preparing or eating food; after using the bathroom; and after blowing your nose, coughing or sneezing.
* Train staff, volunteers, and participants to recognize the symptoms of COVID-19.

Belongings

* Staff and Volunteers
	+ Minimize what belongings staff bring into the facility.
	+ Require staff to bring their belongings directly to the place where they will be stored during their shift.
	+ Require staff to wash their hands immediately after storing their belongings.
	+ Require staff to sanitize any belongings they keep with them during their shift (e.g., phones) prior to starting their shift.
	+ Encourage staff to minimize access to their belongings during their shift and to wash their hands any time they do access them.
* Participants
	+ Ask participants to minimize the number of belongings brought into the dining center.
	+ If possible, keep each participant’s belongings separate from other participant’s belongings.
	+ If staff handle participant belongings, ensure they wash their hands immediately after handling.

If a staff person, volunteer, or participant is diagnosed with COVID-19, contact local public health and notify the AAA. Contact tracing may be necessary, so it is important to know who is in the dining center each day and how to reach those individuals (e.g. phone number, email address, etc.).

**Masks and Face Coverings**

* What are expectations for staff and volunteers and how will they be communicated, modeled and/or enforced?
	+ Staff and volunteers should wear a mask or cloth face covering when near other staff, volunteers, and participants and in common areas.
	+ Instruct your staff and volunteers on how to properly put on and remove a face covering or cloth face covering. The CDC illustrates how to properly wear a face covering and have several tutorials for how to make one. Best practice is that the face covering should fit snugly on the sides of the face and consist of at least two layers. Light should not be visible when held up to a light source.
* What are expectations for participants and how will they be communicated, modeled, and/or enforced?
	+ Face coverings should be worn, except when participants are eating or drinking.
	+ If participants will not be able to stay six feet away from others, recommend that they bring their own mask or covering. Considerations should be made for individuals who are unable or unwilling to wear a mask or cloth face covering.
	+ Provide masks for participants to use when not eating or drinking if they did not bring one, and provide adequate trash receptacles for disposing of used masks.
	+ Provide information to participants on how to properly put on and remove a mask or cloth face covering. The CDC illustrates how to properly wear a face covering and have several tutorials for how to make one. Best practice is that the face covering should fit snugly on the sides of the face and consist of at least two layers. Light should not be visible when held up to a light source.

**Physical Distancing**

***Note: Physical distancing and the layout of the space is one of the most effective methods of preventing spread, as participants will remove face coverings to eat and drink.***

Maintain physical distancing with a six-foot distance between individuals whenever possible. Instruct participants to maintain physical distancing as much as possible during their visit.

* Consider whether additional staff and/or volunteers are necessary to reinforce physical distancing.

Capacity should be reduced to ensure adequate physical distancing.

* Work with public health and dining center facility staff to determine the maximum capacity and make sure this is communicated to staff, volunteers, and participants.
* Programs may manage/limit the number of participants at any given time by, but not limited to, the following:
* Implement advance reservation system to ensure adequate seating, not to exceed capacity.
* Provide multiple meal service times in one day, cleaning and sanitizing in between.
* Stagger meal service days to allow multiple groups to dine 1-2 days per week.
* Opening "pop-up" dining centers in more locations in the community so that fewer participants gather in one location.
* Provide outdoor dining areas with natural ventilation and where participants can spread out.
* Create voucher program with food service establishment. Contact AAA for details.

Explore ways that meals can be served safely while allowing physical distancing:

* Adjust menu offerings and kitchen workflows to allow staff and volunteers to maintain six feet of distance.
* Staff and volunteers should plate meals for participants. Avoid self-service food and drink stations (for example, salad bars and buffets, shared pitchers and coffee urns, etc.).
* Staff/volunteers could serve meals to participants at their table. Table service is preferred, especially if participants are unable to maintain physical distancing while picking up a meal from a counter.
	+ If participants are picking up their meal from a counter, clean counter after each customer. Participant should pick up meals from the counter one at a time. Consider adding clear plastic barrier protection with a pass-through opening at the meal service area.
	+ Participants may be called one at a time or in very small groups while maintaining physical distancing to pick up a meal from a meal service area.
* Do not allow participants to refill their own drinks; only allow staff or volunteers to refill drinks, and use a new cup or mug for the refill.
* Use rolled silverware/napkins stored in sealed bags. Staff and volunteers will roll silverware in designated sanitary areas. Do not preset silverware. Once removed from the sealed bags, utensils may not be reused, even if they have not been unwrapped.
* Remove shared condiments from tables. Provide them by request and sanitize after usage, or provide single-use containers or disposable packets.

Consider how participants will be seated to promote physical distancing:

* Dining areas should maintain six feet between tables, and limit seats at tables so that participants from different households could be seated six feet apart.
	+ When possible, physical barriers made of plastic or similar solid material should separate tables.
	+ Consider how many participants will be seated at each table to ensure physical distancing. The same rules apply to outdoor areas. Develop strategies to avoid crosstalk across tables.
	+ Consult with local public health about whether creating small “pods” of participants with a designated staff/volunteer who limit contact with other participants is an effective means of reducing transmission risk among participants. Considerations with this approach would be that: “pods” would be maintained over time, contact between “pods” would be minimized, and adequate space within the facility would be necessary.
	+ Programs should consider the level of socialization that can occur with physical distancing and whether resuming in-person congregate service will achieve this purpose. For example, for individuals with hearing loss, physical distancing and use of masks might be a barrier for effective socialization. In some cases, other options, such as virtual congregate dining or simply offering carryout meals could provide socialization in a way that meets individuals needs while physical distancing and use of face coverings remains necessary.
* Tables that are not compliant should be clearly signed and blocked off (i.e., with visible tape) across seats and tables.

Common-use areas should be closed if physical distancing and sanitizing between users cannot be maintained. Inform participants about which areas of the facility they can access.

Install physical barriers such as sneeze guards and partitions in areas where maintaining physical distance of six feet is difficult.

Floor markings or chair placement should be used to encourage safe spacing of participants. Use floor markings to encourage one-way traffic flow and physical distancing.

Restrooms should be sanitized frequently, and the establishment shall monitor that participants, staff, and volunteers adhere to physical distancing guidelines regarding restroom use.

**Additional Considerations for Participant Protection**

Eliminate any unnecessary physical contact between staff and volunteers and participants.

Share the precautions the program is taking publicly with participants.

* Sharing protocols and processes in place will help ease concerns that participants might have about dining in person.
* Consider sharing information via ADRC/Aging websites, by emailing or calling participants, by sharing written information with home-delivered meals or via mail, and/or through local media outlets.

Post signage illustrating protocols in place and expectations for participants, such as signage regarding physical distancing, handwashing, use of face coverings, etc.

Install handwashing or sanitizing stations (with hand sanitizer that is at least 60% alcohol) at the entrance and at key locations throughout the facility. Encourage participants to use them.

Utilize disposable items instead of reusable when possible, and provide adequate, no-touch trash receptacles to accommodate waste.

If possible, remove brochures or other paper information and consider providing storyboards, video screens, or additional audiovisual information. Brochures or other physical materials could be secured behind counters or desks to be provided as needed. Remove other unnecessary touchpoints, especially those that cannot be sanitized between uses, such as pens, benches, drinking fountains, and shared equipment.

Participants should not sign themselves in to avoid many participants having contact with the same paper and pen/pencil. Instead, site managers should document which older adults are in attendance and retain the sign-in sheet away from participant contact.

Provide contribution statements or use other methods of accepting cashless or contact-less contributions rather than accepting cash contributions on site.

Do not allow participants to bring items or food from home into the facility for sharing with others.

Participants should avoid sharing dishes, cups, utensils, napkins, and other objects with others.

**Dining Center Environment and Considerations for Staff/Volunteers**

Determine whether the program has sufficient staff and volunteers to reopen. Additional staff and volunteers may be necessary, especially if programs are operating congregate, carryout, and home-delivered meal services simultaneously.

Ensure that staff and volunteers are sufficiently trained and receive emotional support they might need as they transition back to in-person services.

* Ongoing training for staff and volunteers is important. It will be necessary to re-orient staff and volunteers that might be returning to work since last year on food safety and other policies and procedures.
* Training on new policies and procedures will also likely be necessary. ServSafe is offering [free reopening and de-escalation training videos](https://event.on24.com/eventRegistration/EventLobbyServlet?target=reg20.jsp&partnerref=EmailSS&mkt_tok=eyJpIjoiWVRZek1XSXhOak5rTW1abSIsInQiOiJWNnUzeVBzOGFLVlo0VGtTRldEZkw4V3M3VTVERzVFM2E5RkNJY2RCcTM0RXhab1ZOZVdXYytUZWVtZFFQTzd2Zkp2T2VXNERPdGMrZUxCcWswbHpZZ2VTS1Y5OFFoNXB5QlNOOERvSThjT3pXazJCdFF5R05PV2dRRUlQWlhxUSJ9&eventid=2233534&sessionid=1&key=A98A8B947B30A6BD86CD597DD3255F4E&regTag=869294&sourcepage=register) related to COVID-19, in addition to training on takeout and delivery. Consider requiring staff and/or volunteers to watch these videos and provide additional training as necessary. Some additional topics to focus on include (but are not limited to):
	+ Cleaning – which products to use, when to use them
	+ Face coverings and gloves – what, when, and how to use (putting them on, removal, disposal, etc.)

Consider potential situations between participants that could arise as participants return to in-person dining. Recognize that staff and volunteers may be put in difficult situations. Communicate with staff and volunteers and train them on how to handle these situations. Examples include:

* Participants questioning each other about whether they have been vaccinated or asking for proof of vaccination or other personal health information.
* Participants treating those who have been vaccinated differently or asking the site manager or other staff to treat them differently. Are there potential bullying or exclusion issues to be prepared for?
* Participants will have varying perspectives on the COVID-19 pandemic and the precautions that should or should not be in place. At which point(s) will staff need to be involved?

Staff and volunteers will also have varying perspectives on the COVID-19 pandemic and the precautions that should or should not be in place. Train staff and volunteers on the expectations regarding communication of personal perspectives with participants.

Consider establishing a process, and possibly a designated person, for participants to communicate questions and concerns regarding COVID-19.

**Food and Beverage Handling and Preparation**

Adjust menu offerings and kitchen workflows to allow staff and volunteers to maintain six feet of distance.

Ensure the program is adhering to the requirements in the [Wisconsin Food Code](https://docs.legis.wisconsin.gov/code/admin_code/atcp/055/75_.pdf) and Chapter 8 of the *Manual of Policies and Procedures for Wisconsin’s Aging Network*.

Use gloves to continue to avoid direct bare hand contact with ready-to-eat foods or unwrapped single-use items such as straws, stir sticks or toothpicks.

Ensure staff and volunteers have appropriate food safety training (Certified Food Protection Managers or Serving Safe Food certification, along with other necessary refresher training). Refresher training is likely necessary for all staff and volunteers returning to their previous duties, so plan to re-train staff and volunteers on policies and procedures.

Have processes in place to manage deliveries of raw food, prepared meals, and supplies:

* Have a single point of entry for deliveries (e.g. a loading dock or other less trafficked entrance).
* Restrict delivery persons from entering facilities as much as possible.
* Maintain physical distance between staff/volunteers and delivery persons as much as possible.
* Wash hands once deliveries have been stored or put away.How will meals be served to participants? What will be different and how will those changes be communicated to staff, volunteers, and participants?

**Cleaning and Disinfecting**

Familiarize yourself with requirements from your local health department and the Wisconsin Food Code and make sure you are adhering to them. See the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) for more information on cleaning and disinfecting community settings.

* Create a cleaning and sanitizing schedule.
* Create a cleaning “station” that is fully stocked with all necessary supplies and written policies/procedures to be followed.

Work with public health and dining center facility staff to determine if dining centers have adequate ventilation and airflow. Consider options to address inadequate airflow, such as air filtration systems, fans, open windows, etc.

Consider doing a walk-through of facilities to determine “high touch” areas or areas of the facility that might require more cleaning and sanitizing. Develop procedures for staff and volunteers to follow.

* Clean and sanitize high-contact areas (for example, doorknobs, buttons, cooler doors, stair railings, menus if applicable) every two hours, or after each user if feasible.
* Sanitize tables and seating after each guest.
* Restrooms should be sanitized frequently, and the establishment shall monitor that participants, staff, and volunteers adhere to physical distancing guidelines regarding restroom use.
* Sanitize food contact surfaces after each use. In food preparation areas, utilize only appropriate food service chemicals.
* Do not use disinfecting wipes to wipe more than one surface; use one wipe per item or area and discard after each use or when visibly soiled.

Wash linens at the warmest possible setting with your usual detergent and then dry completely.

**Additional Considerations for Carryout Meals and Delivery**

Continue offering delivery and carryout, pick-up, or drive-through meals.

If offering carryout, pick-up or drive-through meals, ensure that participants picking up meals can maintain a six-foot distance from others.

Avoid direct hand-off if possible.

Post signs to inform participants of meal pickup protocols.

Provide physical guides, such as tape on floors or sidewalks, to ensure that participants remain at least six feet apart in line, or ask customers to stay in their cars or away from the establishment while waiting to pick up meals.

Establish designated pickup zones for participants to help maintain physical distancing.

Practice physical distancing when delivering food. An example of this could be offering no-touch deliveries (leave delivery at doorstep and move six feet away to verify participant receives the meal) and sending text alerts or calling when deliveries have arrived.

Ensure that coolers and transport containers are cleaned and sanitized.

Maintain time and temperature controls.

**Additional Considerations for In-Home Assessments**

Wash hands prior to and immediately after home visit (i.e. viral-affecting hand sanitizer or soap and bottle of water).

Avoid touching surfaces and items in the home.

Staff and volunteers should wear face coverings when in the home and encourage participants to wear a face covering as well.

Observe physical distancing during the entirety of the visit.

**Additional Considerations for In-Person Activities**

Move activities outside as much as possible, especially activities with an increased transmission risk, such as physical activity and singing.

Stagger activities so that large groups are not comingling in common spaces, such as hallways.

Limit group activities to a small number of participants, ideally fewer than 10 people at a time.

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*Adapted from:*

*WEDC Reopening Guidelines, 2020*

*Alaska’s Interim COVID-19 Guidelines for Congregate Non-Residential Settings, 2021*

*Maine’s COVID-19 Guidance for Service Providers in Planning for Re-Opening of Community-Based Congregate Services, 2020*