

Interim Actions for Nutrition Program during COVID19 Emergency

March 24, 2020

Context

On March 10, 2020, Governor Baker declared a State of Emergency to support the Commonwealth's response during the outbreak of Coronavirus (COVID-19). COVID-19 is a respiratory disease caused by a novel (or new) coronavirus that has not previously been seen in humans. This State of Emergency requires changes in standard operating procedures for ASAP programs and services, which are described below.

Refer to the Massachusetts Department of Public Health link below for the most current information, recommendations, and guidelines related to 2019 Novel Coronavirus (COVID-19) outbreak.

<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>

Message from EOE

The Executive Office of Elder Affairs (EOEA) is committed to enabling consumers to remain in their homes to reduce exposure and transmission to the extent possible for the duration of the State of Emergency. Aging Services Access Points (ASAPs), including Nutrition Programs, should evaluate how to best provide services. The information provided below outlines program considerations for flexibility in providing meals (regular and emergency) and nutrition services. Collaboration between programs and departments at the ASAPs can increase the ability to serve elders and minimize the level of physical contact between ASAP/nutrition staff and the population we serve.

Under the provision of the EOE ASAP Contract (Section 1.9.2), EOE reserves the right to implement new initiatives and modify existing requirements by means of a Contract amendment. Such Contract amendments will set forth applicable terms and conditions with which ASAPs are obligated to comply.

Interim Actions

Meal deliveries services:

In an effort to ensure consumers receive adequate food and nutrition support. ASAPs should send a communication to all home-delivered consumers, either in written format (flyer) or through robocalls or other electronic mechanisms to reassure and reduce anxiety about continued access to the State Nutrition Program. This is particularly true if you are adjusting the frequency of delivered meals or adjusting the type of meals. It may also be reassuring if you

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shared the key elements of infection control with consumers, for example, your meal preparation and delivery protocol. In addition, encourage consumers to answer phones, even if from unknown numbers, during timeframe for meal delivery.

Infection Control: To ensure the safety and well-being of consumers and the drivers, ASAPs should use the following practices to promote infection control as part of the delivery of meals to consumers with varying needs:

- 1) Meal Site and Delivery Recommendations:
 - a. Meal Prep Sites
 - Follow CDC guidelines <https://www.cdc.gov/foodsafety/index.html>
 - Ask all employees and volunteers to wear a mask when preparing open containers.
 - Limit the number of individuals in kitchen areas by having Site Coordinators bring meals to drivers (as able).
 - b. Meal Deliveries
 - To minimize cross contamination, drivers should use hand sanitizer or put on new gloves for each client delivery.
 - For consumers without mobility issues and/or living in private residences:
 - Contact consumer in advance of delivery and inform them of delivery at the door.
 - Leave meal at door (after ringing bell/knocking on door).
 - Wait to confirm pick-up of meal with at least 6 feet of distance.
 - For consumers who need additional assistance
 - Contact consumer in advance of delivery
 - Ask that they remain at distance of at least 6 feet or more during time of delivery. Drivers should wear gloves and change frequently or use hand sanitizer before delivering each meal.
 - Leave meal on kitchen table or other agreed upon location.
 - Obtain either a visual or auditory confirmation that consumer understands meal is present while maintaining distance as above.
- 2) Access to Private and Public Housing Entities given Possible Visitation Closures
 - a. ASAP should work with both public and private housing entities to ensure all ASAP services (including direct care services) to ensure continued access.
 - b. ASAP should communicate infection control practices in place.
- 3) Personal Protection Equipment: ASAPs should ensure the availability of gloves, hand sanitizers, and alcohol wipes.
 - Additional needs include plastic bags, and management of materials where there are bans on plastic bags.

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- ASAP should conduct electronic survey of nutrition programs to identify the prospective needs for all equipment over 30-day period.
- ASAPs should communicate these needs with Mass Home Care PPE workgroup regarding broad ASAP needs.
- ASAPs nutrition programs should notify EOE if supplies are low.

4) Meal and/or Delivery Availability: ASAP should employ the following action steps to ensure the availability of meals to the most vulnerable consumers as needed.

- Ensure meals deliveries will continue as long as possible.
- Identify high risk clients based on existing criteria such as malnutrition, chronic conditions, ADL requirements, and financial situation.
- Continue to update the high-risk list and notify EOE.
- A 14-day supply of emergency meals should be delivered in waves to the consumer's home.
- The format of the emergency meals: frozen individual, frozen (7 days), shelf stable depends on consumer's ability to handle the meals.
- EOE is not recommending using local restaurants at this time. Our consumers are a highly susceptible population, and restaurants have different food safety standards. If the situation changes, EOE will consult with ASAPs.
- In the case of decreased network of volunteer drivers available, EOE recommends that the ASAPs do outreach to available sources to supplement as drivers.
- EOE encourages ASAPs to cross-train staff to substitute MOW drivers as needed.
- EOE participates in ongoing meetings at MEMA through the MA Feeding Taskforce and will share guidance on additional help for MOWs drivers from other agencies such as the Salvation Army as the need for drivers change and as the situation evolves.
- CORI Checks: Efforts to review and expedite resources, while performing background checks and CORI would need to be reviewed with EOE.

5) Ensure nutritional risk assessment: ASAPs should continue to assess new clients if there is a limitation of available resources to support meals.

- ASAPs should consider providing alternative services to support those consumers.
 - a) Standardized Screening Tool:
- Each ASAP should continue to use a standardized screening tool to assess risk.
 - Screening factors should include:
 - Malnutrition Risk
 - Inability to access or prepare meals
 - Financial constraints

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- b) Programs should be prepared to identify Homecare clients who currently receive help with food shopping or meal prep so that home delivered meals can be provided in the case a homemaker is not able to provide services.
- c) ASAPs need to communicate across municipal and state agencies that HDMs will serve the most vulnerable, and will not have the capacity to serve as a replacement for other programs.
- d) EOEA will inform ASAPs of guidance provided from the MEMA MA Feeding Task Force as able.

Congregate Meal Sites

- ASAPs must notify all congregate participants if a meal site is closed and identify the nearest congregate site which is offering “grab and go” as an alternative. Takeout meals may be the regular congregate meals packed in a home delivered container, a cold meal bag with sandwich or shelf-stable or frozen depending upon the situation and availability.
- It is recommended that one key staff member should supervise the distribution.
- Offer HDM to high risk participants if the ASAP has the capacity.
- If all sites are closed, the ASAP may drop meals off in a food truck at a designated time and location. Frozen or shelf-stable meals can be used to reduce the number of deliveries and drivers needed.
- In addition, ASAPs should inform participant to contact their local COA for more information regarding alternatives for meal options.