Dine-In Food Service COVID-19 Prevention Plan

This template is intended to assist owners/managers of dine-in restaurants to develop and implement a risk-based plan to prevent the spread of COVID-19 as is required by the State of California. The **written plan** should contain the following elements:

Name of person in charge of implementing the plan		
Name:	Last Name:	Phone:

1. Required Signage — Verified: Yes ☐ No ☐

- o Appendix A
- o Do Not Enter if Sick
- o Face Coverings Required
- o Practice Proper Hygiene
- o Maintain 6-Foot Distance from Others
- o Capacity

2. Measures to Protect Employee Health — Verified: Yes ☐ No ☐

a) How will training and communication with employees be conducted?

- o Keep a log of staff attending the training (indicate name and date)

b) Control measures and on-site employee screening

➢ Describe how the individual screening others will be evaluated and how they will proceed:

➢ Describe how employee health will be assessed prior to each shift:

➢ Describe the process that is followed if an employee has COVID-19 symptoms upon arrival. Staff with COVID-19 symptoms must be sent home with your instructions:

➢ Describe how you will adhere to the face covering requirement and verify these are being worn properly. Staff must be wearing face covering upon arrival, before entering and during work:

Minimum requirements in the screening questionnaire:

a) Mark if you are experiencing any of the following symptoms?

fever or chills ☐, cough ☐, shortness of breath or difficulty breathing ☐, fatigue ☐, muscle or body aches ☐, headache ☐, new loss of taste or smell ☐, sore throat ☐, congestion or runny nose ☐, nausea or vomiting ☐, diarrhea ☐, etc.

b) Have you been in close contact with a person experiencing symptoms of COVID- 19 or who has tested positive for COVID-19?
- o Daily temperature checks are highly recommended. Make sure equipment is disinfected before and after every use.
- o Keep a log of employee attendance with the names of the workers per shift and close contacts. Note if anyone called sick or went home sick.

3. Measures for Cleaning and Disinfection — Verified: Yes ☐ No ☐

➢ Describe the process used to ensure that paper towels and soap are always available at the handwash sinks:

- o Are face coverings available to all employees in case they forget or need replacement? — Yes ☐ No ☐
- o Are Disposable gloves available to all employees? — Yes ☐ No ☐
- o Employees that wash dishes have access to clean/disposable aprons, eye and face protection (goggles or shield)? — Yes ☐ No ☐
- o Chemicals labeled if not in an original container — Yes ☐ No ☐
  Chemicals stored safely in the following location: _____

4. Measures to Limit Shared Objects — Verified: Yes ☐ No ☐

➢ Describe how menus will be handled? Disposable, sanitized between use, electronic, and/or other

➢ How are table settings handled? Are napkins, cutlery, glassware, etc. provided to customers as needed?

➢ How are condiments supplied to each table?

- o Takeout containers are provided to customers to package their own leftovers — Yes ☐ No ☐
- o If table linens are used, fresh linens are provided for each new customer — Yes ☐ No ☐

5. Measures for Proper Ventilation	Verified: Yes ☐ No ☐

- All windows have a functional, have screening and are kept open to improve ventilation — Yes ☐ No ☐
- Note other measures to increase outside air (do not use portable oscillating fans):

6. Facility Layout and Procedures for Customers	Verified: Yes ☐ No ☐

➢ Seating capacity: Indoor:_____ Outdoor:_____

➢ Determine high risk areas where customers likely to accumulate or cross paths:

List:

➢ Describe process used to help prevent people from gathering while waiting to be served or seated:

➢ Describe how and where customers will wait for to-go orders:

➢ How far will tables be separated to allow entry and service from staff (prioritize outdoor seating):

➢ Describe the plan to prevent customers from crossing paths:

➢ Describe the plan for addressing peak periods to prevent exceeding facility capacity:

➢ Describe the process for addressing peak period queueing procedures? Has the host been provided with training and backup assistance if needed?

All the following have been <u>eliminated</u> or are not available: Yes ☐ No ☐
- self-service mints, candies, snacks, and toothpicks.
- <u>self-service</u> buffets and salad bars.
- self-service areas with utensils, napkins, straws, water pitchers, and condiments.
- Shared entertainment items such as board games, pool tables, darts, bowling, and arcade games.
- Tableside food preparation, food selection carts, and conveyor belts.

7. Physical Barriers and Guides	Verified: Yes ☐ No ☐

Determine high risk areas where staff are likely to accumulate, cross paths, or require short term close contact:

List:

List any other actions taken to assist with 6 ft social distancing guidelines:

List any areas where a barrier like glass or Plexiglass will be used (a 6-foot distance is the norm; plexiglass should only be used in addition to or where distance is not possible at all times):

8. Employee Areas	Verified: Yes ☐ No ☐

> Describe disinfection and social distancing measures for breakrooms and other employee rest areas:

9. Name of COVID-19 Point of Contact for Each Shift:

Name	Last Name	Phone:

> Describe your process for handling and following up with the following:
o   Individuals who become ill during a shift including how they will be isolated once they leave:

o   Individuals with COVID-19:

o   Individuals in close contact with COVID-19 cases:

o   Instructions by Environmental Health and the Communicable Disease Unit:

  1. Notify the Environmental Health Division (EHD) at: (831) 454-2022
  2. Notify the Communicable Disease Unit (CDU) at:(831) 454-4114

> Describe how you will verify that control measures are effective, adhered to and in compliance:

> Describe how you will solicit input from staff and customers:

> Describe steps to correct problems (include education and training):