

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 <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <input type="radio"/> Appendix A <input type="radio"/> Do Not Enter if Sick <input type="radio"/> Face Coverings Required 	<ul style="list-style-type: none"> <input type="radio"/> Practice Proper Hygiene <input type="radio"/> Maintain 6-Foot Distance from Others <input type="radio"/> Capacity 	
2. Protecting Employee Health		Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>a) How will training and communication with employees be conducted? Keep a log of staff attending the training (name and date)</p>		
<p>b) Control measures and on-site employee screening</p> <ul style="list-style-type: none"> ➤ 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: 		
<p>Minimum requirements in the screening questionnaire:</p> <p>a) Mark if you are experiencing any of the following symptoms? fever or chills <input type="checkbox"/>, cough <input type="checkbox"/>, shortness of breath or difficulty breathing <input type="checkbox"/>, fatigue <input type="checkbox"/>, muscle or body aches <input type="checkbox"/>, headache <input type="checkbox"/>, new loss of taste or smell <input type="checkbox"/>, sore throat <input type="checkbox"/>, congestion or runny nose <input type="checkbox"/>, nausea or vomiting <input type="checkbox"/>, diarrhea <input type="checkbox"/>, etc.</p> <p>b) Have you been in close contact with a person experiencing symptoms of COVID- 19 or who has tested positive for COVID-19?</p> <ul style="list-style-type: none"> <input type="radio"/> Daily temperature checks are highly recommended. Make sure equipment is disinfected before and after every use. <input type="radio"/> 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. Cleaning and Disinfection		Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> ➤ List areas needing frequent disinfection: ➤ Describe the disinfection process and chemicals used: <input type="radio"/> Chemicals are labeled if not in their original container Yes <input type="checkbox"/> No <input type="checkbox"/> Chemicals stored safely in the following location: _____ <input type="radio"/> Describe the process used to ensure that paper towels and soap are always available at the handwash sinks: <input type="radio"/> Are Disposable gloves available to all employees? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="radio"/> Employees that wash dishes have access to clean/disposable aprons, eye and face protection (goggles/shield)? Yes <input type="checkbox"/> No <input type="checkbox"/> 		
4. Limiting Shared Objects		Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> ➤ 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? <input type="radio"/> Takeout containers are provided to customers to package their own leftovers Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="radio"/> If table linens are used, fresh linens are provided for each new customer Yes <input type="checkbox"/> No <input type="checkbox"/> 		

5. VentilationVerified: Yes No

- All windows have a functional, have screening and are kept open to improve ventilation
- Note other measures to increase outside air (do not use portable oscillating fans):
- How will you ensure staff are practicing proper sneeze and cough hygiene to prevent airborne droplets?

Yes No **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 and list them here:

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

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

➤ Describe how customers who are dining-in will be screened:

➤ 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/ seating all in a party at once:

➤ 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 eliminated or are not available:Yes No

- self-service mints, candies, snacks, and toothpicks.
- self-service 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 GuidesVerified: Yes No **Determine high risk areas where staff are likely to accumulate, cross paths, or require short term close contact and list them here:**

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 AreasVerified: Yes No

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

9. Designated COVID-19 Point of Contact (more than one may be required to cover all shifts):

Name	Last Name	Phone:

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

 - Individuals with COVID-19:

 - Individuals in close contact with COVID-19 cases:

 - Disinfection process in the event someone has COVID-19 (Use of a reputable third-party cleaning service is recommended):

10. Notifying the Environmental Health Division (EHD) and the Communicable Disease Unit (CDU)

- Instructions for contacting Environmental Health and the Communicable Disease Unit when a person with COVID-19 is observed:

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

11. Other Control Measures

- 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):

- Determine high-risk individual and assign duties based on their higher risk of complications: