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:

**Dine-In Food Service COVID-19 Prevention Plan**

|  |
| --- |
|  |
|  |

|  |
| --- |
| **Name of person in charge of implementing the plan**  |
| **Name:**  | **Last Name:** | **Phone:** |
| **1. Required Signage** |   | Verified: Yes 🞎 No 🞎 |
| * Appendix A
* Do Not Enter if Sick
* Face Coverings Required
 | * Practice Proper Hygiene
* Maintain 6-Foot Distance from Others
* Capacity
 |
| **2. Protecting Employee Health**  | Verified: Yes 🞎 No 🞎 |
| 1. **How will training and communication with employees be conducted?** Keep a log of staff attending the training (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:1. 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.1. Have you been in close contact with a person experiencing symptoms of COVID- 19 or who has tested positive for COVID-19?
* Daily temperature checks are highly recommended. Make sure equipment is disinfected before and after every use.
* 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 🞎 No 🞎 |
| * List areas needing frequent disinfection:
* Describe the disinfection process and chemicals used:
 |
| * Chemicals are labeled if not in their original container

Chemicals stored safely in the following location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Describe the process used to ensure that paper towels and soap are always available at the handwash sinks:
* Are Disposable gloves available to all employees?
* Employees that wash dishes have access to clean/disposable aprons, eye and face protection (goggles/shield)?
 | Yes 🞎 No 🞎Yes 🞎 No 🞎Yes 🞎 No 🞎 |
| **4. Limiting 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?
 |
| * Takeout containers are provided to customers to package their own leftovers
* If table linens are used, fresh linens are provided for each new customer
 | Yes 🞎 No 🞎Yes 🞎 No 🞎 |
| **5. Ventilation**  | Verified: 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: * 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.
 | Yes 🞎 No 🞎 |
| **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 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 Areas**  | Verified: 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) 454-20222. 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:
 |