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**

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| **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) 454-2022  2. Notify the Communicable Disease Unit (CDU) at:(831) 454-4114 | | | | | | | | |
| **11. Other Control Measures** | | | | | | | | |
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| * 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: | | | | | | | | |