



Safety First

Protecting Workers and Diners
as Restaurants Reopen



Safety First:

Protecting Workers and Diners
as Restaurants Reopen

FOOD & SOCIETY

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Safety First: From the Director

It's a time of recovery and rebirth. For the country, for restaurants. How best to help workers and diners come back to a life all of us have missed terribly—and come back safely?

As the founding director of the Aspen Institute's [Food and Society Program](#), which improves public health by giving people of all income levels ways to eat better and more healthful diets, I looked for guidance from experts from the [Centers for Disease Control](#), experts from city and state health departments, and restaurant owners to help compile, write, and review an easily accessible, authoritative set of operating procedures for restaurant managers, chefs, and all workers during the age of Covid-19. We were fortunate to be supported by Lizzie and Jonathan Tisch, the [Laurie M. Tisch Illumination Fund](#), and Google Food Labs. And we were even luckier to be supported and educated week after week by a stellar, deeply informed and engaged, and wonderfully funny advisory committee, named on our acknowledgments page that follows.

We've fine-tuned *Safety First* to meet the on-the-ground needs of restaurants as they reopen as quickly, economically, and safely as possible—translating the science of health officials and engineering associations into the day-to-day realities of businesses small and large. That's what restaurants told us they needed, and health departments told us too.

We've been joined—uniquely—by the national voices and groups most actively helping restaurants thrive. José Andrés, of course, always sets the worldwide example in global crisis response at [World Central Kitchen](#). [The James Beard Foundation](#) and the [Independent Restaurant Coalition](#) leapt in to support struggling restaurants—and stayed in: the IRC played a major role in securing \$28.6 billion in federal help to restaurants. [One Fair Wage](#) gave us invaluable guidance on how restaurants during Covid-19 can best protect the physical and financial health of all restaurant workers—particularly servers. Resy/Amex distributed our [Diner Code of Conduct](#) and distributed it to all their participating restaurants. [The National Restaurant Association](#), whose [ServSafe](#) program is the gold standard of food safety, also distributed the Diner Code and has been an active reviewer and supporter of our new guidelines.

A great stroke of luck led me to Dr. Sam Dooley, a retired 32-year veteran CDC epidemiologist. His experience in containing tuberculosis and HIV suited him to the task he dug into with infinite patience and wry wit. Dr. Dooley has also written an extremely concise guide to the basics of Covid-19 transmission that every business, and really every person living through the pandemic can learn from quickly and fully.

You'll find here our [Diner Code of Conduct](#) and [Our Covid-19 Pledge](#), which we hope restaurants will send with reservation confirmations and post prominently for both workers and diners to see. We have new ventilation guidelines—both the basics and a full set of operating procedures designed to be affordable and accessible to any small-business owner. By now it should be obvious: always wear a mask!

The other defining characteristic of chefs: they're generous. I thank all of them and welcome all additional thoughts!

Corby Kummer



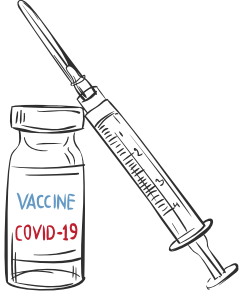
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Diner Code of Conduct

We're creating the safest dining experience we can.
And we need your help, too!



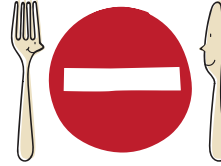
Be Vaccinated

When arriving at the restaurant, I'll provide evidence of being vaccinated against Covid-19 or medically exempt from vaccination. I understand the importance of being vaccinated to protect myself and the people around me.



Wear a Mask

When at the restaurant, I'll wear my mask at all times, unless the community has a documented Covid-19 vaccination rate of at least 85%. This includes when I'm in any shared indoor space, seated at an indoor table and not actively eating or drinking, and when I interact with workers. I'll be just as careful even if I've been vaccinated.



Be Kind

Mutual kindness is paramount to good hospitality. I will show respect and appreciation for all those working to serve me, and for fellow diners. I also understand that management reserves the right to decline serving to anyone not providing evidence of being vaccinated against Covid-19 or medically exempt from vaccination, or not wearing a mask.



Be Responsible

I'll reschedule my visit if I currently have Covid-19, if I've had a fever or any symptoms of Covid-19 in the past 10 days, or if I've been exposed to someone with Covid-19 in the past two weeks. You'll make it easy and cost-free for me to rebook.



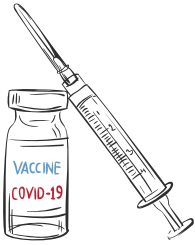
With special thanks to
Lizzie and Jonathan Tisch



Our Covid-19 Pledge

What we do to protect our diners and workers from Covid-19

We will: Make sure all restaurant workers **wear masks at all times**, and all guests wear masks at all times when not eating, especially when interacting with workers



We will: **Ensure that all restaurant workers have been vaccinated**—unless they are medically exempt—to protect themselves, their families, their co-workers, and diners, and wear masks according to local guidelines.



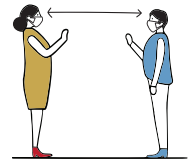
Make sure **ventilation systems** are functioning properly, clean, and operating whenever workers or diners are on the premises; and increase air filtration and fresh air circulation to the maximum possible extent.



Screen all restaurant workers for symptoms every day; help workers find nearby testing sites and encourage them to get tested frequently; screen arriving diners and help them make a future reservation if they have had Covid symptoms in the previous 10 days or been exposed to anyone with Covid in the previous two weeks.

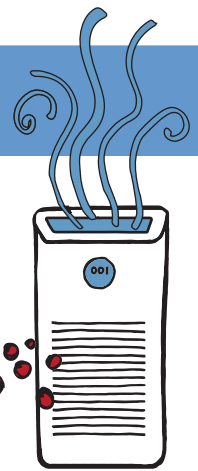


Make sure all restaurant workers **wash or sanitize their hands** often, and routinely clean and sanitize high-touch surfaces and objects.



Make sure all restaurant workers maintain a safe distance from other people—ideally **at least 6 feet** and all diners maintain safe distance from people outside their party.

Safety First: Ventilation Basics



VENTILATION BASICS

Supply as much fresh or filtered air as possible; exhaust air to the outside or clean it with high-efficiency filters; control airflow to move air up and away from people: these are three ways ventilation can reduce risk for spread of aerosol-borne contagion.

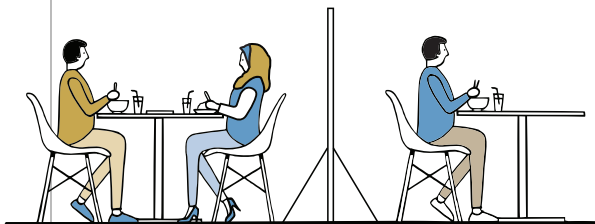
Keep windows open whenever workers and diners are present if this can be done safely. Be sure all **HVAC systems** are **fully operational, performing as designed, and recently serviced and cleaned**. Clean filters if they are a cleanable type, and be sure they are properly fitted and sealed to prevent air from bypassing them. **Optimize the number of air changes per hour** your system is providing; a rate of four to six air changes per hour has been suggested as a reasonable target to reduce risk for spread of aerosol-borne infection in restaurants. **Increase the percentage of fresh air your system** supplies to the maximum feasible. **Upgrade to the highest MERV grade filters** your system can handle, preferably at least MERV-13. Consult a qualified, trusted HVAC engineer or contractor to determine air changes and the highest MERV grade filter your system will support.

Portable air purifying units can be used to supplement existing HVAC systems and to compensate for the lack of an HVAC system in situations where one cannot be installed. Look for units that provide **at least four to six air changes per hour** and **discharge air upward** vertically, rather than horizontally. There is **no need to buy costly add-ons** like ultraviolet filter cleaners or titanium di-oxide, ionizing, or carbon filters. **What matters most is high-efficiency HEPA filters**. If units are too noisy, you can run them at a lower speed to reduce noise. But be aware that their ratings are based on operation at full speed: anything lower will decrease the number of air changes and therefore their effectiveness.

How many portable air purifying units will you need? As a rough rule of thumb, assuming a 10-foot ceiling, allow one unit operating at 100 cubic feet per minute per table, or one unit operating at 200 cubic feet per minute between every two tables. Set units on the floor venting upward. In practice, the correct number of units should be based on careful calculations: a link to an easy-to-use calculator can be found [here](#). Calculations must be based on the airflow produced at the fan speed you will use day to day, not the maximum airflow the unit can produce at the highest fan speed.

Properly designed and installed **upper-room ultraviolet germicidal irradiation** may also be considered in situations where an existing ventilation system is inadequate and cannot easily or affordably be upgraded, or there is no existing ventilation system.

Portable, movable Plexiglass or polycarbonate cough and sneeze barriers can be used to block horizontal airflow between tables and divert airflow upward. Their lower edge should be below table or waist level—about 18 inches above the floor—and their upper edge should be at least 5 feet above the floor. Install as many barriers as possible between tables. It is especially important to **interrupt airflow that is being drawn horizontally** toward a wall-mounted air return vent. This will reduce the likelihood that aerosol-borne contaminants will be carried from one table to another. A qualified HVAC engineer, architect, or environmental engineer can help you place barriers properly, so you don't inadvertently worsen the problem.



Safety First: Six Steps to Safety

Experts believe that most Covid infections are caused when the virus spreads directly from one person who is infected—but may not even have any symptoms—to another person who is not infected. Covid can also be spread through contact with a contaminated surface or object, although this is not thought to be a common mode of transmission. The risk for becoming infected will be much lower if everyone in the restaurant, workers and diners—*whether or not they have been vaccinated*—just follows these six rules, and restaurant management strictly enforces them:

Six Steps to Safety

- 1** **Anyone who has Covid, has a fever or any other symptoms of Covid—or has no symptoms but tests positive for Covid—stays away from the restaurant** and isolates themselves from other people until testing determines that they do not have Covid or until they are no longer contagious

Anyone who has had recent close contact with someone who has Covid stays away from the restaurant and quarantines themselves until they are determined not to be infected or, if they are determined to have Covid, are no longer contagious
- 2** **Everyone who enters the restaurant—workers and diners—is vaccinated against Covid-19** unless they are medically exempt from vaccination
- 3** **Everyone—workers and diners—wears a mask at all times** when in the restaurant except when actively eating or drinking, even if they are vaccinated
- 4** **Everyone maintains a safe distance, ideally at least six feet, from any other person**—for diners, from anyone outside their party—as much of the time as possible, even when both are wearing a mask
- 5** **All workers in the restaurant wash their hands often with soap and water** for at least 20 seconds or sanitize them with alcohol-based hand sanitizer that has at least 60% alcohol. If required to wear gloves, workers should change them frequently, washing hands after removing one pair and before donning a new one (see “Gloves and Covid”)
- 6** All workers in the restaurant ensure that **frequently touched objects and surfaces are routinely cleaned and sanitized or disinfected**

The most important rule in infection control is this: **Control the source of infection!** That’s why it’s so important for people to **stay home and away from the restaurant** if they have Covid, have a fever or any other symptoms of Covid, have no symptoms but test positive for Covid, or have recently been exposed to someone with Covid

Safety First: Acknowledgements

These guidelines are the results of intensive work since restaurants first began to open in the summer of 2020, and weekly meetings and streams of late-night emails from our extremely hardworking Safety First Executive Committee and Advisors. Their combined insights and national and international experience inform every page and section, and Food & Society at the Aspen Institute is extremely grateful for their time and help.

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Preventing Covid-19 Transmission: The Basics

The Covid-19 epidemic in the United States is alive and well—thriving, even—and appears likely to remain so for the foreseeable future. SARS-CoV-2, the virus that causes Covid-19, is a smart virus, and it is persistent, continually evolving to increase its likelihood for survival and proliferation. The highly infectious and transmissible Delta variant of the virus is its most recent and widely recognized adaptation, but it is not the only one, nor is it likely to be the last. The bottom line is that, regardless of how tired we may be of the changes this epidemic has imposed on our lives, the only chance we have to beat it is to be smarter, more persistent, and more adaptable than it is. We cannot allow our fatigue to lure us into letting down our guard.

The widespread increase in Covid-19 cases starting in the summer of 2021, including some in people who are vaccinated, puts renewed focus on the need to ensure safe working and dining environments. For restaurant owners and their staff, this means understanding how best to continue to protect workers and diners while we wait for easy, reliable methods of proving vaccination status to become widely available, for the frequency of testing to rise, and for the epidemic to abate.

Basic understanding of how Covid-19 is transmitted is important for developing and adapting preventive measures to reduce risk for spread. Information in this section is based on current information regarding Covid-19 transmission and—where systematic data are lacking or insufficient—on observational studies and reports and expert.

VACCINATION AND COVID-19 SPREAD

- Covid-19 can be transmitted by people who are infected with the virus and do not have any symptoms, as well as those who do have symptoms
- Covid-19 vaccines have been shown to be effective at protecting vaccinated people from symptomatic and asymptomatic infection and reducing risk for severe disease; however, some vaccinated people can still become infected, and those who do can spread the virus to other people
- Currently available vaccines appear to be considerably less effective against the widespread Delta variant than against previous strains
- Numerous other Covid-19 variants are emerging around the world; as they do, it can take some time before they are recognized, and the effectiveness of currently available vaccines against these variants is unpredictable

Preventing Covid Transmission: The Basics

- Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future—is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19

HOW COVID-19 SPREADS AND HOW RISK FOR SPREAD CAN BE REDUCED

- Covid-19 is an infectious disease, caused by an RNA virus, SARS-CoV-2, that is transmitted from person to person
- Strong evidence suggests that the most common way Covid-19 is spread is through the air by infectious respiratory droplets and aerosols propelled into the air by people with Covid-19
 - Many people with Covid-19 have typical symptoms including fever or chills, cough, shortness of breath or difficulty breathing, or new loss of taste or smell
 - Some people do not have these characteristic symptoms, but may have more general or less common symptoms like fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea
 - Many people with Covid-19—probably the majority—do not report symptoms when diagnosed; they may be “pre-symptomatic,” meaning they have just recently been infected and have not yet developed symptoms; or they may be truly “asymptomatic,” meaning they never have any identifiable symptoms
 - Anyone infected with Covid-19—even someone without symptoms—can infect other people
- Although not thought to be a common mode of transmission, Covid-19 can also be spread through *direct contact* with a contaminated surface or object
- The single most effective way to protect against spread of Covid-19 is to exclude or control the source of infection: people infected with Covid-19. In a restaurant, this can be accomplished largely—though not completely—in three ways:
 - Screening people—workers and diners—before they enter the restaurant and excluding any who report having been diagnosed with Covid-19 in the past 10 days; having had fever or other symptoms of Covid-19—or having tested positive for Covid-19, even if they do not have symptoms—in the past 10 days; or having been exposed to someone with Covid-19 in the past 14 days
 - Having people leave if they develop fever or other symptoms of illness while in the restaurant
 - Requiring all people in the restaurant to wear masks at all times except while actively eating or drinking; maintain safe distance—ideally, at least six feet between themselves and anyone else—as much of the time as possible; for diners, this means maintaining safe distance from anyone outside their party

Preventing Covid Transmission: The Basics

Transmission Through the Air

- When a person with Covid-19 talks, laughs, sings, shouts, coughs, sneezes, or even just breathes, they propel a large number of virus-containing respiratory droplets into the air. Droplets vary greatly in size, ranging from very large (100 microns or greater) to very small (less than 5 microns)
 - Larger droplets tend to travel in straight lines and, because of their size and weight, are likely to travel only a short distance—usually no more than six feet or so—before falling to the ground or landing on a nearby surface or object
 - Droplets in aerosols, which are generally smaller lighter but can be relatively large, can travel farther before falling to the ground or landing on surfaces or objects, and can be inhaled directly from the air
- In transmission through the air, an uninfected person can become infected in two ways: (1) spread by inhalation, in which they inhale virus-containing droplets in aerosols through their nose or mouth into their airways (aerosol-borne spread), or (2) droplet spread, in which larger virus-containing droplets land directly on their mucus membranes—for example, their mouth, nostrils, or eyes

Spread by Inhalation

- People with Covid-19 can produce thousands of virus-containing respiratory droplets in aerosols, but many fewer larger droplets; thus, other people are far more likely to be infected by inhaling aerosols than by being sprayed by larger droplets that land on their mucus membranes
- Available evidence strongly supports the view that spread by inhalation of virus-containing aerosols—mostly at close range—is the predominant way that Covid-19 is transmitted. This is consistent with the extensive and rapid spread of the epidemic seen in the fall of 2020, the winter of 2020, and again in the summer of 2021, highlights the importance of good ventilation in reducing risk for transmission of Covid-19 indoors
- Close-range aerosol-borne infection
 - When virus-containing aerosols are propelled into the air by a person with Covid-19, they tend to be most concentrated in the area immediately around the person—usually within around six feet, though sometimes somewhat farther if carried by air currents—where they can be inhaled by and infect nearby people
- Distant or long-range aerosol-borne infection
 - The farther the distance from the source, the lower the concentration of active, infectious virus in the air—and the lower the likelihood that another person will inhale enough active virus to become infected
 - As droplets and aerosols travel farther from the source, those that are larger and heavier fall to the ground, reducing the concentration of those remaining in the air
 - Also, while the SARS-CoV-2 virus is very likely to be active and infectious immediately upon being expelled into the air, exposure to air appears to reduce its infectiousness

Preventing Covid Transmission: The Basics

- Aerosols can, though, be carried a considerable distance by air currents. Indoors, in enclosed spaces and in the absence of good ventilation, they can remain suspended and infectious long enough, from many seconds to hours—and accumulate to sufficient concentration—to be inhaled by and infect people considerably farther from the source than six feet (some studies suggest at least 20-30 feet)

Reducing Risk for Spread by Inhalation

- Masks
 - Masks that cover the nose and mouth can reduce risk for both close- and long-range aerosol-borne infection
 - The degree of protection varies widely, depending on the type of mask, the material used in its construction, how it fits, whether it is worn correctly, and how consistently it is used
 - When *worn by people with Covid-19*, masks reduce transmission by trapping virus-containing droplets and aerosols before they are expelled into the air; this is a form of source control. For this to work, all people—whether or not they have been diagnosed with Covid-19, have fever or other symptoms, or have been vaccinated—must wear a mask to prevent spread from asymptomatic people who do not suspect that they have Covid-19
 - Plastic or polycarbonate face shields *worn by people with Covid-19* may catch some virus-containing droplets and aerosols as they exit the person's nose and mouth, before they are released into the surrounding air and inhaled by people nearby. However, the extent to which this happens—if at all—is not known; therefore, face shields are not a substitute for masks for source control
 - When *worn by people who do not have Covid-19*, masks reduce transmission by decreasing the likelihood that virus-containing aerosols will be inhaled; this is a form of personal protection
 - Face shields *worn by people who do not have Covid-19* do not reduce their risk for inhaling Covid-19 virus and are not a substitute for masks for *personal protection*
 - Masks should, at *minimum*, meet current CDC guidance
 - Some experts recommend layering or double masking to increase protection against spread by inhalation, and CDC has recently included this in its guidance
 - Hospital-grade N95 masks are not needed in restaurants for protection against Covid-19. The available supply of these masks is inconsistent, and they should be reserved for healthcare workers and other medical first responders
- Physical distancing and barriers
 - Risk for spread by inhalation is greatest in the area immediately around a person with Covid-19, generally within around six feet, because this is where virus-containing respiratory droplets and aerosols are most concentrated. Consequently, risk for *close-range* aerosol-borne infection can be substantially reduced—though not eliminated—by maintaining a safe distance—ideally at least six feet of distance from other people

Preventing Covid Transmission: The Basics

- Physical partitions such as Plexiglass or polycarbonate cough and sneeze barriers can help reduce risk for *close-range* aerosol-borne infection by blocking horizontal airflow between people and helping to divert it upward
- Ventilation
 - The lower the concentration of virus-containing respiratory droplets and aerosols in the air, the less likely it is that any virus will be inhaled by uninfected people; come into contact with their eyes, nose, or mouth; or contaminate nearby surfaces or objects
 - Spread of Covid-19 is far less likely outdoors, where breezes rapidly reduce the concentration of virus-containing droplets and aerosols in the air, and much more likely indoors, where the absence of natural breezes can allow virus-containing droplets and aerosols in the air to accumulate to relatively high concentrations
 - Ventilation, natural or mechanical, can reduce risk for indoor spread of Covid-19 by inhalation in three ways:
 - Diluting room air with fresh or filtered air
 - Removing virus-containing droplets and aerosols from the air
 - Controlling the direction of airflow to move air upward away from people and avoid creating horizontal air currents that may carry virus-containing droplets and aerosols from one person to another
 - *Natural ventilation* is accomplished by opening windows to let fresh air flow into a room and contaminated air flow out, sometimes assisted by window fans or through-the-wall fans
 - *Mechanical ventilation* uses systems of ductwork, supply and air-return vents, fans, and filters to remove contaminated air from a room and replace it with fresh air, with recirculated room air that has been filtered to remove virus-containing droplets and aerosols, or with a mixture of fresh and filtered recirculated air
 - Direction of airflow within a room is determined by where supply vents are located in relation to exhaust vents
 - *Portable air purifying units* use fans and filters in a portable device that draws room air in, passes it through a high-efficiency filter to remove virus-containing droplets and aerosols, and discharges filtered air back into the room. There is no need to buy costly add-ons like ultraviolet filter cleaners or titanium di-oxide, ionizing, or carbon filters. What matters most is high-efficiency HEPA filters
 - Direction of airflow in the area around the unit is affected by the location of the unit's air intake and discharge ports

Preventing Covid Transmission: The Basics

- Upper-room ultraviolet germicidal irradiation
 - Upper-room ultraviolet germicidal irradiation—which is different from ultraviolet lamps contained in portable units or located in ductwork—has been used for decades to reduce risk for aerosol-borne transmission of tuberculosis
 - Ultraviolet germicidal irradiation has been shown to inactivate Covid-19. Therefore, upper-room ultraviolet germicidal irradiation may help reduce risk for transmission in situations where an existing ventilation system is inadequate and cannot easily or affordably be upgraded, or where there is no existing ventilation system

Droplet Spread

- In droplet spread, larger, virus-containing droplets are propelled into the air by a person with Covid-19
- Being relatively heavy, these droplets usually fall to the ground in seconds within about six feet of the source, but they can be sprayed through the air directly onto the mucus membranes (mouth, nostrils, or eyes) of nearby people, thereby infecting them

Reducing Risk for Droplet Spread

- Masks
 - When worn by people with Covid-19, masks that cover the nose and mouth reduce droplet spread by trapping virus-containing droplets before they are expelled into the air (source control). For this to work, all people—whether or not they have been diagnosed with Covid-19, have fever or other symptoms, or have been vaccinated—must wear a mask to prevent spread from asymptomatic people who do not suspect that they have Covid-19
 - When worn by people who do not have Covid-19, masks reduce droplet spread by preventing droplets from landing on their mouth or nostrils (personal protection)
- Goggles and safety glasses
 - Goggles and safety glasses play no role in Covid-19 prevention when worn by people who have Covid-19 (that is, as source control)
 - When worn by people who do not have Covid-19, goggles and safety glasses reduce risk for droplet spread to some extent by preventing droplets from landing in the eyes (personal protection); however, they do nothing to protect the mouth and nostrils and are only a supplement to—not a substitute for—masks
- Face shields
 - When worn by people with Covid-19, plastic or polycarbonate face shields may catch some virus-containing droplets and aerosols as they exit the person's nose and mouth, before they land on people nearby (source control); however, masks are more effective at doing this
 - Because they cover the entire face, face shields worn by people who do not have Covid-19 reduce risk for wearers becoming infected through droplet spread by preventing expelled droplets from landing on their face, mouth, nostrils, or eyes (personal protection). However, while face shields reduce risk for droplet spread, they do not reduce risk for spread by inhalation. Consequently, while face shields supplement masks, they do not replace them

Preventing Covid Transmission: The Basics

- Physical distancing and barriers
 - Because large droplets travel only short distances, risk for person-to-person transmission by droplet spread can be substantially reduced by maintaining *at least* six feet of distance from other people
 - Physical partitions—such as Plexiglass or polycarbonate cough and sneeze barriers—can also reduce risk for droplet spread by blocking movement of droplets from one person to another

Transmission Through Direct Contact

Spread by Direct Contact

- In some cases, Covid-19 may be spread by direct contact with a contaminated surface or object. This can happen if an infected person coughs or sneezes and virus-containing respiratory droplets land on nearby surfaces or objects, or if the person coughs or sneezes into their hand and then touches nearby surfaces or objects. Uninfected people who touch the contaminated surface or object and then touch their mouth, nose, or eyes can become infected
- Covid-19 can also be spread by direct contact if an infected person touches an uninfected person, such as when shaking hands
- Although Covid-19 can be spread through these forms of direct contact, this is not thought to be a common mode of transmission

Reducing Risk for Contact Spread

Reducing risk for transmission through direct contact is best accomplished by the following:

- *Avoid touching surfaces and objects* that may be contaminated
- *Avoid touching one's face, mouth, nose, or eyes* with unwashed hands
- *Practice good hand hygiene* by washing hands often with soap and water or sanitizing them with alcohol-based hand sanitizer if soap and water are not available
- *Avoid direct physical contact* (such as shaking hands) with other people
- *Clean and sanitize or disinfect* potentially contaminated, high-touch surfaces and objects
- *Wearing masks* also reduces risk for transmission through direct contact by trapping virus-containing droplets before they are expelled into the air and contaminate nearby surfaces or objects (source control)

Gloves and Covid-19

- *For control of Covid-19* in commercial kitchens and dining rooms, gloves are not needed; washing hands frequently with soap and water for at least 20 seconds is sufficient
 - Wearing gloves does not replace or modify the need to maintain good hand hygiene or the need for hand washing
 - If gloves are required by FDA Food Code recommendations, state or local public health food safety regulations, or other applicable food safety regulations, they should be worn and used as directed by those recommendations and regulations

Preventing Covid Transmission: The Basics

- If used, gloves should be removed and disposed of, hands should be washed, and new gloves should be put on under any of the following circumstances:
 - When switching tasks or handling different foods
 - After touching potentially contaminated high-touch surfaces or objects
 - If accidentally touching one's face, or coughing or sneezing into the glove or a tissue held in the gloved hand
 - If the integrity of a glove is compromised—for example, ripped or punctured
- If required for food safety, gloves should be made of a non-latex material—such as nitrile or vinyl—because many people are allergic to latex

Reducing Covid-19 Risks in Restaurants

The following sections provides detailed guidance for what should be done to reduce risk for Covid-19 spread in restaurants, but here is a simple summary:

A BAKER'S DOZEN

1. Understand how Covid-19 is spread and consider this with every decision
2. Assign a workplace Covid-19 coordinator
3. Establish, clearly communicate, and enforce policies and procedures for preventing Covid-19 transmission
 - Do not work if you have Covid-19; are Covid-19-positive with no symptoms; have a fever or symptoms of Covid-19; or have been exposed to someone with Covid-19
 - Be vaccinated, unless you are medically exempt from vaccination
 - Wear a mask at all times, except when actively eating or drinking
 - Cover coughs and sneezes with your sleeve or a tissue
 - Maintain safe physical distance (*ideally at least six feet*) from other people
 - Wash or sanitize your hands correctly and often
 - Clean and sanitize or disinfect frequently touched surfaces and objects often
 - Use “no contact” transfers for receiving supplies and for food delivery and pickup
4. Screen restaurant workers arriving at work to determine if they have been diagnosed with Covid-19, have tested positive for Covid-19 (even if they do not have symptoms), or have had fever or other symptoms of Covid-19 in the past 10 days, currently have a fever; or have had close contact with someone with Covid-19 in the past 14 days. Send them home if any of these conditions apply
5. Organize restaurant workers into teams working alternating shifts or days, if possible
6. Structure restaurant layout and operations for physical distancing wherever possible
7. Place hand washing or hand-sanitizing stations—fully stocked with soap, towels, and hand sanitizer— throughout the restaurant
8. Clean and sanitize or disinfect frequently touched surfaces and objects routinely
9. Maintain ventilation systems well, with regular cleaning or replacement of filters
10. Reinforce infection control policies and procedures with signage and pre-shift briefings
11. Enforce policies and procedures consistently and equitably
12. Limit entrance into work areas to restaurant workers—no delivery workers or customers
13. Implement flexible and supportive sick leave and compensation policies

Reducing Covid-19 Risks in Restaurants

WHAT MANAGERS AND SUPERVISORS SHOULD DO

- *Designate a coordinator* to have overall responsibility for Covid-19 issues at the restaurant
 - If there are multiple shifts, designate a coordinator for each shift to address Covid-19-related issues that arise during that shift
- *Provide initial and periodic refresher training* to all workers regarding how Covid-19 is transmitted and how to prevent its spread
- *Firmly and equitably enforce policies and procedures* for preventing Covid-19 spread in the workplace
 - Provide incentives to workers for adhering to policies and procedures for preventing spread of Covid-19
- *Train and empower supervisors* to send home staff who feel ill
- *Implement flexible sick leave* and supportive policies and practices to reduce likelihood that restaurant workers will come to work when ill
 - Maintain sick leave and compensation policies that are (1) flexible, non-punitive, and allow sick restaurant workers to stay home and away from co-workers, and (2) consistent with public health guidance
 - Maintain flexible policies that permit restaurant workers to stay home to care for sick family members or take care of children due to school and childcare closures
 - Do not require a positive Covid-19 test result or a healthcare provider's note for restaurant workers who are sick to validate their illness, qualify for sick leave, or return to work. Healthcare provider offices and medical facilities may be extremely busy and unable to provide such documentation in a timely manner
 - Ensure that restaurant workers are aware of and understand these policies. Post and distribute them in languages appropriate to the staff
 - Give a reusable digital oral stick thermometer to any worker who does not have one at home
- *Require all restaurant workers to be vaccinated* against Covid-19 for their own personal well-being and that of co-workers and diners, unless they have medical exemptions from vaccination
 - Assist workers with gaining access to Covid-19 vaccination
 - Be flexible with work schedules to facilitate workers' ability to be vaccinated when they secure an appointment
 - Give workers paid time off or a cash incentive for getting vaccinated
 - *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

Reducing Covid-19 Risks in Restaurants

- Ensure that all food safety and hygiene documents are updated and that all staff are informed and trained as necessary
- Consider creating separate teams of staff to work on alternate days or shifts, so if an exposure to Covid-19 occurs on one day or shift, only the team working that day or shift will be affected
- Conduct pre-shift briefings
 - At the beginning of each shift, hold a pre-shift briefing with all workers to remind them about wearing masks, practicing physical distancing, washing or sanitizing their hands often, and cleaning and sanitizing or disinfecting high-touch surfaces and objects routinely
- Organize the restaurant for reducing Covid-19 risk
 - To the extent possible, designate specific, separate areas for different functions, such as the following:
 - Worker arrival
 - Preparing for work
 - Receiving supplies and equipment
 - Food preparation
 - Packaging meals
 - Food pickup

**Note: Small facilities may not have room for these functions to be done in separate areas. The same precautions apply to the space where a given function is performed, whether or not it is done in a separate area.*

- Place signage prominently throughout the restaurant to clearly communicate their Covid-19 prevention requirements for guests and workers
- Signage for common areas
 - Restaurants should prominently post Safety First's "[Our Covid-19 Pledge](#)" and "[Diner Code of Conduct](#)" in all areas used by diners, take-out customers, or delivery-service workers, so expectations of guests and workers are clear. The following are examples of such areas:
 - Outside, at the entrance to the restaurant and at take-out service windows
 - Indoor dining areas
 - Outdoor dining areas and enclosures, such as tents, "cabins," "igloos," or "yurts"
 - Dining counters and bars
 - Payment and checkout areas
 - Restrooms
 - Waiting areas, such as areas where customers, diners, or delivery-service workers wait to place or pick up take-out orders, to be greeted and seated for on-site dining, to use restrooms, or to pay for their meals (if this is not done at the table)

Reducing Covid-19 Risks in Restaurants

- For restaurants that prepare meals exclusively for takeout and delivery—or prepare multiple meals for hospitals, health centers, and similar facilities—these requirements should also be posted in areas where customers, delivery-service workers, or representatives of the other institutions pick up the meals
- Restaurants that choose to develop their own signage to communicate their Covid-19 prevention requirements for guests should include, at minimum, the following:
 - People who have a current diagnosis of Covid-19, have had fever or symptoms of Covid-19—or tested positive for Covid-19, even if they do not have symptoms—in the past 10 days, or have had close contact with someone with Covid-19 during the past 14 days should not enter the restaurant
 - Customers and diners must at all times—from arrival at the restaurant to departure, except while actively eating or drinking—wear masks that cover the nose and mouth and meet current CDC guidance
 - Customers and diners must maintain a safe distance—ideally at least six feet—between themselves and people in other parties at all times—from arrival to departure, indoors or outdoors—while at the restaurant
 - These requirements apply whether or not a customer has been vaccinated
 - People who are not willing to comply with these requirements cannot be served
- Guest restrooms should also have posted reminders about wearing masks, physical distancing, and hand washing, and should have handwashing instructions posted over sinks
- Signage for work areas
 - Restaurants should post Safety First’s “Our Covid-19 Pledge” in all work areas. The following are examples of such areas:
 - Worker arrival areas
 - Personal areas, such as dressing or locker rooms
 - Food preparation areas
 - Breakrooms
 - Restrooms
 - Supply and equipment receiving areas
 - For restaurants that prepare meals exclusively for takeout and delivery—or prepare multiple meals for hospitals, health centers, and similar facilities—these reminders should also be posted in areas used for packaging the meals, preparing them for delivery or pickup, and pickup of packaged meals by customers, delivery-service workers, or representatives of the other institutions

Reducing Covid-19 Risks in Restaurants

- Restaurants that choose to develop their own signage to communicate their Covid-19 prevention requirements for workers should include, at minimum, the following:
 - Not entering the restaurant if ill, and steps to take if ill on arrival (for worker arrival areas)
 - What to do if one becomes ill while at work
 - Mandatory use of masks; physical distancing; frequent hand washing or sanitizing; and cleaning and sanitizing or disinfecting potentially contaminated high-touch surfaces and objects
 - Applicability of these requirements whether or not a worker has been vaccinated
 - Worker restrooms should also have posted reminders about wearing masks, physical distancing, and hand washing, and should have handwashing instructions posted over sinks
- Place handwashing stations with hot running water, soap, towels, and trash receptacles at entrances and exits and in common and functional areas
 - Place hand-sanitizing stations with alcohol-based hand sanitizer in places where plumbing is not available for hand-washing stations
- Place hand sanitizer dispensers and tissues—along with trash receptacles—in multiple locations throughout the restaurant to encourage frequent hand hygiene
- Provide sanitizing wipes throughout the restaurant so restaurant workers can wipe down personal items and high-touch surfaces and objects often
- To the extent allowed by applicable health regulations and consistent with safety, prop open frequently used interior doors wherever possible, so restaurant workers do not have to touch doors or door handles to pass through them
- Provide disposable drinking cups so restaurant workers will not need to bring personal reusable bottles or cups into work areas
- If possible, eliminate cash payments—both from customers and to restaurant workers—because there is no good way to handle cash safely or to disinfect it
 - Provide clean pens for activities that require signatures from workers or customers, such as signing credit card receipts
- Maintain the restaurant
 - Ensure that building ventilation systems are working properly and maintained for optimal indoor air quality
 - Regularly replace or clean and disinfect filters, per manufacturer specifications
 - Increase ventilation rates and percentage of outdoor air that circulates into the system, if feasible

Reducing Covid-19 Risks in Restaurants

- Ensure that portable air purifying units and upper-room ultraviolet germicidal irradiation installations are well maintained and working properly
- Ensure that stove hood filters are regularly cleaned and disinfected, per manufacturer specifications
- Ensure that all hand-washing sinks are operational with clean running hot water, cleaned daily, and adequately stocked with soap and paper towels
- Ensure that all hand sanitizer dispensers are full and operational
- Ensure that bathrooms are cleaned and disinfected routinely, and are adequately stocked with soap and paper towels
- Ensure that high-touch objects and surfaces are cleaned and sanitized or disinfected routinely
- Ensure that trash receptacles are emptied frequently
- Ensure that dishwashing machines are operating at the required wash and rinse temperatures with appropriate detergents and sanitizers
 - For manual dishwashing, hot water can be used in place of chemicals to sanitize equipment and utensils

Reducing Covid-19 Risks in Restaurants

WHAT ALL RESTAURANT WORKERS, INCLUDING MANAGERS AND SUPERVISORS, SHOULD DO

Vaccination

- For their own personal well-being and that of co-workers and diners, and because they are at relatively high risk for being exposed to the virus, all restaurant workers should be vaccinated against Covid-19, unless they have medical exemptions from vaccination
- Covid-19 vaccines have been shown to be effective at protecting vaccinated people from developing symptomatic and asymptomatic infection and reducing risk for severe disease

However

- Covid-19 can be transmitted by people who are infected with the virus and do not have any symptoms, as well as those who do have symptoms
- Some vaccinated people can still become infected, and those who do can spread the virus to other people
- Currently available vaccines appear to be considerably less effective against the widespread Delta variant than against previous strains
- Numerous Covid-19 variants are emerging around the world; as they do, it can take some time before they are recognized, and the effectiveness of currently available vaccines against these variants is unpredictable
- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

When At Home Or Otherwise Away From The Restaurant

- When at home or otherwise away from the restaurant, all workers should lower their risk for getting infected with Covid-19 by doing the following:
 - *Avoiding exposure* to anyone who has Covid-19 or symptoms of Covid-19
 - *Wearing a mask* at all times when around people who are not part of their household, whether at or away from home
 - *Practicing physical distancing* by maintaining at least six feet of distance between themselves and other people who are not part of their household, whether at or away from home
 - *Avoiding crowds* and large gatherings
 - *Avoiding indoor gatherings* in poorly ventilated spaces
 - *Washing hands* often with soap and water

Reducing Covid Risks in Restaurants

- *Sanitizing hands* with alcohol-based hand sanitizer if soap and water are not available (but hand washing is more effective)
- *Avoiding contact with frequently touched surfaces and objects* that may be contaminated
- *Carrying hand sanitizer* when out and about and washing or sanitizing hands as soon as possible after touching surfaces or objects that may be contaminated

Before Leaving for Work

- Before leaving for work, all workers should do the following:
 - Measure their temperature—either oral (mouth) or temporal (forehead)—and do a symptom self-check
 - *Remain at home* and do not report to work if they feel ill, have a fever, or have any other symptoms of Covid-19, and do the following:
 - Isolate themselves from other people, according to current CDC guidelines, and promptly seek medical advice (or go directly to a healthcare facility, if warranted by the severity of symptoms)
 - Notify their supervisor immediately, so the supervisor can take necessary precautions at the restaurant
 - *Remain at home* and do not report to work if they have been exposed to anyone with Covid-19, and do the following:
 - Get tested for Covid-19 and implement quarantine, according to current CDC guidelines
 - Notify their supervisor

When at Work

The measures described in this section apply to *all* aspects of the workplace, including take-out and dining services; worker arrival; preparing for work; receiving supplies and equipment; and food preparation. Detailed measures specific to each of these activities are presented in subsequent sections.

- When at the restaurant, all workers—restaurant workers and visiting workers, such as delivery and outside maintenance workers—should do the following:
 - *Wear a mask at all times*, except when actively eating or drinking; masks should always cover the nose and mouth and meet current CDC guidance
 - Masks should be provided for workers who do not have one of their own
 - Plastic or polycarbonate face shields provide additional protection against virus-containing droplets being sprayed onto the face, mouth, nostrils, or eyes and can be a useful supplement to masks; however, face shields do not offer the same protection as masks and are not a substitute for them

Reducing Covid Risks in Restaurants

- *Maintain at least six feet between themselves and other people at all times, to the extent possible*
 - This includes when arriving at work and waiting to be screened and checked in
 - Where this is not always possible—such as in kitchens—workers should avoid direct physical contact with others as much as possible (including not gathering in groups, shaking hands, fist-bumping, doing high-fives, elbow-bumping, or hugging)
- *Wash or sanitize one's hands frequently*
 - Wash hands frequently with soap and water for at least 20 seconds
 - Sanitize hands with an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available (hand washing is preferable because soap and water are more effective at inactivating the Covid-19 virus)
 - Some key times to wash or sanitize hands include when entering the restaurant; after blowing one's nose, coughing, or sneezing; after interacting with other people; before preparing or eating food; when switching between tasks; after touching surfaces or objects that are frequently touched by other people and might be contaminated; after handling trash; after cleaning activities; and after using the bathroom
 - In areas where food is handled and prepared—such as kitchens or meal packaging areas—workers should wash hands on arrival in the area, frequently throughout the shift, any time they have touched a surface or object that may be contaminated, and at the end of the shift
- *Cover coughs and sneezes*
 - Cough or sneeze into a tissue or the elbow of a shirt sleeve, throw used tissues into the trash, and immediately wash or sanitize hands
- *Avoid unnecessarily touching contaminated surfaces and objects*
 - Avoid touching surfaces and objects that are frequently touched by other people and may be contaminated
 - Avoid touching one's face (especially mouth, nostrils, or eyes) after touching a potentially contaminated surface or object and before washing or sanitizing one's hands
- *Clean and sanitize or disinfect frequently touched surfaces and objects*
 - Routinely—on a clearly defined schedule throughout the day, and as needed—clean and sanitize or disinfect frequently touched objects and surfaces
 - Clean visibly dirty surfaces and objects with soap and water before sanitizing or disinfecting them
 - Use sanitizing and disinfecting products that meet EPA criteria for use against Covid-19
 - In areas where food is handled and prepared—such as kitchens or meal packaging areas—clean and sanitize or disinfect surfaces and objects at workstations before, during, and after each shift

Reducing Covid-19 Risks in Restaurants

- Clean and disinfect floors with EPA-registered disinfectants regularly
- Take appropriate safety precautions—including using masks and gloves when appropriate, and always being sure there is good ventilation—regardless of what product you use for cleaning and sanitizing or disinfecting
- Follow applicable health code requirements for food handling and preparation to prevent food-borne illness
 - *No additional food protection procedures are required specifically for Covid-19*
- Workers should alert their supervisor immediately
 - If they become ill at work
 - Separate themselves from other people, and place a mask over their nose and mouth, if not already wearing one
 - If they notice a co-worker coughing or appearing ill, and check that the co-worker has a mask over their nose and mouth

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ONSITE DINING AND TAKEOUT SERVICES

Onsite Dining

Decisions regarding whether or not any on-site dining is allowed—and, if so, whether just outdoor or both indoor and outdoor dining is allowed—are made by state or local governments. Restaurants must adhere to all local or state requirements and guidance regarding on-site dining.

Preventive Measures for Workers

- Throughout the restaurant, all workers—including restaurant workers and visiting workers, such as delivery and outside maintenance workers—should closely follow all Covid-19 prevention measures described in the section entitled, “What All Restaurant Workers—including Managers and Supervisors—Should Do”
 - *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

Reservations, Greeting, and Seating

- To minimize waiting time at the restaurant, advance seating reservations are preferred over walk-in seating
- When calling to make seating reservations—or when making reservations online—diners should be notified of the restaurant’s Covid-19 prevention requirements for guests
- Dining parties should be limited to *no more than* six to eight diners per table
 - Local or state health departments may have specific requirements regarding the number of diners per table
- Reservation confirmation notices—including a statement of the restaurant’s Covid-19 prevention requirements for guests—should be sent to all diners making reservations, with a request that they cancel their reservations if they are not willing to comply with the requirements
 - Restaurants should consider also sending the “[Diner Code of Conduct](#)” and “[Our Covid-19 Pledge](#)” with reservation confirmations)
 - Consider options for diners to see the menu and order ahead of time to minimize time spent in the restaurant
- If possible, diners waiting to be greeted or seated should wait outdoors
 - If diners must wait indoors to be greeted or seated, there should be a well-ventilated, designated area for this purpose
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both (Note: there is no need to buy portable air purifying units with costly add-ons like ultraviolet filter cleaners, titanium di-oxide, ionization, or carbon

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filters. What matters most is high-efficiency HEPA filters

- Whether diners wait outdoors or indoors, waiting areas should be marked to help them maintain a distance of *at least* six feet from people in other parties
 - Alternatively, protective Plexiglass or polycarbonate cough and sneeze barriers can be used to provide a protective barrier between waiting parties
 - To minimize crowding in waiting areas, consider using phone apps, texting, or other technologies to notify diners when their table is ready (if buzzers are used, they should be sanitized between parties)
- Alcohol-based hand sanitizer should be available and easily accessible for diners in all waiting areas
- In indoor waiting areas—and in greeting and screening areas—frequently touched surfaces and objects should be cleaned and sanitized or disinfected with EPA-registered disinfectants before and after each shift and as needed during the shift; floors should also be cleaned and disinfected regularly with EPA-registered disinfectants
- Diners should be greeted at and seated from a counter or stand fitted with a Plexiglass or polycarbonate cough and sneeze shield to provide a protective barrier between restaurant workers and customers
- Diners should be greeted *one party at a time* to reduce the possibility of contact between parties
- When diners are greeted, all members of the party should be briefly screened to determine if they have (a) have been diagnosed with Covid-19, have tested positive for Covid-19 (even if they do not have symptoms), or have had fever or symptoms of Covid-19, in the past 10 days; or (b) have had close contact with someone with Covid-19 during the past 14 days
 - Restaurant workers who do the screening should wear masks that cover the nose and mouth and meet current CDC guidance and should also wear plastic or polycarbonate face shields that fully cover the front and sides of the face
 - People who have been diagnosed with Covid-19, have a current diagnosis of Covid-19, have tested positive for Covid-19 (even if they do not have symptoms), or have had fever or symptoms of Covid-19, —or tested positive for Covid-19, even if they do not have symptoms—in the past 10 days; have had close contact with someone with Covid-19 during the past 14 days; or currently have a fever (if temperature screening is being done) should not be seated. The restaurant should offer to make new reservations for them after they have completed testing and CDC-recommended isolation or quarantine
- When diners are seated, they should be graciously reminded of the restaurant’s Covid-19 prevention requirements for guests, particularly the need to keep masks on when not eating and drinking, especially whenever interacting with servers and other workers
 - If staffing and time permit, it is best for the host, rather than the server, to provide this reminder as parties are seated, to avoid conflict with guests during meal service

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- Sample language: “Thank you for choosing to join us. To ensure the safety of you and our staff, we kindly ask that you wear your masks whenever you are not eating or drinking, especially when any staff member approaches your table. Also, please be sure you are masked when walking through any of our shared spaces.”
- At least one member of each party should provide their name and contact information to facilitate contact tracing, should this become necessary
 - Alternatively, reservation or credit card information may be used for this purpose
- Diners must at all times—from arrival at the restaurant to departure, except when actively eating or drinking—wear masks that cover the nose and mouth and meet current CDC guidance
 - Masks are important at all times, but especially anytime diners are interacting with restaurant workers
 - Masks should be provided free of charge for diners who do not have one of their own
- To the extent possible, diners should maintain a distance of *at least* six feet from people in other parties and from restaurant workers at all times—from arrival to departure, indoors or outdoors—while at the restaurant
- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

Dining, Outdoors or Indoors

The following preventive measures should be used for dining outdoors or indoors:

- Reduce seating capacity, for example to 25%, 50%, or 75% of full capacity
 - Seating capacity is dictated by state and local government guidelines and requirements. If they wish, restaurants can lower their risk further by reducing capacity below the maximum allowed by state or local government, but they cannot exceed it
- Limit dining parties to *no more than* six to eight diners per table
 - Local or state health departments may have specific requirements regarding the number of diners per table
- Tables should be spaced to provide *at least* six feet between adjacent tables, as measured from chairback to chairback
 - Tables may be able to be placed more closely if separated by partial Plexiglass or polycarbonate cough and sneeze barriers designed to block horizontal air flow between tables and help divert air upward
 - The lower edge of these barriers should be below table or waist level—about 18 inches above the floor—and their upper edge should be *at least* 5 feet above the floor (taller if being used for separating people who are standing up)

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- Consult with a qualified industrial or environmental engineer to be sure barriers are placed correctly and do not inadvertently worsen the problem by interfering with ventilation
- Local or state health departments may have specific requirements regarding spacing of tables and use of cough and sneeze barriers to separate them
- To reduce opportunities for close contact between diners, and to avoid use of shared serving utensils, handles, buttons, or touchscreens, do not offer any self-service food or drink options, such as buffets, salad bars, or drink stations

Dining At Counters And Bars

- Dining service at counters or bars may be permitted in some states or localities; if so, the following counter/bar-specific preventive measures should be used:
 - If service is provided from behind the counter/bar, a Plexiglass or polycarbonate cough and sneeze shield should be installed on the counter/bar to provide a protective barrier between server and diners
 - The counter/bar should be located in a well-ventilated area
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
 - Diners should be *seated* at the counter/bar—not standing—and should remain seated throughout their meal, except when going to the restroom; they should not move about to socialize with other parties
 - Parties dining at a counter/bar should be seated to provide *at least* six feet between parties or separated by Plexiglass or polycarbonate cough and sneeze barriers to provide a protective barrier between them
 - Local or state health departments may have specific requirements regarding counter/bar dining, such as ventilation, number of diners allowed per party, space maintained between parties, and use of cough and sneeze barriers to separate parties
- Beverage and other servicing surfaces and equipment should be frequently and thoroughly cleaned and sanitized
 - Ventilation in servicing areas may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both. Note: There is no need to buy portable air purifying units with costly add-ons like ultraviolet filter cleaners, titanium di-oxide, ionization, or carbon filters. What matters most is high-efficiency HEPA filters
- Each table should be provided its own pitcher or bottle of water, rather than using a common pitcher or bottle to refill drinking glasses at multiple tables
- Once seated, diners should remain seated throughout their meal, except for going to the restroom; they should not move about to socialize with other parties

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- If diners do need to leave the table, they should, to the extent possible, maintain a distance of at least six feet from people in other parties and from restaurant workers
- Diners should at all times—except when actively eating or drinking—wear masks that cover the nose and mouth and meet current CDC guidance
 - Masks are important at all times, but especially anytime diners are interacting with restaurant workers
 - Masks should be provided free of charge for diners who do not have one of their own
 - *•Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19* When a dining party leaves and before another is seated, the following steps should be taken:
 - If in individual enclosures, ventilation should be turned up to the maximum to remove potentially contaminated air and replace it with fresh air before another party is seated
 - Tables should be thoroughly cleaned and sanitized
 - If tables are separated by partial Plexiglass or polycarbonate cough and sneeze barriers, these should also be thoroughly cleaned and sanitized
 - Seasoning and condiment shakers and containers should be removed and thoroughly cleaned and sanitized before being replaced; alternatively, use single-serve seasoning and condiment packets

Outdoor Dining

Outdoor dining is by far the safest approach for on-site dining, thanks to the great diluting effect of open outdoor air, and because breezes can quickly carry away virus-containing droplets and aerosols. The term “outdoor” means *non-enclosed*. The common practice of placing enclosures—such as tents, “cabins,” “igloos,” or “yurts”—outdoors converts the space within them to indoor space. *Dining in such enclosures is no different from indoor dining and requires the same preventive measures.* The only potential advantage to such enclosures is that—if each enclosure houses a single dining party—they create barriers to reduce risk for transmission between parties. However, they do not reduce risk for transmission among people in the dining party, or to restaurant workers entering the enclosure. *Enclosures that contain seating for multiple parties offer no advantage over indoor dining.*

- If fans are used in outdoor dining areas (for example, during hot weather), they must be carefully positioned so as not to create horizontal air currents that could carry virus-containing droplets and aerosols from one person or party to another
- *Dining In Individual Enclosures*
 - If enclosures—such as tents, “cabins,” “igloos,” or “yurts”—are used for individual parties outdoors, the following additional measures should be taken:

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- Flaps or windows in the enclosures should be left open to allow fresh air to enter the enclosure, dilute the air in the enclosure, and exit to the outside
 - Air flow may be increased by positioning fans at the flaps or windows to draw air from within the enclosure and exhaust it to the outside; however, fans must be carefully positioned so as not to create horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another. Note: There is no need to buy portable air purifying units with costly add-ons like ultraviolet filter cleaners, titanium di-oxide, ionization, or carbon filters. What matters most is high-efficiency HEPA filters
 - Portable air purifying units should be used to remove virus-containing droplets and aerosols from the air within the enclosure
 - To reduce risk for close-range aerosol-borne transmission, models that exhaust vertically upward from the top of the unit should be used to help direct airflow away from diners and restaurant workers and avoid creating horizontal air currents that could carry virus-containing droplets and aerosols from one person or party to another
 - When one dining party leaves the enclosure, ventilation should be turned up to the maximum to remove potentially contaminated air and replace it with fresh air before another party is seated

Indoor Dining

Preventive measures for indoor dining are essentially the same as for outdoor dining, with the important addition of the need for effective ventilation.

- Ventilation should be used to reduce risk for Covid-19 transmission in dining areas by (1) diluting room air with fresh or filtered air, (2) removing virus-containing droplets and aerosols from the air, and (3) reducing risk for close-range aerosol-borne transmission by controlling the direction of airflow. Controlling direction of air flow means avoiding horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another. Ventilation can be natural, mechanical, or a combination of both; it can be supplemented with portable air purifying units, upper-room ultraviolet germicidal irradiation, or a combination of both.
 - Natural Ventilation
 - Some restaurants may be able to open windows to allow inflow of fresh air and outflow of potentially contaminated air and inflow of fresh air, thereby diluting the air in the room and removing virus-containing droplets and aerosols
 - Natural air flow may be increased with window or through-the-wall fans that draw air from within the room and exhaust it to the outside; however, fans must be carefully positioned so as not to increase risk for close-range aerosol-borne transmission by creating horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another
 - Natural ventilation has substantial limitations
 - It is not feasible in many areas due to climate and safety concerns
 - It is unlikely to be sufficiently constant or predictable for infection control purposes

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- Opening windows and keeping them open continuously will be limited by daily weather and other outside conditions (for example, noise or air pollution)
- Leaving restaurant windows open may be prohibited by state or local regulations due to health or safety concerns
- Most restaurants will need to use mechanical ventilation to reduce risk for transmission of infectious droplets and aerosols from person to person through the air

Mechanical Ventilation Systems

- Restaurants that have an existing mechanical ventilation system should take the following steps to make them as effective as possible:
 - Consult a qualified and trusted environmental or HVAC engineer or contractor for maintenance, evaluation, and possible upgrade of existing systems
 - Inspect, clean, and maintain all system components to be sure the system is functioning at maximum capacity and according to industry standards
 - Ensure that ductwork is correctly installed, vented to the outside, with duct seams sealed to prevent air leakage, and without any blockages
 - Turn off demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours. Where HVAC fan operation can be controlled at the thermostat, set the fan to the “on” position instead of “auto.”
 - The system should be set to use the highest possible percentage of fresh air; the closer to 100% fresh air, the better
 - Ensure that any recirculated air has been passed through appropriate filters to remove virus-containing droplets and aerosols
 - Ensure that filters are the highest MERV grade the system can support—ideally *at least* MERV-13
 - Ensure that filter frames are correctly installed and fit snugly in the ducts, with no air leakage around the edges
 - Ensure that filters are clean and correctly installed in the frames, with no air leakage around the edges
 - If possible, use coarse prefilters to capture large particles and extend the life of the high-grade filters
 - The system should be set to optimize the rate at which air is diluted and removed from the room and replaced by clean air; a rate of *four to six air changes per hour* has been suggested as a reasonable target for reducing risk for aerosol-borne spread of Covid-19 in restaurants and similar settings
 - To the extent possible, air supply vents should be located low, near the base of walls, and return vents should be located high, near the top of walls or in the ceiling; this will help direct air flow to move vertically upward away from diners, rather than horizontally, and avoid creating horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another

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- Ceiling fans set to operate in reverse mode may help increase the upward vertical movement of air in dining areas
- If suggested targets for filtration level and air changes per hour *can* be achieved with an existing ventilation system, supplementing the system with portable air purifying units may still be worth considering for three reasons:
 - General ventilation may be effective at diluting and removing virus-containing droplets and aerosols—and reducing risk for long-range aerosol-borne infection—in the dining area in general. However, unless a person with Covid-19 is dining and sitting very close to an air return vent, the concentration of virus-containing droplets and aerosols in the area immediately around the person (within around six feet)—and the risk that people nearby will inhale those droplets—may still be relatively high. Portable air purifying units—if positioned strategically near diners—may help capture virus-containing droplets and aerosols in these local areas of high concentration and remove them from the air, reducing risk for close-range aerosol-borne spread of infection
 - Portable air purifying units that exhaust from the top of the unit mode may also help increase the upward vertical movement of air in dining areas.
 - Even with good general ventilation, there may be some areas in which eddy currents allow local accumulation of virus-containing droplets and aerosols; if such areas are identified, portable air purifying units strategically positioned may help address the problem. A qualified and trusted HVAC engineer or contractor or an environmental engineer can help determine the best placement of these units. Note: There is no need to buy air purifying units with costly add-ons like ultraviolet filter cleaners, titanium di-oxide, ionization, or carbon filters. What matters most is high-efficiency HEPA filters
- If suggested targets for filtration level and air changes per hour *cannot* be achieved with an existing ventilation system, consider upgrading the system
 - *If an existing system cannot be upgraded*, it may be supplemented with portable air purifying units positioned strategically in dining areas to increase filtration and removal of virus-containing droplets and aerosols from the air
 - To reduce risk for close-range aerosol-borne transmission, models that exhaust vertically upward from the top of the unit should be used to help direct airflow upward away from diners and restaurant workers and avoid creating horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another
 - *Upper-room ultraviolet germicidal irradiation* has been used for decades to reduce risk for aerosol-borne transmission of tuberculosis. Ultraviolet germicidal irradiation also inactivates Covid-19, and upper-room ultraviolet germicidal irradiation may be useful for further reducing risk for transmission in situations where existing ventilation systems are not adequate
 - Upper-room ultraviolet germicidal irradiation can be effective only if room air moves upward and across the ultraviolet germicidal irradiation units, so viruses contained in aerosol-borne droplets and aerosols are exposed to—and inactivated by—the UV irradiation
 - Upward air movement can be created by strategically positioned portable air purifying units that exhaust vertically upward from the top of the unit

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- Ceiling fans set to operate in reverse mode can also help increase the upward vertical movement of air in dining areas
- To ensure effectiveness and safety, upper-room ultraviolet germicidal irradiation solutions should be designed and installed only in consultation with an environmental engineer experienced with the use of upper-room ultraviolet germicidal irradiation—or an experienced GUV system designer—who can assist with calculations, fixture selections, proper installation, and system testing
- Restaurants that do not have an existing mechanical ventilation system and cannot afford to install one—or in which installing one is not feasible—should take the following steps:
 - Consult a qualified and trusted environmental or ventilation engineer
 - Use natural ventilation to the greatest extent possible
 - Position portable air purifying units strategically in dining areas to filter and remove virus-containing droplets and aerosols from the air.
 - To reduce risk for close-range aerosol-borne transmission, models that exhaust vertically upward from the top of the unit should be used to help direct airflow upward away from diners and restaurant workers and avoid creating horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another
 - If units are too noisy, they can be run at a lower fan speed to reduce noise. But be aware that their ratings are based on operation at full speed: anything lower will decrease their effectiveness.
 - As a rough rule of thumb, assuming a 10-foot ceiling height, allow approximately one unit per table, operating at 100 cubic feet per minute, set on the floor and venting upward; or one unit between every two tables operating at 200 cubic feet per minute. However, in this situation—because the portable units are being used in place of an HVAC system, rather than just to supplement one—the actual number of units needed should be based on calculation by a qualified environmental or ventilation engineer
 - Easy-to-use calculators are available, but air flow ratings for these units are based on operation at full fan speed—anything lower will decrease their effectiveness. Therefore, calculations must be based on the air flow produced by the fan speed at which the units will actually be operated in day-to-day use, not the maximum air flow the unit is capable of producing at the highest fan speed
 - Strongly consider installing upper-room ultraviolet germicidal irradiation units
 - Ventilation systems—and portable air purifying units or upper-room ultraviolet germicidal irradiation units being used in place of, or to supplement, ventilation systems—should be run at all times the restaurant is occupied, and, ideally, for at least two hours before the first person arrives and two hours after the last person leaves

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Outdoor Dining

Outdoor dining is by far the safest approach for on-site dining, thanks to the great diluting effect of open outdoor air, and because breezes can quickly carry away virus-containing droplets and aerosols. Risk for Covid-19 transmission under these conditions is very low

- There may be a hypothetical risk for very close-range, aerosol-borne transmission if many people are crowded very closely together face-to-face for a prolonged period of time in the absence of air movement adequate to carry away virus-containing droplets and aerosols from the immediate vicinity of a person with Covid-19; however, the likelihood of this happening is not known
- The same factors regarding possible Covid-19 transmission that need to be considered for indoor dining should also be considered for outdoor dining; however, because of the substantially lower risk associated with outdoor dining, preventive measures for outdoor dining need not be as restrictive
- In the absence of sufficient data on which to base specific recommendations for preventive measures for outdoor dining, the following are some considerations:
- Reducing seating capacity to the same extent for outdoor dining as for indoor dining may not be necessary; however, some reduction in seating capacity to avoid overcrowding may be advisable
- Similarly, limiting party size to the same extent for outdoor dining as for indoor dining may be unnecessary; but, again, some limit on party size may be advisable to avoid overcrowding
- Spacing tables six feet apart may not be necessary for outdoor dining but allowing some space between tables—perhaps three feet as measured from chairback to chairback—to minimize risk for close-range transmission between parties may be advisable
- Separating tables with partial Plexiglass or polycarbonate cough and sneeze barriers designed to block horizontal air flow between tables and help divert air upward would reduce the distance needed between tables
- The lower edge of these barriers should be below table or waist level—about 18 inches above the floor—and their upper edge should be at least five feet above the floor (taller if being used for separating people who are standing up)
- Masks should not be needed by diners for outdoor dining, with the possible exception of situations in which many people are crowded very closely together in the absence of air movement adequate to carry away virus-containing droplets and aerosols from the immediate vicinity of a person with Covid-19
- Note: Restaurant workers should continue to wear masks when serving outdoor diners, because they will likely be moving between indoors and outdoors while serving and may also be serving diners indoors, as well
- Clearly, most outdoor dining enjoys abundant natural ventilation, and mechanical ventilation is not relevant. Fans may sometimes be used for cooling in outdoor dining areas during hot weather, in which case they must be carefully positioned so as not to create horizontal air currents that could carry virus-containing droplets and aerosols from one person or party to another
- Local or state health departments may have specific requirements regarding seating capacity, party size, table spacing, or masking for outdoor dining. Restaurants must, at minimum, adhere to these requirements; however, restaurants may, if they wish, lower risk further by implementing more stringent measures.

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Dining in Enclosures Placed Outdoors

- The term “outdoor” means non-enclosed. Dining in enclosures—such as tents, “cabins,” “igloos,” or “yurts”—that are set up outdoors is equivalent to dining indoors and requires the same preventive measures as indoor dining
- The common practice of placing enclosures—such as tents, “cabins,” “igloos,” or “yurts”—outdoors converts the space within them to indoor space, for all intents and purposes. The only potential advantage to such enclosures is that—if each enclosure houses a single dining party—they create barriers to reduce risk for transmission between parties. However, they do not reduce risk for transmission among people in the dining party, or to restaurant workers entering the enclosure. Enclosures that contain seating for multiple parties offer no advantage whatsoever over indoor dining; dining in such enclosures is no different from indoor dining and requires the same preventive measures
- If enclosures placed outdoors are used for dining—whether for individual parties or for multiple parties—the following additional measures should be taken:
- Flaps or windows in the enclosures should be left open to allow fresh air to enter the enclosure, dilute the air in the enclosure, and exit to the outside
- Air flow may be increased by positioning fans at the flaps or windows to draw air from within the enclosure and exhaust it to the outside; however, fans must be carefully positioned so as not to create horizontal air currents that may carry virus-containing droplets and aerosols from one person or party to another
- Portable air purifying units should be used to remove virus-containing droplets and aerosols from the air within the enclosure
- To reduce risk for close-range aerosol-borne transmission, models that exhaust vertically upward from the top of the unit should be used to help direct airflow away from diners and restaurant workers and avoid creating horizontal air currents that could carry virus-containing droplets and aerosols from one person or party to another. Note: There is no need to buy portable air purifying units with costly add-ons like ultraviolet filter cleaners, or titanium dioxide, ionizing, or carbon filters. What matters most is high-efficiency HEPA filters
- If such enclosures are used for individual parties, ventilation should be turned up to the maximum when one dining party leaves the enclosure, to remove potentially contaminated air and replace it with fresh air before another party is seated

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Take-out Services

Preventive Measures For Workers

- Throughout the restaurant, all workers—including restaurant workers and visiting workers, such as delivery and outside maintenance workers—should closely follow all Covid-19 prevention measures described in the section entitled, “What All Restaurant Workers—including Managers and Supervisors—Should Do”
- Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19

Ordering, Waiting For, and Picking Up Take-out Meals

- Take-out services should be provided from a specific area designated for this purpose
- The worker side of the take-out area should have the following:
 - Sufficient space to allow restaurant workers to maintain a safe physical distance—ideally at least six feet—between one another and between themselves and customers, to the extent possible
 - If indoors, good ventilation with fresh air or a mixture of fresh and filtered recirculated air
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both. Note: There is no need to buy portable air purifying units with costly add-ons like ultraviolet filter cleaners or titanium di-oxide, ionizing, or carbon filters. What matters most is high-efficiency HEPA filters.
 - A hand-washing station, supplied with soap and paper towels, for restaurant workers
 - If a hand-washing station is not possible, a hand sanitizing station may be used as an alternative, but soap and water is more effective against the Covid-19 virus than hand sanitizer
 - A trash receptacle
 - Sanitizer wipes
- If possible, *walk-in* take-out orders should be placed—and *all* take-out orders should be picked up—through a service window fitted with a Plexiglass or polycarbonate cough and sneeze shield to provide a protective barrier between restaurant workers and customers, with customers remaining outside
- If take-out orders must be placed or picked up indoors, there should be a well-ventilated area designated for this purpose.
 - Indoor service counters where take-out orders are placed or picked up should have a Plexiglass or polycarbonate cough and sneeze shield to provide a protective barrier between restaurant workers and customers

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- If possible, customers waiting to place or pick up take-out orders should wait outdoors
 - If customers must wait indoors to place or pick up take-out orders, there should be a well-ventilated area designated for this purpose
- Whether take-out customers wait outdoors or indoors, waiting areas should have sufficient space to allow the customers to maintain a safe distance—ideally *at least six feet*—between one another and should be marked to help them maintain their distance
 - Alternatively, protective Plexiglass or polycarbonate cough and sneeze barriers can be used to provide a protective barrier between waiting customers
- Ventilation in indoor take-out ordering, waiting, and pick-up areas may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
- Alcohol-based hand sanitizer should be available and easily accessible for customers in all take-out ordering, waiting, and pick-up areas, which should also have sanitizer wipes and a trash receptacle
- To minimize waiting time at the restaurant, telephone or online ordering is preferred over walk-in ordering
- Before placing orders, take-out customers (telephone, online, and walk-in) should be notified of the restaurant's Covid-19 prevention requirements (consider posting and providing [“Diner Code of Conduct”](#) and [“Our Covid-19 Pledge”](#)):
 - People who have a current diagnosis of Covid-19, have had fever or symptoms of Covid-19—or tested positive for Covid-19, even if they do not have symptoms—in the past 10 days, or have had close contact with someone with Covid-19 during the past 14 days should not enter the restaurant
 - Customers must at all times—from arrival at the restaurant to departure—wear masks that cover the nose and mouth and meet current CDC guidance
 - Customers must maintain a safe distance—ideally *at least six feet*—between themselves and other people at all times—from arrival to departure, indoors or outdoors—while at the restaurant
 - These requirements apply whether or not a customer has been vaccinated
 - Customers who are not willing to comply with these requirements cannot be served
 - Take-out customers must at all times—from arrival at the restaurant to departure—wear masks that cover the nose and mouth and meet current CDC guidance
 - Masks should be provided free of charge for customers who do not have one of their own
- To the extent possible, take-out customers should maintain a safe distance—ideally *at least six feet*—between themselves and other people at all times—from arrival to departure, indoors or outdoors—while at the restaurant
- Customers who are not willing to comply with these requirements should not be served

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- People picking up take-out meals should be called from the waiting area to pick up their orders one at a time in order to facilitate physical distancing
- To minimize crowding in waiting areas, consider using phone apps, texting, or other technologies to notify take-out customers when their order is ready (if buzzers are used, they should be sanitized between parties)
- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

Delivering Take-out Meals

- If restaurant workers deliver take-out meals, they should do the following:
 - Undergo Covid-19 screening in the same manner as all other workers
 - Wear masks at all times throughout the delivery process
 - Maintain a safe distance—ideally at least six feet—from other people as much of the time as possible
 - When this is not possible, they should avoid direct physical contact with other people
 - Wash or sanitize hands thoroughly before and after each delivery
 - Clean hands with alcohol-based hand sanitizer frequently during the delivery process, including anytime they touch a surface or object that may be contaminated
- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*
- Restrooms
- The following preventive measures should be used for restrooms in dining and take-out areas:
- They should be cleaned and disinfected routinely; kept well stocked with soap, hand sanitizer, and towels; and, where possible, be equipped with no-touch fixtures and self-closing toilet lids. If toilets have lids, a sign should be posted asking diners to close them before flushing
- They should be well ventilated with fresh air
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
- In restrooms that accommodate more than one person, occupants should wear masks that cover the nose and mouth and meet current CDC guidance, and maintain a safe distance—ideally at least six feet—between themselves and other people

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- For single-occupant restrooms, prominent, easily visible signal lights should be used to indicate when the restroom is available, in order to minimize the number of people waiting in lines
- If people do wait in line to use a restroom, the area in which they wait should be well ventilated
 - Ventilation in waiting areas may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
- Waiting areas should be marked to help people waiting maintain a safe distance—ideally at least six feet—from one another
 - Alternatively, protective Plexiglass or polycarbonate cough and sneeze barriers can be used to provide a protective barrier between waiting parties
- Alcohol-based hand sanitizer should be available and easily accessible for people waiting in line to use the restroom
- People waiting in line to use the restroom should wear masks that cover the nose and mouth and meet current CDC guidance, and maintain a safe distance— ideally at least six feet—between themselves and other people
- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

Payment

- To the extent possible, touch-free payment methods should be used instead of cash
 - If cash payment is accepted, restaurant workers should wash or sanitize their hands immediately after handling the cash
- To the extent possible, payment for on-site dining should be done at the table to avoid having diners wait in line
- For payment done at a counter or stand—whether for on-site dining or take-out service—a Plexiglass or polycarbonate cough and sneeze shield should be installed to provide a protective barrier between restaurant workers and customers
 - Provide clean pens for activities that require signatures from workers or customers, such as signing credit card receipts
- Payment areas should have sufficient room to allow customers to maintain a safe distance—ideally at least six feet—between one another and should be marked to help them maintain their distance
- Ventilation in payment areas may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both

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- Alcohol-based hand sanitizer should be available and easily accessible for customers in payment areas
- Customers in payment areas should wear masks that cover the nose and mouth and meet current CDC guidance, and maintain a safe distance—ideally at least six feet—between themselves and other people
- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19*

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- Throughout the restaurant, all workers—including restaurant workers and visiting workers, such as delivery and outside maintenance workers—should closely follow all Covid-19 prevention measures described in the section entitled “What All Restaurant Workers—including Managers and Supervisors—Should Do”
- Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks, practice physical distancing, and follow all other recommendations for preventing spread of Covid-19

WORKER ARRIVAL

- All workers—restaurant workers and visiting workers—should be briefly screened for Covid-19 upon arrival at the restaurant. Screening should aim to determine if workers (a) have been diagnosed with Covid-19, have tested positive for Covid-19 (even if they do not have symptoms), or have had fever or other symptoms of Covid-19, in the past 10 days; (b) currently have a current fever (temperature of 100.4° F or 38° C or greater); or (c) have had close contact with someone with Covid-19 in the past 14 days
- Workers who do the screening should wear masks that cover their nose and mouth and meet current CDC guidance and, ideally, should also wear plastic or polycarbonate face shields that fully cover the front and sides of the face
- If reusable contact thermometers are used for checking workers’ temperatures, the screener should wear gloves; remove the gloves, wash or sanitize their hands, and put on clean gloves for each worker screened; and clean and disinfect the thermometer after screening each worker
- Screening results should be entered into a spreadsheet that includes name, contact information (if a visiting worker), time checked in, and time checked out. Recording both time in and time out will help identify people exposed to a someone with Covid-19 in the restaurant, should that become necessary
- Restaurants should have designated areas where workers report for screening and check-in on arrival
- Ideally, arrival areas should have sufficient space to allow workers to maintain at least six feet between one another while waiting to be—and then while being—screened and checked in
- If possible, arriving workers waiting to be screened and checked in should do so outdoors
 - If workers wait indoors to be screened and checked in, there should be a well-ventilated, designated area for this purpose
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both. Note: There is no need to buy portable air purifying units with costly add-ons like ultraviolet filter cleaners or titanium di-oxide, ionizing, or carbon filters. What matters most is high-efficiency HEPA filters

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- Whether workers wait outdoors or indoors to be screened and checked in, the waiting area should be marked to help them maintain a safe distance—ideally *at least six feet*—from one another
 - Alternatively, protective Plexiglass or polycarbonate cough and sneeze barriers can be used to provide a protective barrier between waiting workers
- A hand-washing or hand-sanitizing station should be available and easily accessible for workers waiting to be screened and checked in
- Any worker who (a) has been diagnosed with Covid-19, has tested positive for Covid-19 (even if they do not have symptoms), or has had fever or other symptoms of Covid-19 in the past 10 days; (b) currently has a fever; or (c) been exposed to someone with Covid-19 during the past 14 days should be separated from other people; asked to place a mask over their nose and mouth, if not already wearing one; and advised to go home directly, isolate themselves from other people—or quarantine themselves, if they were exposed but have had no fever or other symptoms—and promptly seek medical advice (or go directly to a healthcare facility, if warranted by the severity of symptoms)
- *Workers who (a) have not been diagnosed with Covid-19, have not tested positive for Covid-19, and have not had a fever or other symptoms of Covid-19, in the past 10 days; (b) do not currently have a fever; and (c) have not been exposed to someone with Covid-19 during the past 14 days may enter the restaurant wearing a mask that covers their nose and mouth*

PREPARING FOR WORK

- If possible, restaurant workers should have access to a separate, designated personal area for changing from travel clothes to work attire
- If possible, the personal area should have sufficient space to allow restaurant workers or visitors to maintain a safe physical distance—ideally *at least six feet*—between one another
- The personal area should have the following:
 - Good ventilation with fresh air or a mixture of fresh and filtered recirculated air
 - As noted above, ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both.
 - A hand-washing station supplied with soap and paper towels or a hand sanitizing station
 - A secure location such as a personal locker to store keys, wallets, cellphones, and other personal items while on site
 - Disposable sanitizing wipes for wiping down personal items such as cell phones and computers
 - A trash receptacle

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- Restrooms for workers should be routinely cleaned and disinfected and should have the following:
 - Good ventilation with fresh air
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
 - Operational sink with hot running water for hand washing
 - Fully stocked soap dispenser and paper towels
 - A trash receptacle
- After arriving at work, all restaurant workers should do the following:
 - Remove traveling clothes and leave them in the personal area
 - Change into clean, appropriate restaurant attire—clean washable outer garments; non-slip, closed-toe shoes; clean apron; and clean mask—and change as needed to prevent contamination of food and food-contact surfaces

FOOD PREPARATION

- Kitchens and other food preparation areas—including areas where take-out meals are packaged for delivery or pickup—should have the following:
 - Good ventilation with fresh air or a mixture of fresh and filtered recirculated air
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
 - Sufficient space to allow workers to maintain a safe distance—ideally *at least six feet*—between one another as much of the time as possible
 - Individual workstations that are at least six feet apart, if space allows
 - Workstations should be used by only one worker at a time, to the extent possible
 - Decreasing the number of menu items may decrease the number of workstations needed
 - Each workstation should have the following:
 - A hand-washing station within reach, fully equipped with soap and paper towels
 - Disposable sanitizing wipes for wiping down personal items such as cell phones and computers
 - A trash receptacle

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RECEIVING SUPPLIES AND EQUIPMENT FROM VENDORS AND DELIVERY SERVICES

- Areas for receiving supplies and equipment should have the following:
 - Good ventilation with fresh air or a mixture of fresh and filtered recirculated air
 - Ventilation may be supplemented with portable air purifying units that exhaust vertically upward from the top of the unit; with upper-room ultraviolet germicidal irradiation, if ceiling height allows; or with both
 - Sufficient space to allow workers to maintain a safe distance—ideally at least six feet—between one another as much of the time as possible
 - A hand-washing station fully equipped with soap and paper towels
 - If plumbing does not allow for a sink, a hand sanitizing station may be used as an alternative, but soap and water is more effective against the Covid-19 virus than hand sanitizer)
 - Disposable sanitizing wipes
 - A trash receptacle
 - Disposable masks for people making deliveries to wear if they are not wearing one on arrival at the receiving area
 - An easily visible bell or other device for people making deliveries to alert restaurant workers of their arrival
 - Alternatively, people making deliveries can text restaurant workers to alert them of their arrival. If this option is used, a sign to this effect, including the phone number delivery workers should use for this purpose, should be posted at the entrance to the receiving area
- In advance of receiving any supplies and equipment, the restaurant should do the following:
 - Give people making deliveries specific times to make their deliveries
 - Scheduling of deliveries should be staggered to minimize the number of people in the receiving area at any given time
 - Notify people making deliveries that they will be expected to do the following:
 - Contact the restaurant at least 30 minutes before anticipated arrival
 - Not enter the receiving area if they have a current diagnosis of Covid-19, have had fever or other symptoms of Covid-19—or tested positive for Covid-19, even if they do not have symptoms—in the past 10 days, or have been exposed to someone with Covid-19 during the past 14 days
 - Use the bell or other device—or a text message—to notify restaurant workers of their arrival
 - To the extent possible, not enter the restaurant
 - Wear masks at all times during the delivery
 - Maintain a safe distance—ideally at least six feet—between themselves and other people as much of the time as possible during the delivery
 - Restaurant workers should meet people making deliveries at the receiving area, so they do not have to enter the restaurant
 - To the extent possible, the delivery/receiving process should be “no-contact,” so people making deliveries do not hand items being delivered directly to restaurant workers

Appendices

The guidelines in this document were adapted from a variety of sources. These are listed as “Sources and Resources” in the following appendices. The Covid-19 epidemic, knowledge about Covid-19, and related recommendations continue to evolve rapidly.

Readers should consult the CDC Covid-19 website and their respective state’s public health department website for the most recent information and recommendations.

Appendix 1: Screening for Covid-19

SCREENING WORKERS

- All workers—restaurant workers and visiting workers, such as delivery and outside maintenance workers—should be briefly screened on arrival to determine if they (a) have been diagnosed with Covid-19, have tested positive for Covid-19 (even if they have no symptoms), or have had a fever or other symptoms of Covid-19, in the past 10 days; (b) currently have a fever or (c) have had close contact with someone with Covid-19 during the past 14 days
 - Focus screening questions on new or unexpected symptoms (for example, a chronic cough would not be a positive screen)
 - Symptoms to screen for include:
- Fever or chills, cough, shortness of breath or difficulty breathing, or new loss of taste or smell, sore throat, congestion or runny nose, and muscle or body aches
- Screening for fever can be done with any of the following, in decreasing order of preference:
 - A skin-contact infrared digital forehead (temporal) thermometer (quick, reliable, somewhat expensive), cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab between after each person
 - A reusable digital oral stick thermometer with single-use disposable caps or covers (slightly slower, reliable, inexpensive)
 - A no-touch infrared digital forehead (temporal) thermometer (quick, generally less reliable, most expensive)
- In general, close contact means being within approximately six feet of a person with Covid-19 for a total of 15 minutes or more over a 24-hour period—regardless of whether either person was wearing a mask—during the period beginning 2 days before the infected person’s onset of illness (or, for an infected person who is asymptomatic, 2 days before their first positive test) until the time they are isolated. Close contact also includes having direct physical contact—such as hugging or kissing—with someone who has Covid-19; sharing eating or drinking utensils with them; or getting their respiratory droplets on you, for example from an uncovered cough or sneeze
 - Because data are limited, it is difficult to define “close contact” precisely. The following are some factors to consider:
 - How far apart the exposed and the infected person were
 - How long the exposure lasted
 - When the exposure occurred in relation to the infected person’s onset of symptoms (or—if asymptomatic—their first positive test)
 - Whether the infected person was doing anything—like coughing heavily, singing, or shouting—that might increase the number of respiratory aerosols they produce
 - Environmental factors like degree of crowding, adequacy of ventilation and direction of airflow, and whether exposure was indoors or outdoors

Appendix 1: Screening for Covid-19

- Workers who do the screening should wear masks that cover the nose and mouth and meet current CDC guidance; they should also wear plastic or polycarbonate face shields that fully cover the front and sides of the face. If additional protection is desired, they can sit or stand behind a Plexiglass or polycarbonate cough and sneeze barrier
- If reusable contact thermometers are used for checking workers' temperatures, the screener should wear gloves; remove the gloves, wash or sanitize their hands, and put on clean gloves for each worker screened; and clean and disinfect the thermometer after screening each worker
- If disposable contact thermometers are used and are disposed of by the screener, the screener should wear gloves and remove the gloves, wash or sanitize their hands, and put on clean gloves for each worker screened
- If a no-touch thermometer is used—or disposable contact thermometers are used but are not handled by the screener—gloves are not necessary

SCREENING DINERS

- All diners should be briefly screened to determine if they (a) have been diagnosed with Covid-19, have tested positive for Covid-19 (even if they do not have symptoms), or have had fever or other symptoms of Covid-19, in the past 10 days; (b) have had close contact with someone with Covid-19 during the past 14 days; or (c) currently have a fever (if temperature screening is being done)
- Focus screening questions on new or unexpected symptoms, as described above
 - Screening for current fever with a no-touch temporal (forehead) digital infrared thermometer may also be considered, but is optional
 - Workers who do the screening should wear masks that cover the nose and mouth and meet current CDC guidance; they should also wear plastic or polycarbonate face shields that fully cover the front and sides of the face. If additional protection is desired, they can sit or stand behind a Plexiglass or polycarbonate cough and sneeze barrier.
 - If screening for current fever is being done, and a no-touch thermometer is being used, workers doing the screening do not need to wear gloves

SOURCES AND RESOURCES:

Symptoms:

[Symptoms of Coronavirus | CDC](#)

[Coronavirus Self-Checker | CDC](#)

Symptom Screening:

[COVID-19 Guidance: Businesses and Employers | CDC](#)

Appendix 2: Masks

Everyone who enters a restaurant should at all times while waiting to enter the restaurant and while inside the restaurant—except while actively eating or drinking—wear a mask that covers the nose and mouth and—at minimum—meets current CDC guidance

HOW MASKS WORK

- Masks work in two ways:
 - They reduce the propulsion of virus-containing droplets and aerosols by the person wearing the mask, thereby protecting other people, should the person wearing the mask be infected with Covid-19. This is true for people with symptomatic Covid-19 and, of critical importance, for people with asymptomatic or pre-symptomatic infection, who feel well and may not be aware that they can infect others
 - They reduce inhalation of virus-containing droplets and aerosols by the person wearing the mask (personal protection)

TYPES OF MASKS

- There are numerous types of masks that can reduce the likelihood of Covid-19 transmission and acquisition. Unfortunately, mask terminology is not standardized. General categories include the following:
 - *Medical procedure masks* – Sometimes referred to as surgical masks or disposable face masks, these are commercially available, single-use masks made of multi-layered, non-woven material (not cloth) and not intended to be washed or laundered
 - *Cloth masks* – These are multilayer masks made with two or three layers of tightly woven (that is, they do not let light pass through when held up to a light source), breathable fabrics (such as cotton or cotton blends), sometimes with an inner pocket intended to hold paper filter inserts
 - Multi-layer cloth masks block exhalation of large respiratory droplets (those 20-30 microns and larger), as well as fine droplets and particles (aerosols); and, through filtration, they also can reduce inhalation of infectious droplets (including fine droplets and particles less than 10 microns) to some extent
 - Cloth masks should cover the mouth and nose and wrap under the chin; fit snugly but comfortably against the side of the face; be secured with ties or ear loops; and allow for breathing without restriction
 - Some materials, such as silk, may help repel moist droplets and reduce fabric wetting, thus maintaining breathability and comfort
 - Cloth masks should be changed if they become wet, soiled, or contaminated; be able to be laundered and machine dried daily, without affecting the mask's shape; and be routinely washed daily

Appendix 2: Masks

- In a commercial kitchen, it may not be practical for workers to wear a single cloth mask for the full duration of a work shift if they become wet, soiled, or otherwise visibly contaminated; therefore, workers should have more than one available at all times
- KN95 masks – These are a type of filtering facepiece particulate respirator often used in situations involving prolonged, close contact with multiple other people
 - KN95 masks should meet requirements similar to those set by CDC’s National Institute for Occupational Safety and Health (NIOSH) for respirators; some KN95 masks sold in the United States do meet similar requirements, but others do not

MASK EFFECTIVENESS

- To be effective, masks should do the following:
 - Fit snugly against the sides of the face and not have gaps that allow respiratory droplets to leak in or out around the edges of the mask
 - Have a nose wire (a metal strip along the top of the mask) to help prevent air leakage at the top of the mask
 - Filter well to protect the person wearing the mask from inhaling virus-containing droplets and aerosols exhaled by other people
 - Adding more layers of material to a mask (layering) will improve filtration
 - Some materials, such as polypropylene, may enhance filtering by generating an electrical charge that captures charged particles
 - Not have exhalation valves or vents that allow virus-containing respiratory droplets and aerosols to escape into the air and infect others

IMPROVING MASK EFFECTIVENESS

- Mask effectiveness can be improved by double masking or layering, both of which improve mask fit and filtration
- In *double masking*, a cloth mask is worn tightly on top of a medical procedure or “surgical” mask; the surgical mask acts as a filter, and the cloth mask provides additional filtration plus improves the fit by pressing the inner mask closer to the face and reducing the amount of air that leaks around the edges of the masks
 - Two medical procedure masks should not be combined to create a double mask, because medical procedure masks are not designed to fit tightly, and wearing one on top of another does not help improve the fit
 - **Note:** KN95 masks should not be combined with any other masks; use only one KN95 mask at a time, and do not use any type of second mask on top of or underneath a KN95 mask

Appendix 2: Masks

- In *layering*, a three-layer mask is used, in which the inner and outer layers consist of a flexible, tightly woven fabric that conforms well to the face; and the middle layer consists of a non-woven, high-efficiency filter material, such as vacuum bag or surgical mask material, that reduces the number of virus-containing droplets that pass through the mask

OTHER CONSIDERATIONS

- *Because it is now known that even vaccinated people can become infected and spread Covid-19, because currently available vaccines appear to have reduced effectiveness against the Delta variant, and because the effectiveness of these vaccines against all variants that emerge in the future is unpredictable, people who are vaccinated still need to wear masks*
- Even when wearing a mask, workers should continue to practice physical distancing, wash or sanitize their hands often, and follow all other recommendations for preventing spread of Covid-19
- Masks should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance
- N95 particulate respirator masks should continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance

SOURCES AND RESOURCES:

Mask Guidance:

[Your Guide to Masks | CDC](#)

Types of Masks:

[Types of Masks | CDC](#)

How to Wear Masks:

[How to Safely Wear and Take Off a Cloth Face Covering | CDC](#)

Improving Mask Fit and Filtration:

[Improve How Your Mask Protects You | CDC](#)

[Improving Mask Fit and Filtration](#)

[Layering and Double masking](#)

Appendix 3: Hand Washing and Hand Sanitizing

APPENDIX 3: HAND WASHING AND HAND SANITIZING

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol.

HAND WASHING

- Washing hands for 20 seconds can keep you healthy and prevent spread of respiratory infections from one person to the another
- Wash hands thoroughly and often with soap and warm water for at least 20 seconds using the six steps described below
- Key times to wash hands include, but are not limited to, the following:
 - After blowing your nose, coughing, or sneezing
 - Note: Either cover your nose and mouth with disposable tissue when coughing or sneezing, or cough or sneeze into the pit of your elbow
 - Before, during, and after preparing food
 - Before handling ready-to-eat products
 - After handling raw products (specifically meats, egg, fish, and other raw proteins)
 - Before eating food
 - Before putting gloves on and after taking them off
 - After removing a face covering
 - Before and after touching your face, eyes, nose, or mouth
 - After touching another person
 - After touching any frequently touched surface or object
 - After touching containers, boxes, bags, or other items from outside the restaurant or food preparation facility
 - After you have been in a public place and touched an item or surface that may be frequently touched by other people
 - After using the toilet
 - After touching trash or garbage
- Follow these six steps every time you wash your hands
 - Wet your hands with clean, running water (preferably warm but cold works well, too), turn off the tap, and apply soap
 - Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails

Appendix 3: Hand Washing and Sanitizing

- Scrub your hands for at least 20 seconds (humming the “Happy Birthday” song from beginning to end twice takes about 20 seconds)
- Rinse your hands well under clean, running water
- Dry your hands using a clean paper towel or air dry them
- Use your paper towel to turn of the faucet so you do not re-contaminate your hands, then dispose of it in a trash receptacle without touching the receptacle
- Workers should watch one of the videos available in English and Spanish on the CDC website to learn proper handwashing technique [here](#).

HAND SANITIZING

- Washing hands with soap and water for 20 seconds is preferred because it is more effective than hand sanitizer for inactivating the Covid-19 virus; if hands are visibly dirty, you must wash them with soap and water
- If soap and water are not available, and hands are not visibly dirty, an alcohol-based hand sanitizer may be used
- CDC recommends using alcohol-based hand sanitizers with greater than 60% alcohol
- How to use hand sanitizer
 - Apply the gel product to the palm of one hand (read the label to learn the correct amount).
 - Rub your hands together to cover all surfaces of your hands and fingers until your hands are dry; this should take around 30 seconds
 - **Caution!** Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed

SOURCES AND RESOURCES:

Handwashing:

[When and how to wash your hands | CDC](#)

[Handwashing - Clean Hands Save Lives | CDC](#)

Hand Sanitizing:

[Safely Using Hand Sanitizer | FDA](#)

[Hand Sanitizer Use Out and About | CDC](#)

Appendix 4: Cleaning, Sanitizing and Disinfecting

SARS-CoV-2, the virus that causes Covid-19, can be killed if you use the right products. Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects. Normal routine cleaning with soap and water reduces the amount of virus on surfaces and objects, reducing risk for exposure. EPA has compiled a list of disinfectant products that can be used against Covid-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like SARS-CoV-2. By using EPA-approved disinfectants against Covid-19 to kill viruses on a surface or object after cleaning, you further reduce risk for spreading infection.

WORKER SAFETY

- Cleaning and disinfecting can pose risks to the workers performing these tasks, who may require additional personal protective equipment (PPE) and other controls to protect them from chemical hazards posed by disinfectants
- Workers should always ensure good ventilation when using cleaning or disinfecting products
- Workers should receive safety training before performing cleaning tasks
- Training should include when to use PPE; what PPE is necessary; and how to properly put on, use, take off, and dispose of PPE

CLEANING, SANITIZING, AND DISINFECTING

- *Take appropriate safety precautions—including using masks or respirators and gloves when appropriate, and always being sure there is good ventilation—regardless of what product you use for cleaning and sanitizing or disinfecting*
- Routinely, and on a defined schedule throughout the day, clean and disinfect frequently touched objects and surfaces, such as workstations, handrails, doorknobs, tables, light switches, countertops, equipment handles, toilets, faucets, and sinks
 - More frequent cleaning and disinfection may be required for some surfaces and objects, based on level of use
- Clean visibly dirty surfaces and objects with soap and water prior to disinfection
- For disinfecting, use products that meet EPA's criteria for use against SARS-CoV-2
- When cleaning and disinfecting:
 - Wear disposable gloves
 - Throw away gloves after each cleaning
 - Wash hands with soap and water for at least 20 seconds immediately after removing gloves
- If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer with greater than 60% alcohol may be used

Appendix 4: Cleaning, Sanitizing and Disinfecting

GENERAL CLEANING

- Use soap and water to routinely clean frequently touched surfaces and objects, such as doorknobs and countertops

GENERAL SANITIZING AND DISINFECTING

- Clean and sanitize or disinfect surfaces in work areas before and after each shift
- Food-contact surfaces: Wash, rinse, and sanitize food-contact surfaces—food-preparation surfaces, dishware, utensils, knives, cutting boards, timers—after use; tools made of porous materials, such as wood or cloth, should be cleaned with particular care
 - Food facilities must use EPA-registered “sanitizer” products for cleaning and sanitizing; prepare and use sanitizers according to label instructions
- Non-food-contact surfaces: Routinely and often disinfect non-food-contact surfaces that employees repeatedly touch
 - A list of EPA-registered “disinfectant” products for Covid-19 can be found on the EPA website
 - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2
 - EPA’s list of disinfectants for use against SARS-CoV-2 tells you the types of surfaces on which you can safely use a disinfectant product
- Diluted household bleach solutions may be used in place of an EPA-registered disinfectant, if appropriate for the surface
 - Never mix bleach with ammonia or any other cleanser; this can cause fumes that may be very dangerous if inhaled
 - To make a bleach solution, mix:
 - 5 tablespoons (1/3 cup) bleach per gallon of water**OR**
 - 4 teaspoons bleach per quart of water
 - Leave solution on the surface or object for at least 1 minute
 - Bleach solutions will be effective for disinfection up to 24 hours after being prepared
- Alcohol-based (at least 70% alcohol) disinfectant products may also be used; wipe the surface or object thoroughly with the solution and let it dry
- You can use certain products on surfaces that touch food, such as dishes, cooking utensils, and countertops; for these products, the surface type in List N will include the phrase “Food Contact”
 - Check the product label guidelines for if and where these disinfectant products are safe and recommended for use in food establishments

Appendix 4: Cleaning, Sanitizing and Disinfecting

- Some products require the user to rinse the surface after disinfecting it; this will be noted in List N as “Food Contact Surfaces, Post-Rinse Required.” When a rinse is not necessary, this will be noted as “Food Contact Surfaces, No Rinse.” You can find out whether you need to rinse the surface or object after disinfection by reading the directions on the product label
- Routinely clean and disinfect floors using EPA-registered disinfectants

CLEANING AND DISINFECTING THE WORKPLACE IF SOMEONE TESTS POSITIVE OR IS ILL WITH COVID-19

- Consult CDC guidance—available online—for cleaning and disinfecting the workplace if someone tests positive or is ill with Covid-19
- Follow protocols set by local and state health departments
 - Consult the health department if uncertain what to do
 - In most cases the restaurant will not need to be shut down
- In general, do the following:
 - If less than 24 hours has passed since the person who is sick or diagnosed with Covid has been in the space, clean and disinfect the space
 - If more than 24 hours has passed since the person who is sick or diagnosed with Covid has been in the space, cleaning is enough
 - If more than 3 days have passed since the person who is sick or diagnosed with Covid has been in the space, no additional cleaning (beyond regular cleaning practices) is needed
 - Close off areas used by the sick person and do not use these areas until after cleaning and disinfecting them
 - Open outside doors and windows to increase air circulation in the area, following state or local guidelines for food-service establishments
 - Wait as long as possible (at least several hours) before cleaning and disinfecting
 - Clean and disinfect all areas, shared electronic equipment, and other shared equipment used by the sick person, using the methods and safety precautions noted above
 - Ensure adequate ventilation while cleaning and disinfecting
 - Continue routine cleaning and disinfection
 - It is not necessary to recall or destroy food products that the worker may have handled

Appendix 4: Cleaning, Sanitizing and Disinfecting

LAUNDRY

- If you send laundry out, call your linen service to verify that it is complying with sanitation regulations for service linens (includes chef jackets, uniforms, towels, cloths, aprons, table linens)
- If you launder on-site, do the following:
 - Do not shake dirty laundry
 - Wear disposable gloves when handling dirty laundry
 - Launder items according to the manufacturer's instructions
 - Use the warmest appropriate water setting; add bleach at the label-recommended concentration to be extra sure
 - Use regular laundry detergent
 - Dry completely
 - Clean and disinfect clothes hampers according to guidance above for surfaces
 - Remove gloves when finished and wash hands for 20 seconds right away
- Dirty laundry from a sick person can be washed with other people's items if the temperature and disinfection guidelines above are adhered to

ELECTRONICS

(for example, tablets, touch screens, keyboards, mice, remote controls)

- Consider putting a wipeable cover on electronic devices
- Follow manufacturer's instructions for cleaning and disinfecting
- If there is no manufacturer guidance, use alcohol-based wipes or sprays containing at least 70% alcohol
- Dry surfaces thoroughly

VEHICLES

- At a minimum, clean and disinfect commonly touched surfaces in the vehicle (for example, door handles, window buttons, locks, arm rests, seat cushions, and seatbelts) at the beginning and end of each shift
- Also wipe down surfaces that you frequently touch (for example, steering wheel, radio buttons, turn indicators, cup holders)
- Ensure that cleaning and disinfection procedures are followed consistently and correctly, including ensuring adequate ventilation when cleaning products are in use; doors and windows should remain open
- Wear disposable gloves appropriate for the products being used, as well as any other PPE required according to the product manufacturer's instructions

Appendix 4: Cleaning, Sanitizing and Disinfecting

- Treat *hard non-porous surfaces* within the interior of the vehicle (for example, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, grab handles), as follows:
 - Clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application
 - For disinfection of hard, non-porous surfaces, appropriate disinfectants include the following:
 - EPA’s registered antimicrobial products for use against novel coronavirus SARS-CoV-2; follow the manufacturer’s instructions for concentration, application method, and contact time
 - Diluted household bleach solutions
 - Alcohol solutions with at least 70% alcohol
- Treat *soft or porous surfaces* (for example, fabric seats), as follows:
 - Remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces
 - After cleaning, use products that are EPA-approved for use against the virus that causes Covid-19 and suitable for porous surfaces
- Treat frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, as follows:
 - Remove visible dirt, then disinfect following the manufacturer’s instructions
 - If no manufacturer guidance is available, consider using alcohol-based wipes or sprays containing at least 70% alcohol to disinfect
- Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning
- Wash hands immediately with soap and water for at least 20 seconds after removing gloves and PPE, or use an alcohol-based hand sanitizer

SOURCES AND RESOURCES:

Cleaning and Disinfecting Your Facility:

[Cleaning and Disinfecting Your Facility | CDC](#)

[Best Practices for Food Stores, Restaurants, and Food Pick-Up/Delivery Services | FDA](#)

Disinfectants for Covid-19

[List N: Disinfectants for COVID-19 | EPA](#)

Appendix 5: What Workers Should Do If They Are Sick with, or Think They May Have Covid-19

TO TAKE CARE OF THEMSELVES AND PROTECT OTHER PEOPLE, THEY SHOULD DO THE FOLLOWING:

- Get medical attention immediately if emergency warning signs for Covid develop
- Emergency warning signs include, but are not limited to, the following:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability of others to arouse the ill person
 - Bluish lips or face

Note: This list is not all inclusive; consult your medical provider for any other symptoms that are severe or concerning

STAY HOME

(except to get medical care)

- Most people with Covid have mild illness and are able to recover at home without medical care; they should not leave their homes except to get medical care and should not visit public areas
- Avoid using public transportation, ride-sharing, or taxis

ISOLATE THEMSELVES

(separate themselves from other people in the home)

- Stay away from others as much as possible; stay in a specific “sick room” if possible; and use a separate bathroom, if available
- Tell close contacts that they may have been exposed to Covid (An infected person can spread Covid starting two days before they have any symptoms or test positive)

Note: Isolation and quarantine are different: isolation keeps someone who is infected away from others to prevent spread of infection; quarantine keeps someone who has been exposed to the virus away from other people, so they won't spread infection if they were infected by the exposure but don't have symptoms

MONITOR SYMPTOMS

- Seek medical attention if symptoms worsen
- Follow care instructions from their healthcare provider and local health department

STAY IN TOUCH WITH THEIR DOCTOR

- Call ahead before visiting the doctor and let the doctor know they have or may have Covid
- Be sure to get care immediately if having trouble breathing or having any other emergency warning signs

Appendix 5: What Workers Should Do If They Are Sick with, or Think They May Have Covid-19

WEAR A MASK

- when around other people (including when entering a healthcare provider's office)

COVER COUGHS AND SNEEZES

- Cover their mouth and nose with a tissue when coughing or sneezing
- Throw used tissues into a trash can
- Immediately wash hands with soap and water for at least 20 seconds (if soap and water are not available, clean hands with an alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol)

WASH HANDS OFTEN

- Wash hands often with soap and water for at least 20 seconds (especially after blowing their nose, coughing, sneezing, or going to the bathroom, and before eating or preparing food)
- Avoid touching their face (especially eyes, nose, and mouth) with unwashed hands

AVOID SHARING PERSONAL HOUSEHOLD ITEMS

- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people

CLEAN ALL "HIGH-TOUCH" SURFACES EVERYDAY

- Clean and disinfect high-touch surfaces and objects in the isolation area ("sick room" and bathroom) every day
- High-touch surfaces and objects include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards and mice, tablets, and bedside tables

RETURN TO WORK

- Available evidence indicates that people with mild to moderate Covid remain infectious no longer than 10 days after their symptoms began
- Based on this evidence, people with mild to moderate Covid, who were directed to care for themselves at home, can discontinue isolation and precautions under the following conditions:
 - At least 10 days* have passed since symptom onset** and
 - AND
 - At least 24 hours have passed since fever resolved without the use of fever-reducing medications and
 - AND
 - Other symptoms have improved

Appendix 5: What Workers Should Do If They Are Sick with, or Think They May Have Covid-19

- Loss of taste and smell can last for weeks to months after recovery; this does not need to delay ending isolation

**Note: People who have more severe illness or are severely immunocompromised may need to continue isolation for longer than 10 days—possibly up to 20 days after symptom onset; this decision needs to be made in consultation with their healthcare provider and their state or local health department*

***Note: People who test positive but never have any symptoms need to remain in isolation until 10 days after they first tested positive*

- The decision for workers to discontinue isolation and return to work should be made in consultation with their healthcare provider, their employer, and their state or local health department

SOURCES AND RESOURCES:

[Symptoms of Coronavirus | CDC](#)

[Coronavirus Self-Checker | CDC](#)

[What to Do If You Are Sick | CDC](#)

[Isolate If You Are Sick | CDC](#)

[Discontinuation of isolation for people with Covid-19 not in healthcare settings | CDC](#)

Appendix 6: What To Do If A Worker Becomes Ill with Known or Suspected Covid-19

Restaurants need to follow protocols set by local and state health departments regarding people with known or suspected Covid-19. In general, they should to the following:

MANAGING WORKERS who are or may be ill with Covid-19

- If a worker *calls in ill*, they should be advised to remain at home, isolate themselves (separate themselves from other people), and promptly seek medical advice (or go to a healthcare facility immediately, if warranted by the severity of symptoms)

Note: Isolation and quarantine are different: isolation keeps someone who is infected away from others to prevent spread of infection; quarantine keeps someone who has been exposed to the virus away from other people, so they won't spread infection if they were infected by the exposure but don't have symptoms

- If a worker is *found to be ill when screened on arrival*, they should immediately be separated from other people and advised to do the following:
 - Place a face covering over their nose and mouth, if not already wearing one
 - Return home immediately, isolate themselves (separate themselves from other people), and promptly seek medical advice (or go to a healthcare facility immediately, if warranted by the severity of symptoms)
- If a worker *becomes ill while at work*, they should notify their supervisor immediately, be immediately separated from other people, and advised to do the following:
 - Place a face covering over their nose and mouth
 - Return home immediately, isolate themselves (separate themselves from other people), and promptly seek medical advice
- If a worker *calls in ill, is found to be ill on arrival at the workplace, or becomes ill while working, and reports or exhibits any emergency warning signs for Covid-19*, a call for emergency assistance should be placed
 - Emergency warning signs include, but are not limited to, the following:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability of others to arouse the ill person
 - Bluish lips or face

Note: This list is not all inclusive; consult your medical provider for any other symptoms that are severe or concerning

Appendix 6: What To Do If A Worker Becomes Ill with Known or Suspected Covid-19

CONTACTING THE HEALTH DEPARTMENT

- If a worker calls in ill, is found to be ill when screened on arrival, or becomes ill while at work, the workplace supervisor should contact the local health department for guidance
 - The health department can provide guidance on whether the restaurant needs to be closed and, if so, for how long
 - The health department will need to know who has had close contact with the person while they were at the workplace
 - Fellow workers will need to be notified of their possible workplace exposure to Covid-19, while confidentiality about individual workers is maintained as required by the Americans with Disabilities Act (ADA). The health department can provide guidance on how to do this

CLEANING AND DISINFECTING THE WORKPLACE

- Consult CDC guidance—available online—for cleaning and disinfecting the workplace if someone tests positive or is ill with Covid-19
- Follow protocols set by local and state health departments
 - Consult the health department if uncertain what to do
 - In most cases the restaurant will not need to be shut down
- In general, do the following:
 - If less than 24 hours has passed since the person who is sick or diagnosed with Covid has been in the space, clean and disinfect the space
 - If more than 24 hours has passed since the person who is sick or diagnosed with Covid has been in the space, cleaning is enough
 - If more than 3 days have passed since the person who is sick or diagnosed with Covid has been in the space, no additional cleaning (beyond regular cleaning practices) is needed
 - Close off areas used by the sick person and do not use these areas until after cleaning and disinfecting them
 - Open outside doors and windows to increase air circulation in the area, following state or local guidelines for food-service establishments
 - Wait as long as possible (at least several hours) before cleaning and disinfecting
 - Clean and disinfect all areas, shared electronic equipment, and other shared equipment used by the sick person, using the methods and safety precautions noted above
 - Ensure adequate ventilation while cleaning and disinfecting
 - Continue routine cleaning and disinfection
 - It is not necessary to recall or destroy food products that the worker may have handled

Appendix 6: What To Do If A Worker Becomes Ill with Known or Suspected Covid-19

RETURN TO WORK

- Available evidence indicates that people with mild to moderate Covid-19 remain infectious no longer than 10 days after their symptoms began
 - Based on this evidence, people with mild to moderate Covid-19, who were directed to care for themselves at home, can discontinue isolation and precautions under the following conditions:
 - At least 10 days* have passed since symptom onset**
- AND**
- At least 24 hours have passed since fever resolved without the use of fever-reducing medications
- AND**
- Other symptoms have improved
 - Loss of taste and smell can last for weeks to months after recovery; this does not need to delay ending isolation

**Note: People who have more severe illness or are severely immunocompromised may need to continue isolation for longer than 10 days—possibly up to 20 days after symptom onset; this decision needs to be made in consultation with their healthcare provider and their state or local health department*

***Note: People who test positive but never have any symptoms need to remain in isolation until 10 days after they first tested positive*

- The decision for workers to discontinue isolation and return to work should be made in consultation with their healthcare provider, their employer, and their state or local health department

SOURCES AND RESOURCES:

[What to Do If You Are Sick | CDC](#)

[Isolate If You Are Sick | CDC](#)

[When You Can be Around Others After You Had or Likely Had COVID-19 | CDC](#)

[Discontinuation of isolation for people with Covid-19 not in healthcare settings | CDC](#)

CONTACT TRACING:

[Contact Tracing | Coronavirus | COVID-19 | CDC](#)

[Public Health Guidance for Community-Related Exposure | CDC](#)

[Case Investigation and Contact Tracing in Non-healthcare Workplaces | CDC](#)

Appendix 7: What to do if a worker tests positive for Covid-19 but does not have symptoms

APPENDIX 7: WHAT TO DO IF A WORKER TESTS POSITIVE FOR COVID-19 BUT DOES NOT HAVE SYMPTOMS

Restaurants need to follow protocols set by local and state health departments regarding people who test positive for Covid-19 but do not have symptoms. In general, they should do the following:

MANAGING WORKERS

who test positive for Covid-19 but are asymptomatic (do not have any symptoms of Covid-19)

- Workers who test positive for Covid-19 but are asymptomatic should be advised to remain at home, isolate themselves (separate themselves from other people), and seek medical advice

Note: Isolation and quarantine are different: isolation keeps someone who is infected away from others to prevent spread of infection; quarantine keeps someone who has been exposed to the virus away from other people, so they won't spread infection if they were infected by the exposure but don't have symptoms

CONTACTING THE HEALTH DEPARTMENT

- If a worker tests positive for Covid-19 but is asymptomatic, the workplace supervisor should contact the local health department for guidance
 - The health department can provide guidance on whether the restaurant needs to be closed and, if so, for how long
 - The health department will need to know who has had close contact with the person while they were at the workplace
 - Fellow workers will need to be notified of their possible workplace exposure to Covid-19, while confidentiality about individual workers is maintained as required by the Americans with Disabilities Act (ADA). The health department can provide guidance on how to do this

CLEANING AND DISINFECTING THE WORKPLACE

- Consult CDC guidance—available online—for cleaning and disinfecting the workplace if someone tests positive or is ill with Covid-19
- Follow cleaning protocols set by local and state health departments
 - Consult the health department if uncertain what to do
- In general, do the following:
 - If less than 24 hours has passed since the person who is sick or diagnosed with Covid has been in the space, clean and disinfect the space

Appendix 7: What to do if a worker tests positive for Covid-19 but does not have symptoms

- If more than 24 hours has passed since the person who is sick or diagnosed with Covid has been in the space, cleaning is enough
- If more than 3 days have passed since the person who is sick or diagnosed with Covid has been in the space, no additional cleaning (beyond regular cleaning practices) is needed
- Close off areas used by the sick person and do not use these areas until after cleaning and disinfecting them
- Open outside doors and windows to increase air circulation in the area, following state or local guidelines for food-service establishments
- Wait as long as possible (at least several hours) before cleaning and disinfecting
- Clean and disinfect all areas, shared electronic equipment, and other shared equipment used by the sick person, using the methods and safety precautions noted above
- Ensure adequate ventilation while cleaning and disinfecting
- Continue routine cleaning and disinfection
- It is not necessary to recall or destroy food products that the worker may have handled

RETURN TO WORK

- Available evidence indicates that people with mild to moderate Covid-19 remain infectious no longer than 10 days after their symptoms began
- Based on this evidence, people with mild to moderate Covid-19, who were directed to care for themselves at home, can discontinue isolation and precautions under the following conditions:
 - At least 10 days* have passed since symptom onset**

AND

- At least 24 hours have passed since fever resolved without the use of fever-reducing medications

AND

- Other symptoms have improved
 - Loss of taste and smell can last for weeks to months after recovery; this does not need to delay ending isolation

***Note:** People who have more severe illness or are severely immunocompromised may need to continue isolation for longer than 10 days—possibly up to 20 days after symptom onset; this decision needs to be made in consultation with their healthcare provider and their state or local health department

****Note:** People who test positive but never have any symptoms need to remain in isolation until 10 days after they first tested positive

- The decision for workers to discontinue isolation and return to work should be made in consultation with their healthcare provider, their employer, and their state or local health department

Appendix 7: What to do if a worker tests positive for Covid-19 but does not have symptoms

SOURCES AND RESOURCES:

[Discontinuation of isolation for people with Covid-19 not in healthcare settings | CDC](#)

Contact Tracing:

[Contact Tracing | Coronavirus | COVID-19 | CDC](#)

[Public Health Guidance for Community-Related Exposure | CDC](#)

[Case Investigation and Contact Tracing in Non-healthcare Workplaces | CDC](#)

Appendix 8: What to do if a worker is exposed to Covid-19 but does not have any symptoms

Restaurants need to follow protocols set by local and state health departments regarding people who test positive for Covid-19 but do not have any symptoms. In general, they should do the following:

MANAGING WORKERS who are exposed to Covid-19 but are asymptomatic (do not have any symptoms of Covid-19)

- Restaurant workers who have been exposed to someone who has Covid-19 should be advised to return home—or remain home, if already there—and quarantine themselves
 - Quarantine and isolation are different: *quarantine* keeps someone *who has been exposed* to the virus away from other people, so they won't spread infection if they were infected by the exposure but don't have symptoms; *isolation* keeps someone *who is infected* away from others to prevent spread of infection
 - “Exposure” refers to having *close contact* with someone who has Covid-19. In general, this means being within approximately six feet of an infected person for a total of 15 minutes or more over a 24-hour period—regardless of whether either person was wearing a mask—during the period beginning 2 days before the infected person's onset of illness (or, for an infected person who is asymptomatic, 2 days before their first positive test) until the time they are isolated. Close contact also includes having direct physical contact—such as hugging or kissing—with someone who has Covid-19; sharing eating or drinking utensils with them; or getting their respiratory droplets on you, for example from an uncovered cough or sneeze
 - Because data are limited, it is difficult to define “close contact” precisely. The following are some factors to consider:
 - How far apart the exposed person and the infected person were
 - How long the exposure lasted
 - When the exposure occurred in relation to the infected person's onset of symptoms (or—if asymptomatic—their first positive test)
 - Whether the infected person was doing anything—like coughing heavily, singing, or shouting—that might increase the number of respiratory aerosols they produce
 - Environmental factors like crowding, adequacy of ventilation and direction of airflow, whether exposure was indoors or outdoors
- Some people who are exposed to Covid-19 may not need to quarantine, but this should be determined by state or local health departments. CDC suggests that the following people may not need to quarantine:
 - People who have had Covid-19 within the past 3 months and recovered, as long as they do not develop new symptoms
 - People who have tested positive for Covid-19—without symptoms—within the past 3 months, as long as they do not develop symptoms
 - People who have been fully vaccinated against Covid-19 within the past three months and show no symptoms

Appendix 8: What to do if a worker is exposed to Covid-19 but does not have any symptoms

RETURN TO WORK

- Restaurant workers exposed to Covid-19 may return to work after they have completed the recommended length of quarantine
 - CDC continues to endorse quarantine for 14 days from the last exposure, because this maximally reduces risk for post-quarantine transmission
 - Reducing the length of quarantine may make it easier for people to quarantine by reducing the time they cannot work; however, quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus
 - State and local health departments establish the quarantine options for their jurisdictions, and their recommendations should be followed. Options for shortened quarantine that they may consider include the following:
 - End quarantine 10 days from the last exposure without testing if the person has had no fever or symptoms during daily monitoring
- OR**
- End quarantine seven days from the last exposure if the person had no fever or symptoms during daily monitoring
- AND**
- Has a negative test result from a specimen that was obtained five or more days after last exposure
- Exposed workers who are allowed to follow one of these options for shortened quarantine must do the following after stopping quarantine:
 - Follow directions from their medical care provider and state or local health department
 - If possible, avoid contact with people who are at elevated risk for becoming very ill from Covid-19
 - Wear a mask if around other people, maintain a distance of at least six feet from them, wash or sanitize their hands frequently, and avoid crowds
 - Monitor their health by checking their temperature twice daily and watching for cough, shortness of breath, or other symptoms of Covid-19 until 14 days after last exposure
 - If fever or symptoms develop, immediately isolate themselves, promptly seek medical advice, and notify their supervisor and the health department of their change in status

SOURCES AND RESOURCES:

Quarantine:

[COVID-19: When to Quarantine | CDC](#)

[Options to Reduce Quarantine for Contacts of People with Covid-19 | CDC](#)

Appendix 9: Additional Sources and Resources

APPENDIX 9: ADDITIONAL SOURCES AND RESOURCES

GENERAL

CDC Covid-19 Website:

[Coronavirus Disease 2019 \(COVID-19\) | CDC](#)

EPA Covid-19 Website:

[Coronavirus \(COVID-19\) | US EPA](#)

Guidance for Businesses and Employers:

[COVID-19 Guidance: Businesses and Employers | CDC](#)

[Considerations for Restaurants and Bars | COVID-19 | CDC](#)

Food and Covid-19:

[Food and Coronavirus Disease 2019 \(COVID-19\) | CDC](#)

[FDA Food Code](#)

Social Distancing:

[Social Distancing \(cdc.gov\)](#)

Transportation:

[Protect Yourself When Using Transportation | CDC](#)

Hierarchy of Controls:

[Hierarchy of Controls | NIOSH | CDC](#)

Food Delivery Drivers:

[What Food and Grocery Pick-Up and Delivery Drivers Need to Know about COVID-19 | CDC](#)

Gloves:

[When to Wear Gloves | CDC](#)

Appendix 9: Additional Resources

TRANSMISSION OF COVID-19

How Covid-19 Spreads:

[How Coronavirus Spreads | CDC](#)

Airborne Transmission:

[Airborne transmission redefined](#)

[Historical perspective on airborne transmission](#)

[Small speech droplets and their potential importance in SARS-CoV-2 transmission](#)

[Short-range airborne exposure during close contact](#)

[Indoor Air and COVID-19 Key References | EPA](#)

Reducing Transmission:

[Reducing transmission of SARS-CoV-2 | Science](#)

VENTILATION AND ULTRAVIOLET GERMICIDAL IRRADIATION

Building Ventilation:

[Ventilation in Buildings | CDC](#)

[ASHRAE Guidance for Building Operations During Covid-19](#)

[ASHRAE Filtration / Disinfection](#)

[ASHRAE Standards: ANSI/ASHRAE Standard 62.1-2019 – Ventilation for Acceptable Indoor Air Quality](#)

[Guidance for Reducing Covid-19 Risk Using Engineering Controls | AIHA](#)

[Indoor Air and COVID-19 | EPA](#)

[Indoor Air and COVID-19 Key References | EPA](#)

[ANSI/ASHRAE/ACCA Standard 180-2018 Inspection and Maintenance of HVAC Systems](#)

[Air Cleaners, HVAC Filters, and COVID-19 | EPA](#)

[ASHRAE Position Document on Infectious Aerosols](#)

Appendix 9: Additional Resources

Portable Air Purifying Units:

[Certified Room Air Cleaners – AHAM](#)

[Air Filtration Standards – AHAM](#)

[Harvard-CU Boulder Portable Air Cleaner Calculator](#)

Upper-Room Ultraviolet Germicidal Irradiation:

[Upper room ultraviolet germicidal irradiation | CDC](#)

[Basic upper-room ultraviolet germicidal irradiation guidelines for healthcare settings | CDC/NIOSH](#)

Vaccination

[Key Things to Know About COVID-19 Vaccines | CDC](#)

[Benefits of Getting a COVID-19 Vaccine | CDC](#)

[Safety of COVID-19 Vaccines | CDC](#)

[How COVID-19 Vaccines Work | CDC](#)

[Different COVID-19 Vaccines | CDC](#)

[Recommendations for Fully Vaccinated People | CDC](#)

Health Department Directories

[State, Territorial, Local, and Tribal Health Departments | CDC](#)

[State Health Department Occupational Safety and Health Contact | CDC-NIOSH](#)

Signs and Posters

[Covid-19 Print Resources | CDC](#)

[How to Protect Yourself and Others | CDC](#)

[Stop the Spread of Germs | CDC](#)

[How to safely wear and take off a mask | CDC](#)

[Posters | Handwashing | CDC](#)

[Five safety steps to keep us healthy | CDC](#)

[Daily checklist for restaurant and bar managers | CDC](#)

[Summary of best practices for food stores, restaurants, and food pick-up/delivery services | FDA](#)

[Six steps for safe and effective disinfectant use | EPA](#)