

TIP No. 98-117-0520

GUIDELINES FOR REOPENING AND SAFELY OPERATING FOOD SERVICE FACILITIES DURING COVID-19

The following guidelines represent good retail practices and apply to dining facilities and other food service facilities reopening fully or for limited services during the COVID-19 pandemic. Food service operators must follow all local requirements and guidance from their higher authority. Working with your local Preventive Medicine personnel (or military public health representatives) is essential to ensure safe operation. The provided guidance serves as a blueprint for ensuring a safe dining experience for food service workers and their customers. Good retail practices in response to COVID-19 mitigation in food service facilities are—

- Heightened employee personal hygiene.
- Close monitoring of employee health.
- Avoid cross-contamination.
- Ensure proper cooking temperatures.
- Enhanced sanitation.
- Constant monitoring by a properly trained/certified food safety manager.

PREOPENING ACTIVITIES

Employers: In preparation for reopening, operators should review all food service safety requirements outlined in the **Tri-Service Food Code (TSFC)** in addition to the following actions.

- Review and ensure local policies and COVID-19 related policies from higher authority are reviewed and properly executed.
- Ensure designated foodservice supervisors (person-in-charge) are trained on specific health, hygiene, sanitation, and social distancing practices for COVID-19 and possess an unexpired Food Safety Manager (FSM) certification. A certified FSM must remain on the premises during all operating hours.

Contact your supporting Preventive Medicine/Public Health authority for guidance on how to operate safely under the Health Protection Condition (HPCON) level for your installation. Enhanced cleaning, sanitizing, and disinfecting guidance is provided in **APHC Fact Sheet No. 91-02-0320**; guidance for social distancing is provided in **APHC TIP No. 91-100-0320** when operating at HPCON Level Charlie.

- Prescreen employees for COVID-19 illness and exclude ill employees until they have been medically cleared. Also prescreen employees for recent exposure to a presumed or confirmed COVID-19 positive individual within the past 14 days. Exclude these workers until they have quarantined for 14 days since the last known exposure.
- Prescreening procedures are outlined in “Guidance for Clearing Personnel to Return to the Workplace during COVID-19 Pandemic” and available at: <https://www.milsuite.mil/book/docs/DOC-802774>

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- The form used to complete the screening process is available at:
<https://www.milsuite.mil/book/docs/DOC-802775>
 - Implement the [*Conditional Employee or Food Employee Reporting Agreement*](#) (Reporting requirements for food employees are outlined in Chapter 2, TSFC), DD Form 2971, NOV 2013.
 - Symptoms related to COVID-19 include cough, shortness of breath or difficulty breathing, as well as two or more of the following: fever (100.4°F/38°C), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.
- Ensure appropriate personal protective equipment (PPE) and supplies for cleaning, sanitizing, and disinfecting are readily available for employees and customers as recommended in this document.
- Provide a list of reportable symptoms, illnesses, and conditions of potential exposure to communicable diseases as outlined in the **TSFC, provision 2-201.11**, and as indicated above (under “Employers”), for COVID-19 in an area where it is readily available for all food employees to see.
- Consider signage outside the facility stating that individuals with respiratory symptoms and fever are prohibited from entering.
- Where possible, reconfigure workstations so employees avoid standing directly opposite one another or next to each other. Where 6 feet of separation is not possible, implement other options (e.g., face coverings), and increase the frequency of surface cleaning and sanitizing.
- Train employees on new or modified procedures that have been established for operating under the designated COVID-19 HPCON Level. Training should include—
 - Reportable symptoms, illnesses, and exposures.
 - The importance of frequent and proper hand washing (20 seconds).
 - Proper use of hand sanitizers containing at least 60% alcohol. Hand sanitizers may not be substituted for proper hand washing when preparing food.
 - Avoidance of touching hands to face as an added measure to prevent the spread of coronavirus after touching potentially contaminated surfaces.
 - Enhanced cleaning, sanitizing, and disinfection procedures and appropriate application of sanitizers and disinfectants.
 - Proper use of face coverings and disposable gloves.
 - Social distancing procedures to be implemented at the facility.

Facilities that were closed: Food establishments that were closed for an extended period (typically 30 days or longer) **must receive a preopening inspection from the supporting Preventive Medicine/Public Health authority before they are allowed to operate.**

Preopening inspections should be coordinated and conducted **at least 2 weeks** prior to the scheduled opening date to allow sufficient time to correct any unacceptable conditions related to food safety, facility sanitation, employee training, and other requirements associated with COVID-19. In addition to the “employer” activities outlined above, facility managers should—

- Examine all stored food; discard items that have expired, reached their shelf-code date, or have become unwholesome due to contamination, spoilage, or breakdown of refrigerated temperature control. Initiate work orders for all mechanical refrigeration failures.
- Examine the facility for signs of pest infestation and pest access to the facility. Initiate actions to eliminate and control existing pests and to prevent further pest access.
- Conduct a thorough cleaning, sanitizing, and disinfection of the facility, as specified below, prior to the reopening inspection.
- Implement appropriate modifications, as recommended below, if the facility offers seated dining.

Facilities with dining-in service: Facilities that remained open with carry-out, drive through, or delivery service during the COVID-19 pandemic and wish to open their dining room (or other accommodations that allow food consumption on-premises) must apply appropriate modifications to promote social distancing and minimize the potential for disease transmission from self-service food activities. Modifications include, but are not limited to, one or more of the following considerations—

- Dining room reconfiguration.
 - Designate a separate dining room/facility entry and exit point to minimize customer contact.
 - Reduce maximum seating allocations.
 - Limit party size at tables to no more than the established “maximums approved” as recommended by the Centers for Disease Control and Prevention (CDC) or approved by higher authority.
 - Any social distancing measures based on square footage should take into account service areas as well as guest areas.
 - Increase table spacing by removing or blocking tables.
 - Increase spacing between dining seats by removing chairs or marking available seats on benches and spacing them at least 6 feet apart. Use of physical barriers are acceptable, especially for booth seating.
- Do not allow guests to congregate in waiting areas or bar areas. Design a process to ensure guests stay separate while waiting to be seated.
 - Provide spacing markers or signage on the floor and counters for customers to maintain appropriate distancing at headcount stations, ordering counters, service lines and self-serve areas, tray-return area, checkout registers, and other locations where individuals may congregate.
- Use physical barriers such as partitions or Plexiglas® barriers at registers.
- Consider a reservations-only business model or call-ahead seating to better space diners.
- Use technology solutions where possible to reduce person-to-person interaction.
EXAMPLES: Mobile ordering and menu tablets; text on arrival for seating; contactless payment options.

- Remind third-party delivery drivers and any suppliers that you have internal distancing requirements.
- Eliminate or modify customer self-service.
 - Maximize service of prepackaged food and beverages in place of bulk-dispensed items.
 - If bulk beverage dispensers are used—
 - Restrict same-cup refills and topping off beverages after sipping from the container during initial fill. Customers must obtain a new cup/glass.
 - Do not install guards or shields for dispensing nozzle protection if such installation impedes proper and frequent equipment cleaning and sanitizing according to the TSFC. Guards/shields must be easily removed or designed and installed to allow easy removal and reattachment of dispensing nozzles; this will also allow access when cleaning soiled surfaces of the beverage dispenser and shield.
 - Make self-serve areas unidirectional.
- Remove bulk silverware dispensers—
 - Use appropriate auto-dispensing device.
 - Eliminate table presets; consider using rolled silverware.

Cleaning, sanitizing, and disinfection: According to the CDC, the Severe Acute Respiratory [SAR]-CoV-2 virus that causes COVID-19 can survive on plastic and metal surfaces for up to 72 hours. Based on this information, the following actions are recommended:

- For facilities linked to an employee or patron who has tested positive for COVID-19, follow the cleaning and disinfection guidance provided in **APHC TIP No. 98-105-0420**.
- Special or “deep” cleaning and disinfection of the facility is not required prior to opening if the facility (or areas within the facility) was closed for 72 hours or longer with no link to a coronavirus-infected person. Prior to opening, conduct general cleaning, sanitizing, and disinfection as specified in the TSFC and according to the guidance in this document.

DURING OPERATIONS

Employee health and hygiene: Food managers must closely monitor employee health and ensure that employees understand their responsibility to report certain symptoms and illnesses immediately to the food service manager.

- Employees who are sick should remain at home.
 - Follow the established policies for when the ill employee is allowed to return to work. Minimum CDC guidelines include: Inform the employee to self-isolate for 10 days from the onset of symptoms. Individuals must be symptom-free for 3 days without medication.
 - Further clarification can be found in the “Guidance for Clearing Personnel to Return to the Workplace during COVID-19 Pandemic” at: <https://www.milsuite.mil/book/docs/DOC-802774>.

- Screen employee health before they start to work each day.
 - Ask the employee if they are feeling sick, have a fever, or any of the symptoms from COVID-19.
 - ✓ Exclude or restrict employees from work when presenting with a communicable disease symptom or illness as specified in the **TSFC (provisions 2-201.11, 2-201.12, and 2-201.13)**.
 - ✓ Immediately send the employee home if presenting with symptoms indicative of possible COVID-19 illness. Instruct the employee to remain at home, and contact their medical provider for additional guidance.
 - Temperature checks. Although recommended by the U.S. Food and Drug Administration (FDA) for monitoring employee health status, pre-screening employees' temperatures prior to starting work is regarded by the CDC as an optional strategy primarily due to the estimated large number of individuals who may be infected with the coronavirus but do not present with fever. If this strategy is applied, using a touchless infrared thermometer is recommended. Check each person (employee, customer, delivery, maintenance) who enters the facility each day. According to the CDC, individuals with a temperature of 100.4°F (38°C) should not be allowed to enter the facility; they should immediately go home and contact their medical provider. Employees who presented with fever may not return to work until medically cleared.

Cleaning, sanitizing, and disinfection: Cleaning and sanitizing requirements, as required by the TSFC, remain in effect. Review the requirements with all food service workers, and monitor activities to ensure proper execution during all operating hours. Focus on common contact (high-touch) surfaces in serving and dining areas and restrooms.

- Follow cleaning and sanitizing requirements, material, and strength as described in the **TSFC** for equipment food-contact and nonfood-contact surfaces.
- Avoid all possible food contamination when cleaning and sanitizing.
- Frequently clean and sanitize high-touch surfaces of food equipment in customer areas. Ideal interval is hourly during periods of heavy use. At a minimum, consider conducting after each meal period or at least every 2–3 hours. [EXAMPLES: refrigerated food display cases, condiment bottles, and dispensers, napkin holders, bulk food dispensers (lids, handles)]. Additional guidance is provided in **APHC Fact Sheet No. 91-02-0320**.
- The following is an example of typical sanitizers that can be used and the normal strength to achieve sufficient efficacy in the removal of microbes.
 - Chlorine bleach sanitizing solution with a minimum concentration of 100 parts per million (ppm) free available chlorine; max not to exceed 200 ppm. To be effective, the product must remain WET on the surface for a minimum of 1-minute to allow proper sanitization.
 - Quaternary ammonium compounds (or QUATS) are prepared according to the manufacturer's label. Wet contact time to achieve proper sanitizing will vary by product; follow the manufacturer's label.

Disinfection: Disinfection procedures detailed below are enhanced sanitation procedures in response to COVID-19 and are also provided in **APHC Fact Sheet No. 91-02-0320**.

- Only apply disinfectants to nonporous surfaces that are **not** classified as food equipment.
- Disinfect high-touch surfaces in customer areas after each meal period or at least every 2–3 hours. High-touch surfaces include, but are not limited to—
 - Entrance, exit, and restroom door handles.
 - Dining room chairs (backrest and seat pan).
 - Cleaning and sanitizing table upon guest leaving the table.
 - Tabletops.
 - Service counters, tray rails, dining tables, credit card machines (keypad, digital touchpad).
 - Restroom light switches, handicap rails, hand wash sink fixtures, soap dispensing levers, paper towel dispensing levers, forced air-hand drying control button, and door latches for toilet stalls.
- Use U.S. Environmental Protection Agency (EPA)-registered Disinfecting Products.
 - If chlorine bleach disinfecting solution is prepared on premises, prepare a minimum concentration of 1000 ppm free available chlorine (1/3 cup bleach to 1 gallon water). Allow a minimum of 1-minute wet contact time to achieve adequate disinfection, and then rinse the surface with clear water to remove remaining chemical residual.
 - For all other disinfecting products, refer to the EPA-registered disinfectants on List N: Disinfectants for Use Against SARS-CoV-2, available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>, or refer to the list of approved products with emerging viral pathogen claim, available at: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>. Follow the product label instruction for proper contact time to achieve an adequate level of disinfection and rinse requirements.

Dining Area: The following recommendations provide additional assurance that proper sanitary precautions are being implemented to ensure a safe dining environment.

- Make hand sanitizer readily available to guests. Consider touchless hand sanitizing solutions. Provide hand washing stations if possible.
- Enforce established social distancing controls (6-foot spacing).
 - Limit contact between food servers and guests.
 - Require food servers to wear face coverings if they have direct contact with guests.
- Provide a new glass/cup for refilling beverages.
- Clean and sanitize reusable menus. If you use paper menus, discard them after each customer uses them.

Medical Facility Food Service, In-Patient Tray Service: The following recommendations provide additional assurance that proper sanitary precautions are implemented to ensure safe dining service to inpatient rooms.

- Ensure tray-service procedures remain consistent with current food service operations, following TSFC sanitation and food service standards.
 - Use pre-wrapped tableware or individually wrapped, single-use tableware.
 - Ensure use of appropriate PPE (gloves and face covering).
- Enforce established social distancing controls (6-foot spacing).
 - Limit contact between food servers and patients.
 - Require food servers to wear gloves and face coverings if they have direct contact with patients.
- Follow established, appropriate cleaning of food trays upon return to facility.
- Clean and sanitize tray dollies used to distribute food trays prior to use and upon returning to dining facility.
 - Refer to “Disinfection” for disinfectant procedures and provided reference for appropriate EPA-registered disinfectants.

References. Additional resources for COVID-19 are available through the following military and public health websites:

American Chemistry Council, Novel Coronavirus (COVID-19) Fighting Products, Updated May 1, 2020; <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

APHC, “Guidance for Clearing Personnel to Return to Personnel to the Workplace during COVID-19 Pandemic”; available at: <https://www.milsuite.mil/book/docs/DOC-802774>.

APHC Form, “Clearing Personnel to Return to the Workplace during the Coronavirus Pandemic”, available at: <https://www.milsuite.mil/book/docs/DOC-802775>

APHC Fact Sheet No. 91-002-0320, Enhanced Sanitation Practices for Food Establishments in Response to COVID-19, available at: https://phc.amedd.army.mil/PHC%20Resource%20Library/EnhancedSanitationPracticesforFoodEstablishmentsinResponsetoCOVID-19_FS_91-002-0320.pdf

APHC TIP No. 91-100-0320, Recommended Actions for Food Establishments at Each Health Protection Condition Level for COVID-19, available at: https://phc.amedd.army.mil/PHC%20Resource%20Library/TIP_No_91-100-0320_RecommendedActionsforFoodEstablishmentsatEachHPCONforCOVID-19.pdf

APHC TIP No. 98-105-0420, Cleaning and Disinfecting Buildings and Areas Previously Occupied by Coronavirus 2019 (COVID-19) Personnel, available at: https://phc.amedd.army.mil/PHC%20Resource%20Library/TIP_No_98-105-0420_CleaningandDisinfectingAreasOccupiedbyCOVID-19Personnel.pdf

Army Veterinary Services in milSuite at: <https://www.milsuite.mil/book/community/spaces/armyveterinaryservices/one-health/emergent-health-events>

TIP No. 98-117-0520

CDC, How to Protect Yourself and Others, page last reviewed April 24, 2020;
[Coronavirus Disease 2019 \(COVID-19\)](#).

CDC, Cleaning and Disinfection for Community Facilities, page last reviewed April 1, 2020;
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

EPA, Office of Pesticide Programs. 2020. List N: Disinfectants for Use Against SARS-CoV-2;
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

FDA, Best Practices for Retail Food Stores, Restaurants, and Food Pick-Up/Delivery Services During the COVID-19 Pandemic, available at: <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-up-delivery-services-during-covid-19>.

National Restaurant Association, Coronavirus Resources and Information ;
<https://restaurant.org/covid19>

Navy and Marine Corps Public Health Center at:
<https://www.med.navy.mil/sites/nmcphc/program-and-policy-support/Pages/Novel-Coronavirus.aspx>

Technical Bulletin, Medical 530/NAVMED P-5010-1/AFMAN 48-147_IP, Tri-Service Food Code, 01 March 2019 available at:
https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN15052_TB_MED_530_FINAL.pdf.

U.S. Army Public Health Center at:
<https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/default.aspx>

U.S. Department of Agriculture, Coronavirus Disease (COVID-19);
<https://www.usda.gov/coronavirus>