



# Department of Public Health and Human Services

Public Health and Safety Division ♦ PO Box 202951 ♦ 1400 Broadway ♦ Helena, MT 59602-2951

Phone: (406) 444-4141 ♦ Fax: (406) 444-5055

Steve Bullock, Governor

Sheila Hogan, Director

## Guidance for Retail Food Establishments for Reopening After COVID-19 Closure

### Introduction

On April 22, 2020, Governor Bullock released a detailed plan on how restaurants, bars, breweries, and distilleries can re-open on May 4, 2020. This guidance is intended to help these establishments meet the directive. As with normal operations, all Retail Food Laws must still be followed. County health departments have the authority to implement more restrictive orders. All questions should first be directed to your local health department. This checklist will help ensure that facilities will be compliant with these orders but may not be exhaustive.

### Re-Opening Checklist

- Employee Health Agreement
- “Employee Symptom Check” Log
- “COVID-19 Staff Training” Log
- Facility Plan for Cleaning, Sanitizing and Disinfecting
- Facility Plan for Social Distancing and Table Items

\_\_\_\_\_  
Person In Charge Signature when checklist is completed

\_\_\_\_\_  
Date Completed

### Additional Resources:

The Governor’s Directive can be found at: <https://covid19.mt.gov/joint-information-center>

Montana Retail Food Laws can be found at: <https://dphhs.mt.gov/publichealth/FCSS/RetailFood>

Contact information for county health departments can be found at:  
<https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts>

This Document was published on April 28, 2020 to aid facilities in being compliant with Directives published on April 22, 2020. However, as new information on COVID-19 is discovered and Directives are modified, this Document may be changed to reflect the most current information and Directives.



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## Employee Health Agreement for COVID-19

### Background

COVID-19 is a highly contagious viral illness that easily spreads through contact with others. Excluding sick employees from the workplace is one of the best defenses against community spread. This document is not a replacement for employee health and hygiene requirements in the Retail Food Law. Facilities are still required to restrict and exclude employees with symptoms of food-borne illnesses. Please consult the Food Code or your local health department for more information on those requirements, if needed.

This document is not a substitute for medical advice. If you have concerns about your health and COVID-19, please consult a medical provider. Indicator symptoms of COVID-19 may change as new information is discovered.

### Agreement

I AGREE TO NOT WORK IF I HAVE, OR RECENTLY HAD:

1. A new dry cough
2. A newly identified shortness of breath or difficulty breathing

OR

Two or more of the following symptoms:

- |                                 |                               |
|---------------------------------|-------------------------------|
| 1. Fever (above 100.4 °F)       | 5. Headache                   |
| 2. Chills                       | 6. Sore throat                |
| 3. Repeated shaking with chills | 7. New loss of taste or smell |
| 4. Muscle pain                  |                               |

I UNDERSTAND THAT OTHER SYMPTOMS MAY BE ASSOCIATED WITH COVID-19 AND SHOULD BE CONSIDERED WHEN DETERMINING WHETHER TO WORK.

I UNDERSTAND THAT A DAILY SYMPTOM CHECK WILL BE REQUIRED BEFORE I BEGIN WORKING EACH SHIFT.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person In Charge Name

\_\_\_\_\_  
Person In Charge Signature

\_\_\_\_\_  
Date

# COVID-19 SYMPTOM CHECK FOR EMPLOYEES

**BUSINESS NAME:**

**DATE:**

	Employee Name	New Dry Cough?	New Shortness of Breath Or Difficulty Breathing?	Any Other Symptoms of Concern? ** IF THE EMPLOYEE HAS TWO OR MORE OF THESE SYMPTOMS, THEY SHOULD NOT WORK	Person In Charge Signature	Able to Work? (Yes/No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**WERE ALL EMPLOYEES SCREENED TODAY?    YES            NO**

\_\_\_\_\_  
PERSON IN CHARGE SIGNATURE

**\*\*Other Symptoms of Concern Include: Fever (above 100.4° F), Chills, Repeated Shaking with Chills, Muscle Pain, Headache, Sore Throat, New Loss of Taste or Smell  
IF THE EMPLOYEE HAS TWO OR MORE OF THESE SYMPTOMS, THEY SHOULD NOT WORK**

# COVID-19 TRAINING LOG

A Training Log is not required by the directive but is a good way to track that all employees understand COVID-19. COVID-19 related training may include:

1. A review of the facility plan;
2. The employee health policy; and
3. The ServSafe Takeout and Delivery COVID-19 Precautions or an equivalent online training.
  - a. <https://www.naccho.org/programs/environmental-health/hazards/food-safety#webinars>
  - b. <https://www.servsafe.com/landing-pages/free-courses>

**BUSINESS NAME:** \_\_\_\_\_

**PAGE** \_\_\_\_ **of** \_\_\_\_

	Employee Name	Date Training Completed	Training Type (Online, At Facility, etc.)	Employee Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**ALL EMPLOYEES HAVE BEEN TRAINED IN ACCORDANCE WITH THE GOVERNOR'S DIRECTIVES ISSUES ON APRIL 22, 2020**

\_\_\_\_\_  
PERSON IN CHARGE SIGNATURE

\_\_\_\_\_  
DATE

# COVID-19 TRAINING LOG

**BUSINESS NAME:**

**PAGE** \_\_\_\_ **of** \_\_\_\_

	Employee Name	Date Training Completed	Training Type (Online, At Facility, etc.)	Employee Signature
1				
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## FACILITY PLAN FOR CLEANING, SANITIZING & DISINFECTING

### Introduction

On April 22, 2020, the Governor released Directives for the reopening of bars, breweries, and distilleries on May 4, 2020. These directives included requirements for facilities to develop a specific cleaning plan. This document will direct businesses on how and when to sanitize versus how and when to disinfect.

Any alternative plans that are created should be verified by the local health department to ensure that the Directives are being followed correctly and that public safety is maintained.

### CLARIFYING STATEMENTS

**Cleaning:** Refers to the physical removal of debris (dirt, food, other impurities) from a surface by using water, soap and water, sweeping, or other method. This method does not effectively kill germs but is a necessary first step for sanitizing or disinfecting chemicals to work.

**Disinfecting:** Utilizes an EPA Registered Product to destroy most germs. For the purposes of this plan, this terminology is referring to the destruction of COVID-19 on a surface. These chemicals or concentration of chemicals can be dangerous in some settings, such as food preparation areas. These products should NOT be used as a substitute for Sanitizing, as these concentrations can be toxic.

**Sanitizing:** Utilizes an EPA Registered Product to destroy many germs at a level that is safe for sensitive areas, such as in restaurant kitchens. Facilities must follow the Retail Food Code laws regarding sanitizing when cleaning food contact surfaces to avoid introducing unintended risk.

### RESOURCES:

EPA Web Site for COVID-19 Chemicals:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Current Information for Governor's Orders: <https://covid19.mt.gov/>

## **DECIDING WHEN TO CLEAN:**

Whenever an area has visible debris

Before Sanitizing or Disinfecting

This should be done at a minimum once daily, or as often as needed to preclude the accumulation of debris.

## **CLEANING EXAMPLES:**

- Sweeping and mopping floors
- Before Sanitizing or Disinfecting Surfaces
- Whenever a large mess is created where safety and cleanliness are compromised

## **DECIDING WHEN TO SANITIZE:**

Follow the Retail Food Code requirements for when to sanitize food contact surfaces.

Containers and wiping cloths should be used only for Sanitizing and not mixed with Disinfecting containers and wiping cloths. Mixing different chemicals can create toxic and sometimes, deadly, combinations that may result in extreme harm. Label containers with contents to avoid harm.

## **SANITIZING EXAMPLES:**

- Food preparation, storage, and service areas
- Dishware, utensils, and cups used by patrons
- Anytime a change in task occurs during food preparation when raw foods have been used

## **DECIDING WHEN TO DISINFECT:**

Follow the Governors Directives on when to disinfect. This includes:

1. Table items, including decorative items and menus, between patrons
2. Tables, chairs, booths, and highchairs between patrons
3. Frequently touched surfaces, including doorknobs, light switches, etc.
4. Surfaces in toilet rooms
5. Whenever a facility has been notified that there has been a COVID-19 positive case in the facility **IF THE PERSON WAS PRESENT WITHIN 7 DAYS PRIOR TO NOTIFICATION**

Containers and wiping cloths should be used only for Disinfecting and not mixed with Sanitizing containers and wiping cloths. Mixing different chemicals can create toxic and sometimes, deadly, combinations that may result in extreme harm. Label containers with contents to avoid harm.

Common surfaces should be disinfected at a frequency that relates to patron volume, but **at least every 4 hours**.

This facility's cleaning frequency will be: \_\_\_\_\_

**IF A FOOD EMPLOYEE HAS TESTED POSITIVE FOR COVID-19 AND THE BACK OF HOUSE OPERATIONS NEED TO BE DISINFECTED, WE HIGHLY ENCOURAGE YOU TO CONSULT WITH YOUR LOCAL HEALTH DEPARTMENT ON HOW TO PROCEED SAFELY.**

## **HOW TO DISINFECT:**

1. Use an EPA registered product that has been shown to kill COVID-19.
2. Follow manufacturer instructions for:
  - a. Concentration and concentration testing if applicable
  - b. WET contact time required to be effective in virus destruction
  - c. COMPLETELY AIR DRY or wipe with water, depending on label instructions

**STAFF NOTIFICATION OF CLEANING, SANITIZING, AND DISINFECTING POLICIES**

**(CHECK ALL THAT WILL APPLY):**

- This facility will hold in person training that will outline these changes.
  
- This facility will provide printed copies of this plan to all staff members.
  
- This facility will send digital copies of this plan to all staff member.
  
- This facility will develop an alternative plan described below:

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**FACILITY NAME:** \_\_\_\_\_

\_\_\_\_\_  
Person In Charge Signature  
(when checklist is completed)

\_\_\_\_\_  
Date Completed



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## FACILITY PLAN FOR SOCIAL DISTANCING AND REDUCING SHARED CONTACT SURFACES

### Introduction

On April 22, 2020, the Governor released Directives for the reopening of restaurants, bars, breweries, and distilleries on May 4, 2020. These directives included requirements to limit the number of people in retail food establishments and to add practices that facilitate social distancing. Additionally, requirements were made for cleaning common surfaces.

This document is intended to help your facility comply with the directive. Each subsection of this document contains options to meet the directive by selecting and then implementing one or more of those options your facility will meet the requirements pertaining to that subsection of the document.

Items that apply to all facilities are contained within a gray box.

Any alternative plans that are created should be checked to ensure that the Directives are being followed correctly.

### WAITING AREAS (CHECK ALL THAT WILL APPLY):

This facility will close the lobby and waiting areas until restrictions are lifted **OR**

We do not have a lobby or waiting area.

This facility will use reservation or call ahead seating only.

This facility will use an online system or app to schedule patrons.

**All reasonable attempts should be made to eliminate the use of waiting areas and lobbies.**

If the facility cannot eliminate a waiting area or lobby completely, they must ensure that groups in the waiting area are socially distanced from each other. Describe the plan to maintain space between groups below:

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**DINING AREAS (CHECK ALL THAT WILL APPLY):**

**Required:** this facility will limit business capacity by 50%.

**Required:** this facility will limit tables to parties of 6.

**Required:** this facility has bar or counter seating and standing room that will be closed.  
All bar and counter service must be served to guests at tables.

This facility will remove extra tables and chairs so that all seating areas are a minimum of 6 feet apart.

This facility will put chairs on tables or remove chairs for tables that are not 6 feet apart.

This facility will affix signs to tables that will not be in use, reminding staff and guests that they are unable to use those seating areas.

This facility will develop an alternative plan described below:

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**MENUS (CHECK ALL THAT WILL APPLY):**

This facility will use a board or sign to display menu options that will not be touched by guests.

This facility will print disposable menus that will be discarded after each use.

This facility will use an app service or web site for people to view the menu on personal devices.

This facility will disinfect menus in between patrons by doing the following:

1. Use an EPA registered product that has been shown to kill COVID-19.

2. Follow manufacturer instructions for:

a. Concentration

b. WET contact time required to be effective in virus destruction

c. COMPLETELY AIR DRYING the menu before it is used again

This facility will develop an alternative plan described below:

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**CONDIMENTS AND TABLETOP ITEMS (CHECK ALL THAT WILL APPLY):**

**Required:** This facility will remove all self-service condiments, cups, and lids.

This facility will provide single use, disposable containers for condiments (cups, sealed packets, etc.) that WILL NOT be re-offered.

This facility will wash, rinse, sanitize, and COMPLETELY air dry all reusable containers that hold condiments in between guests. No containers, including drinking glasses, will be refilled.

This facility will develop an alternative plan described below:

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**STAFF NOTIFICATION AND TRAINING (CHECK ALL THAT WILL APPLY):**

This facility will hold in person training that will outline these changes.

This facility will provide printed copies of this plan to all staff members.

This facility will send digital copies of this plan to all staff member.

This facility will develop an alternative plan described below:

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**FACILITY NAME:** \_\_\_\_\_

\_\_\_\_\_  
Person In Charge Signature  
(when checklist is completed)

\_\_\_\_\_  
Date Completed