



“Show-Me Strong Recovery Order” Requirements:

- Proper spacing of at least six feet (6') of distance is maintained between patrons at different tables
AND
- Communal seating areas can not be offered to parties that are not connected
AND
- A single table must not consist of more than ten (10) people

*Note: The limit for number of occupancy for retail sales does not apply to restaurants, as long as they adhere to the above requirements.

In Macon County, no self service stations will be available, such as salad bars, buffets, self service cases (for example, donuts and pizza), etc.

Macon County Health Department’s recommended guidance for restaurants, convenience stores & bars:

Social Distancing

- Continued use of drive-thru, pickup, or delivery options is encouraged.
- Provide personal protective equipment, such as masks, to employees to wear while working.

Managing Operations & Hygiene

- Offer plenty of hand sanitizer in various locations and encourage usage.
- Clean and disinfect tables, tablets/ziosks, booths, chairs, and menus between customers.
- Use disposable menus, if available, and discard after customer use.
- Routinely clean and disinfect restrooms.
- Perform pre-screen of employees before their shift.

Plan

- Develop an infectious disease preparedness and response plan, including policies and procedures for workforce contact tracing and customer tracking for when an employee or customer that was in your facility tests positive for COVID-19 (work with the Macon County Health Department).



COVID-19 EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

In order to be allowed to work, the following questions should be asked of an employee prior to their entry into the facilities. If the employee answers that they exhibit symptoms or are at risk of exposure due to travel or proximity to an infected person, they should be denied entry. For your protection it is suggested that you retain this form, should an employee begin to show symptoms.

SYMPTOM & RISK CHECKLIST

EMPLOYEE NAME AND DATE

YES

NO

Do you have or have you had a fever of over 100.4 in the last 72 hours?

Do you have a cough that is not normal for you?

Are you experiencing shortness of breath or difficulty breathing?

Are you experiencing body aches or chills?

Do you have a sore throat?

Are you experiencing a loss of smell?

Have you traveled outside of Northeast Missouri in the last two weeks?

Have you been exposed to someone diagnosed with COVID-19 in the last two weeks?

EMPLOYEE SIGNATURE _____

Entry will be denied to any individual who refuses to complete the questionnaire in its entirety, any individual who is positive for any three (3) screening questions, and/or with new onset of the following symptoms: 1) Fever \geq 100.4 in past 72 hours. 2) Persistent cough, that is not normal for you. 3) Shortness of breath.