

SAFETY GUARANTEE

HEALTH & SAFETY PROTOCOL

SUPPORT DURING COVID-19

Nutri-Serve Health and Safety Protocol Guidance

This guidance is intended to provide direction toward keeping our promise to provide a safe environment to our team members, client partners, students, and guests.

The Nutri-Serve **Health and Safety Protocol** contains the following components:

- ✓ The Nutri-Serve Guarantee
- ✓ COVID Operational Requirements
- ✓ Team Member Wellness Questions
- ✓ Employee Health Policy Agreement
- ✓ Temperature Log Sheet
- ✓ Nutri-Serve_COVID_Protocol July
- ✓ Letter to Parents

All team members are required to be familiar with each of the above documents.

Your school district may have a Health and Safety Protocol in place, which may require certain actions by our team members. Please make sure that you and your team follow all health and safety practices required by your district.

Each of us bears the responsibility to ensure that the Nutri-Serve and client partner protocols are fully understood, communicated to our team members, and followed by all team members.

The Nutri-Serve COVID operational requirements document is to be followed by all units and shared with our client partners. If there is a conflict between the District requirements and the Nutri-Serve requirements, follow the District's requirements. Notify your district manager if there is a conflict in protocols.

ACTION ITEMS:

1. Communicate and post the Nutri-Serve Safety Guarantee and operational requirements in your account.
2. Make sure every team member has signed the employee health policy agreement and place in their employee file.
3. Conduct the wellness questions each shift with each team member.
4. Complete the temperature log daily for each of your team members.

SAFETY GUARANTEE

OUR COMMITMENT TO EACH OTHER

The health and well-being of guests and team members has always been our top priority. As you enter our dining areas, we remain committed to this promise.

WHAT YOU CAN EXPECT FROM US



HEALTHY TEAM MEMBERS
Daily temperature checks



CLEAN AREA
Disinfect tables after each visit and high touch points on frequent basis



SOCIAL DISTANCING
Reconfigured layouts



PROTECTIVE EQUIPMENT

Masks on every team member

FREQUENT HAND WASHING

Hand sanitizer stations



WHAT WE EXPECT FROM YOU



PLAN AHEAD
Look at posted menus to plan your choices



DO NOT CONGREGATE
At tables, in lobby or café

GIVE FELLOW GUEST THEIR SPACE

At least six feet apart



WEAR A MASK
When not at a table



TOGETHER, WE CAN KEEP EACH OTHER HEALTHY.

We value the trust you place in our location everyday and we are committed to providing the Nutri-Serve Safety Guarantee. For updates, visit www.nsfm.com.

SAFETY GUARANTEE

TEMPORARY OPERATIONAL REQUIREMENTS

SUPPORT DURING COVID-19

ALL TEAM MEMBERS



HEALTH SCREENING FOR ALL TEAM MEMBERS BEFORE WORKING

- Check with Manager
- Forehead Temperature Screening



FREQUENT HAND WASHING AT LEAST EVERY 30 MINUTES



CLEAN & DISINFECT ALL HIGH-TOUCH EQUIPMENT & SURFACES

Including but not limited to POS machines, pin pads, serving lines, door handles, tables, etc., every 30 minutes.



ALL TEAM MEMBERS MUST WEAR GLOVES



ALL TEAM MEMBERS MUST WEAR FACE PROTECTION



ALL TEAM MEMBERS MUST WASH UNIFORMS DAILY



MAINTAIN 6-FEET SOCIAL DISTANCING FROM GUESTS

If Team Members must encroach 6 ft. distance, they are to step back as soon as possible.

**Individual account protocol supersedes Nutri-Serve protocol.*

TOGETHER, WE CAN KEEP EACH OTHER HEALTHY.

SAFETY GUARANTEE

TEMPORARY OPERATIONAL REQUIREMENTS

SUPPORT DURING COVID-19

Team Member Wellness Questions

Indicate whether you'd answer 'yes' to any of these questions

- Did you take your own temperature before work and was it above 100.4?
- Do you have any of these symptoms: fever, aches, cough, shortness of breath?
- Have you come in contact with anyone diagnosed with COVID-19 in the past 14 days?
- Are you currently waiting for the results of a COVID-19 test?



Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

- a) Diarrhea
- b) Vomiting
- c) Jaundice (yellowing of the skin and/or eyes)
- d) Sore throat with fever
- e) A lesion containing pus such as a boil or infected wound that is open or draining and is:
 - a. On the hands or wrists, unless an impermeable cover such as a finger cot or tall protects the lesion and a SINGLE-USE glove is worn over the impermeable cover;
 - b. On exposed portions of the arms, unless the lesion is protected by an impermeable cover or;
 - c. On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage;

Reporting: Diagnosed Illnesses*

I agree to report to the manager when I have:

- Campylobacter
- Giardia
- Salmonella Typhi
- Shiga toxin-producing Escherichia coli
- Cryptosporidium
- Hepatitis A virus
- Shigella spp.
- Cyclospora
- Norovirus
- Vibrio cholera
- Coronavirus-19 (COVID-19)
- Entamoeba histolytica
- Salmonella spp.
- Yersinia

***The manager must report to the Health Department when an employee has one of these illnesses.**

***The employee shall be excluded from work until approval by the local health department.**

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. Being diagnosed with an illness by a health care provider, within the past three (3) months due to Salmonella typhi (without having received antibiotic therapy).
2. Consuming or preparing food implicated in a confirmed outbreak.
3. Attending or working in a setting confirmed with a disease outbreak.
4. Living with a household member having a reportable illness or knowledge of him or her working or attending a setting where there is a confirmed disease outbreak.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted** from work.

*If you are excluded from work you are not allowed to come to work.

**If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 48 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms as listed above or a diagnoses of one of the illnesses above, you will not be able to return to work until the appropriate time as passed or Health Department approval is granted.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.
3. Submit to a daily temperature check and will be unable to work if that temperature is 100.4 or higher.

I understand that if I do not comply with this agreement, it may put my job at risk.

Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____

Daily Temperature Log Sheet

Date: _____

Must be kept in managers office in log book

Ensure TM has signed Employee Health Policy acknowledging agreement

Have TM read wellness questions and if they'd answer yes to any, send home

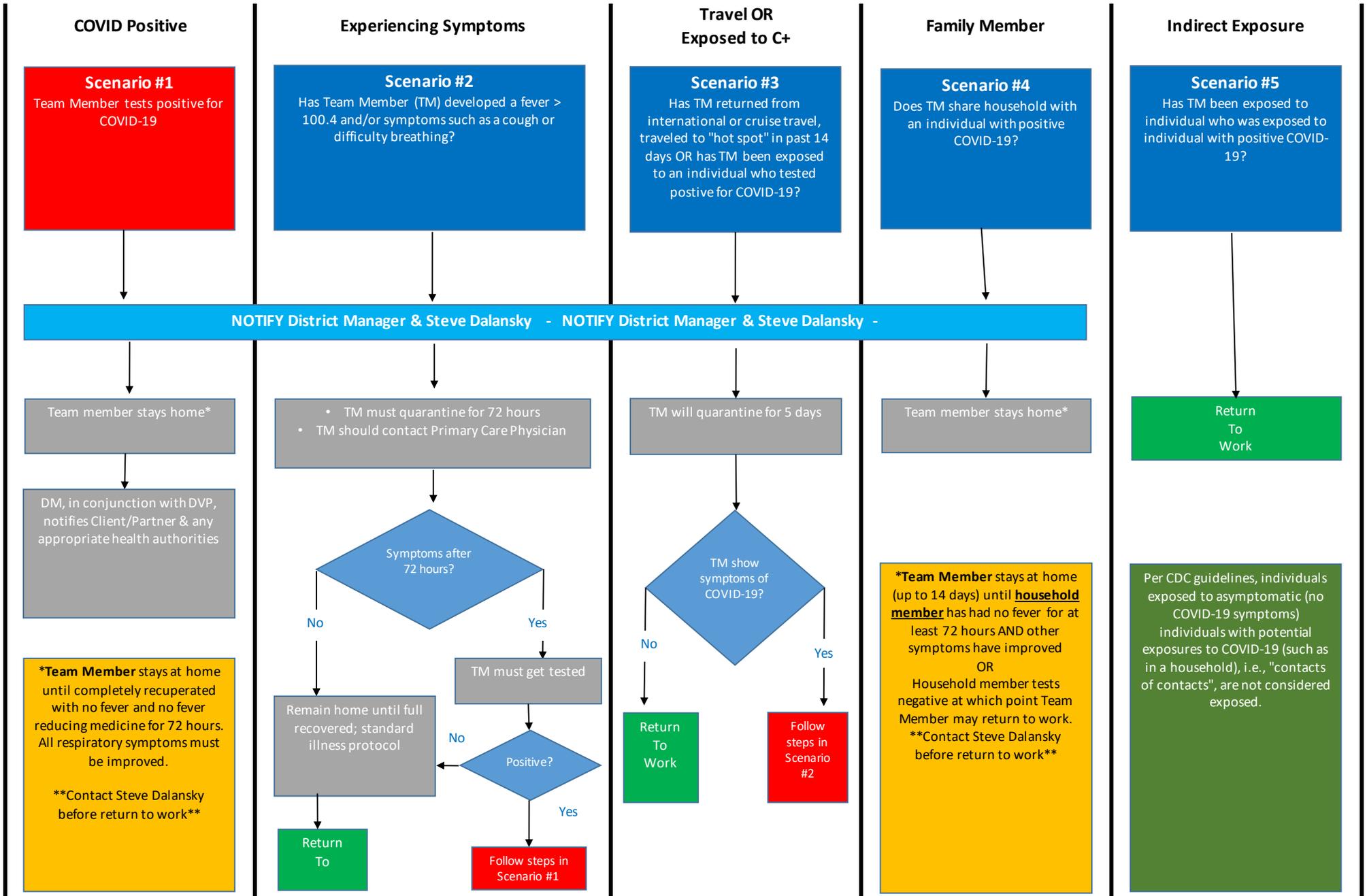
Take temp privately in manager's office, one TM at a time

Manager must wear gloves and face mask when taking temp

If temp is 100.4 or higher, send TM home and record TM's initials only in 'action taken' section

Separately record the information in secure Google form

	name	temp	mask y/n	uniform clean y/n	action taken
1	Team Member				
2	Team Member				
3	Team Member				
4	Team Member				
5	Team Member				
6	Team Member				
7	Team Member				
8	Team Member				
9	Team Member				
10	Team Member				
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35	Team Member				



For all other possible contact scenarios, please contact Steve Dalansky (814) 232-5852