



Government of the Republic of Trinidad and Tobago
Ministry of Health

THE **NEW** NORMAL

Restaurants and Bars

June 2020

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2. Mr. Lawrence Jaisingh, Director, Health Policy, Research and Planning;
3. Ms. Keisha Goodridge, Health Information Officer, Directorate, Health Policy, Research and Planning;
4. Ms. Kailisha Persad-Latchman, Health Planer Analyst, Directorate, Health Policy, Research and Planning; and
5. Ms. Cindi Siewdass, Research Officer II, Directorate, Health Policy, Research and Planning.

1. Background

Pandemic outbreaks such as COVID-19 have the potential to destabilize and disrupt health systems and may have a profound effect on all aspects of a country's economy and the mental and physical health of the population.

On March 11th, 2020, the World Health Organisation (WHO) declared COVID-19 to be a pandemic and as at June 15th, 2020, there were 7,823,289 confirmed cases with 431,541 deaths across 213 countries (WHO Situational Report No. 147).

In Trinidad and Tobago, the first case of COVID-19 was confirmed on March 12th, 2020 and as at June 14th, 2020, there were one hundred and twenty-three (123) positive cases and eight (8) deaths, with over three thousand, nine-hundred (3,900) tests conducted. The key objectives of these protocols are to educate, engage and empower people to change their behaviour to ensure the transmission of COVID-19 is adequately controlled. The communities would be educated, engaged and empowered to adjust to the "new normal" utilizing the following protocols:

- Wear masks when you go out in public;
- Keep your distance from others (6ft);
- Stay home if you are ill;
- Wash your hands often with soap and water or use an alcohol based sanitizer;
- Cough into a tissue or into the crook of your elbow;
- Avoid touching your face; and
- Clean then sanitize surfaces (e.g. table tops, door knobs and cell phones).

The Guidelines for Restaurants and Bars were sourced from World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC) for COVID-19.

The key source documents were derived from the following links:

- i. https://apps.who.int/iris/bitstream/handle/10665/331705/WHO-2019-nCoV-Food_Safety-2020.1-eng.pdf
- ii. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html>
- iii. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/restaurants-and-bars-decision-tool.html>
- iv. <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-re-opening-retail-food-establishments-during-covid-19-pandemic>

2. Objective of these Guidelines

To provide Guidelines to minimize the risk, spread and interrupt the transmission of COVID-19 in Restaurants and Bars. It is expected that all other food safety protocols continue as per usual (World Health Organisation (WHO) Guidelines and Information on Food Safety are available via www.who.int/health-topics/food-safety/).

3. Legal and Policy Framework

On January 31st 2020, the proclamation of COVID-19 as a dangerous infectious disease under the Public Health Ordinance, Chap. 12 No. 4, triggered the special provisions under the Ordinance and the Quarantine Act Chapter 28:05 that are pertinent to the curtailment and management of infectious diseases such as notification, special inspections and offences (Legal Notices Nos. 34 and 35 and excerpt from the Quarantine Act 7(1) to (3) appended). Also, the adherence to the 2004 Occupational Safety and Health Act, Chp. 88:88¹.

¹ https://rgd.legalaffairs.gov.tt/laws2/alphabetical_list/lawspdfs/88.08.pdf

4. The Guidelines for Restaurant and Bars

The Guidelines apply to all Restaurants and Bars. It is the responsibility of the owners of these establishments to communicate these guidelines to their staff and patrons via announcements, signs, bulletins, websites and social media. The owners are required to ensure all staff members are trained; virtually or in-person, on the following guidelines:

4.1.1 Sanitation of Facilities

1. Establish a housekeeping schedule to incorporate routine cleaning and sanitisation with regular, frequent, and periodic cleaning of seating areas (tables, stools, chairs, counters and bar tops); all surface areas, restrooms and shared items;
2. Ensure cleaning and sanitisation before opening and at the close of business. Surfaces should be cleaned frequently throughout opening hours;
3. Ensure that high-touch surfaces such as door knobs, tables, stools, chairs, benches, countertops, restrooms and food/bar contact surfaces are properly disinfected on a frequent or periodic basis, using a bleach solution of 5 tablespoons (1/3 cup) per gallon of water (US 3.8L) or 4 teaspoons bleach per quart of water or 70% alcohol solutions or other EPA-approved disinfectant;
4. Where possible, set-up hand sanitizer dispensers at specific areas;
5. Ensure that cleaning or disinfecting product residues are not left on table surfaces, as residues could cause allergic reactions or cause someone to ingest the chemicals;
6. Clean shared objects (e.g., payment terminals, tables, countertops/bars, receipt trays, condiment holders) **between each use**;
7. Ensure safe and correct use and storage of disinfectants to avoid food contamination and harm to employees and other individuals; and

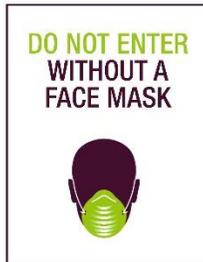
Emphasize high-frequency, cleaning (2/2)



8. Routinely clean coolers and insulated bags used for delivery of food with non-hazardous chemicals.

4.1.2 Personal Hygiene

1. Post visual alerts (e.g., signs, posters) at the entrance and in strategic locations e.g., restrooms; point(s) of sale and cash registers, to provide instructions (in appropriate languages) about hand hygiene, respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene;
2. Provide an adequate supply of 60% alcohol-based hand sanitizer at hand washing facilities or stations (fixed or portable), soap and running water for use before entry; paper towels and tissue. It would be ideal to have easy open-close taps or pedal actuated or hands free taps;



establishment;

3. Endorse and encourage proper mask etiquette when entering and exiting the establishment. Masks should be removed only during the consumption of any beverage or food acquired at the establishment;
4. Endorse and encourage proper cough and sneeze etiquette within the establishment with a tissue or use the inside of their elbow;
5. Anyone who falls ill or exhibits any of the following symptoms (fever, chills, cough, shortness of breath, muscle pain, headache, sore-throat, or recent loss of taste or smell) should not be allowed to enter the establishment;



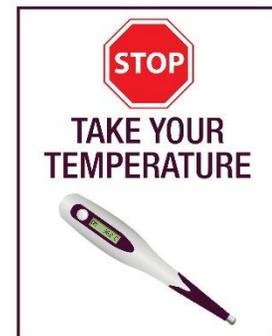
6. Encourage employees and clients to frequently wash hands while at the establishment. The use of touch-free technology for sinks, bathroom fixtures is encouraged. Elbow taps may also be utilized;



7. Anyone with a potential exposure to someone exhibiting any of the above symptoms or confirmed case of COVID-19 should not enter the establishment until the period of quarantine ends (to be certified by County Medical Officer of Health).

4.1.3 Staff Member or Patron/Client

1. Workers and patrons who are sick or exhibiting symptoms of COVID-19 should not be allowed entry;
2. All persons are required to wear a face covering mask when entering the premises and undergo screening with a contactless thermometer for fever and symptoms consistent with COVID-19;
3. If a person has a temperature $< 37.5^{\circ}\text{C}$ and otherwise without symptoms consistent with COVID-19, then he/she is allowed to enter;
4. If a person has a temperature $> 37.5^{\circ}\text{C}$ with fever or strongly associated symptoms consistent with COVID-19, then he/she is not allowed into the premises;
5. Notify local health officials, the County Medical Officers of Health (list of contacts appended) if a person diagnosed with COVID-19 has been in the facility and communicate with staff and patrons about potential exposure while maintaining confidentiality as required;
6. Identify an area to separate anyone who exhibits symptoms of COVID-19 during hours of operation;

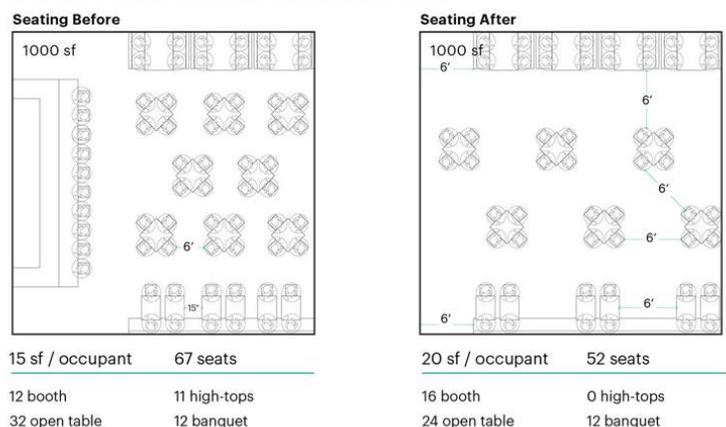


7. Establish procedures for safely transporting anyone who becomes sick at the establishment to their home or a healthcare facility;
8. Advise those with exposure to a person diagnosed with COVID-19 to seek the nearest healthcare provider and/or call hotline for symptoms;
9. Close off areas used by the sick person and do not use the area until after cleaning and disinfection (advised by County Medical Officer of Health);
10. Advise staff and patrons with symptoms of COVID-19 or who have tested positive for COVID-19 not to return to the establishment until his/her symptoms cease as confirmed by a Medical Practitioner with supporting documentation;
11. Conduct daily health checks (e.g., temperature screening and/or or symptom checking) of staff safely and respectfully, and in accordance with any applicable privacy laws and regulations; and
12. Encourage employees who are sick or who have had recent contact with a person with COVID-19 to stay at home. Develop policies that encourage this to remove employees fear of reprisal.

4.1.4 Maintaining Healthy Operations at the Establishment

1. Modify layout of establishment to ensure tables remain 6 feet apart by reducing seating capacities or marking of tables/stools that are not for use;

How Can Seating Be Maximized Under New Distancing

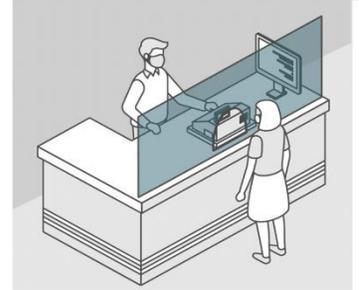


2. As far as possible limit group seating (number of persons at establishment together) to 10 per table;

3. Place larger groups in an isolated area of the establishment. Use partitions to achieve this if a separate room/space is not available. Where possible, separate rooms or spaces should be utilized;

4. Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart e.g. restaurant kitchens, bars, at cash registers, host stands, or food pickup areas where maintaining physical distance of at least 6 feet is difficult;

Install plexiglass barriers between employees and customers



5. Provide physical guides, such as tape on floors and signage, to ensure that individuals remain at least 6 feet apart. Consider providing these guides where lines form, in the kitchen, and at the bar;

6. Rotate and stagger shifts to limit the number of employees in the establishment at any one time;



7. Stagger and limit dining times to limit the number of customers in the establishment at any one time;

8. Consideration and preference should be given to outdoor dining, where applicable;



9. For dine-in options consider order ahead options to reduce the time spent in the establishment;

10. Ask patrons to wait away from establishment (e.g. in cars) while waiting for pick-ups or waiting to be seated;

11. Offer drive through, curbside take out, or delivery options where applicable;



12. Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations as much as possible. If necessary, gloves should be used during this time and should be disposed of afterwards. Facemasks to also be worn whilst at these stations;

13. Ensure that each person entering the establishment is given a briefing on the social distancing measures utilized in the establishment (e.g. how and where they will be seated, where they can find sanitation materials);
14. Use disposable menus/place settings, as far as possible;
15. Ensure proper ventilation systems for areas of congregation using preferably natural air in the first instance, and/or limited use of air condition; and
16. Close shared spaces such as break rooms, if possible; otherwise stagger use and clean and disinfect between use.

4.1.5 Shared Objects at the Establishments

1. Avoid use of shared items such as menus, condiments and food containers. As far as possible use disposable, digital or static signage to display menus, single serving condiments and no-touch trash cans;
2. Encourage employees to limit the sharing of objects (e.g. tools, equipment or supplies);
3. Ensure adequate supplies of high touch materials (e.g. serving spoons) to minimize sharing as far as possible. Otherwise, the use of supplies and equipment should be limited to one group of workers at a time and should be cleaned and disinfected between each use;
4. With regard to payment when cash is exchanged, avoid hand to hand contact by placing receipts and money on a tray or counter. Where possible, reference is given to the use of automated payment machines; and
5. If the use of disposable items is not feasible, ensure that all non-disposable items are properly cleaned and sanitised after each customer use.

4.1.6 Responsibility of Employer

1. Promote healthy hygiene practices at the establishment at all times;
2. Intensify cleaning, sanitation and disinfection and ventilation of the establishment;
3. Encourage social distancing and enhance spacing at the establishment;
4. Train all employees on health and safety protocols;
5. Develop and maintain procedures to check for signs and symptoms of illnesses of all employees;
6. Develop and implement a Plan for ill employees or patrons and communicate this plan to members of staff;
7. Prepare a contact listing of the relevant authorities that need to be informed of any ill persons;
8. Provide proper signage for patrons (e.g. sanitizer location, mask wearing signs, food pick up/ordering locations)

5. Implementation of the Guidelines

The Office of the Chief Medical Officer, through the Public Health Inspectors will officially communicate these Guidelines for Restaurants and Bars to ensure effective implementation and compliance. Thereafter, continuous assessment and reporting on the adherence of these Guidelines should be implemented to ensure strict compliance.

6. Monitoring and Evaluation

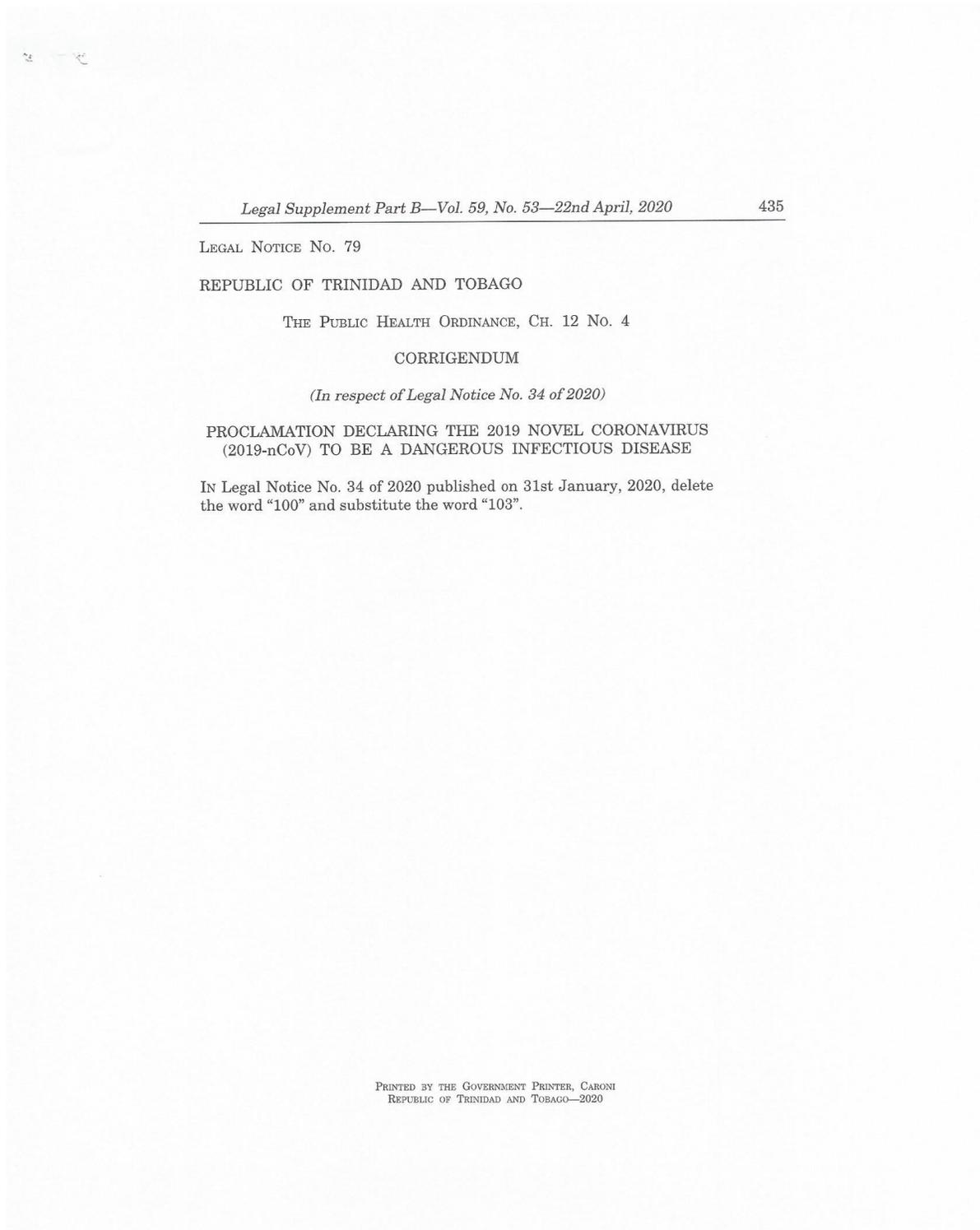
The County Medical Officers of Health and the Public Health Inspectors will provide continuous assessment and reporting to the Chief Medical Officer on the implementation of these Guidelines through continuous site visits and inspection of the establishment to ensure the strict adherence to the Guidelines in order to reduce the threat and mitigate the risk of spread of COVID-19.

7. References

- i. Centers for Disease Control and Prevention, May 15th, 2020, Restaurants and Bars Decision Tool
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/restaurants-and-bars-decision-tool.html>
- ii. Centers for Disease Control and Prevention, May 27th, 2020, Considerations for Restaurants and Bars
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html>
- iii. U.S. Food and Drug Administration, June 1th, 2020, Best Practices for Re-Opening Retail Food Establishments During the COVID-19 Pandemic
<https://www.fda.gov/food/food-safety-during-emergencies/best-practices-re-opening-retail-food-establishments-during-covid-19-pandemic>

8. Appendices

8.1.1 Legal Notice No. 34 (Corrigendum)



8.1.2 Legal Notice No. 34

Legal Supplement Part B—Vol. 59, No. 11—31st January, 2020

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LEGAL NOTICE NO. 34

REPUBLIC OF TRINIDAD AND TOBAGO

No. 17 of 2020.

By Her Excellency **PAULA-MAE WEEKES**, O.R.T.T.,
President of the Republic of Trinidad and Tobago
and Commander-in-Chief of the Armed Forces.

[L.S.]

PAULA-MAE WEEKES
President

A PROCLAMATION

WHEREAS it is provided by section 100 of the Public Health Ordinance, Ch. 12 No. 4, that the Governor may, by proclamation, declare any disease to be an infectious disease or a dangerous infectious disease:

And whereas it is provided by section 3(1) of the Existing Laws (Amendment) Order, No. 8 of 1962, that any reference in any existing law to the Governor shall be read and construed as a reference to the Governor-General:

And whereas it is also provided by section 5(5)(b) of the Constitution of the Republic of Trinidad and Tobago Act, Chap. 1:01, that any reference to the Governor-General shall be read and construed as if it were a reference to the President:

And whereas Trinidad and Tobago has been advised recently by the World Health Organization of the existence of the 2019 Novel Coronavirus (2019-nCoV), a highly infectious and dangerous disease which is currently occurring in various locations around the world:

And whereas the Minister of Health believes that due to the speed and ease of international travel, Trinidad and Tobago can ultimately expect the arrival of the 2019 Novel Coronavirus (2019-nCoV) and the devastating effect on its public health:

Now, therefore, I, **PAULA-MAE WEEKES**, President as aforesaid, do hereby declare the 2019 Novel Coronavirus (2019-nCoV) to be a dangerous infectious disease.

Given under my Hand and the Seal of
the President of the Republic of
Trinidad and Tobago, at the Office of
the President, St. Ann's, this 31st day of
January, 2020.

8.1.3 Legal Notice No. 35

Legal Supplement Part B—Vol. 59, No. 11—31st January, 2020

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LEGAL NOTICE NO. 35

REPUBLIC OF TRINIDAD AND TOBAGO

QUARANTINE ACT, CHAP. 28:05

ORDER

MADE BY THE CHIEF MEDICAL OFFICER UNDER SECTION 6(1) OF THE
QUARANTINE ACT

THE QUARANTINE [2019 NOVEL CORONAVIRUS (2019-nCoV)
DISEASE] ORDER, 2020

1. This Order may be cited as the Quarantine [2019 Novel ^{Citation}
Coronavirus (2019-nCoV) Disease] Order, 2020.

2. In this Order, “Health Officer” has the same meaning assigned ^{Interpretation}
to it in regulation 2 of the Quarantine (Maritime) Regulations. ^{No. 19 of 1944}

3. For the purpose of the prevention of the spread of the 2019 Novel ^{Special}
Coronavirus (2019-nCoV) Disease (“NCV”), the Health Officer may take ^{measure}
the following special measures:

- (a) where an infection, which may be NCV, has occurred on board a ship during a period of six weeks immediately preceding its arrival at a port of Trinidad and Tobago, the surveillance of the crew and passengers who have been exposed to the infection, for a period of fourteen days from the last day of possible exposure to the infection; or
- (b) where an infection, which may be NCV, has occurred on board an aircraft at any time immediately preceding its arrival at an aerodrome in Trinidad and Tobago, the surveillance of the crew and passengers who have been exposed to the infection, for a period of fourteen days from the last day of possible exposure to the infection.

Dated this 31st day of January, 2020.

R. PARASRAM
Chief Medical Officer

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8.1.4 Quarantine Act Chap. 28:05 7 (1) to (3)

Minister. In approving any rules, the Minister may make any amendments thereto which he thinks desirable.

6. (1) When in the opinion of the Quarantine Authority an emergency exists, the Quarantine Authority may by Order direct special measures to be taken during the continuance of that emergency for any of the purposes specified in sections 4 and 5, and any such Order shall have effect notwithstanding anything to the contrary in any regulations or rules in force by virtue of those sections. Power to make Orders in emergency.

(2) An Order made under subsection (1) may be varied or rescinded by Order of the Minister.

7. (1) Any person who— Offences and penalties.
- (a) refuses to answer or knowingly gives an untrue answer to any inquiry made under the authority of this Act, or intentionally withholds any information reasonably required of him by an officer or other person acting under the authority of this Act, or knowingly furnishes to any such officer or other person any information which is false;
 - (b) refuses or wilfully omits to do any act which he is required to do by this Act, or refuses or wilfully omits to carry out any lawful order, instruction or condition made, given or imposed by any officer or other person acting under the authority of this Act; or
 - (c) assaults, resists, wilfully obstructs or intimidates any officer or other person acting under the authority of this Act, or offers or gives a bribe to any officer or person in connection with his powers or duties under this Act, or being such officer or person, demands, solicits or takes a bribe in connection with his powers or duties under this Act, or otherwise obstructs the execution of this Act,

is liable on conviction to a fine of six thousand dollars and to imprisonment for six months.

(2) Any person who is guilty of any other offence against this Act is liable on conviction to a fine of six thousand dollars and to imprisonment for six months.

Ch. 4:20. (3) All offences against this Act may be prosecuted summarily under the Summary Courts Act.

Rewards to informers. **8.** The Minister may direct that any part of any fine recovered in respect of any offence against this Act shall be paid to any person who has given information leading to the conviction of the offender.

Recovery of expenses and charges. **9.** (1) All expenses and charges payable to the Quarantine Authority under this Act may be sued for and recovered by him before any Court of competent jurisdiction, and a certificate purporting to be under the hand of the Quarantine Authority to the effect that the expenses or charges sued for are due and payable shall be received in evidence and shall be sufficient evidence of the facts therein stated unless the contrary be shown.

(2) Any sum received or recovered by the Quarantine Authority in payment of expenses or charges payable to him under this Act shall be paid into public funds.

Duty and power of the Police. **10.** (1) Every member of the Police Service shall enforce (using force if necessary) compliance with this Act and with any order, instruction or condition lawfully made, given or imposed by any officer or other person under the authority of this Act; and for such purpose any member of the Police Service may board any ship or aircraft and may enter any premises without a warrant.

(2) Any member of the Police Service may arrest without a warrant any person whom he has reasonable cause to believe to have committed any offence against this Act.

(3) In this section the expression "member of the Police Service" includes a member of any police organisation constituted by law who has the general powers of a member of the Police Service.