

Food Safety in the Coronavirus Pandemic

Chylsea Alexander

Major Project/ Report submitted to the faculty of the Virginia Polytechnic Institute and State University in partial fulfillment of the requirements for the degree of

Online Master of Agricultural and Life Sciences
In
Food Safety and Biosecurity

Laura Strawn, Ph.D.
Joseph D. Eifert, Ph.D.
Sally Paulson, Ph.D.

November 11, 2020

Keywords: food safety, coronavirus, COVID-19, food delivery

Food Safety in the Coronavirus Pandemic

Chylsea Alexander

ABSTRACT

This project was written to provide resources for consumers and industry on food safety for food deliveries with considerations for COVID-19. There are on going, mandated shutdowns across the United States causing the rates of food deliveries to rapidly increase with no signs of slowing down. While there is no documented evidence that COVID-19 can be spread from food or food packaging, the virus can live on surfaces and be transmitted from person-to-person contact. The following handouts were created to support the Virginia Cooperative Extension's (VCE) repository of COVID Food Safety resources.

Table of Contents

BACKGROUND AND SETTING.....	3
WHAT IS COVID-19?.....	4
THE SPANISH FLU AND COVID-19.....	5
FLATTENING THE CURVE.....	6
FOOD SAFETY AND CORONAVIRUS	7
PURPOSE OF THE PROJECT	8
PROJECT OBJECTIVES	8
DEFINITION OF KEYWORDS	9
REVIEW OF LITERATURE.....	9
PROJECT OVERVIEW.....	11
TARGETED POPULATION	11
METHODOLOGY	11
SUMMARY OF OUTCOMES, DISCUSSION AND RECOMMENDATIONS	12
IMPLICATIONS, IMPACTS AND RECOMMENDATIONS.....	12
REFERENCES.....	13
APPENDIX A.....	15
APPENDIX B.....	16
APPENDIX C.....	18
APPENDIX D.....	19
APPENDIX E.....	21
APPENDIX F.....	22

Background and Setting

The United States is in a global pandemic. As of March 11, 2020 the World Health Organization (WHO) declared the outbreak of coronavirus, also known as COVID-19, as a global pandemic (Liu et.al, 2020). The first case of COVID-19 was documented in December 2019 in Wuhan, China before moving to the United States in

January 2020 (Liu et. al, 2020). Not much was known about this new virus other than that it closely resembled severe acute respiratory syndrome (SARS) in its phylogeny, taxonomy, virology and practice (Liu et. al, 2020). In between the initial cases and the WHO declaration, researchers rushed to understand how this virus was spread, symptoms and treatments. By March 2020, the virus had spread worldwide to other countries at a rapid pace causing it to be declared a pandemic.

What is COVID-19?

The virus SARS-CoV-2 is responsible for the worldwide pandemic of respiratory-related illness. The origin of this virus is not fully understood aside from being a zoonotic virus with likeness to a coronavirus that infects bats (Liu et. al, 2020). However, the exact source of contamination is not really known. Initially it was suspected to have originated from a seafood market in China when several people came down with pneumonia after attending. To date, a vaccine has not been developed for COVID-19 and researchers are still trying to fully understand the virus behind the pandemic. For healthy individuals and children, coronavirus may present symptoms similar to the flu such as fever, chills, body aches, fatigue and fever. However, for high-risk individuals, this virus can lead to severe health issues and death.

As of September 4, 2020, the outbreaks of coronavirus have steadily increased. Currently in the United States, over 44 million COVID-19 tests have been performed with over three million testing positive (CDC, 2020 September 4). The mortality rate continues to be above the epidemic threshold with the totals still being tallied as death certificates related to COVID-19 are processed (CDC, 2020 September 4). Of those who tested positive, the majority of cases were from the age groups over 50 years old or a

minority ethnicity. Based on the data, more severe complications arose in individuals with an underlying condition such as hypertension, cardiovascular disease and asthma.

Treatment for COVID-19 has not been a one-size fits all approach. While this disease causes respiratory effects on patients, treating it with the same treatments as other respiratory illnesses such as pneumonia did not prove to be effective. Top health officials are also learning long-term effects as the pandemic progresses. In conjunction with finding a treatment, learning more about the disease and developing a vaccine, scientists are fully trying to understand how this virus spreads by revisiting the practices shared from other similar pandemics.

The Spanish Flu and COVID-19

The Spanish flu was a sudden outbreak of influenza that came in two waves and devastated the world from 1918-1920. This virus infected about a third of the global population and killed approximately 50 million people, marking it as one of the deadliest pandemics in history (Taubenberger et. al, 2006). Many have noticed the similarities between COVID-19 and the Spanish flu outbreak, and are utilizing this history to find modern day solutions for combating the virus. While these virus types are different, one being influenza, 1918 A/H1N1 and the other being coronavirus, they both cause similar flu-like symptoms and can be asymptomatic. The Spanish flu had waves of weekly infections that are similar to the rates of increase currently with COVID-19 with a high mortality rate (Taubenberger et. al, 2006). SARS-cOV-2 and the 1918 A/H1N1 share common properties of the virus such as similar basic reproductive numbers, viral shedding of infected patients which then determine generation intervals, and comparable dispersion parameter (Taubenberger et. al, 2006). Based on limited available information in 1920, the Spanish flu was estimated to have a fatality rate of around 2%, while to date

the United States has a rate of 2.4% (Taubenberger et. al, 2006) from COVID-19. Many differences have also been noted between the two outbreaks, but researches also followed the decline of the Spanish flu to hopefully gain insight into how COVID-19 will end. The Spanish flu, over time began to cause illness in less people and the world continued adjusting to the new normal after the waves subsided. While that version of influenza was contained, the virus mutated leading to later flu outbreaks like the 1957-1958 H2N2 pandemic and the H1N1 pandemic in 2009 (Liu et.al, 2020). The history of influenza suggest that our current pandemic will eventually dissipate, but become engrained in society, triggering another new normal.

Flattening the Curve

Similar to the Spanish flu, COVID-19 is highly contagious, but appears to spread more easily than the flu itself. This is primarily due to asymptomatic individuals unknowingly spreading the virus as well as the amount of time people are contagious for. The amount of time a person can spread the virus is not fully known, but has been estimated to be at least 10 days, transmitted by droplets of saliva and nasal discharge. For those reasons, many recommendations for safety have been provided to the public such as the practices of wearing masks and social distancing to minimize the spread.

Based on what is known about other pandemics, the best mitigation strategy while the world waits for a vaccine is to “flatten the curve.” By slowing the spread of the disease, the United States healthcare system will be better prepared for treating patients, resources will be more available and eventually can lead to stopping the virus due to better management of the pandemic. In mid-March, the White House administration restricted global travel to the United States as well as urged people to avoid gatherings of more than 10 people. While quarantine was not mandated as done across the world in

some countries, states also responded by limiting non-essential business, travel and enforced a curfew for residents. During this time period, business that operated with people within 6 feet of their patrons were forced to close. Businesses such as restaurants had to pivot to take-out only while grocery stores mandated masks and one direction shopping.

Due to the closing of restaurants, businesses were forced to operate under limited conditions, either shutting down completely or resorting to pickup and deliveries. Food delivery partners such as DoorDash, GrubHub and Uber Eats showed increased usage during the pandemic lockdown since people were unable to dine inside restaurants and opted to stay home. This increase of interaction between drivers, consumers and restaurants required full understanding of COVID-19 and transmission through food.

Food Safety and Coronavirus

The Center for Disease and Control and Prevention (CDC), Federal Drug Administration (FDA) and United States Department of Agriculture (USDA) have not received any reports that indicated COVID-19 was spread from food to person or food packaging to person (FDA, 2020 April 21). While there's no evidence to support a high risk when using services such as food delivery and takeout, there are risks associated with not maintaining routine food safety practices and personnel hygiene for both foodborne illness and COVID-19. Many local regulations already in place are aimed to protect the consumer from biological contamination of food products. General food safety practices remain the best mitigation strategy as more is learned about how coronavirus is spread.

Statement of the Problem

As the United States plans for phased reopening of businesses, it is likely food deliveries and pickups from restaurants will continue. During this period, coronavirus

will still linger through the population meaning all data understood about coronavirus and transmission between people needs to be connected with food safety to create mitigation strategies for these services until the pandemic ends. The Virginia Cooperative Extension (VCE) between Virginia Tech and Virginia State University has provided numerous resources related to Food Safety and preventing transmission of SARS-CoV-2.

Additional resources for consumers and industry about preventative measures in food deliveries and takeout would provide another sector of food services and best practices to ensure they are done safely.

Purpose of the Project

The purpose of the project is to develop three fact sheets on Food Safety and Coronavirus that can be added to the Food Safety Resources on the VCE website for both consumers and employees of delivery partners and/or restaurant workers. Having this information available will remind the audiences of key food practices they should already have in place when using these services as well as any additional COVID-19 precautions that should be in mind while the pandemic continues. With no end in sight, it's imperative that these practices become a part of the United States' new normal. This project will be determined successful once published to the VCE website.

Project Objectives

The project objectives are to research food safety best practices for food delivery and restaurant pickup. In addition to that, information available on COVID-19 will be studied to learn more about transmission and ways to mitigate that risk. Using both sets of information, fact sheets will be created for consumers, Two additional factsheets will be developed for industry who deliver food and restaurants seeking to offer takeout and

pickup. Along with the factsheets, a sign to promote social distancing and a reinforcement of “Slowing the Spread” handout for consumers will be developed.

Definition of Keywords

1. Coronavirus

Any of a family (Coronaviridae) of large single-stranded RNA viruses that have a lipid envelope studded with club-shaped spike proteins, infect birds and many mammals including humans, and include the causative agents of MERS, SARS, and COVID-19

2. COVID-19

A mild to severe respiratory illness that is caused by a coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Betacoronavirus), is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure

3. Pandemic

Occurring over a wide geographic area (such as multiple countries or continents) and typically affecting a significant proportion of the population

4. SARS-CoV-2

The coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Betacoronavirus) that is the causative agent of COVID-19

5. Virginia Cooperative Extension

A collaborative effort to provide resources and educational outreach Virginia in residents in topics such as agriculture, family and consumer sciences, community viability and 4-H youth development

Review of Literature

The FDA provides suggestions for managing employee health, personal hygiene of employees and managing food pick-up and delivery. Guidance that would be helpful tips for food workers during the pandemic are:

- Reporting symptoms, possible exposure and any COVID-19 related illness to their supervisors
- Ensure proper personal protective equipment (PPE) is used during all food handling and preparation

- Maintain adequate distance from others (recommendation is at least 6 feet)
- Proper hand-washing and the use of hand-sanitizer
- Avoid touching eyes, nose and mouth
- Use gloves to avoid touching any ready to eat foods with bare hands
- Frequently disinfect surfaces touched by other employees and customers, surfaces and tools
- Proper time/temperature in hot/cold foods
- Establish social distancing for customer pick-ups (i.e. signage for customer pick-ups with 6 feet space designation, curbside, contactless)
- Tamper evident packaging to reduce the possibility of contamination (FDA, 2014).

From the CDC, there are recommendations for Running Errands, specifically Grocery Shopping, Take-Out, Banking and Getting Gas. The CDC promotes using online services when available as opposed to going out and to wear masks, especially in times where social distance is not manageable (CDC, 2020 October 29). The tips that the CDC recommends for use of delivery services are to limit in person contact by paying online and accepting deliveries without contact. Although there is no supported evidence of transmission through food packaging, the CDC still recommends washing hands or using sanitizer with at least 60% alcohol after handling delivered or takeout items. Currently, there is no data to support or suggest that food or food packaging is a vector of SARS-CoV-2, however the virus can remain viable for hours to days on various materials (CDC, 2020 August 22). Due to this, it is critical that high contact surfaces are cleaned and disinfected, especially when visibly dirty.

Limited data exists regarding foodborne illness or outbreaks associated from home food deliveries (Mathieu, 2002). According to Mildred Cody, RD and associate professor in the Department of Nutrition at Georgia State University, “the lack of data does not mean it is a problem that can be ignored. Instead, agencies can use simple techniques to ensure meals being delivered are safe to eat (Mathieu, 2002).” These simple techniques can incorporate basic food safety practices and principles such as time, temperature and personal hygiene. Factoring in what is known about the current coronavirus pandemic, most available information suggests that preventive measures for COVID-19 during deliveries are very similar to routine practices already implemented.

Project Overview

Targeted Population

The target population for this project is consumers opting for home delivery, delivery drivers and restaurants looking to convert dine-in service to delivery and takeout. This information would ideally be available in the food safety section of the VCE website and available as resources for these audiences.

Methodology

Three fact-sheets were written to address the primary food safety risks with additional considerations for COVID-19. One fact sheet discusses how consumers should properly receive food and key areas to focus on during the pandemic for deliveries (Appendix D). The second fact sheet discusses how delivery drivers can protect their order, themselves and the customer during delivery with best practices for food safety and COVID-19 recommendations (Appendix C). The third fact-sheet is for restaurants seeking to transition dine-in service to curbside, delivery or pickup and how to implement these changes safely with food safety and COVID-19 in mind (Appendix B). Along with the three factsheets, handouts were developed for consumers to make delivery drivers aware

of specific delivery instructions if contact-less delivery is not an option as well as a handout for restaurants to distribute to consumers (Appendices E & F).

Summary of Outcomes, Discussion and Recommendations

Implications, Impacts and Recommendations

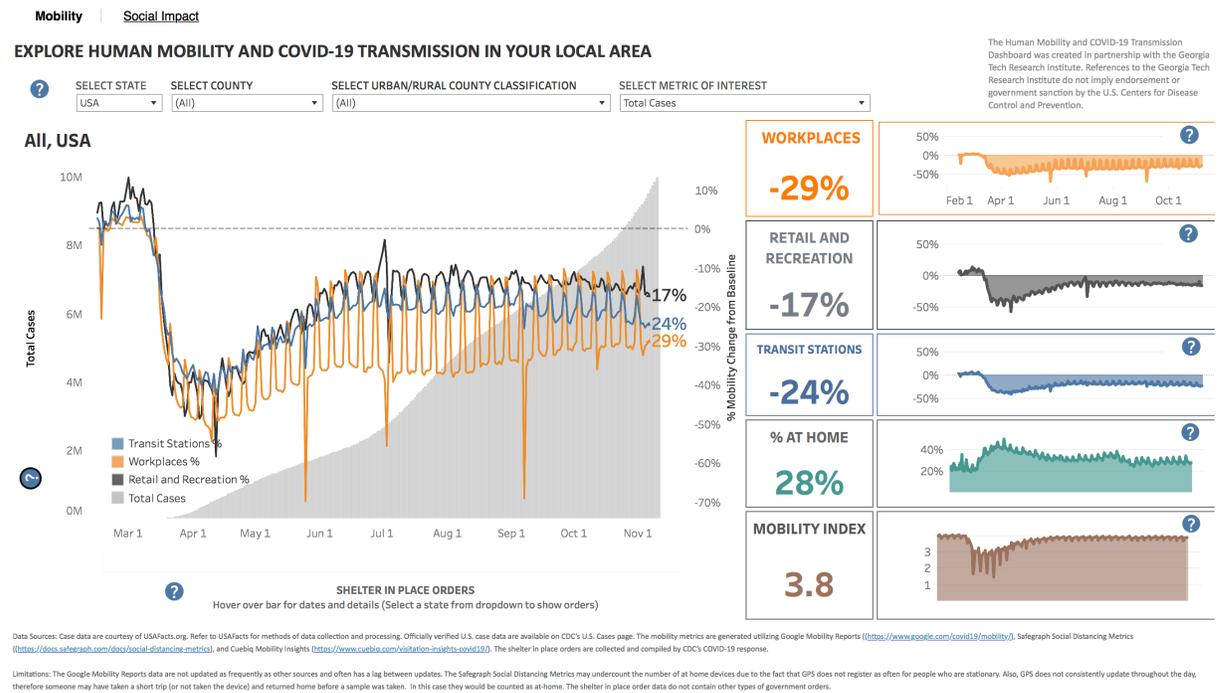
The resources are created with available data on COVID-19 from September 2020. As the pandemic continues to evolve and more is understood about how COVID-19 is spread and vectors of COVID-19, it is critical for consumers and industry to reduce the spread by following this guidance. In addition to the fact sheets, the CDC and FDA have widespread information on food safety for delivery and COVID-19 that may be challenging to find. Being able to refer to one hub for all resources related to these COVID-19, food safety and food deliveries would be helpful for consumers as opposed to searching multiple sources. It is also recommended as medical opinions on COVID-19 change, resources that used facts from previous guidance on the risks of COVID-19 are archived or updated with current information. Back in April, it was recommended for individuals to wear masks to protect themselves from airborne particles of the virus. However, updates to research have concluded that the use of masks actually protects both the wearer and people around them, and has been successful in protecting people for the virus when used properly. Much is still being learned as the world navigates unprecedented times, but it is critical for best practices and information to be shared to slow the spread.

References

1. Centers for Disease Control and Prevention. (2020, September 4). COVIDView Summary ending on August 29, 2020. Available from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/past-reports/09042020.html>
2. Centers for Disease Control and Prevention. (2020, July 10). Cleaning and Disinfection for Households. Available from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>
3. Centers for Disease Control and Prevention. (2020, August 22). Food and Coronavirus Disease 2019 (COVID-19). Available from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/food-and-COVID-19.html#risk>
4. Centers for Disease Control and Prevention. (2020, October 29). How to Select, Wear, and Clean Your Mask. Available from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
5. Centers for Disease Control and Prevention. (2020, March 25). Tips for Meal Kit and Food Delivery Safety. Retrieved from <https://www.cdc.gov/foodsafety/communication/food-safety-meal-kits.html/>
6. Coronavirus. (n.d.) In Merriam-Webster's collegiate dictionary. <http://www.merriam-webster.com/dictionary/Coronavirus>
7. COVID-19. (n.d.) In Merriam-Webster's collegiate dictionary. <http://www.merriam-webster.com/dictionary/COVID-19>
8. Food & Drug Administration. (2020, April 21). Best Practices for Food Retailers During COVID 19 Pandemic. Available from <https://www.fda.gov/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-updelivery-services-during-covid-19>
9. Food and Drug Administration. (2014). Employee health and personal hygiene handbook. Silver Spring, MD: FDA. Available from <https://www.fda.gov/media/77065/download>
10. Liu, Y., Kuo, R., & Shih, S. (2020). COVID-19: The first documented coronavirus pandemic in history. *Biomedical Journal*, 43(4), 328-333. doi:10.1016/j.bj.2020.04.007

11. Mathieu, J. (2002). Food safety and home delivery. *American Dietetic Association. Journal of the American Dietetic Association*, 102(12), 1744-1744, 1746. Available from <http://login.ezproxy.lib.vt.edu/login?url=https://www-proquest-com.ezproxy.lib.vt.edu/docview/218404342?accountid=14826>
12. Pandemic. (n.d.) In Merriam-Webster's collegiate dictionary. <http://www.merriam-webster.com/dictionary/onomatopoeia>
13. SARS-CoV-2. (n.d.) In Merriam-Webster's collegiate dictionary. <http://www.merriam-webster.com/dictionary/onomatopoeia>
14. Sauer, L. M. (2020, November 11). What Is Coronavirus? Available from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>
15. Taubenberger, J. K., & Morens, D. M. (2006). 1918 Influenza: the mother of all pandemics. *Emerging infectious diseases*, 12(1), 15–22. <https://doi.org/10.3201/eid1201.050979>
16. World Health Organization. (2020, May 10). Considerations for public health and social measures in the workplace in the context of COVID-19. Available from <https://www.who.int/publications/i/item/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19>

Appendix A.



Total Cases

Source: usafacts.org

Methodology: This interactive feature aggregates data from the Centers for Disease Control and Prevention (CDC), state- and local-level public health agencies. County-level data is confirmed by referencing state and local agencies directly. Confirmed cases, deaths, and per capita adjustments reflect cumulative totals since January 22nd, 2020.

Appendix A. demonstrates the social impact to human mobility from COVID-19 specifically in the decline of retail and recreation and increase of individuals at home from May 1 through Nov 1, 2020.

Appendix B.



Practical Food Safety for COVID-19

Guidance for transitioning from Dine-In to Take-Out and Delivery Only

Authored by Chylsea Alexander, Graduate Student, Agriculture and Life Sciences, Virginia Tech

Introduction

There is currently no evidence to suggest that food or food packaging can transmit COVID-19. Although this can be considered low risk for transmission, COVID-19 transmission is spread from human-to-human contact. Basic food safety principles that reduce the risk of foodborne illness can also eliminate the risk of COVID-19 transmission.

Health and Hygiene

Establish procedures to include temperature checks and COVID-19 questionnaire screening prior to employees showing up for shift.

Employees should not show up for work if they are sick with COVID symptoms or sore throat with fever, vomiting, diarrhea or diagnosed with illness related to the following pathogens:

Make masks and hand sanitizer readily available for all employees.

Limit the number of employees allowed during one shift and limit the need for close interactions i.e. designated zones and employee assignments. Keep employees separated by at least six feet.

Establish routines for disinfecting surface and areas of high traffic and contact points

Encourage frequent use of hand sanitizer in between activities, but reinforce the use of hand sanitizer is not always a substitute for hand washing.

Example:

Hand Washing	Hand Sanitizer
Before, during and after preparing food	After touching face mask
After using the restroom	Touching a surface or object another employee touched
After touching the trash	Between bagging orders
If hands are visibly dirty or soiled	Before and after deliveries or take-out orders

Packaging and Storing Food

Provide gloves for employees packaging food. Ensure employees wash hands between orders.

Ensure there are designated areas for food that will be delivered and food that will be picked up for take-out to reduce unnecessary handling by employees

Maintain proper temperature and monitor for food that has been held for too long. Establish a procedure for any meals not picked up by a certain time that should be

discarded. A sticker with the date and pick-up time can be placed on orders.

Consider using tamper evident packaging to reduce the likelihood of contamination or food tampering. Tamper evident packaging can be as simple as stapling food bags or applying a sticker to the bag. All packaging must be food-grade

Verify orders and if allergies are provided from the customer, package allergen-containing food separately.

Pick-up and Delivery Considerations

Establish workflows and processes for pick-up and delivery services.

Consider having more than one employee pack orders and maintain 6 feet between other workers.

Be sure to train employees on their specific role.

Inside Pickup

Limit number of customers that are able to enter the restaurant at once.

Consider establishing one-way in and one-way out entrances.

Add safety measures for consumers to pick-up food or interact with associates: a designated pick-up area for customers to pick up from a distance, a safety partition between register and customer, a barrier to create distance between customers and employees or signage/tape to indicate where customers should stand.

Curbside Pickup

Ensure employees wear masks when bringing food to customers.

Single-use gloves can be used during transactions.

Remind employee to wash or sanitize hands as soon as possible between transactions.

Disinfect any pens used by customers to sign receipt slips.

Delivery

Implement contact-less delivery or maintain 6 feet when delivering food. Clarify with the customer where the food needs to be dropped off to plan ahead for social distancing.

Employees should have access to proper equipment to keep hot food hot and cold food cold during transport.

Employees should have gloves and hand sanitizer on hand. Whether driving their personal car or shared transportation, employees should sanitize high contact areas in the vehicle. Example: Steering wheel, seat belt, turn signals, door handles, etc.

Consider how many miles you will accept deliveries keeping food safety and food quality in mind. Food should be prepared fresh for deliveries.

Appendix C.



Food Safety for Home Deliveries with Considerations for COVID-19

Industry Edition

Authored by Chylsea Alexander, Graduate Student, Agriculture and Life Sciences, Virginia Tech

Introduction

There is currently no evidence to suggest that food or food packaging can transmit COVID-19. Although this can be considered low risk for transmission, COVID-19 transmission is spread from human-to-human contact. Basic food safety principles that reduce the risk of foodborne illness can also eliminate the risk of COVID-19 transmission.

Personal Health

Wash hands with soap and water for at least 20 seconds when hands become visibly dirty, after using the restroom or touching high contact surfaces.

If soap and water are not available, use hand sanitizer with at least 60% alcohol.

If you're showing sign of illness with the following symptoms: vomiting, diarrhea, jaundice, sore throat with fever, stay home.

Have tissues readily available for if you cough or sneeze to reduce the likelihood of getting germs on your hands.

Understand the Risks

Have thermal bags on hand for transporting hot and cold foods. If possible and already separated, use ice or gel packs for cold food and insulated bags for hot foods.

Perishable food can grow bacteria in as quickly as 20 minutes if held within the temperature danger zone between 40°F and 140°F.

Avoid opening any food containers to check contents.

Ask the restaurant preparing the food to confirm the accuracy of an order if needed. Ensure prior to taking an order for delivery that the packaging is secure.

Tampering with foods or insufficient packaging can introduce pathogens that can make the customer sick.

COVID-19 Considerations

Social Distancing

Person to person transmission of COVID-19 is the biggest risk to infection. If possible, opt for contact-less pick up and delivery to the final customer.

People can be ill without presenting any symptoms so if contact-less pick-up or delivery is not available, keep at least 6 feet between you and the delivery person.

Wear Masks

If you have to get within 6 feet of your delivery person, you and that individual should both wear masks.

Your mask is your first line of defense in protecting your nose and mouth from saliva particles that can transmit COVID-19 during person-to-person contact.

The CDC recommends a mask or facial covering has at least two layers, over your nose and mouth, and secured under your chin.

Cleaning and Sanitizing

Sanitize all high contact surfaces such as the car and your steering wheel frequently between use, before and after working times.

Disinfect items such as your phone and pens regularly and between use from another person.

If household bleach or an EPA Registered Antimicrobial Product is not available, alcohol solutions with at least 70% alcohol can be used.

Appendix D.



Food Safety for Home Deliveries with Considerations for COVID-19

Consumer Edition

Authored by Chylsea Alexander, Graduate Student, Agriculture and Life Sciences, Virginia Tech

Introduction

There is currently no evidence to suggest that food or food packaging can transmit COVID-19. Although this can be considered low risk for transmission, COVID-19 transmission is spread from human-to-human contact. Basic food safety principles that reduce the risk of foodborne illness can also eliminate the risk of COVID-19 transmission.

Although vaccines have been developed for COVID-19, there is not enough information about the protection provided by these vaccines yet. These guidelines should continue to be followed until CDC has determined that they are no longer necessary to prevent the spread of COVID-19 virus.

CDC will make this decision based on vaccine efficacy, vaccination rate and community spread of virus. To learn more about the data available for the United States, visit [https://covid.cdc.gov/covid-data-tracker/ - cases_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/-cases_casesper100klast7days).

Time and Temperature

Ensure hot foods and cold food are received at the appropriate temperature.

Hot Food should be at or above 140°F

Cold Food should be at or below 40°F

Foods in the Danger Zone (40°F-140°F) can allow bacteria to grow in food in as little as 20 minutes and lead to foodborne illness.

Throw any perishable foods that were left at room temperature for more than 2 hours or 1 hour at temperatures above 90°F

As a best practice, any leftovers should be consumed if stored properly within 3-5 days.

Remember: Foodborne bacteria are not visible. Relying on sensory cues such as taste, smell and sight will not prevent illness.

Tamper-Proof Packaging

Did you know? More than 1 in 4 delivery drivers admit to eating consumers' food.

Before ordering, ask your restaurant how they ensure your delivered meal isn't tampered with.

Tampering with food during delivery is not only common, but can cause food safety risks through contamination.

Restaurants can create a barrier by taking extra measures such as providing bottled beverages instead of cups, using adhesive seals or even staples to secure bags.

Ask your restaurant to package ready to eat items separate from food that may need to be reheated for later.

COVID-19 Considerations

Social Distancing

Person to person transmission of COVID-19 is the biggest risk to infection. If possible, pay ahead and opt for contact-less delivery.

People can be ill without presenting any symptoms so if contact-less delivery is not available, keep at least 6 feet between you and the delivery person.

Example Solutions: Homeowners can place painter's tape at least 6 feet away from the door. Live in an apartment or other shared space? Ask the delivery driver to place your

food in your vehicle or other secured location while watching from a distance.

Wear Masks

If you have to get within 6 feet of your delivery person, you and that individual should both wear masks.

Your mask is your first line of defense in protecting your nose and mouth from saliva particles that can transmit COVID-19 during person-to-person contact.

The CDC recommends a mask or facial covering has at least two layers, over your nose and mouth, and secured under your chin.

Wash Hands or Use Sanitizer

Wash your hands for at least 20 seconds with hot water and soap before eating.

If both are not available and hands are not visibly dirty, hand sanitizer with at least 60% alcohol can be used as an alternative.

Visit Virginia Cooperative Extension: ext.vt.edu

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnie, Administrator, 1890 Extension Program, Virginia State University, Petersburg.

2020

VCE-000NP

Appendix E.

KEEPING YOU SAFE

OUR COMMITMENT TO SLOW THE SPREAD

We've taken steps to ensure the safety of our employees and our customers. This is our commitment to "Slow the Spread."

EMPLOYEE HEALTH

We've implemented new health procedures to ensure employees aren't symptomatic when working such as temperature checks and COVID screenings.



MASKS

We require all employees and customers to wear masks when inside the restaurant.

HANDWASHING

We've elevated our employee hygiene procedures for employees to wash hands more frequently and use hand sanitizer when appropriate.



FOOD PREPARATION

We are taking extra measures to prepare and package food safely and to reduce the risk of contamination.

SOCIAL DISTANCING

We are offering delivery options to maintain social distancing between customers and employees.



THANK YOU FOR YOUR SUPPORT



I AM SOCIAL DISTANCING



Please
maintain at
least 6 feet.

Delivery Instructions:

Three horizontal yellow lines for writing delivery instructions.