



**WE ARE  
NOW  
OPEN**



**Hospital  
Dining Facility**

# **RECOVERY BLUEPRINT**

A Guide To Ease Patient, Visitor  
and Staff Concerns

This presentation is guidance only. It does not constitute legal, medical or safety advice, nor is it a formal endorsement or recommendation of a particular response.

# TABLE OF CONTENTS

03

## **What is this for?**

A brief explanation of the Blueprint's purpose

04

## **Federal and local requirements overview**

Authoritative sources and emerging recommendations

05

## **Reopening expectations**

Healthcare customers, hospital staff, and industry professional interview recap

07

## **Principles for effective reopening**

Guidance to inform your approach

09

## **A zonal approach**

How to adapt this guidance to your unique space

20

## **Appendix**



# WHAT IS THIS FOR?

As hospitals begin to allow visitors and ramp-up dining offerings again, food service operators are faced with the challenge of redesigning everything from traditional cafeteria models, staffing models, menus, and the patient dining experience. While hospital health regulations will direct many new standards in food services, operators must also consider the perspective of hospital staff, visitors, and patients and how they perceive their own safety and satisfaction while in the hospital environment.

To support your planning efforts, we've developed guidance specific to reopening hospital food service facilities and providing in-room dining. We encourage you to familiarize yourselves with the foundational principles, suggested best practices, and provide examples from other food service environments as you determine what's best for your facility.

Every hospital, and every guest, patient, and staff member, is unique, and your experience will be nuanced. There is no single flowchart or checklist that can be applied. You will, of course, need to find and follow official laws and requirements from federal and state sources like the CDC, FDA, OSHA local governor's office, and local health department as you craft your specific reopening plan.

This presentation is guidance only. It does not constitute medical or safety advice, nor is it a formal endorsement or recommendation of a particular response.

## Federal & local guidelines generally provide reopening or recovery guidance in 5 key areas

Reopening or recovery guidelines come from many sources, including the federal government, CDC, FDA, OSHA, state and local governments, local departments of health, and trade organizations. They range from requirements in the form of laws, ordinances and executive orders to recommendations and evolving industry standards. This is true even from a single source: for example, some state regulations will include specific requirements for some issues and may say “consider,” “if feasible,” or “where practical” for others. All businesses are strongly encouraged to coordinate with state and local health officials so timely and accurate information can guide appropriate responses. Local conditions will continue to influence the decisions public health officials make.

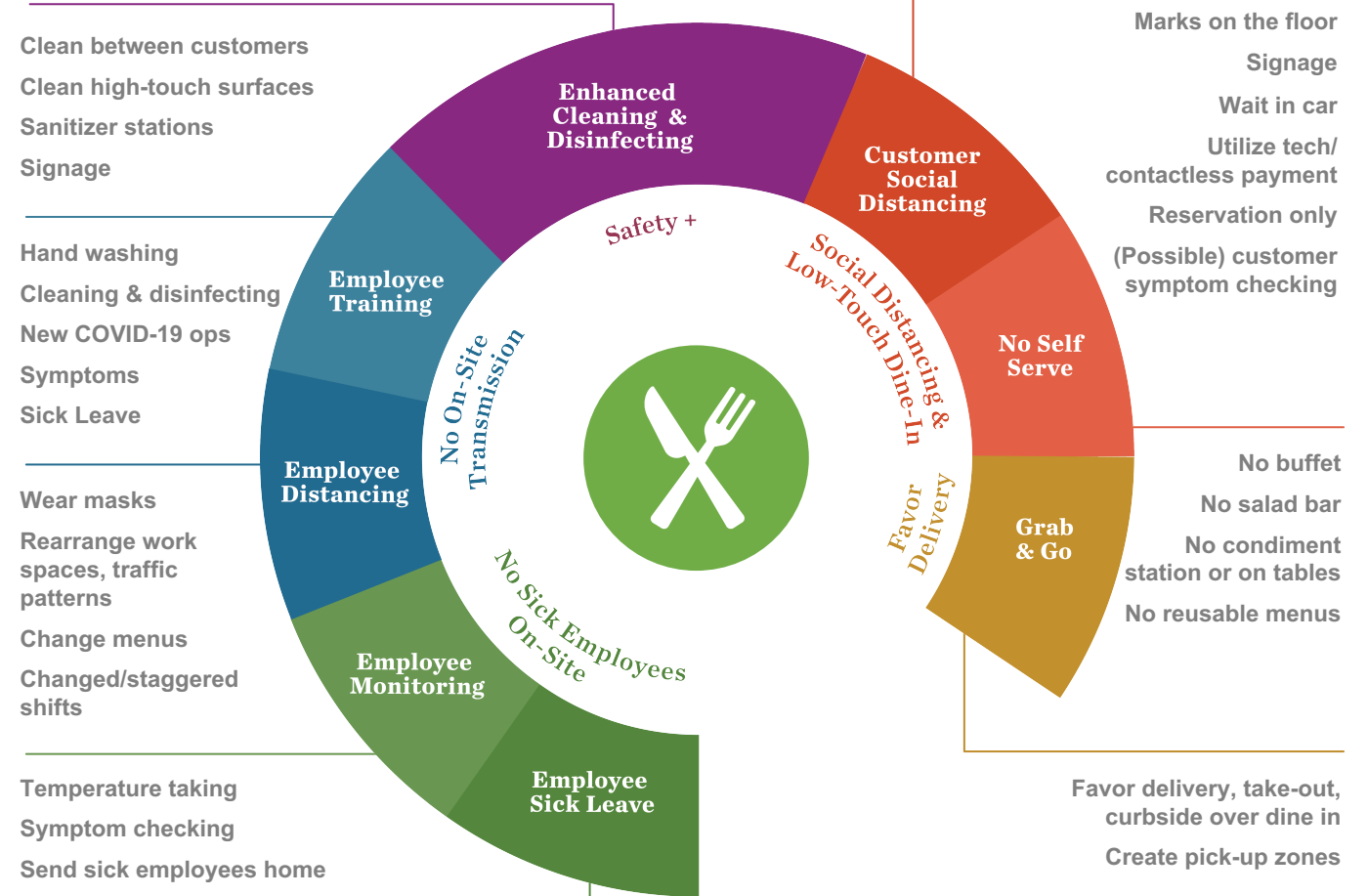
Although reopening or recovery guidelines come from a number of sources and differ geographically, there are common organizational schemes and general alignment across five general areas:

- No sick employees on-site
- Prevent on-site transmission
- Enhanced cleaning and disinfecting for safety
- Social distancing and low-touch for dine-in
- Favoring take-out/delivery

**Thinking in these terms can make understanding and applying guidelines less daunting and complex.**

This presentation is guidance only. It does not constitute medical or safety advice, nor is it a formal endorsement or recommendation of a particular response.

## Your locale may advise or recommend that you:\*



Ensure leave encourages employees to stay home  
 Duration of sick leave (follow state and CDC guidance)  
 Management demonstrates/communicates support

Note: Specific requirements may not apply to your location.

\*Reflects guidance from sources published prior to May 5, 2020. Current guidance may vary.

# We spoke to hospital staff, visitors, patients, and operators to understand their views

To best understand how COVID-19 has impacted perceptions of dining in hospitals, it's important to listen to the people involved. Through interviews with key groups, we were able to better understand what challenges and perceptions a Reopening Blueprint should address.



## Hospital Staff Diners

Hospital staff who dine at the hospital cafeteria generally express confidence in the safety of the food, and are more concerned about being exposed to visitors in the cafeteria.

“ I know the staff, I know the levels of cleanliness that hospitals are held to.”

“ I'm most nervous about being exposed to other people eating there as well, not the people preparing the food.”

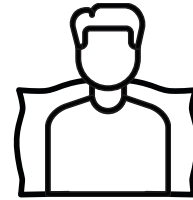


## Hospital Visitors

Visitors were surprised by the lack of access they had to food once inside the hospital. As seating is restricted in most cafeterias, visitors also have nowhere to hang out and rest.

“ I was shocked that the cafeteria was closed. It's a hospital—you have no other choice. I couldn't leave the room.”

“ I'd keep the family gathering space in the cafeteria. It's a way to escape the hospital.”



## Patients

Patients feel vulnerable being in the hospital during COVID-19 with little control over who enters the room. They want more information about where their food is coming from and who is delivering it.

“ I want hospital staff to only come in when it's important.”

“ I would want to know what their process was behind the scenes... The person delivering the food— is that their only job?”



## Operators

Operators are scrambling to redesign menus, re-purpose self-service equipment for grab and go, and effectively roll out communications strategies.

“ How do we use equipment like the salad bar and repurpose for pre-packaged salads?”

“ The hardest part was getting the message out. Some visitors only found out they could order to the room if a nurse caught them saying they were hungry.”

# What we heard from our research participants...

## Cafeteria Environment Feels Unsafe

The main concern for visitors, staff, and operators was the cafeteria space itself. Cafeterias with food stations rather than traditional lines were preferred due to the ability to space out.

Hospital staff wanted to minimize their exposure to unknown guests, and guests tend to feel uncomfortable being near staff in scrubs, concerned they may have been caring for COVID-19 patients.

“Badges are necessary to protect employees themselves.”

“How do you social distance in the cafeteria when we get huge surges coming down at the same time?”

## Packaging and Food Transportation

Hospital diners were concerned with the cleanliness of packaging, more than the food itself. They wanted to know where it had been (if traveling through the hospital for delivery), and if anyone else touched it prior to their purchase.

Diners wanted the ability to see cleaning in action, or the ability to self-sanitize their containers, trays, and tables before eating.

“They should bring in the tray and then we take our food off instead of putting the tray where we eat.”

“They put a bottle of hand sanitizer on the tray so I didn’t have to get up to wash my hands.”

## New Service Models

With previous institutional roadblocks removed in the time of crisis, hospitals have implemented new programs at great speed. Many of these have been big hits such as online ordering, curbside pickup, and onsite micro-groceries.

With these new models, operators’ biggest challenges are shifting staffing models and redesigning menus to support new services. Substitutions are not flexible given strict hospital diets, and all information must be updated system-wide when the menu changes.

“I would love to order online and not have to wait in the cafeteria.”

“Hospitals are not as flexible. We can’t change our nutritional program on a whim.”

# General Principles for Effective Reopening and Recovery

An appropriately planned reopening for dining establishments, generally, will be guided by the following principles:

## 1 Health & Well-Being

Food service establishments must demonstrate the importance placed on the health and well-being of their employees and customers. This may include posting policies including symptom checking, as well as publicizing employee measures (and support of employees) to customers. Help customers understand the new expectations and behave in safe ways.

## 2 Stay Nimble; Information is Fluid

This is a fluid environment and will evolve as things are tried, information is gathered, guidance from authorities changes, and customer responses are surveyed and understood. Be prepared to operate in an iterative way. Expect to make continuous adjustments and changes. Plan for multiple possible future scenarios. Observe results and track metrics.

## 3 Menu Dictates Space

A tighter, more focused menu allows food service operators to better plan labor and prep needs, and run a more sanitized kitchen. Refocus external communications to celebrate a carefully crafted, reduced menu. Focus on what you know diners will love, and tell a story that highlights what your establishment does best. Consider pre-selling items to anticipate capacity and plan your operations.

## 4 Trusted Provider

Embrace preparation and safety protocols as part of your establishment's story. Assert yourself as a safe public space/beacon/gathering place. Become a trusted local provider that builds loyalty & signifies safety through your sanitation rigor.

## 5 Buffered, Sealed Back of House

Maintain a distinct separation between FOH & BOH. Social distancing in BOH may be challenging and the FOH is exposed to many variables. Use expeditors as a buffer between those who can touch food and those who cannot. Designate separate entrances for FOH and BOH employees. Signal separation through visual cues (glove colors, aprons, head covering color) and make customers aware that a plan is in place.

## 6 Buffered, Contactless Front of House

FOH needs multiple layers or barriers reinforced by products, furniture, and staff structure in order to support distancing by diners at every level. Main considerations include the table setting (minimal), how food is ordered (digital, disposable menus), and how food arrives (minimal contact).

## 7 New Rituals & Positive Outlook

Different doesn't have to be negative. Seek opportunities to create new, lasting rituals, to signal safety, to claim new spaces, and to innovate.

## 8 Transparency & Communication

Incomplete or incorrect information poses a risk in this complex, unprecedented situation. Clear, concise, complete, consistent communication to employees and customers is critical, and will help boost efficiency, morale, and consumer sentiment.



# Supplemental Principles For Hospitals



## Hospital-Wide

### 1 Leverage Trust in Healthcare Standards

Use customer trust in hospital cleanliness standards. Make procedures transparent and design eating spaces to feel comfortable, yet just as clean as other areas of the hospital. Must incorporate social distancing.

### 2 Presentation for Peace of Mind

Use visual cues such as tamper-proof, double-wrapped food packaging, and visible cleaning activities to increase customer confidence in food safety. Provide contextual information such as preparation date and heating instructions.

### 3 Sustainability

Disposables may be preferable for the time being, but planning for long-term environmental and financial sustainability should be taken into consideration. Sustainability should go hand-in-hand with food safety. Make the choice that's right for your organization as well as your guests' safety, and communicate those decisions, clearly.



## Cafeteria/Retail Dining

### 1 Dispersed Services Instead of Centralized Locations

Shift dining services to a distributed model with multiple pick-up points and smaller seating areas to limit guest-to-guest exposure, long lines, and clustering that compromises social distancing.

### 2 Create Safe Spaces for Different Types of Diners

Help diners feel safe and comfortable utilizing food service spaces for eating, taking a break, or simply hang out. Provide zones for groups of different sizes, and maintain distance between visitors and medical professionals, to give both groups peace of mind.



## In-Room Dining

### 1 Overcommunicate to Support In-room Diner Satisfaction

Unlike cafeteria diners, patients confined to their rooms must rely on the hospital to provide for them. Transparency regarding food service procedures will help demystify the delivery process and instill confidence.



# How to read this document

While every dining establishment is different, most experiences share very similar experiential zones. We've organized the majority of this reopening guidance by zone, so it's easy to understand how it might map to your particular location.

More general guidance that is not applicable to a specific zone can be found under *Additional Considerations*.

Zonal Guidance	Pre-Arrival / Arrival	Earliest possible opportunity to help diners understand what to expect and how to approach your establishment with social distancing in mind.
	Entry / Exit	Important moment to clarify expectations, communicate conditions of entry, and begin actively managing social distancing requirements.
	Dining Experience	Where diners and staff engage most deeply, where the most significant changes will be experienced, and where the most important expression of your commitment to safety occurs.
	Restroom	This critical touchpoint that will either build or immediately compromise trust, depending on how thoughtfully it is approached.
General Guidance	Additional Considerations	Important general considerations that do not map to a specific zone.

This presentation is guidance only. It does not constitute medical or safety advice, nor is it a formal endorsement or recommendation of a particular response.



# Hospital Dining

## Hospital Cafeteria/Retail Dining

The fluid, self-service nature of a hospital cafeteria and retail food service environments may require additional intervention. Please consider the following as you craft your specific reopening plans:

### Pre-Arrival

- Ensure visitors, patients, and staff receive clear communication on sanitation protocols, social distancing, commitment to food safety, and new operating guidelines before arrival at the hospital. Provide FAQs and a mechanism to seek additional information.
- Leverage official hospital communications, including signage and digital channels, as well as social media to ensure visitors, patients, and staff are aware of real-time entry and dining requirements prior to arrival.
- Leverage staff stationed at entries to provide verbal information and direction in addition to conducting health screenings.
- Provide online and physical visual map to locations of dining facilities, and line stations within larger dining facilities, to help diners with “motor planning” prior to physical arrival.
- Make hand sanitizer highly visible and readily available throughout the hospital, to promote use and habituate users to its presence.
- Promote wearing of face masks as a social norm while at the hospital, generally. Provide disposable face masks for anyone who may not have arrived appropriately prepared.
- Enable digital ordering, pickup, and payment to manage dine-in capacity and broadly communicate their availability.
- Leverage technology to deliver daily menu, pre-order, make reservations, and communicate available capacity or item availability.



# Hospital Dining

## Hospital Cafeteria/Retail Dining

The fluid, self-service nature of a hospital cafeteria and retail food service environments may require additional intervention. Please consider the following as you craft your specific reopening plans:

### Arrival

- Limit occupancy to support current social distancing requirements.
- Well in advance of entry, post signage that includes requirements of entry, including occupancy limits, PPE, and social distancing rules, visibly.
- At high-volume entries, provide stanchioned queues with floor graphics to indicate social distancing while awaiting entry. Post wait times at queue, to encourage pre-order and pickup.
- Leverage technology to deliver daily menu, pre-order, make reservations, and communicate available capacity or item availability.
- Place automatic hand sanitizer dispensers along the queue.
- Ensure pre-order, pickup, and grab-and-go options are well communicated as alternatives with highly visible signage along the queue.
- As possible, move pickup and grab-and-go offering outside the cafeteria area to segment traffic and manage occupancy.
- Consider the use of technology that might allow diners to “queue virtually,” signal their to-go order is ready or a table is available, so they don’t have to wait in line.



# Hospital Dining

## Hospital Cafeteria/Retail Dining

The fluid, self-service nature of a hospital cafeteria and retail food service environments may require additional intervention. Please consider the following as you craft your specific reopening plans:

### Entry/Exit

- Intentionally disrupt the cafeteria entry path, establishing an overt queue and creating turns to slow arriving diners' pace. This will help them notice important signs, engage appropriately with staff, & provide reassurance that there is a “right” way to move through the restaurant—not just for them, but for everyone.
- Use floor graphics and signage to indicate required distancing at entry. Ensure signage includes requirements of entry, including occupancy limits, PPE, and necessary seating patterns, visibly. Provide free disposable face masks, as required.
- Consider a dedicated entry and exit to completely segment arriving and departing diners. From entry, provide clear paths of travel, separation between circulation and dining spaces, maintaining 6' between parties. Use signage to direct traffic, and decorative elements (plants, etc.) to define zones.
- Position highly visible staff in strategic locations, especially at high-volume times. They should be prepared to answer questions, demonstrate necessary PPE, meter entry volume, and maintain required capacity. Ensure they are safely equipped & maintain 6' distance from diners at all times. Use stanchions and plants to create normalized buffers.
- Message “your safety is our priority,” and ensure anyone feeling ill understands they may not enter and should seek medical attention.
- Actively monitor number of diners within the space at all times; consider leveraging technology for real-time capacity awareness.
- When possible, install foot handles or alternative openers. Position wipes, touchless sanitizer dispensers, and trash cans before and after doors that must be touched.
- As possible, prop doors open to minimize physical contact. For secure doors or gates that require badge access, use proximity triggers so individual badges do not come in contact with communal surfaces. Other technologies may provide true hands-free, contactless secure entry.



# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Cafeteria Line

- Consider distributed pick-up points for to-go orders so people don't have to travel across the hospital and to maintain crowd control.
- Consider moving to a station model rather than a single line to disperse traffic.
- Reduce menu & active line stations to better support social distancing for both staff and diners. Each station's menu should be visible from a distance to decrease wandering.
- Serving line staff should remain exclusively in food prep areas and avoid dining room spaces to avoid cross-contamination.
- Food service and cleaning staff should be easily visually distinguished from each other (face mask design, uniform, etc.).
- Provide floor graphics that define one-way circulation lanes and pathways to food stations, dining room, disposal and exit. Provide "off-ramps" in case someone needs to circle back, in order to minimize frustration and trip time.
- Suspend self-serve soup, salad bars, bakery cases, and buffets as required by local authorities. Shift to line, station, or even table service. Repurpose self serve equipment such as salad bars to be used for grab and go storage or fit with plexiglass for serving.
- Provide additional protection between servers and diners in the cafeteria line (plexiglass panels, etc.). Provide reasonable pass-through for food items to minimize contact, and clearly communicate expectations (signage) at that point to avoid confusion.
- Deliver food in disposable or compostable containers with lids. Consider elimination of trays or providing disposable tray, as necessary.
- Consider double-layered packaging such that outside layers can be disposed of prior to eating.
- Remove communal self-serve cutlery stations. Wrapped, disposable cutlery should be provided with each order, along with sanitary wipes.
- Remove communal self-serve condiment stations. Single-serve condiments to be provided upon request or automatic/no-touch communal dispensers should be leveraged. Ensure wipes, napkins, and trash cans are located nearby. Surfaces should be wiped down, frequently.



# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Cafeteria Line, *continued*

- Place automatic hand sanitizer dispensers throughout the food delivery areas, and sanitary wipe dispensers and trash cans near common areas, such as chill cases with handles.
- Drinks should be individually bottled/canned. No self-serve beverages. Fountain beverages may be poured by appropriately masked/gloved staff, and placed on a counter for diner pickup. Refills should be in a new cup to avoid cross-contamination. Surfaces should be wiped down frequently.
- If fountain beverages must be supported to maintain social distancing, ensure cup dispensers are single-touch. Sanitary wipes, napkins, and trash cans should be located nearby. Require a new cup to be used for refills.
- Leverage technology to provide contactless payment or self-checkout. Ensure social distancing is enforced at point of sale, and barriers are provided to minimize contact between diners and cashiers.
- Ensure clarity of recycle, composting, and trash signage to avoid confusion, decrease dwell time, and promote sanitation.
- Self swipe ID badge rather than handing to cashier. Sanitizing wipes available to wipe down badge or credit card after swiping.
- Consider adding multiple checkout lines to reduce long lines spilling into other areas.
- **Provide bags** with handles or hand-held options when possible to prevent placing items at the checkout counter.



# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Convenience/Sundries

- Consider “always open” or pop-up micro-markets or touchless vending machines with a variety of take-away items and staples to help mitigate dining room capacity challenges and enable **staff** to grab groceries on their way home from late shifts.
- Consider pre-packaged meals from third-parties to reduce effort of pre-packaging in-house.
- Provide wrapped, disposable cutlery, and consider reheat locations with safely spaced microwaves, sanitation wipes, hand sanitizer, etc.
- Rigorously limit access and capacity to maintain social distancing at all times. Leverage floor graphics and wayfinding signage reinforcing 1-way traffic flow and 6’ distances.
- Shoppers will occasionally forget something and need to “loop” back. Provide “off-ramps” that allow them to safely return to an earlier aisle, decreasing frustration & saving trip time.
- Place automatic hand sanitizer dispensers throughout the space, and sanitary wipe dispensers and trash cans near common items, such as chill cases with handles.
- Route traffic so that “last aisle” also serves as payment queue while waiting to check out.
- Leverage technology to provide contactless payment. Ensure social distancing is enforced at point of sale, and barriers are provided to minimize contact between diners and cashiers.
- Consider bundled food kits containing breakfast, lunch, and dinner options to minimize repeat visits to dining facilities.



# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Dining Room

- Consider preserving spaces for people to “hang out” without necessarily eating. Dining spaces provide a welcome respite from the overall hospital environment.
- If challenging to accommodate within the dining area, consider providing a separate lounge for visitors to congregate. Ensure social distancing requirements are clearly signed.
- Provide separate zones for healthcare professionals and visitors in order to avoid cross-contamination. Consider preserving staff-only eating areas to avoid mingling, completely.
- To support social distancing and maintain capacity requirements, remove extra tables and chairs, or otherwise cordon-off unusable sections. Overtly block portions of large, communal tables, or completely remove them.
- Place clear signage in the dining room to reinforce rules on necessary seating patterns (e.g. no more than one person per small table, do not relocate chairs, etc.).
- Consider designating zones for groups of certain sizes; single person for those who wish to social distance, small groups for lunch with colleagues, larger family zones where families can safely gather and relax, etc.
- Tables should be spaced to provide ample circulation space for diners and cleaning crews. Designate “staff-only” zones and pathways as appropriate.





# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Dining Room, *continued*

- Remove all communal items, including condiments. Touchless self-serve napkins and hand sanitizer dispensers or sanitizing wipes may remain so diners can sanitize their own table/seat/food packaging if desired.
- If acoustics allow, consider broadcasting helpful announcements in the dining room, to help people better understand the new expectations and answer unasked questions.
- If digital signage is present, leverage it for messaging and short “how-to” videos.
- Leverage outdoor or auxiliary area seating (common areas, interior gathering spaces, etc.) to manage capacity challenges. Ensure social distancing and sanitation procedures are in place. Provide signage, floor graphics, etc., when appropriate.
- As possible, have diners bus their own tables, and provide additional bussing stations with ample circulation space. If present, large automated bussing stations may require floor markings and instructional signage to help manage traffic **flow**.
- Ensure clarity of recycle, composting, and trash signage to avoid confusion, decrease dwell time, and promote sanitation.
- All communal items except touchless self-serve napkin or hand sanitizer dispensers should **be** removed from tables. Sanitize tables immediately upon a diner’s departure.
- Provide overt signal of cleanliness within the dining room. Consider “table open” cards on freshly sanitized tables that describe commitment to diners, outline cleaning protocols, and remind diners of their responsibilities.
- Dedicated masked/gloved sanitation crew should be easily distinguished from other staff, and perform highly visible cleaning. Consider assigning sections to sanitation crew to promote accountability and avoid cross contamination.



# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Restrooms

- To allow good social distancing, consider “wait here” signs to avoid crowding while waiting for the restroom. Provide signs with visual guidance on how to pass in constrained spaces.
- Provide paper towel dispensers outside restrooms for those who refuse to touch doors, and position trash cans within easy arm’s reach of doors, inside and out.
- Post a well-kept cleaning log in an easily visible spot. Restrooms should smell fresh and clean at all times to ensure maximum confidence.
- Restroom visits should be as contact-free as possible. Door kicks, foot handles, touchless faucets, soap dispensers, trashcans, and disposable paper towels instill confidence.



# Hospital Dining

## Hospital Cafeteria/Retail Dining, *continued*

### Staff and Operations

- Ensure returning employees understand new requirements and guidelines prior to returning to work. Provide appropriate PPE for all employees.
- Clearly post all workplace requirements, including PPE, temperature-taking measures, hand hygiene and sanitation, associated sick leave policy, and available resources (CDC, FDA, etc.) so they are readily accessible.
- Factor additional time into shifts, allowing staff to appropriately prepare, given additional health and safety requirements.
- Provide separate building entry/exit for staff, to avoid congestion and cross-contamination.
- Provide frequent updates to patients, visitors, and staff through well-maintained communication channels.
- Provide a mechanism for patients, visitors, and staff to provide input and feedback on their dining experience. Frequently engage employees in open dialog to best understand concerns and process improvement opportunities. Provide mechanism to receive anonymous feedback.
- Build trust over time and reopen your facilities, incrementally. Communicate plans in advance.
- implement new ideas in pilot locations; gather feedback and refine procedures prior to scaling new approaches across multiple dining locations.
- Consider partnership with third-party vendors and apps, to help mitigate capacity challenges. Establish protocols for receipt of third-party deliveries, to minimize external access.
- Designate curbside or front desk drop-off/pick-up locations and clearly communicate delivery processes to diners, and delivery personnel.

# APPENDIX

This presentation is guidance only. It does not constitute legal, medical or safety advice, nor is it a formal endorsement or recommendation of a particular response.

# Resources & references

A brief synopsis of useful information sources\*



## White House & CDC

- Phased Guidelines
  1. Drive-through, curbside take out, or delivery
  2. Limited dine-in capacity
  3. Increased dine-in capacity
- High Level and relevant to all industries
- Specific Guidelines for Certain Industries
- e.g. Grocery & Food Retail
- Assume Restaurants & Bars is coming



## FDA

- Best Practices for Reopening
- Today, only covers Phase 1: Pick-up and Delivery; no guidance on Dine-in
- Defers to CDC where FDA & CDC may differ



## Your State

- Laws & Regulations, specific to your state & state's timeline
- Also: Guidance; language may say "consider"
- Will cover Phase 2 reopening specifics (limited dine-in capacity)
- Will differ by state
- e.g. Mask-wearing laws
- e.g. Employee temperature-taking



## National Restaurant Association

- Best Practices nationwide; template document to be modified per-state
- Links to CDC, FDA, State information (clearinghouse)
- Peer information sharing & guidance including implicit standards & lessons learned

\*Reflects guidance from sources published prior to May 5, 2020. Current guidance may vary.



## Disclaimer

COVID-19 is dynamic and rapidly evolving situation. These materials do not constitute legal, medical or safety advice. Give careful consideration to local laws and guidance in your area, including the most recent advice from local and national health authorities, before making decisions for your business.