

MOTHER KELLY'S

LONDON

COVID-19 RESPONSE PLAN

SIT IN & TAKEAWAY

COVID-19 RESPONSE PLAN

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A MESSAGE FROM MOTHER KELLY'S

We are committed to providing as safe an environment as possible for all of our customers and staff.

As such, we have developed a COVID-19 response plan in order to reduce the risks of exposure to COVID-19 across our sites while we operate a limited number of sites for both sit in and takeaway service.

We aim to keep all staff informed about the changes being made across the business and we thank both staff and customers in advance for their compliance.

This response plan will be regularly reviewed and updated as new government advice is issued. Please note the version number and date the document was last updated on the cover page.

If you have any questions or concerns, please don't hesitate to contact us on nellie@motherkellys.co.uk

SECTION I: STAFF RESPONSIBILITIES

STARTING YOUR SHIFT

PERSONAL HYGIENE

All staff are expected to follow the Mother Kelly's Personal Hygiene Policy (found in the Staff Handbook.)

UPON ARRIVAL

Once on site, all staff are asked to immediately sanitise their hands/wash their hands with soap and water for 20 seconds.

Place any personal items in the designated storage area.

Mobile phones can be kept on your person during your shift for emergency use only. All mobile phones should be wiped with the provided disinfectant wipes upon arrival.

Once behind the bar, wash hands with soap and water for 20 seconds. You are now ready to start serving customers.

SECTION I: STAFF RESPONSIBILITIES

DURING YOUR SHIFT

GOOD HYGIENE

All staff are encouraged to wash hands with soap and water for 20 seconds or use hand sanitiser more frequently than normal, including before and after preparing and handling food and drinks and after blowing your nose, sneezing or coughing.

Follow good hygiene when it comes to coughs and sneezes

- Catch it: Cover your mouth and nose with a tissue or your sleeve
- Bin it: Throw the tissue in the bin
- Kill it: Wash your hands with soap and water for 20 seconds

Avoid touching your eyes, nose and mouth with unwashed hands. If you do touch your face, immediately wash your hands afterwards.

All staff will be provided with access to hand washing stations and/or hand sanitiser and tissues and are encouraged to use them frequently.

See Appendix for more information on best practices for hand washing and hand sanitising.

SECTION I: STAFF RESPONSIBILITIES

DURING YOUR SHIFT

REGULAR CLEANING OF CONTACT SURFACES

The busier the venue, the more frequent this cleaning should become.

When cleaning, put on a new pair of disposable gloves.

Surfaces must be cleaned, then disinfected:

1. Prepare soapy water in a spray bottle, spray surface and wipe with blue roll.
2. Spray the surface with the designated disinfectant* and let stand for a contact time of 5 minutes. The surface does **not** need to be wiped afterwards.

Pay particular attention to frequently touched areas and surfaces:

- Door handles and push plates (including toilets)
- Tap handles (including toilets)
- Fridge door handles and windows
- Bar and table tops
- Chair backs

Avoid creating splashes and spray when cleaning.

After cleaning:

- Dispose of used blue roll into dedicated plastic rubbish bag
- Dispose of gloves into dedicated plastic rubbish bag
- Wash hands with soap and water for 20 seconds
- Sign off the toilet cleaning schedule

When waste plastic rubbish bag is full:

- Tie, double bag, tie again and store securely for 72 hours**
- Then throw away in the regular rubbish

*The disinfectant used across all sites has been shown to meet EU Standard EN 14476 for virucidal activity within a contact time of 5 minutes. This means that to work effectively, the surface must remain wet with disinfectant for 5 minutes. Timers have been provided across all sites to ensure thorough disinfection. A rinse is not required. For more information, please see the Appendix.

**Waste should be held for 72 hours to prevent potential contamination of the rubbish stream.

SECTION I: STAFF RESPONSIBILITIES

DURING YOUR SHIFT

CLEANING HEAVILY SOILED AREAS

If an area has been heavily contaminated with visible body fluids from a person with or suspected to have COVID-19, use protection for the eyes, mouth, and nose, in addition to gloves, for cleaning. Face masks and safety goggles have been provided for this purpose. Single-use aprons are also available.

After cleaning:

- Dispose of used blue roll, gloves, face mask and apron (if worn) into dedicated plastic rubbish bag
- Spray safety goggles with disinfectant
- Wash hands with soap and water for 20 seconds

ENDING YOUR SHIFT

FINAL CLEAN OF CONTACT SURFACES

At the end of each shift, give all contact surfaces a final clean.

SECTION I: STAFF RESPONSIBILITIES

KNOW THE SYMPTOMS

Common symptoms of COVID-19 include:

- A new, continuous cough
- A high temperature
- A loss of, or change in, your normal sense of taste or smell (anosmia)

KNOW HOW TO RESPOND IF YOU OR SOMEONE YOU LIVE WITH HAS SYMPTOMS

If **you have symptoms** of coronavirus:

- you need to **self-isolate for 7 days**

If you **live with someone who has symptoms**:

- you need to **self-isolate for 14 days** from the day their symptoms start

Only use **NHS 111** if your symptoms get worse or are no better after home isolation

NOTIFYING HEAD OFFICE

If you or someone you live with has symptoms or you have been told to self isolate by NHS Test and Trace, please inform your manager so we can get your shifts covered while you self isolate.

Please also notify Head Office if you live with anyone in a clinically extremely vulnerable group. (See page 22 for more information.)

IF YOU BECOME UNWELL AT WORK

If you **become unwell on site with a new, continuous cough or high temperature**, you will be sent home by the manager on duty and the manager will inform Head Office. Once home, you are advised to follow the stay at home guidance above.

NOTE: If a member of staff has helped someone who has been taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell with symptoms consistent with coronavirus infection.

EMERGENCY CONTACTS

All staff will be contacted to ensure their emergency contact information is up to date. 8

SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

ACROSS THE BUSINESS

SOCIAL DISTANCING FOR CUSTOMERS:

The government's social distancing guidelines advise to keep people 1 metre plus (with risk mitigation) apart as much as possible, in order to reduce the spread of COVID-19.

We have taken the following steps to add social distancing measures across our sites:

- Signage is displayed upon entry to each site to remind staff and customers to:
 - not to enter the premises if they have symptoms
 - follow social distancing advice
 - wash their hands regularly and avoid touching their eyes, nose and mouth with unwashed hands
- Floor markings will be used to show customers where to queue when entering the premises, ordering and using the toilet.
- All customers are asked to use contactless payments.
- Indoor consumption is seated only with a maximum capacity of 30 persons.
- Furniture has been removed/rearranged for social distancing and is not to be moved.
- Outdoor consumption can be seated or standing, provided social distancing can be maintained. (Note: access to outdoor areas in the event of inclement weather will be assessed on a case-by-case basis.)

SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

ACROSS THE BUSINESS

REGULAR CLEANING OF CONTACT SURFACES:

See staff responsibilities sections on page 6 – 7.

GOOD PERSONAL HYGIENE:

See staff responsibilities sections on pages 4 – 5.

Customers will also be provided with access to soap, hand rub, and/or hand sanitiser and tissues.

Signage will be displayed in the toilets to encourage good hygiene from customers and staff including hand washing best practices and “Catch It. Bin It. Kill It.”

RECEIVING DELIVERIES:

The World Health Organization advises that the likelihood of an infected person contaminating commercial goods is low. The risk of catching the virus that causes COVID-19 from a package that has been moved, travelled, and exposed to different conditions and temperature is also very low.

While packaging is not known to present a specific risk, staff will be asked to ensure that all food and beverage deliveries are handled in line with usual food hygiene practices.

Deliveries should be made contactless where possible (ie. e-signatures) and should be sprayed with disinfectant upon receipt.

Sources: <https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19> (Last updated 26 June 2020)

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery> (Last updated 3 July 2020)

SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

ACROSS THE BUSINESS

DRINK SERVICE:

All staff will be asked to sanitise or wash hands with soap and water for 20 seconds immediately before pouring and serving any drinks.

Staff must only handle the bottom 1/3rd of the glass/product.

Customers will be encouraged via signage on tables to return their used glassware to a designated area on the bar, touching the top 1/3 of the glass only. If any remaining glassware needs to be collected, staff must wear gloves for collection.

NOTE: ONLY PRE-PACKAGED FOOD, ie. CRISPS, WILL BE SERVED FOR THE FIRST FEW WEEKS OF SIT IN SERVICE

FOOD SERVICE:

- A fresh pair of gloves must be put on before preparing any food
- Do not touch your face while wearing gloves (if face is touched, put on new pair)
- Deliver food to customer, keeping social distance in mind upon delivery route
- Provide cutlery in contactless cutlery sleeve
- After delivery, remove gloves and wash hands

FOOD PREPARATION:

Staff who are preparing food for the day will be asked to wear a face mask in addition to following the good food handling practices below:

Food handlers must wash their hands with soap and water for 20 seconds regularly during the working day and especially after the following:

- after visiting the toilet
- after eating, smoking, coughing, sneezing or blowing their nose
- after handling waste food or refuse
- after handling cleaning chemicals
- between handling raw and cooked foods.

Food handlers must not eat sweets, chew gum, drink juice or blow into bags.

Food handlers should wear a blue waterproof plaster over any cuts, grazes or sores.

SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

ACROSS THE BUSINESS

SOCIAL DISTANCING FOR STAFF:

The government has advised that:

- where it is not possible to maintain a distance of 1 metre plus, staff should work side by side, or facing away from each other, rather than face to face.
- where face-to-face contact is essential, the activity time involved should be as short as possible.
- if possible, employees should work in 'fixed teams', reducing the number of people each person has contact with.

IDENTIFYING VULNERABLE STAFF:

See staff responsibilities section on page 9.

STAFF ADHERENCE:

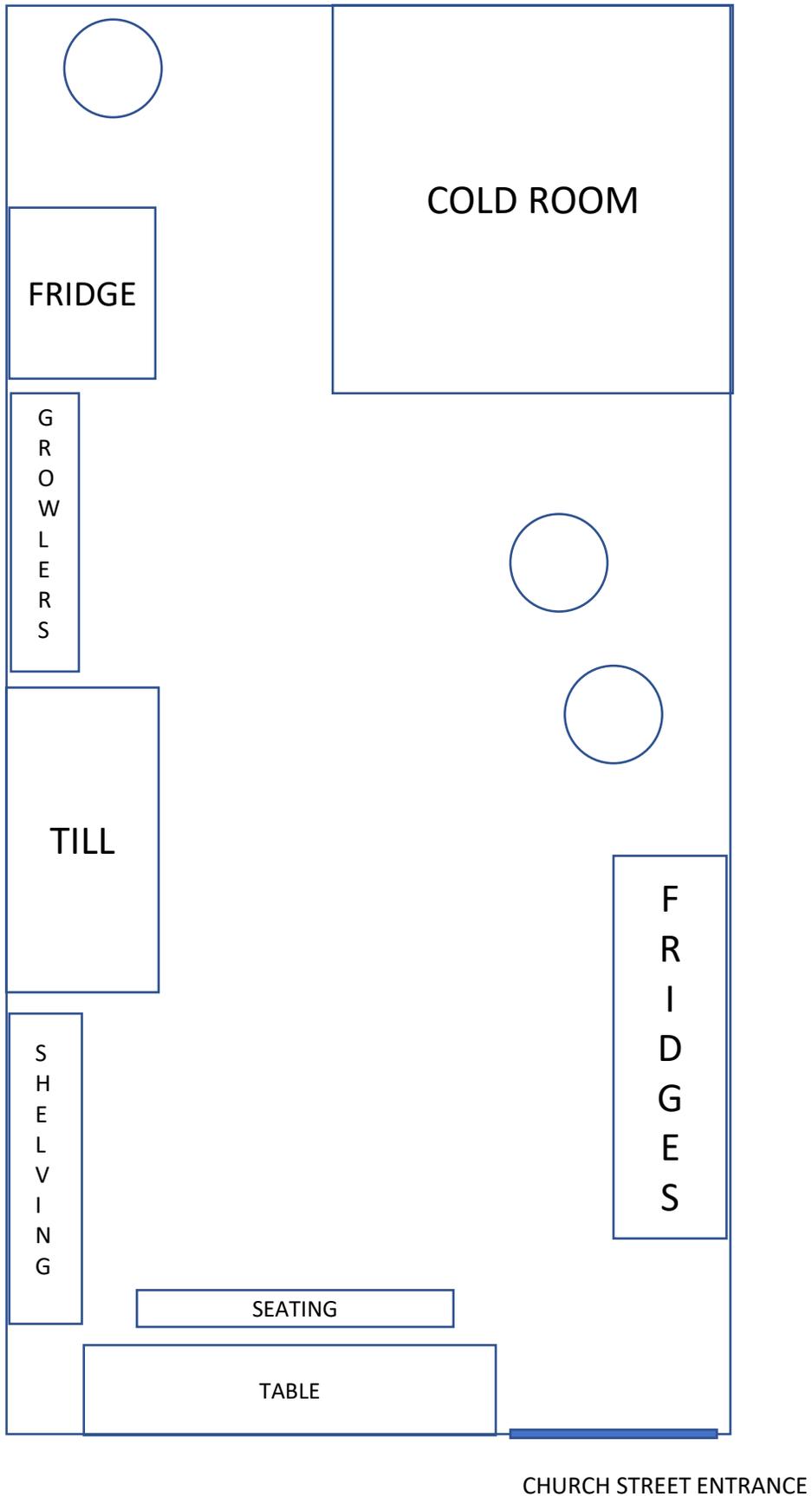
All staff have acknowledged that they have read, understood, and comply with the temporary measures put in place as part of the Mother Kelly's COVID-19 response plan. Managers are responsible for enforcing these measures.

Sources: <https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19> (Last updated 26 June 2020)

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery> (Last updated 3 July 2020)

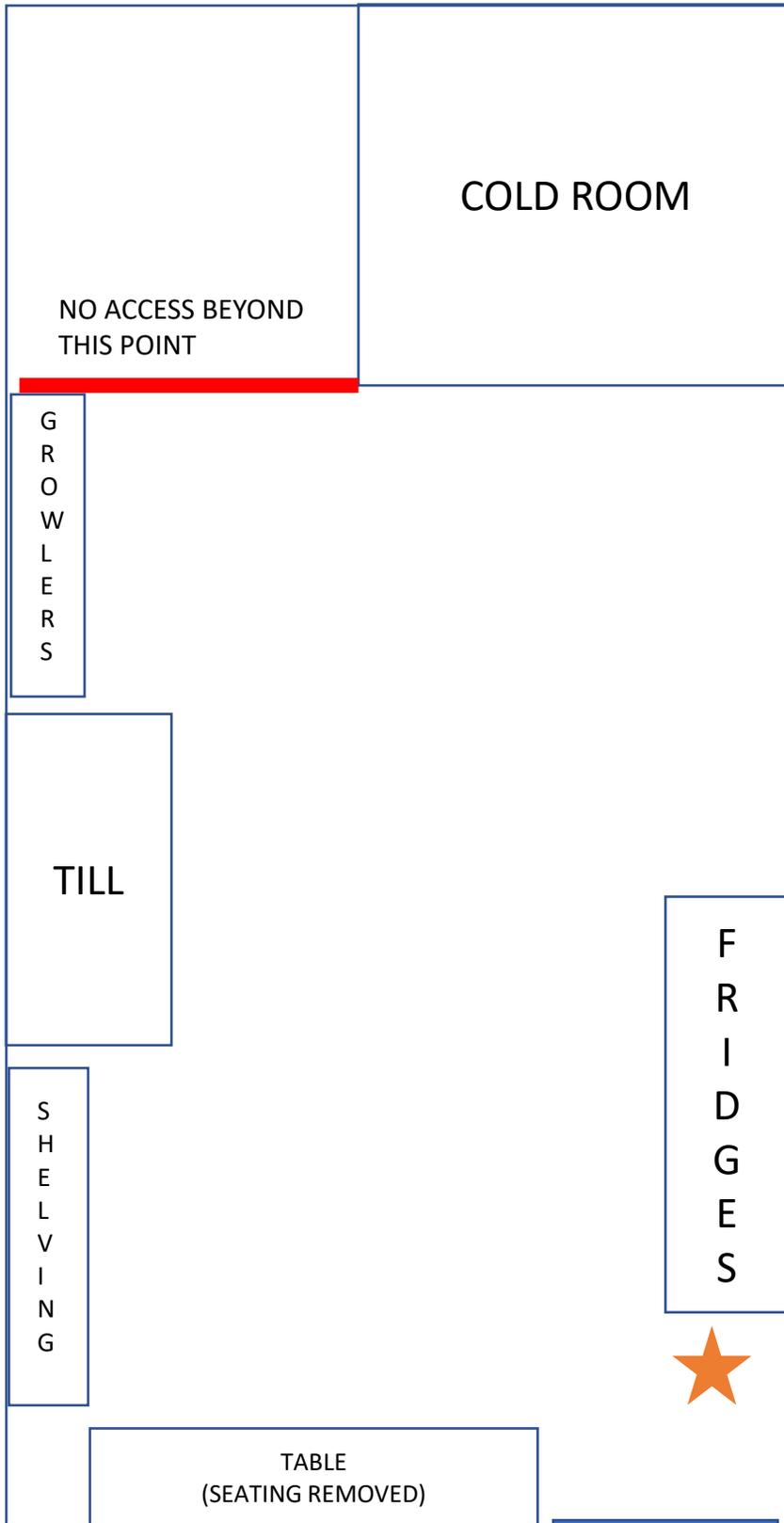
SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

N16 SITE-SPECIFIC PLAN: BEFORE



SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

N16 SITE-SPECIFIC PLAN: AFTER

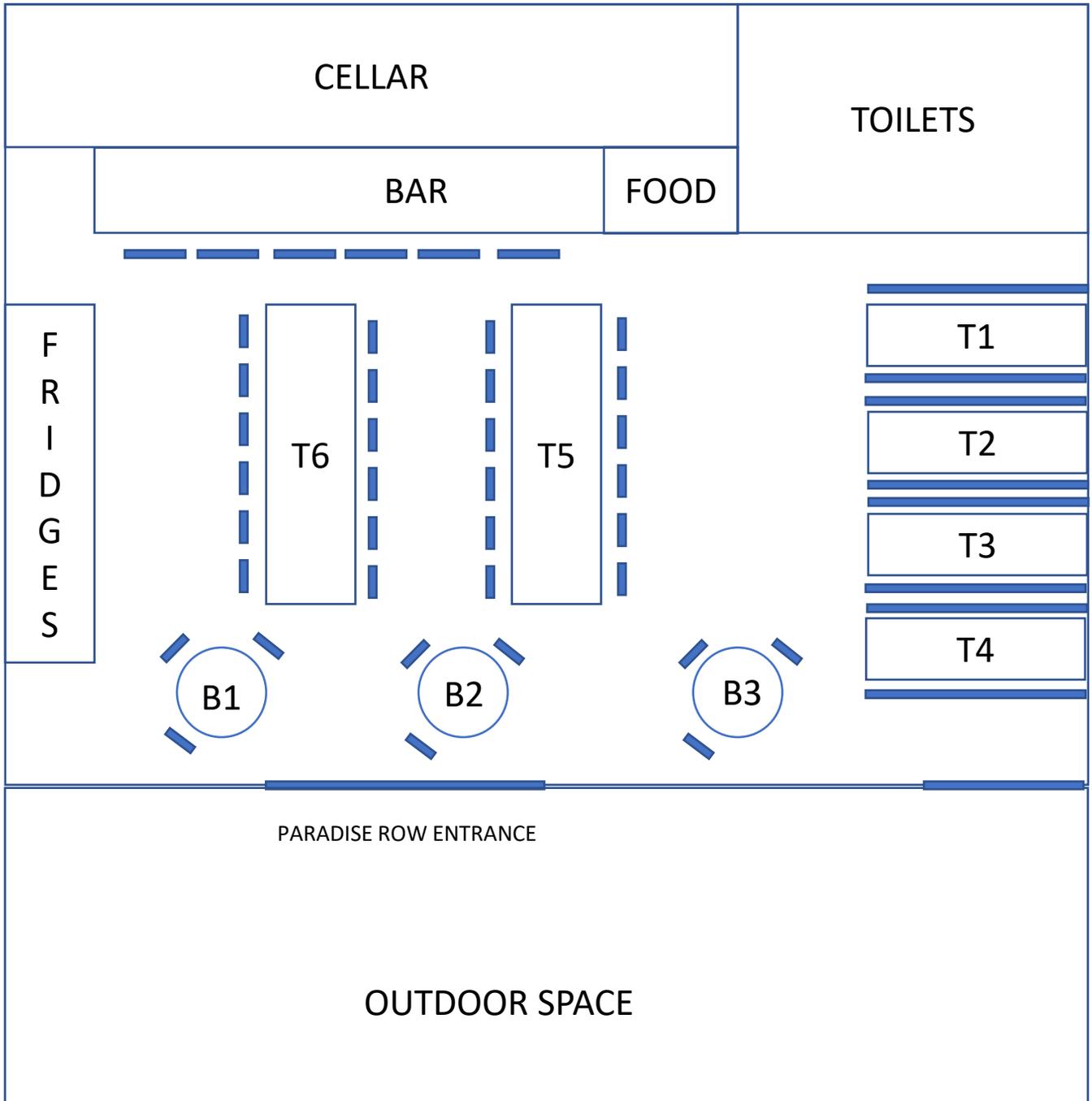


CHANGES MADE:

- A MAXIMUM OF 2 CUSTOMERS IN STORE AT ONCE (SIGNAGE POSTED)
- ALL SEATING REMOVED
- HAND SANITISER STATION ADDED
- CUSTOMER ACCESS TO CERTAIN AREAS RESTRICTED

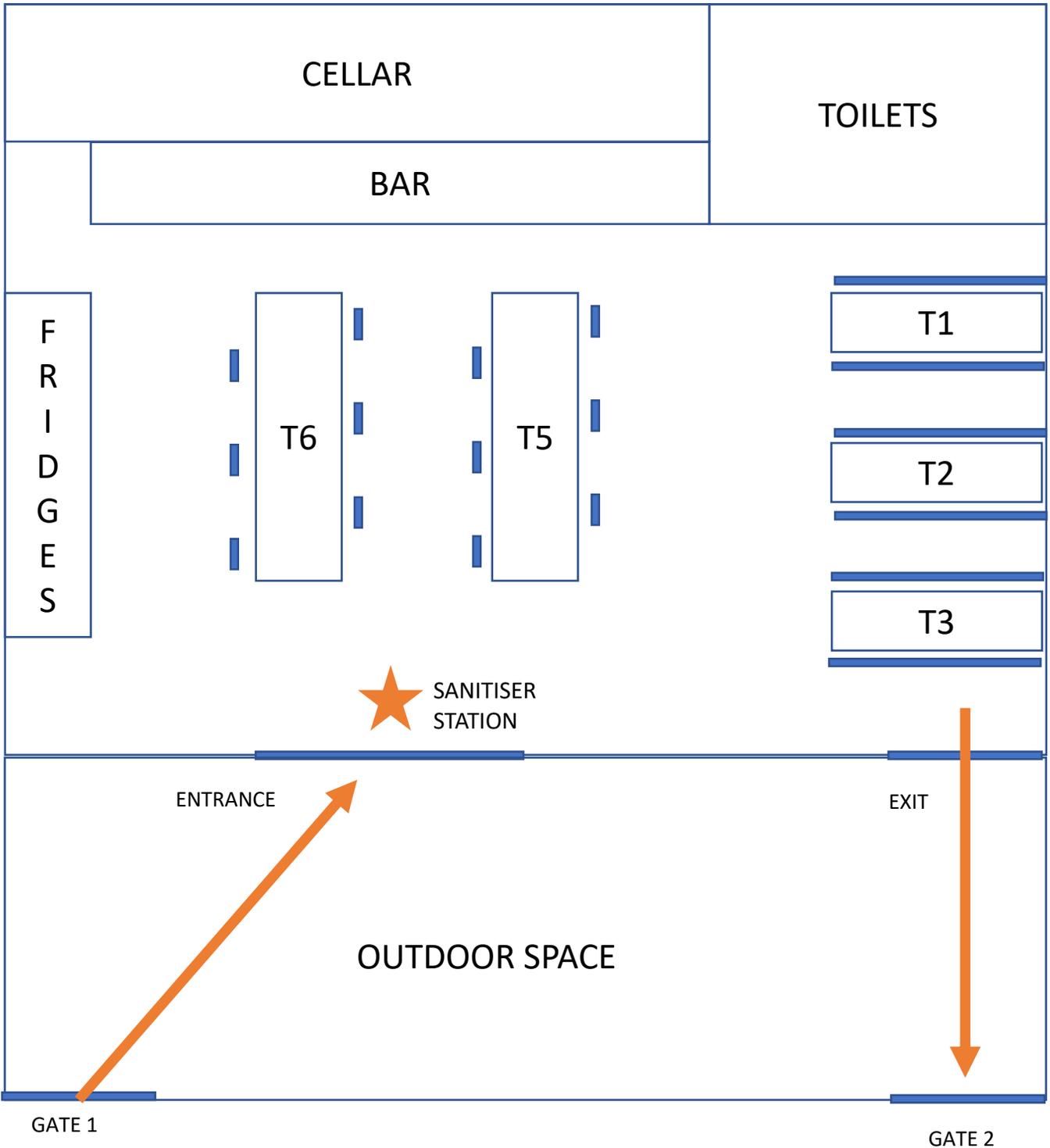
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E2 SITE-SPECIFIC PLAN: BEFORE



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E2 SITE-SPECIFIC PLAN: AFTER

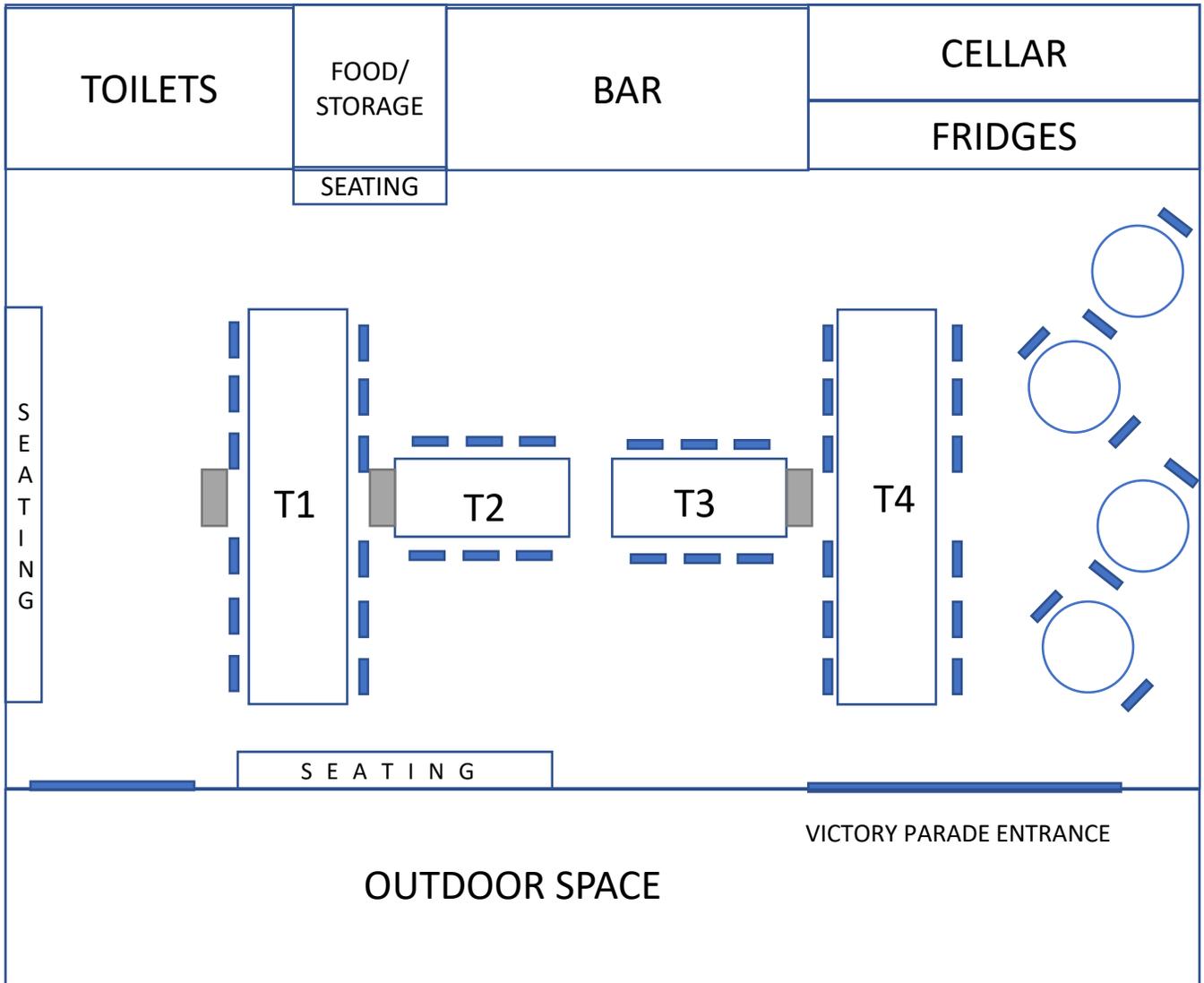


CHANGES MADE:

- SIGNAGE/ FLOOR MARKINGS POSTED TO MAINTAIN SOCIAL DISTANCE
- HAND SANITISER STATION ADDED
- SELECT TABLES / CHAIRS REMOVED; MAXIMUM INDOOR CAPACITY = 30

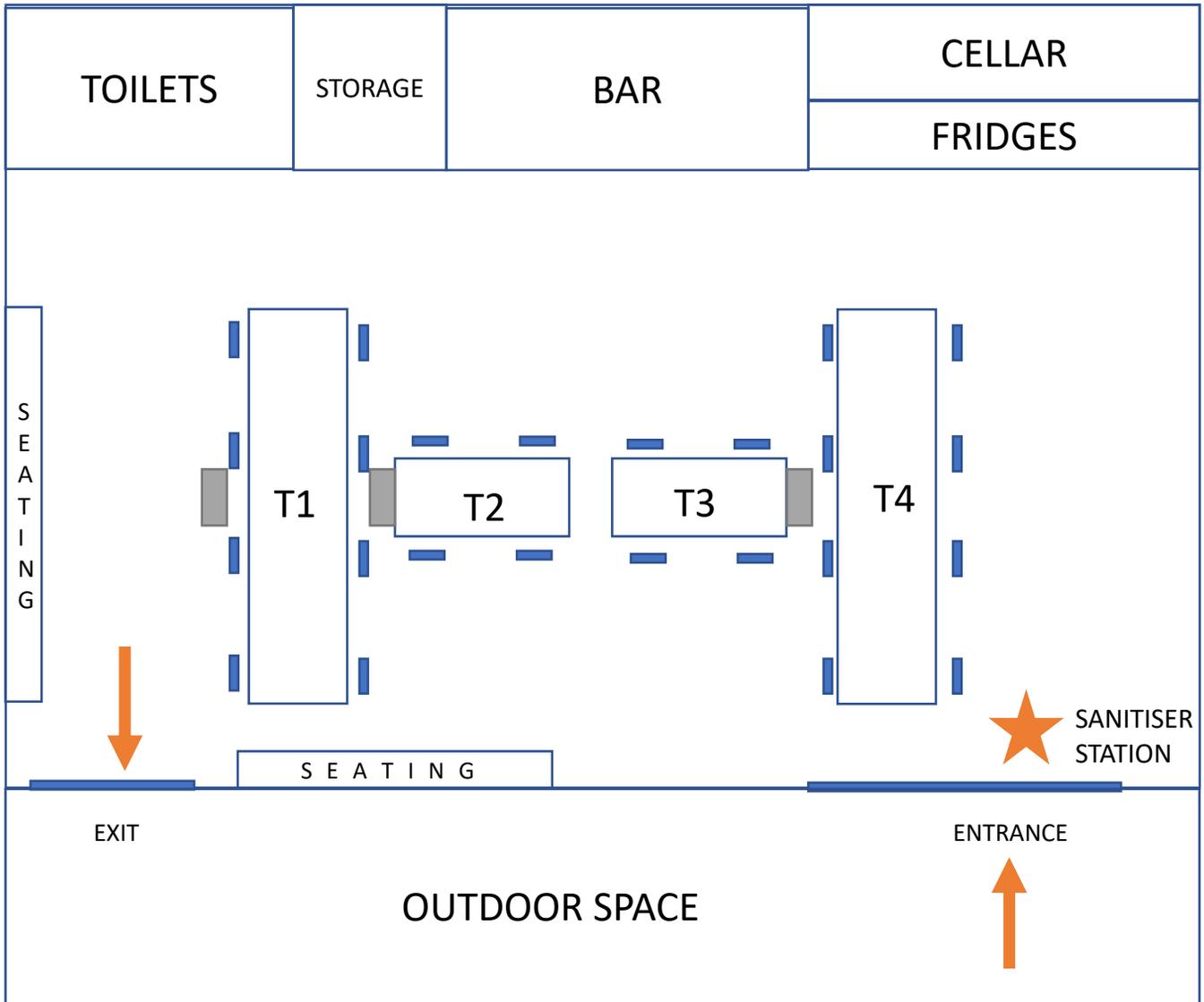
SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

E20 SITE-SPECIFIC PLAN: BEFORE



SECTION II: RISK ASSESSMENTS & RESPONSE PLANS

E20 SITE-SPECIFIC PLAN: AFTER



CHANGES MADE:

- SIGNAGE/ FLOOR MARKINGS POSTED TO MAINTAIN SOCIAL DISTANCE
- HAND SANITISER STATION ADDED
- SELECT TABLES / CHAIRS REMOVED; MAXIMUM INDOOR CAPACITY = 30

SECTION III: ADDITIONAL INFORMATION

INFECTION PREVENTION & CONTROL

ROUTES OF TRANSMISSION

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact.

Initial research has identified the presence of COVID-19 virus in the stools and conjunctival secretions of confirmed cases. All secretions (except sweat) and excretions, including diarrhoeal stools from patients with known or possible COVID-19, should be regarded as potentially infectious.

INCUBATION PERIOD

The incubation period is from 1 to 14 days (median 5 days). Assessment of the clinical and epidemiological characteristics of COVID-19 cases suggests that, similar to SARS, most patients will not be infectious until the onset of symptoms. In most cases, individuals are usually considered infectious while they have symptoms; how infectious individuals are, depends on the severity of their symptoms and stage of their illness.

SURVIVAL IN THE ENVIRONMENT

Human coronaviruses can survive on inanimate objects and can remain viable for up to 5 days at temperatures of 22 to 25°C and relative humidity of 40 to 50% (which is typical of air-conditioned indoor environments).

Survival on environmental surfaces is also dependent on the surface type. An experimental study using a SARS-CoV-2 strain reported viability on plastic for up to 72 hours, for 48 hours on stainless steel and up to 8 hours on copper.

The rate of clearance of aerosols in an enclosed space is dependent on the extent of any mechanical or natural ventilation – the greater the number of air changes per hour (ventilation rate), the sooner any aerosol will be cleared.

SECTION III: ADDITIONAL INFORMATION

VULNERABLE INDIVIDUALS

Those who are at increased risk of severe illness from coronavirus (COVID-19) are advised by the government to be particularly stringent in following social distancing measures.

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) mild to moderate respiratory diseases, such - as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - Diabetes
 - a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
 - being seriously overweight (a body mass index (BMI) of 40 or above)
- those who are pregnant

SECTION III: ADDITIONAL INFORMATION

SHEILDING OF CLINICALLY EXTREMELY VULNERABLE INDIVIDUALS

Individuals from defined clinically extremely vulnerable groups are strongly advised by the government to stay at home, if possible, to protect themselves. This is called ‘shielding’ and the government is currently advising people to shield until 31 July and is regularly monitoring this position.

Clinically extremely vulnerable people may include the following people (Disease severity, history or treatment levels will also affect who is in the group):

- Solid organ transplant recipients.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.
- Other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

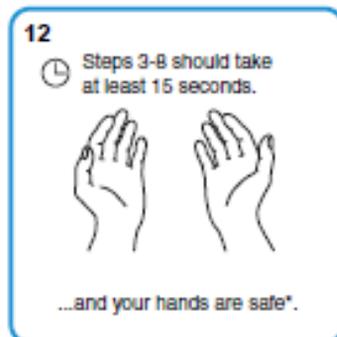
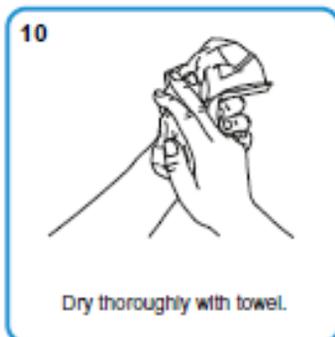
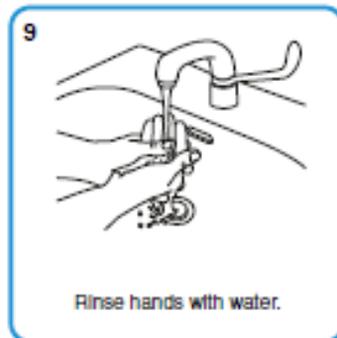
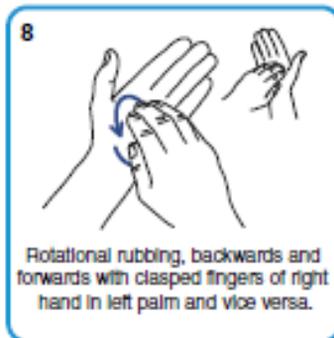
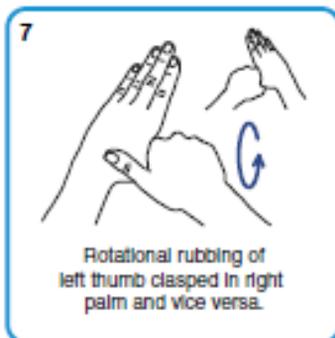
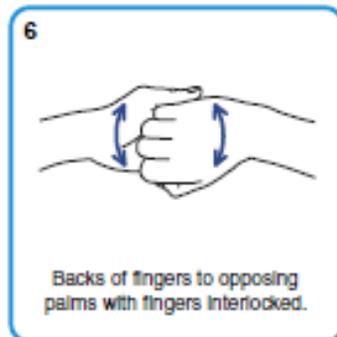
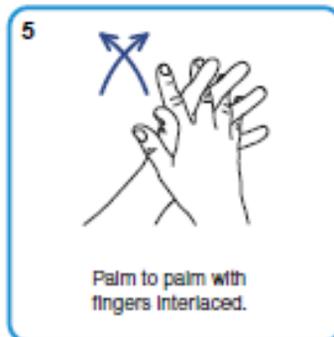
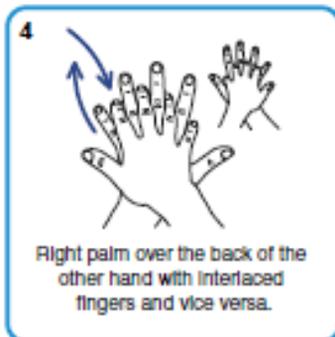
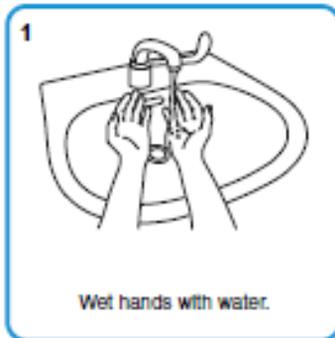
If you, or someone you live with, is clinically extremely vulnerable’ please make Head Office aware. For more information on what to do if you live with someone who is shielding, see the below link.

APPENDIX

CORRECT HAND WASHING PROCEDURES

Best Practice: how to hand wash

Steps 3-8 should take at least 15 seconds.



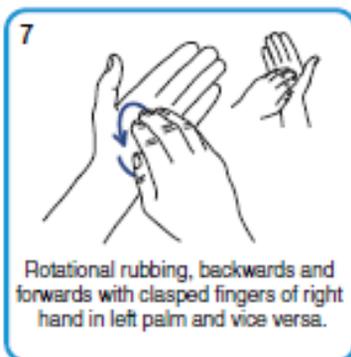
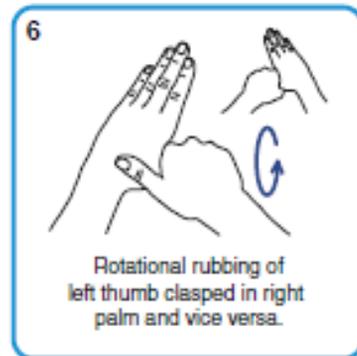
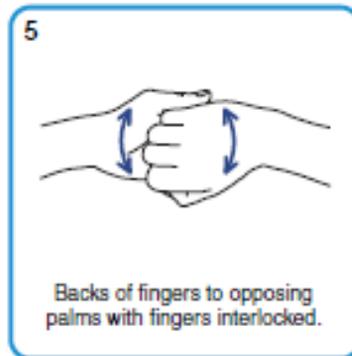
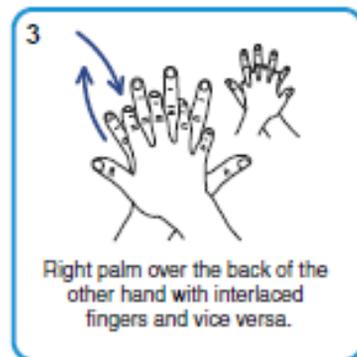
*Any skin complaints should be referred to local occupational health or GP.

APPENDIX

CORRECT HAND SANITISING PROCEDURES

Best Practice: how to hand rub

Duration of the process: 20-30 seconds.



APPENDIX

CATCH IT. BIN IT. KILL IT.

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



APPENDIX

DISINFECTANT'S VIRUCIDAL ACTIVITY: TEST REPORT (1 OF 2)



Test Report: EN 14476:2013 + A1:2015 Chemical disinfectants and antiseptics – Quantitative suspension test for the evaluation of virucidal activity in the medical area- Test method and requirements (Phase 2/Step 1)

Test Laboratory	BluTest Laboratories Ltd 5 Robroyston Oval, Nova Business Park, Glasgow, G33 1AP
Identification of sample	
Name of the product	Protectus Viridis
Batch number	Viridis-2606-2019-A
Client	Residual Barrier Technology Limited
Client Address	The Die-pat Centre, Broad March, Daventry, NN11 4HE
Project Code	BT-RBT-12
Date of Delivery	02 August 2019
Storage conditions	Ambient
Active substances	2-Phenoxyethanol, Lactic Acid
Test Method and its validation	
Method	1 part interfering substance + 1 part virus suspension + 8 parts biocide were mixed and incubated at the indicated contact temperature for the indicated contact times. Assays were validated by a cytotoxicity control, interference control, neutralisation control and a formaldehyde internal standard.
Neutralisation	Dilution-neutralisation/gel filtration Dulbecco's modified Eagles medium + 10% v/v foetal bovine serum at 4°C
Experimental Conditions	
Period of analysis	02 August 2019 to 16 August 2019
Product diluents used	Sterile synthetic hard Water
Product test concentrations	3.00%(v/v); 5.00%(v/v)
Appearance product dilutions	Turbidity observed at both concentrations
Appearance in test mixture	Turbidity and sedimentation observed at both concentrations
Contact times (minutes)	2 mins ± 10s, 5 mins ± 10s, and 15 mins ± 10s
Test temperature	20°C ± 1°C
Interfering substances	0.3g/l bovine albumin
Temperature of incubation	37°C ± 1°C + 5% CO ₂
Identification of virus	Murine norovirus (s99)/RAW 264.7 cells

APPENDIX

DISINFECTANT'S VIRUCIDAL ACTIVITY: TEST REPORT (2 OF 2)



CONCLUSION

Verification of the methodology

A test is only valid if the following criteria are fulfilled:

- a) Test virus suspension has at least a concentration which allows the determination of a 4 log₁₀ reduction of the virus titre.
- b) Detectable titre reduction is at least 4 log₁₀.
- c) Difference of the logarithmic titre of the virus control minus the logarithmic titre of the test virus in the reference inactivation test is between:
0.5 and 2.5 after 30 min and between 2 and 4.5 after 60 min for Poliovirus
3.0 and 5.0 after 30 min and between 3.5 and 5.5 after 60 min for Adenovirus
0.0 and 2.0 after 30 min and between 0.5 and 2.5 after 60 min for Parvovirus
0.75 and 3.5 after 5 min and between 2.0 and ≥4.0 after 15 min for Vacciniavirus
- d) Cytotoxicity of the product solution does not affect cell morphology and growth or susceptibility for the test virus in the dilutions of the test mixtures which are necessary to demonstrate a 4 log₁₀ reduction of the virus.
- e) The interference control result does not show a difference of < 1.0 log₁₀ of virus titre in comparison to the virus recovery control; dilutions of disinfectant to sub-acute levels does not interfere in the generation of viral cytopathic effect.
- e) Neutralisation validation. This is called the disinfectant suppression test in this protocol. The disinfectant was neutralised by column chromatography through an Illustra Microspin S-400 HR column to achieve the best possible neutralisation available for this test. The difference for virus is slightly elevated indicating rapid irreversible virucidal activity of the disinfectant by dilution at a concentration of 5% v/v and 3% v/v.
- f) A difference of <0.5 log₁₀ should be observed between virus recovered directly from the virus recovery control at 30 minutes and virus from the same control recovered through an Illustra Microspin S-400 HR column.

According to EN 14476:2013 + A1:2015, **Protectus Viridis POSSESSES VIRUCIDAL** activity at a concentration of **3.0% v/v** as tested after **5 MINUTES** at 20°C under **CLEAN** conditions (0.3 g/l bovine albumin) against Murine norovirus (s99)/RAW 264.7 cells.

According to EN 14476:2013 + A1:2015, **Protectus Viridis POSSESSES VIRUCIDAL** activity at a concentration of **5.0% v/v** as tested after **2 MINUTES** at 20°C under **CLEAN** conditions (0.3 g/l bovine albumin) against Murine norovirus (s99)/RAW 264.7 cells.