

## FOOD EMPLOYEE HEALTH POLICY

### PURPOSE

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other “person-in-charge” (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

### POLICY

\_\_\_\_\_ is committed to ensuring the health, safety and well being of our employees and customers and complying with all health department regulations. All food employees shall report if they are experiencing any of the following symptoms to their PIC:

- ☆ Diarrhea
- ☆ Fever [Especially if accompanied by Sore Throat]
- ☆ Vomiting
- ☆ Jaundice
- ☆ Infected Cuts, Boils or Lesions [regardless of size] containing pus on fingers, hands or any exposed body part
- ☆ Any acute Gastrointestinal Symptoms

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact:

- |                            |                    |
|----------------------------|--------------------|
| ➤ Campylobacter            | ➤ Norovirus        |
| ➤ Cryptosporidium          | ➤ Salmonella spp.  |
| ➤ Cyclospora               | ➤ Salmonella Typhi |
| ➤ Entamoeba Histolytica    | ➤ Shigella         |
| ➤ Escherichia Coli O157:H7 | ➤ Vibrio Cholerae  |
| ➤ Giardia                  | ➤ Yersinia         |
| ➤ Hepatitis A              |                    |

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

- Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses.
- A member of their household is diagnosed with any of the above illnesses.
- A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses.

## FOOD EMPLOYEE RESPONSIBILITY

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Ohio law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

## PIC [PERSON-IN-CHARGE] RESPONSIBILITY

The PIC shall take appropriate action as specified in the Ohio Uniform Food Safety Code 3717-1-02.1 (D) to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions.

The PIC must exclude employees from the food operation until diarrhea or other symptoms have ceased and 2 consecutive stool samples are negative for the following **(exceptions are noted in brackets for specific agents)**:

- ☒ Salmonella spp.
- ☒ Shigella
- ☒ Escherichia Coli 0157:H7
- ☒ Campylobacter
- ☒ Vibrio Cholera
- ☒ Cryptosporidium [3 Negative Stool Samples]
- ☒ Giardia [3 Negative Stool Samples]
- ☒ Yersinia
- ☒ Hepatitis A [10 days after initial symptoms]
- ☒ Cyclospora [After diarrhea has ceased and antimicrobial therapy has commenced]

The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed.

Employee Signature:	Date:
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Person-In-Charge Signature:	Date:
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