

## EMPLOYEE HEALTH POLICY

<sup>1</sup>"**Food employee**" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

<sup>2</sup>"**Conditional employee**" means a potential FOOD EMPLOYEE to whom a job offer is made, conditional on responses to subsequent medical questions or examinations designed to identify potential FOOD EMPLOYEES who may be suffering from a disease that can be transmitted through FOOD and done in compliance with Title 1 of the Americans with Disabilities Act of 1990.

### PURPOSE

The purpose of the Food Employee Health Policy is to ensure that all food employees or conditional employees notify the Manager or person-in-charge (PIC) when the employee experiences any of the conditions listed so that appropriate steps are taken to avoid 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:

#### **Symptoms of:**

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (*such as boils and infected wounds, however small*).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.

#### **Diagnosis of:**

1. Norovirus
2. *Salmonella* Typhi (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The **manager or PIC must report to the Health Department** when an employee has one of these illnesses.

#### **Exposure to:**

1. An outbreak of Norovirus, *Salmonella* Typhi (typhoid fever), *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. Caring for someone who has been diagnosed with Norovirus, *Salmonella* Typhi (typhoid fever), *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A virus.

### **Reporting Exposure Periods:**

1. Salmonella Typhi                      30 Days
2. Shigella                                      Within 48 hours
3. EHEC or STEC                              3 Days
4. Hepatitis A                                  30 Days
5. Norovirus                                    Within 48 hours

### **FOOD EMPLOYEE RESPONSIBILITY**

All food employees/conditional employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees/conditional employees subject to the required work restrictions or exclusions that are imposed upon them as specified by the North Carolina Food Code (Rules Governing Food Protection and Sanitation of Food Establishments) shall comply with these requirements as well as follow good hygienic practices at all times. ***The employee will participate in training on the Employee Health Policy and will sign the Employee Health Policy Agreement annually. (Review of policy annually is optional.)***

### **PIC RESPONSIBILITY**

The PIC shall take appropriate actions as specified in the Food Code to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. 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 agreement 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. In addition, the PIC will train employees annually on the Employee Health Policy and obtain signed copies of the Employee Health Policy Agreement.

## Food Employee/Conditional Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the manager or Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (*such as boils and infected wounds, however small*).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.

### Reporting: Diagnosed "Big Five" Illnesses

I agree to report to the manager or PIC when I have been diagnosed with:

1. Norovirus **presently diagnosed with symptoms**
2. *Salmonella* Typhi (typhoid fever) **3 months without antibiotic therapy**
3. *Shigella* spp. infection **presently diagnosed with symptoms**
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection) **presently diagnosed with symptoms**
5. Hepatitis A **presently diagnosed with symptoms**

Note: The **manager or PIC must report to the Health Department** when an employee has one of these illnesses.

### Reporting: Exposure of "Big Five" Illnesses

I agree to report to the manager or PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. Caring for someone who has been diagnosed with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A virus.

### Reporting Exposure Periods:

- |                     |                 |
|---------------------|-----------------|
| 1. Salmonella Typhi | 30 Days         |
| 2. Shigella         | Within 48 hours |
| 3. EHEC or STEC     | 3 Days          |
| 4. Hepatitis A      | 30 Days         |
| 5. Norovirus        | Within 48 hours |

### Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded\*** or **restricted\*\*** from work.

*\*If you are excluded from work you are not allowed to come to work.*

*\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.*

### Returning to Work

If you are excluded from work for having symptoms of diarrhea and/or vomiting, you will not be able to return to work until **24 hours have passed** since your last episode of diarrhea and/or vomiting or you provide medical documentation from a physician.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, and/or Hepatitis A virus, you will not be able to return to work until **medical documentation from a physician is provided**.

If you are excluded from work for having been exposed to Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. Infection, *E. coli* infection, and/or Hepatitis A virus, you will not be able to return to work until the following post-exposure times: 48 hours for Norovirus; 3 days for *E. coli* or *Shigella*; 14 days for *Salmonella* Typhii; and 30 days for Hepatitis A virus or if cleared after a Igg vaccination.

**Agreement**

I understand that I must:

1. Sign this agreement annually.
2. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
3. Comply with work restrictions and/or exclusions that are given to me.

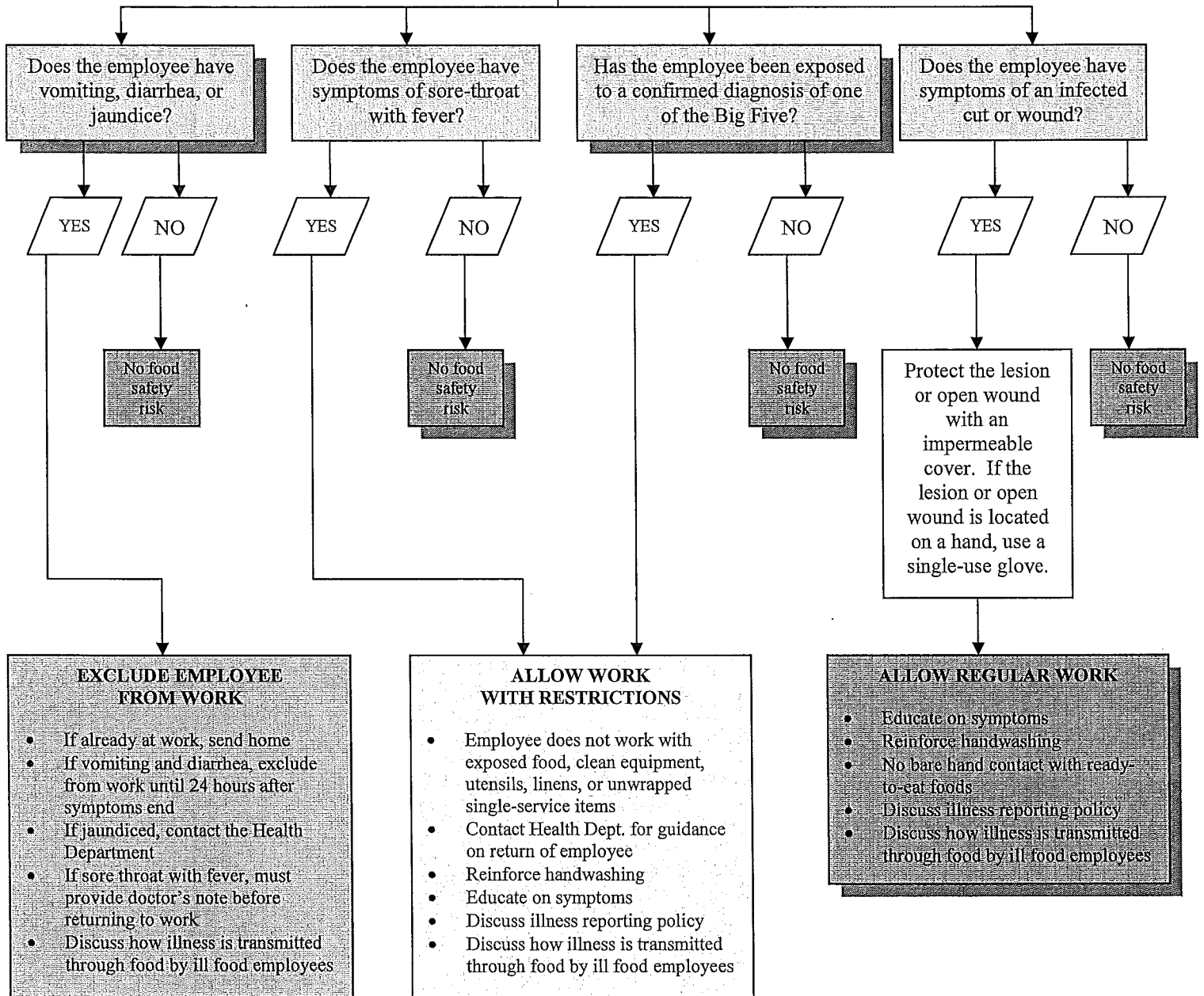
I understand that if I do not comply with this agreement, it may put my job at risk.

Employee Name (printed)	Employee Signature	Date
Manager/PIC Name (printed)	Manager/PIC Signature	Date

## Employee Illness Decision Guide for Person in Charge (PIC) of Establishments with General Populations (non-HSP)

To be used for employees working with general populations.  
Use this flow chart to determine if an employee with an **undiagnosed** illness can spread the illness through food and should be restricted or excluded from work.

Employee calls school to report illness,  
PIC asks EACH of the following questions:



If a food employee reports a **diagnosis of Norovirus, *E.coli* O157:H7, *Shigella*, Hepatitis A virus, or *Salmonella* Typhi**, immediately exclude the employee and contact the local Health Department for guidance.