

SAMPLE WRITTEN 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

Our Company 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
- Vomiting
- Jaundice (yellowing of the eyes or skin)
- Sore throat with fever
- Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

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 such as:

- Salmonellosis
- Shigellosis
- Escherichia coli
- Hepatitis A virus, or
- Norovirus

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 state law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices always.

EXCLUSION AND RESTRICTION FROM WORK

If a food employee has any of the symptoms or illnesses listed above, that employee may be excluded* or restricted** from work.

*If this food employee is excluded from work, he/she is not allowed to come to work.

**If this food employee is restricted from work he/she can come to work, but duties may be limited.

RETURNING TO WORK

If a food employee is excluded from work for having diarrhea and/or vomiting, he/she will not be able to return to work until more than 24 hours have passed since the last symptoms of diarrhea and/or vomiting. If this employee is 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, he/she will not be able to return to work until Health Department approval is granted.

PIC RESPONSIBILITY

The PIC shall take appropriate action as specified in the State Department of Health Rule (site rule #) 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 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.

AGREEMENT

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. 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.

I have fully read, understood and agree with the terms of this policy:

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____