## **Creating an Employee Health Policy Is Easy**

To create an Employee Health Policy, you must have a training meeting with your employees, one at a time or as a group, and review some very specific information.

There are four forms which are used to implement an Employee Health Policy. Two of the forms are for employees **and** person-in-charge and the other two are for the **person-in-charge only**:

Form #1 is titled “What is Foodborne Illness?”
Form #2 is titled “Employee Illness Reporting Agreement”
Form #3 is titled “Employee Absence/Illness Record”
Form #4 is titled "Decision Guide for the Person-In-Charge”

You will use Forms #1 and #2 when training your employees. Make enough copies for each employee to have his/her own copy to review.

**Form #1 – What is Foodborne Illness?**You must make the following important points:

1. Foodborne illness can make customers sick, and that can affect both the restaurant’s business and the employee.
2. The BIG SIX foodborne illnesses are highly contagious and can cause severe illness.
3. It is important for employees and managers to recognize the symptoms of the BIG SIX foodborne illnesses.

**Form #2 – Employee Agreement**You must make the following important points:

1. The employee agrees to report to the person-in-charge (manager) if:
	1. The employee experiences symptoms of a foodborne illness,
	2. A doctor tells the employee he/she is sick with a foodborne illness, or
	3. The employee is exposed to a foodborne illness through contact with another person.

Make the Employee Health Policy part of the training for all new employees. During inspections, the health department’s sanitarian (inspector) will ask for evidence that you are doing the training. To show that employees have received the employee Health Policy training, you should have a signed copy of the Employee Illness Reporting agreement on file for each employee. You may wish to create a binder containing the training materials (Form #1), a copy of the signed Employee Illness Reporting Agreement (Form #2) from each employee, a log of employees reporting illness (Form #3), and the Decision Guide for the Person-in-Charge (Form #4).

If you have any questions about the employee Health Policy, you may contact the Marshall County Health Department or get more information from the MCHD website: https://www.marshallcountyhealthdepartment.com/

## **What is Foodborne Illness**

People can become sick from eating contaminate food. This is called foodborne illness. Contaminated means there are bacteria or viruses in the food which can make people sick.

Sometimes the food in a restaurant can become contaminated because of the way an employee handles the food. If a customer becomes sick from eating contaminated food in a restaurant, there may be serious results. For example:

**Employee**

Contaminates the food by not washing his/her hands properly

**Customer**

Gets sick

Tells friends, relatives, and neighbors not to eat at restaurant

Complains to the health department

Could sue the restaurant in court

**Restaurant**

Loses business

Could go out of business

**Employee**

Could be out of a job

The foodborne illnesses which can most easily be spread by ill employees are:

|  |  |
| --- | --- |
| * Typhoid fever (caused by *Salmonella Typhi*)
 | * *E. coli*
 |
| * *Salmonella* (nontyphoidal)
 | * Hepatitis A virus
 |
| * *Shigella*
 | * Norovirus
 |

These illnesses are referred to as the **Big Six**. Often these illnesses have similar symptoms. It is important that an employee recognize the symptoms of foodborne illness:

|  |  |
| --- | --- |
| * vomiting
 | * skin infection such as open sores
 |
| * diarrhea
 | * jaundice (yellowing of the skin and/or the whites of the eyes)
 |
| * sore throat with fever
 |



**or = TELL YOUR MANAGER IF YOU ARE SICK**

**Form #1 – What is Foodborne Illness?**

## **Employee Illness Reporting Agreement**

You play an important role in providing safe food to the people who eat food prepared in the food establishment where you work. As a food handler, you have a responsibility to report the symptoms and conditions listed below.

I agree to report to the person-in-charge the following symptoms of foodborne illness:

* Vomiting
* Diarrhea
* Jaundice – yellow skin or eye color
* Sore throat with fever
* Infected wounds

I agree to report to the person-in-charge if a doctor says that I have one of the following infections:

* Typhoid fever (*Salmonella* *Typhi*)
* *Salmonella* (nontyphoidal)
* *Shigella*
* *E. coli*
* Hepatitis A virus
* Norovirus

I agree to report to the person-in-charge if I am exposed to foodborne illness in any of the following ways:

* I am exposed to a confirmed outbreak of foodborne illness,
* Someone who lives in my house is diagnosed with a foodborne illness, or
* Someone who lives in my house attends an event or works in a place which has a confirmed outbreak of foodborne illness.

**Employee Acknowledgement**

I understand that if I fail to meet the terms of this agreement, action could be taken by the food establishment or the Marshall County Health Department that may affect my employment.

|  |  |
| --- | --- |
| Employee Name (please print) |  |
| Employee Signature |  | Date |  |

**Form #2 – Employee Illness Reporting Agreement**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Absence/Illness Record** | **Instructions:** Use this log do monitor employee absences due to illness. Tracking absences will enable your establishment to better control the spread of foodborne illnesses. Please review and refer to your establishment’s Employee Health Policy. | **Manager/Employee Response:** | **Restricted Duties** |  |  |  |  |  |  |  |  |  |  |  |  | **\*If vomiting and diarrhea, exclude form work until 24 hours after symptoms end. If jaundice, contact the Health Department.** |  | **\*\*If a food employee reports a diagnosis of Shigella, Typhoid fever (caused by *Salmonella* *Typhi*), or *Salmonella* (nontyphoidal), *E. Coli*, Hepatitis A, or Norovirus, exclude the employee and contact the Health Department for Guidance. If Undiagnosed, refer to the Employee Illness Decision Guide.** | **Form #3** |
| **Contacted Health Department? Y/N** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Diagnosed?\*\* Y/N – If yes, name illness** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Consulted with Doctor? Y/N** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Excluded or Restricted from Work?\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Excluded or Restricted from Work?\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Symptoms Reported to manager by Employee** | **Other symptoms** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Vomiting (V), diarrhea (D),****Jaundice (J), sore throat with fever (ST), infected wounds (IW)?\*** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** | **\_\_\_V \_\_\_D \_\_\_J \_\_\_ST \_\_\_IW** |
|  | **Employee Name** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Reported** |  |  |  |  |  |  |  |  |  |  |  |  |

## **Decision Guide for the Person-In-Charge**

1. The Person-In-Charge (PIC) must make a decision if an employee tells the PIC he/she is sick with symptoms of foodborne illness or has been exposed to a person with a confirmed case of Norovirus, *Shigella*, *E. Coli*, Typhoid fever (caused by *Salmonella* Typhi), *Salmonella* (nontyphoidal), or Hepatitis A virus.
2. There are four (4) **blue** boxes on the page with a question in each box. The PIC must ask all four questions. Lines lead from the four **blue** question boxes to “**Yes**” or “**No**” answer boxes.
	1. If the answer to **all four** questions is “**No**,” there is no food safety risk and the employee can work as usual. However, the PIC should take the time to review the Employee Health Policy (Forms #1 and #2) with the employee.
	2. If the answer to the question in **any blue box** is “**Yes**,” the PIC must make a decision whether to let the employee work.
	3. Each “**Yes**” box has a line that leads to the decision the PIC must make depending on the question that was asked. The decision boxes are **magenta**, **orange**, and **green**.
		1. **Magenta** means the employee must be **EXCLUDED** – he/she cannot work
		2. **Orange** means the employee must be **RESTRICTED** – he/she can come to work, but they cannot do anything that gets them close to food or food contact surfaces – no food preparation or dishwashing, for example. They probably will not work in the kitchen at all. If you restaurant is not large enough for an employee to do other things than prepare food, you may decide to tell the employee to stay home.
		3. **Green** after a “**Yes**” answer means the employee can work as usual. However, the PIC should take time to review the Employee Health Policy (Forms #1 and #2) with the employee and reinforce their training on handwashing and no barehand contact with ready-to-eat foods.
3. The large **blue** box at the bottom of the page has one more important piece of information. If an employee is told by a doctor tha he/she is sick from Shigella, Typhoid fever (caused by Salmonella Typhi), Salmonella (nontyphoidal), E. coli, Norovirus, or Hepatitis A virus, you must call the Marshall County Health Department. There are specific steps to get the employee back to work. The health department will explain those steps.

 **Form #4 – Decision Guide for the Person-In-Charge (non-HSPs)**

**Employee Illness Decision Guide
Food Establishments NOT Serving a Highly Susceptible Population\***

\*NOTE: A “highly susceptible population” (HSP) means persons who are more likely than other people in the general population to experience foodborne disease because they are:

1. Immunocompromised, pre-school age children, or older adults, and
2. Obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

EXCLUDE EMPLOYEE FROM WORK

* If already at work, send home
* If vomiting or diarrhea, exclude from work until 24 hours after symptoms end
* If jaundiced, contact Health Dept.
* Discuss how illness is transmitted through food by ill employees

ALLOW WORK WITH RESTRICTIONS

* Employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service items
* Must provide a doctor’s note before resuming regular job duties
* Reinforce handwashing
* Educate on symptoms
* Discuss how illness is transmitted through food by ill employees

ALLOW REGULAR WORK

* Educate on symptoms
* Reinforce handwashing
* No barehand contact with ready-to-eat foods
* Discuss illness reporting policy
* Discuss how illness is transmitted through food by ill employees

Protect the lesion or open wound with an impermeable cover. If the lesion or open wound is located on hand, use a single-use glove.

If an employee reports a diagnosis of *E. coli*, *Shigella*, *Salmonella* (nontyphoidal), Typhoid fever (caused by *Salmonella* Typhi), Hepatitis A virus, or Norovirus, immediately exclude the employee and contact the Health Department.

No food safety risk

No food safety risk

No food safety risk

No food safety risk

Employee tells PIC they have symptoms of foodborne illness. PIC asks employee EACH of the following four questions:

Does the employee have vomiting, diarrhea, or jaundice?

Yes

No

Does the employee have symptoms of sore throat with fever?

Yes

No

Has the employee been exposed to a confirmed case of one of the Big Six?

Yes

No

Does the employee have symptoms of an infected cut or wound?

Yes

No