SCHOOL NUTRITION FOOD EMPLOYEE AND CONDITIONAL EMPLOYEE HEALTH POLICY FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Insert School Food Authority (SFA) name above>

PURPOSE

The purpose of the Food Employee Health Policy is to ensure all food employees or conditional employees notify the person in charge (PIC) when the employee experiences any of the conditions listed so appropriate steps are taken to avoid transmission of foodborne illness or communicable diseases.

POLICY

The SFA 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:

* Diarrhea
* Vomiting
* Jaundice (yellowing of the skin and/or eyes)
* Sore throat with fever
* Infected cuts or wounds, or lesions containing pus on the hand, wrist, or 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 PIC ensuring the condition is noninfectious.

Diagnosis of:

* Norovirus
* Typhoid fever (caused by *Salmonella* Typhi)
* *Shigella* spp. infection
* *E*. *coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
* Hepatitis A
* Non-typhoidal *Salmonella*

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

Exposure to:

* An outbreak of norovirus, typhoid fever (caused by *Salmonella* Typhi), *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
* Living with or caring for someone who has been diagnosed with norovirus, typhoid fever (caused by *Salmonella* Typhi), *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
* A household member attending or working in a setting with an outbreak of norovirus, typhoid fever (caused by *Salmonella* Typhi), *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.

**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 imposed upon them as specified by the North Carolina Food Code *(Rules Governing Food Protection and Sanitation of Food Establishments)* and the School HACCP Plan, shall comply with these requirements as well as follow good hygienic practices always. The employee will be educated about the Employee Health Policy and will sign the Employee Health Policy Agreement annually.

**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 symptoms, diagnoses, and exposures. 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 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. The PIC will maintain the Employee Illness Log contained in the HACCP Plan *Part 3: Monitoring and Record Keeping* on an as needed basis.

**School Nutrition Food Employee/Conditional Employee Health Policy Agreement**

**Reporting: Symptoms of Illness**

I agree to report to the 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, or 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 PIC confirming the condition is noninfectious.

**Reporting: Diagnosed “Big Six” Illnesses**

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

1. Norovirus
2. Typhoid fever (caused by *Salmonella* Typhi)
3. *Shigella* spp. infection
4. *E*. *coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A
6. Non-typhoidal *Salmonella*

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

**Reporting: Exposure of “Big Six” Illnesses**

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

1. An outbreak of norovirus, typhoid fever caused by *Salmonella* Tyhpi, *Shigella* spp. infection, *E*. *coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
2. Living with or caring for someone who has been diagnosed with norovirus, typhoid fever caused by *Salmonella* Typhi, *Shigella* spp. infection, *E*. *coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
3. A household member attending or working in a setting with an outbreak of norovirus, typhoid fever caused by *Salmonella* Typhi, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.

**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, typhoid fever caused by *Salmonella* Typhi, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, and/or non-typhoidal *Salmonella,* you will not be able to return to work until **medical documentation from a physician is provided.** An employee confirmed with norovirus should not return to work for 3 days.

If you are excluded from work for having been exposed to norovirus, typhoid fever caused by *Salmonella* Typhi, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, and/or non-typhoidal *Salmonella,*  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 typhoid fever (caused by *Salmonella* Typhi) or non-typhoidal *Salmonella*; and 30 days for Hepatitis A or if cleared after a IgG vaccination.

**Agreement**

I understand 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 given to me.

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

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| --- | --- | --- |
|  |  |  |
| Employee Name (printed) | Employee Signature | Date |
|  |  |  |
| Person in Charge Name (printed) | Person in Charge Signature | Date |