**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) Note: The **PIC must report to the Health Department** when an employee has this symptom.
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 indicating the condition is noninfectious.

**Reporting: Diagnosed “Big Six” Illnesses** (Note: The **PIC must report to the Health Department** when an employee has one of these 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*

**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* Typhi, *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 can 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 docu-mentation 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 an 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 |