

Policy No.	Policy Name	
	Culinary & Nutritional Services Employee Health Policy	
Effective Date	Revised Date	Next Review Date
Author Title	Approver Title	
Division Director of Culinary & Nutritional Services	Division Director of Culinary & Nutritional Services	
Attachments or Other Resources		

I. Purpose

The purpose of the Culinary & Nutritional Services (CNS) Employee Health Policy is to ensure that all food employees notify the Department Director 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.

II. Policy

Ohio Living CNS is committed to ensuring the health, safety and well being of our residents, employees and customers and complying with all health department regulations.

All food service employees must 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, and any other exposed body part however small.

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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.

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3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or HepatitisA virus.

III. Procedure

EMPLOYEE RESPONSIBILITY

All culinary employees must follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All culinary employees are subject to the required work restrictions or exclusions that are imposed upon them as specified by the Ohio Food Code and 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 upon hire.

PIC (PERSON IN CHARGE) 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 above mentioned conditions. The PIC will ensure these actions are followed and only release the ill food service employee to unrestricted work 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 will train employees upon hire on the Food Service Employee Health Policy and obtain signed copies of the policy to become part of the permanent file.

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The PIC will 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 continue to promote and reinforce awareness of this policy to all food service employees on a regular basis to ensure it is being followed.

Food Service 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).

Reporting: Diagnosed “Big Five” Illnesses

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

1. Norovirus
2. Salmonella Typhi (typhoid fever)

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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.

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 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 infection, E. coli infection, or Hepatitis A virus.

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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 Infection, E. coli infection, and/or Hepatitis A virus, you will not be able to return to work until the following time has passed: 48 hours for Norovirus; 3

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days for E. Coli or Shigella; 14 days for Salmonella Typhii; and 30 days for Hepatitis A virus.

Agreement

I understand that I must:

1. Sign this agreement upon hire.
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 _____