

## **Employee Health Policy (Sample)**

### **Food Employee or Conditional Employee Reporting Agreement**

The purpose of this agreement is to inform food employees and conditional employees (potential employee to whom a job offer is made) of their responsibility to notify the "Person-in-Charge" (PIC) when they are experiencing any of the conditions listed so that the appropriate steps can be taken to avoid and transmission of foodborne illness or communicable disease. A food employee or conditional employee must report information such as the date when illness symptoms or an illness first started, or of an illness diagnosis with no symptoms.

### **PIC Responsibility**

The PIC shall take swift appropriate action when they become aware of a food employee who is experiencing symptoms or has been diagnosed with an illness as described below. The PIC shall notify their local Health Department when it is determined that a food employee worked within the facility when they had symptoms or an illness that is described below.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided.

The PIC will ensure that all food employees have read the Employee Health Policy and sign-off that they agree and will follow all reporting requirements

(Your facility/organization name) is committed to ensuring the health and safety of all its employees and customers by complying with the Ohio Uniform Food Safety Code.

### **Food Employee Responsibility**

All employees shall read and sign off on the reporting requirements and comply with exclusions or restriction from working with food when applicable.

### **I (Employee name) AGREE TO REPORT TO THE PERSON IN CHARGE**

**Any of the following symptoms immediate, either while at work or outside of work, including the date when the symptoms first started:**

- Diarrhea
- Fever
- Vomiting
- Jaundice (yellowing of the eyes or skin)
- Sore throat with fever
- Lesions containing pus such as a boil or open infected wound on the fingers, hands, wrist or any exposed portion of the arm or other body part (unless the lesion is protected by disposable gloves, or a dry tight-fitting bandage).

**If a health care provider has diagnosed me with any of the illness, the PIC must notify Hamilton County Public Health when a food employee is diagnosed with any of these illness or conditions:**

#### **A. Any of the following illnesses:**

- Campylobacter
- Cryptosporidium
- Cyclospora
- Entamoeba histolytica
- Shiga Toxin E. coli
- Giardia
- Hepatitis A
- Norovirus
- Salmonella spp.
- Salmonella Typhi
- Shigella
- Vibrio cholerae
- Yersinia

**B. Any illness that was diagnosed by a health care provider, within the past three months due to Salmonella Typhi (without having received antibiotic therapy).**

**C. 1.) If I am the suspected cause of or exposed to a confirmed disease outbreak; 2.) Attend or work in a setting where there is a confirmed disease outbreak; 3.) Live in the same household with a person who attend or works in a setting of a confirmed outbreak of any of the following:**

- Norovirus within the past forty-eight hours of the last exposure.
- Shiga Toxin producing E. coli, or Shigella spp. Within the past three days of the last exposure.
- Salmonella Typhi within the past 14 day of the last exposure.
- Hepatitis A within the past thirty days of the last exposure.

**The PIC must ensure that a conditional employee:**

- Is prohibited from becoming a food employee until exclusions or restrictions are removed if they exhibit the symptoms or are diagnosed with any of the illnesses that were listed previously.
- Is prohibited from becoming a food employee in an operation that serves highly susceptible population (define highly susceptible) until exclusions or restrictions are removed if they report a high-risk condition or any of the illnesses listed in the previous paragraph.

**The PIC shall restrict the duties of a food employee that exhibits any of the previously listed symptoms.**

**The PIC shall restrict the duties of or exclude a food employee from the operation if they have been diagnosed with any of the 13 previously listed illnesses.**

**The PIC may remove an exclusion or restriction due to an illness diagnosed if the food employee is release by a health care provider or approved by Hamilton County Public Health. The PIC may remove a restriction if it was due to previously listed symptoms if the symptoms have ceased and the symptoms were not from one of the 13 previously listed illnesses.**

Exclude means to prevent the employee from working in the operation or entering the operation as an employee.

Restriction means to prevent the employee from working with clean equipment, utensils, linens, or unwrapped single service items.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Ohio Uniform Food Safety Code. I understand that failure to comply with the terms of this agreement could lead to action by my employer or Hamilton County Public Health that may impact my employment or involve legal action against me.

Food employee name (print) \_\_\_\_\_

Signature of food employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of permit holder or PIC \_\_\_\_\_ Date \_\_\_\_\_

**\* For more information, please visit HCPH.org or call the Environmental Health Division at (513) 946-7847**