

Establishment Name
FOOD EMPLOYEE HEALTH POLICY

PURPOSE

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other “person-in-charge” (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

POLICY

The _____ 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 if they are experiencing any of the following symptoms to their PIC:

- Diarrhea
- Fever
- Vomiting
- Jaundice
- Sore throat with fever
- Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:

- Salmonellosis
- Shigellosis
- Escherichia coli
- Hepatitis A virus, or
- Norovirus

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

- Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
- A member of their household is diagnosed with any of the above illnesses
- A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

FOOD EMPLOYEE RESPONSIBILITY

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Indiana law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

PIC RESPONSIBILITY

The PIC shall take appropriate action as specified in the Massachusetts Federal Food Code to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. 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 that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire 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.

CERTIFICATION REQUIREMENT(S)

- ServeSafe <https://www.servsafe.com/ServSafe-Manager/Get-Certified>
- Allergen Awareness <https://www.servsafe.com/access/ss/Catalog/ProductList/56>
- Anti-choking (only required if your establishment seats 25 or more)
 - Anti-choking can be obtained by completing a CPR course that will give you a certificate at the end. Please note that some CPR courses do not give you a certificate. It is important that you complete the course that will provide you with a certificate.
 - *Below are a few contacts in which you can obtain an anti-choking certificate:*
 - Wayne Perry (508) 965-6633 – he will come to your establishment
 - Daniel C. Shea, MPH of M.S. Consulting (508) 243-0858
 - New Bedford Health Department (508) 991-6199
 - American Red Cross
<https://www.redcross.org/take-a-class/cpr/cpr-training/cpr-certification>
 - American Heart Association
http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp

By signing, you are stating you have read the policy in full, understand and comply with the certification(s) required of your establishment.

Signature: _____ Title: _____

Date: _____ Name of Establishment: _____