



Jersey County Health Department

1307 State Hwy. 109
Jerseyville, Illinois 62052
Equal Opportunity Employer

Phone: 618-498-9565
FAX: 618-498-6291
Website: www.jerseycountyhealth.org

EMPLOYEE ILLNESS REPORTING POLICY

Facility Name: _____

Facility Location: _____

Effective Date: _____

Purpose: The purpose of the Employee Illness Reporting Policy is to ensure that all appropriate steps are taken to prevent transmission of foodborne illness or communicable diseases by food employees.

Policy:

The _____ (facility name)

located at _____ (facility location)

is committed to ensuring the health, safety, and well-being of our employees and customers.

_____ I agree to take appropriate action as specified in the 2017 FDA Food Code to restrict, exclude, and/or monitor food employees who have reported any of the following conditions: vomiting, diarrhea, jaundice (yellowing of eyes or skin), sore throat with fever, and/or infected wounds.

_____ If a food employee is jaundiced, I agree to contact the Jersey County Health Department immediately.

_____ I agree to contact the Jersey County Health Department if a food employee reports a diagnosis of Shiga toxin-producing E. Coli (STEC), Salmonella Typhi or nontyphoidal Salmonella, Shigella, Hepatitis A, or Norovirus immediately.

_____ I agree to ensure that all food employees complete the food employee health policy agreement upon hire and sign the form acknowledging their awareness of this policy. I further agree to keep record of these documents and have them readily available at the request of the Jersey County Health Department.

Permit Holder / PIC Name (please print): _____

Signature of Permit Holder/PIC: _____ Date _____

Inspector Signature: _____ Date _____

RETAIL FOOD ESTABLISHMENT EMPLOYEE HEALTH POLICY

I agree to report to the person in charge:

Any onset of the following symptoms, either while at work or outside of work, including the date of onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print): _____

Signature of Conditional Employee: _____ Date _____

Food Employee Name (please print): _____

Signature of Food Employee: _____ Date _____

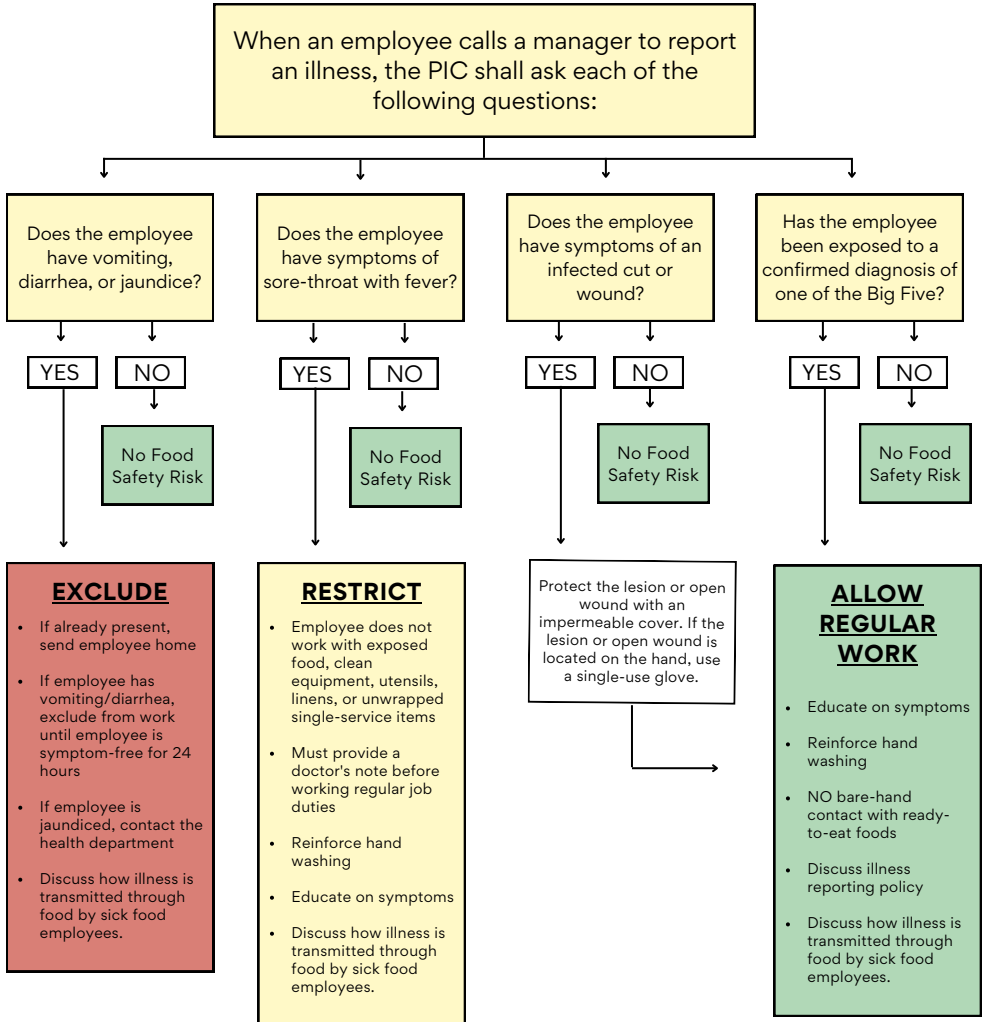
Permit Holder / PIC Name (please print): _____

Signature of Permit Holder/PIC: _____ Date _____

Jersey County Health Department

EMPLOYEE ILLNESS DECISION GUIDE

Use this flow chart as a guide to determine if an employee with an **undiagnosed** illness can spread the illness through food and should be restricted or excluded from work.



If a food employee reports a diagnosis of **Norovirus, Shiga toxin-producing E.Coli (STEC), Shigella, Hepatitis A virus, or Salmonella Typhi**, IMMEDIATELY exclude the employee and contact the Jersey County Health Department at 618-498-9565 ext. 321 for guidance.

Criteria for Exclusion from Work: Any food employee with an illness due to the 5 listed above must report the diagnosis to the manager. The employee MUST be excluded from working in the retail food establishment, and the law requires the manager to notify the Jersey County Health Department immediately.

Employee Illness Log

Report Date	Employee Name	Symptoms/ Illnesses Reported to the Manager						Diagnosed?	
		Vomiting**	Diarrhea**	Jaundice (yellowing of eyes or skin)	Fever	Respiratory (cough, sore throat, runny nose)	Action Taken	Date Returned to Work	<i>E. coli</i> O157:H7, <i>Salmonella</i> , <i>Shigella</i> , or Hepatitis A

Employees with diarrhea or vomiting **MUST BE EXCLUDED from work for at **LEAST 24 HOURS** after symptoms are gone or must provide written documentation from a health practitioner that states the symptom is from a noninfectious condition.

The person-in-charge is required to notify the Jersey County Health Department if a food employee is jaundiced or reports a diagnosis of Shiga toxin-producing E. Coli (STEC), Salmonella Typhi or nontyphoidal Salmonella, Shigella, Hepatitis A, or Norovirus immediately.