Employee Health and Personal Hygiene Handbook

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INTRODUCTION

The Food and Drug Administration (FDA) has developed this *Employee Health and Personal Hygiene Handbook* to encourage practices and behaviors that can help prevent food employees from spreading viruses and bacteria to food. It provides information in a question-and-answer format that food establishment management and food employees can use to prevent the spread of disease. This handbook also provides easy reference to forms and tables that food establishments and the public health community may find useful when training staff and addressing employee health and hygiene matters. The information in this handbook is taken from those provisions in the *2005 FDA Food Code* and its *Supplement* aimed at preventing ill food employees from transmitting disease.

The Centers for Disease Control and Prevention (CDC) and FDA cite five highly infective pathogens that can easily be transmitted by food workers and cause severe illness. These five foodborne pathogens, also known as the "Big 5," include Norovirus, the Hepatitis A virus, *Salmonella* Typhi, *Shigella* spp., and *Escherichia coli* (*E.coli)* O157:H7 or other Enterohemorrhagic or Shiga toxin-producing *E. coli*. Other, less infectious pathogens that can also be transmitted by food employees to consumers through contaminated food include *Staphylococcus aureus*, *Salmonella* spp., and *Streptococcus pyogenes*.

This handbook highlights a combination of three interventions that can be effective in prevention of the transmission of foodborne viruses and bacteria in food establishments. These interventions include: (a) restricting or excluding ill food employees from working with food; (b) using proper handwashing procedures; and (c) eliminating bare hand contact with foods that are ready-to-eat (RTE). Concurrent use of each intervention will help prevent the transmission of viruses, bacteria, and protozoan oocysts from food employees to consumers through contaminated food.

Proper management of a food establishment involves ensuring that food employees do not work when they are ill and having procedures for identifying employees who may transmit foodborne pathogens to food, other employees, and customers.

Management must ensure that food employees and "conditional" hires alike are aware of the reporting requirements for foodborne illness symptoms and diagnoses. When a food employee or conditional food employee reports either an exposure to, symptoms of, or a diagnosis with foodborne illness, the person in charge (PIC) must take action to prevent the transmission of foodborne bacteria and/or viruses from the infected food employee to the food. The PIC must understand the requirements for restricting, excluding, and reinstating food employees.

A correlation between the severity of a food employee's clinical illness and the level of exclusion and restriction required to eliminate the risk has been established. These levels were created to protect public health while avoiding unnecessary disruption to the employee schedule and the retail establishment's operation.

Proper handwashing reduces the spread of fecal-oral pathogens from the hands of a food employee to foods. Handwashing can also help reduce the transmission of other pathogens from environmental sources. Effective handwashing includes scrubbing, rinsing, and complete drying of hands and is essential for minimizing the likelihood of cross-contamination. The fingernails and surrounding areas are often the most contaminated parts of the hand and are also the most difficult part of the hand to get clean. Every stage of handwashing is equally important and has an effect in reducing contamination of the hands.

Handwashing alone might not always successfully remove pathogens from heavily contaminated hands, and infected food employees may not always be identified and removed from food preparation activities.

"No Bare Hand Contact" is the practice of preventing direct contact with bare hands while handling RTE foods. This practice provides a secondary protection against the contamination of foods that do not require further cooking with microbial pathogens from the hands of ill food employees.

The *2005 FDA Food Code* recognizes the increased risks of foodborne illness in highly susceptible populations (HSPs) such as the very young, older adults, and those with compromised immune systems. Food establishments in health care; assisted living, child or adult day care, hospitals, nursing homes, nursery schools, and senior citizen centers are required to take additional precautions to prevent the transmission of foodborne illness.

For additional information about food safety, employee health and hygiene, and prevention of foodborne illness, go to the FDA/Center for Food Safety and Applied Nutrition's (CFSAN's) Retail Food web page at: http://www.cfsan.fda.gov/~ear/retail.html.

SOURCE:

Adapted from the *2005 FDA Food Code* and its *Supplement,* U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration

http://www.cfsan.fda.gov/~dms/fc05-toc.html (*FDA 2005 Food Code*)

http://www.cfsan.fda.gov/~dms/fc05-su2.html (*Supplement to the 2005 Food Code*)

Acknowledgements:

- FDA National Retail Food Team-Marketing Work Group
- FDA CFSAN Retail Food Protection and Cooperative Programs Coordination Staff/ Retail Food Protection Team

FOODBORNE ILLNESS

What causes foodborne illness?

Over 40 different kinds of bacteria, viruses, parasites, and molds that may occur in food can cause foodborne illness. A foodborne illness is commonly referred to as food poisoning or "stomach flu."

What is a foodborne illness outbreak?

An outbreak is two or more confirmed cases of a similar illness resulting from the ingestion of a common food.

Who is affected by foodborne illness?

The general population is at risk for foodborne illness. Those individuals categorized as part of a Highly Susceptible Population (HSP) are more likely to experience a severe case of foodborne illness because they are:

- Immunocompromised, that is, have an immune system which has been impaired by disease or medical treatment;
- Preschool-age children;
- Elderly;
- Sick; or
- Confined to facilities that provide custodial care.

What are the "Big 5" foodborne pathogens?

The Big 5 is a group of highly infectious foodborne pathogens. These Big 5 pathogens have a low infectious dose, contaminate the gastrointestinal system after ingestion, and are shed in feces. These pathogens shed in high numbers. A food employee infected with a Big 5 pathogen will typically shed hundreds of thousands of pathogens in their feces that can be easily transmitted to food even when good handwashing practices are used. Consequently, the illness experienced by the consumer can be very severe.

The Big 5 includes:

- Norovirus;
- *Salmonella* Typhi (typhoid-like fever);
- *E. coli* O157:H7, Enterohemorrhagic or Shiga toxin-producing *E. coli;*
- *Shigella* spp. (causes shigellosis); and
- Hepatitis A virus.

What are the common symptoms of foodborne illness?

Common symptoms of foodborne illness typically include diarrhea and/or vomiting.

What is a common symptom of the hepatitis A virus?

Jaundice, a common symptom of the hepatitis A virus, often results in a yellowing of the skin, mucous membranes, and white portion of the eyes.

EMPLOYEE HEALTH AND THE FOOD ESTABLISHMENT

What symptoms of foodborne illness should food establishments be most concerned about?

Food establishments should be most concerned about the following symptoms:

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists

What should food employees do when they have symptoms of vomiting or diarrhea?

If at work:

- Stop work immediately;
- Report to management; and
- Go home and return after at least 24 hours have passed since the vomiting and diarrhea symptoms ended.

If the symptoms occur before the employee arrives to work, he or she should:

- Notify the manager by telephone; and
- Do not report to work until at least 24 hours have passed after the diarrhea and vomiting symptoms have ended.

What should food employees do if they are not feeling well and their skin or eyes turn yellow?

Report the symptoms to their manager or employee health department immediately and seek medical attention. The employee should not return to work until after receiving clearance from a health practitioner. If the employee is jaundiced for more than 7 days, clearance from the local health department is required.

What should food employees do if they have an infected wound or cut on their hand or arm?

Report the wound or cut to the manager, and then properly cover it with a clean, impermeable bandage and a single-use glove (for hand wounds), before returning to work.

What should food employees do if they have a sore throat with fever?

Report the illness to the manager and, if possible, continue working while remaining aware that the manager could consider reassignment to a position that does not include the handling of food, food-contact equipment, utensils, or single-service articles. If the employee works in a food establishment serving an HSP, such as a hospital, nursing home, assisted living facility, or a day care center, the employee must stop working and go home until obtaining a clearance from a health practitioner and presenting it to the manager.

Where can food employees learn more about preventing foodborne illness and following effective food safety practices?

Foodborne illness information resources:

FDA/CFSAN Foodborne Illness link
http://www.cfsan.fda.gov/~mow/foodborn.html

The "Bad Bug Book" (*Foodborne Pathogenic Microorganisms and Natural Toxins Handbook*)
http://www.cfsan.fda.gov/~mow/intro.html

CDC National Center for Infectious Diseases
http://www.cdc.gov/ncidod/diseases/food/index.htm

Gateway to Government Food Safety Information
http://www.foodsafety.gov

You can also get information from a state or local health department, the U.S. Department of Agriculture, a tribal authority, or a public research university or extension program.

EMPLOYEE HEALTH - MANAGEMENT RESPONSIBILITIES

What is a food establishment manager's responsibility for ensuring that food employees are trained on the reporting of symptoms and the diagnosis of foodborne illness?

The manager or PIC is to make certain that food employees are trained on the subject of the:

- Causes of foodborne illness;
- Relationship between the food employee's job task, personal hygiene, and foodborne illness;
- Requirements for reporting; and
- Specific symptoms, diagnoses, and exposures that must be reported to the PIC.

What is a manager's responsibility regarding informing food employees of their reporting requirements?

(See Form 1-B and refer to Guide 3-C in Annex 7 of the *2005 Food Code*)

Management should explain to food employees the importance of reporting specific symptoms and any diagnoses or exposures to foodborne illness. Things to be reported to management include:

- Vomiting, diarrhea, jaundice, sore throat with fever, or any exposed boil or open, infected wounds or cuts on the hands or arms;
- An illness diagnosed by a health practitioner that was caused by: *Salmonella* Typhi or typhoid-like fever, *Shigella* spp., Norovirus, hepatitis A virus, *E. coli* O157:H7 or other Enterohemorrhagic or Shiga toxin-producing *E. coli;*
- Past illnesses with typhoid-like fever within the past 3 months, unless treated with antibiotics; and
- Exposure to typhoid-like fever, shigellosis, Norovirus, hepatitis A virus, *E. coli* O157:H7 or other Enterohemorrhagic or Shiga toxin-producing *E. coli,* by eating or serving food that was implicated in a foodborne illness outbreak or if residing with a diagnosed individual.

What should a manager do when a food employee reports symptoms of vomiting or diarrhea?

(See Decision Tree 1 and Table 1a (and Table 1b if diagnosed))

Ask the food employee to stop work immediately and leave the food establishment. Permit a return to work no sooner than 24 hours after vomiting and diarrhea have ended.

What should a manager do when a food employee reports symptoms of jaundice?
(See Decision Tree 1 and Table 1a)

- Have the food employee stop work immediately.
- Inquire about how long the employee has been experiencing jaundice or associated symptoms of jaundice.
- Have the food employee leave the food establishment if he or she has had jaundice or has been experiencing symptoms of jaundice for less than 7 days.
- Report cases of jaundice to the regulatory authority and have the food employee's return to work approved by a regulatory authority.

What should a manager do when a food employee reports symptoms of sore throat with fever?
(See Decision Tree 1 and Table 1a)

- Place the employee on restricted duty, that is, no working with or around food.
- Allow food employees to return to work with written medical documentation from a health practitioner.
- If the food employee works in a facility that serves an HSP, exclude the food employee from the food establishment.

What should a manager do if a food employee has or reports an exposed boil or infected wound that is open and/or draining on the hands or arms?
(See Decision Tree 1 and Table 1a)

Restrict any employee from working with food who has an infected skin lesion with pus, like a boil or infected wound that is not properly covered. The manager can lift the restriction once the infected area is properly covered or healed.

What should the manager of a food establishment serving an HSP do if an employee reports an exposure to foodborne illness?
(See Decision Tree 2 and Table 4)

Restrict the food employee and make sure that training is provided about:

- The foodborne illness and related symptoms;
- Handwashing procedures;
- The prevention of bare hand contact with RTE foods; and
- The length of restriction and what is required to have the restriction lifted.

The manager must restrict food employees exposed to:

- Norovirus, for at least 48 hours from the time of exposure;
- *Shigella* spp. or *E. coli* O157:H7, for at least 3 days from exposure;
- *Salmonella* Typhi, for at least 14 days from exposure; or
- Hepatitis A virus, until after training has been given about symptoms, the use of bare hand contact with RTE food to avoid contamination, proper handwashing, or until at least 30 days from the initial exposure.

EMPLOYEE HEALTH - EMPLOYEE RESPONSIBILITIES

Do food employees have a responsibility to prevent foodborne illness?

Yes, food employees share the responsibility with management for preventing foodborne illness and are required to know:

- The relationship between their job responsibilities and the potential risks of foodborne illness;
- How employee health is related to foodborne illness;
- The need to immediately report symptoms of vomiting, diarrhea, jaundice, sore throat with fever, diagnosis of illness caused by a Big 5 pathogen, exposure to a Big 5 pathogen, or an exposed infected wound or cut on the hands or arms to their manager (see Form 1-B);
- How restriction and/or exclusion from working with food prevents foodborne illness; and
- How proper hand hygiene and no bare hand contact with RTE food can prevent foodborne illness.

Can food employees work if their symptoms are from a non-infectious condition?

Yes, food employees can work as long as they can provide medical documentation indicating that the symptoms are from a non-infectious condition. Some non-infectious conditions include Crohn's disease (an ongoing disorder that causes inflammation of the gastrointestinal system), irritable bowel syndrome, some liver diseases, and symptoms commonly experienced during stages of pregnancy.

If an infected wound, cut, or burn is covered, can employees continue working?

Yes, food employees can continue working as long as the wound, cut, or burn is properly covered with a waterproof cover like a finger cot and a disposable glove, or a dry, durable, tight-fitting bandage.

What types of exposure must food employees report to management?

If a food employee is exposed to any of the following situations, it must be reported, such as in cases of:

- Ingesting or handling food that was implicated in a foodborne outbreak;
- Consuming food that was prepared by someone with an illness that resulted from one of the Big 5 pathogens;

- Attending or working in a location that had a confirmed foodborne illness outbreak;
- Living with someone who works or was in a location that was known to have had a foodborne illness outbreak; or
- Living with someone who was diagnosed with an illness that resulted from one of the Big 5 pathogens.

What other precautions can a food employee take to prevent the spread of foodborne illness?

Food employees can help prevent foodborne illness by:

- Not touching RTE food with bare hands;
- Washing hands frequently, especially whenever they are soiled or have touched anything that has contaminated them;
- Not working when ill;
- Knowing all aspects of food handling and the risk factors associated with foodborne illness; and
- Being aware that uncontrolled risk factors can cause consumers to have foodborne illness.

EMPLOYEE HEALTH - EXCLUSIONS AND RESTRICTIONS

What is "exclusion"?

Exclusion means a food employee is not permitted to work in or enter a food establishment as a food employee. This requirement applies to areas where food is received, prepared, stored, packaged, served, vended, transported, or purchased.

What is "restriction"?

Restriction means a food employee's activities are limited to prevent the risk of transmitting a disease that is transmissible through food. A restricted employee cannot work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

Who can exclude or restrict a food employee?

The PIC of an establishment has the authority to exclude or restrict a food employee from a food establishment to prevent the transmission of disease through food. The regulatory authority also has the authority to exclude or restrict a food employee who is suspected of being at risk of transmitting foodborne illness.

When is an exclusion or a restriction initiated?

The need for exclusions and restrictions is based on the level of risk for transmitting disease through food. Four levels of risk determine when to apply exclusions and restrictions. The levels range from the highest risk to public health, which consists of active symptoms of diarrhea, vomiting, or jaundice, to the lowest risk level, wherein individuals are well but have been exposed to one of the Big 5 pathogens.

The appropriate action also depends on whether or not the establishment is one that serves HSPs.

Keep in mind that excluded individuals may not work in a food establishment in any capacity although they can enter the establishment as a customer. If food employees are restricted or excluded in one food establishment, they may not work as unrestricted food employees elsewhere.

Further, a restricted food employee's job duties must not allow contact with exposed food, utensils, food equipment, single-service or single-use articles, or linens. Job duties for restricted individuals may include working as a cashier, seating patrons, bussing tables, stocking canned or other packaged foods, or working in non-food cleaning or maintenance tasks.

To simplify when to exclude or restrict employees, refer to the decision trees and tables that are available in this handbook as well as the *2005 FDA Food Code* and its *Supplement*.

- See Tables 1a and 1b in this handbook and in the *2005 FDA Food Code,* for the appropriate action to take if symptoms are reported.
- See Table 2 in this handbook and in the *2005 FDA Food Code,* for the appropriate action to take if the diagnosis reported is Norovirus, shigellosis, or *E. coli* O157:H7 or other Enterohemorrhagic *E. coli* and symptoms have been resolved.
- See Table 3 in this handbook and in the *2005 FDA Food Code,* for the appropriate action to take if the diagnosis reported is typhoid fever (*S*. Typhi) or hepatitis A, but the food employee is asymptomatic (never develops symptoms).
- See Table 3 in this handbook and in the *2005 FDA Food Code,* for the appropriate action to take if the diagnosis reported is Norovirus, shigellosis (*Shigella* spp.), *E. coli* O157:H7 or other Enterohemorrhagic *E. coli,* but the food employee is asymptomatic (never develops symptoms).

What actions should the PIC take when employees or conditional employees report exposure without being diagnosed or experiencing symptoms of foodborne illness?

The PIC must take action to prevent the transmission of foodborne bacteria and viruses from infected food workers to food. Use the information below to determine whether the appropriate action to take is to use exclusion or restriction, or to simply increase awareness concerning handwashing and handling of food. Consult the local regulatory authority or food inspector to confirm how state or local codes and ordinances may apply.

In establishments serving an HSP:

- Restrict employees exposed to: Typhoid fever, shigellosis, Norovirus, and *E. coli* O157:H7 or other Enterohemorrhagic or Shiga toxin-producing *E. coli*.

For an employee exposed to the hepatitis A virus, the PIC should:

- Restrict the employee;
- Educate the employee about strict adherence to handwashing procedures to ensure that no bare hand contact is occurring with RTE food for at least 30 days; or
- Obtain medical documentation of immunity through a previous hepatitis A virus infection, previous immunization, or IgG vaccination.

In establishments serving the general public, educate exposed employees about reporting, symptoms, diagnosis, handwashing, and no bare hand contact with RTE food.

Who can lift the exclusions and restrictions?

In many cases, the manager or PIC removes, adjusts, or retains the exclusion or the restriction. In some cases, an approval from a regulatory authority and a medical practitioner is required to lift an exclusion or restriction.

Allowing food employees to return to work after restriction or exclusion depends on several factors. Each of the Big 5 foodborne pathogens has unique characteristics of its illness. How long pathogens are shed in the stool and vomit affects when a food employee can return to work.

Considerations for the PIC include:

- Was the employee asymptomatic?
- Is medical documentation required?
- Is regulatory authority approval required for return to work?

  Note: Consult with your local jurisdiction, and use the following instructions to determine when an employee may return to work after restriction or exclusion.

Further details are available in this handbook and in section 2-201.12, Tables 1a-4 in Annex *3 - Public Health Reasons/Administrative Guidelines* of the *2005 Food Code*.

- See Table 1a in this handbook and in the *2005 FDA Food Code* for information on when to reinstate an employee who was restricted or excluded only because of symptoms.
- See Table 1b in this handbook and in the *2005 FDA Food Code* for information on when to reinstate an employee who was excluded or restricted because of a diagnosis with or without symptoms.
- See Table 4 in this handbook and in the *2005 FDA Food Code* for information on when to reinstate an employee who was restricted at a facility serving an HSP because of a history of exposure with no following symptoms or diagnosis.

EMPLOYEE HEALTH AND THE AMERICANS WITH DISABILITIES ACT

What is Title 1 of the Americans with Disabilities Act of 1990 (ADA)?

Title I of the ADA is a federal law that prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment.

Title I also limits an employer's ability to make disability-related inquiries and require medical examinations at three stages of the employment relationship – pre-offer, post-offer, and during employment:

- Prior to extending a conditional offer of employment, employers may not ask any disability-related questions or require medical examinations, even if related to the job. This means that employers may not ask job applicants about the existence, nature, or severity of a disability.
- Once a conditional offer of employment is made, an employer may make disability-related inquiries and conduct medical examinations, regardless of whether they are related to the job, as long as the employer does so for all entering employees in the same job category.
- After employment begins, an employer may make disability-related inquiries and require medical examinations *only* if they are job-related and consistent with business necessity.

Should a food establishment make a conditional offer of employment prior to making inquiries about an applicant's medical health status?

Yes, in order to comply with the ADA and the *FDA Food Code,* a food establishment must make a conditional job offer to the potential food employee before making medical inquiries. Once a conditional job offer is made, employers may ask medical questions and require medical exams, as long as employers treat all applicants the same for the same type of job. See Form 1-A.

Does the ADA require that employers provide reasonable accommodations to qualified job candidates and employees with disabilities?

Yes. A reasonable accommodation is a change in the work environment or in the way a job or parts of a job are customarily done that enables a person with a disability to enjoy equal employment opportunities.

What should an employer do if a food employee who has been excluded due to an illness resulting from a Big 5 pathogen requests a reasonable accommodation under the ADA?

For most people, having a disease resulting from one of the Big 5 pathogens does not constitute having a disability under the ADA. These diseases are usually short-term. If a person does not have an ADA disability, the food service employer may follow the Food Code's guidance on exclusions without considering the ADA. However, the employer should not assume that a disease resulting from a Big 5 pathogen is *never* a disability. If an employee requests a reasonable accommodation after being excluded, the employer should question the employee to determine whether he or she is an individual with a disability due to the illness caused by one of the Big 5.[1]

Even if the individual has a disability resulting from a Big 5 pathogen, the ADA allows an employer to refuse to assign or continue to assign the employee to a job involving food handling, as long as the risk of transmitting the disease cannot be eliminated by reasonable accommodation. See 42 U.S.C. 12113(d)(3).

If the employee is disabled by one of the foodborne diseases listed in the Food Code, the employer may continue to exclude the employee only if the employer determines that:

- There is no reasonable accommodation at work that would eliminate the risk of transmission of the disease while at the same time allowing the employee to work in a food handling position; **or**
- All possible reasonable accommodations would pose an undue hardship on the employer's business; **and**
- There is no vacant position not involving food handling for which the employee is qualified and to which the employee can be reassigned.

Should job applicants and food employees provide information to their employer that would help to identify whether a fellow employee is suffering from a disease that can be transmitted through food?

Yes. Reporting information related to health status of other employees is required. Once the PIC is notified, appropriate action can be taken to prevent the likelihood of the transmission of foodborne illness.

Under the ADA, the CDC must annually publish a list of infectious and communicable diseases. The list includes pathogens, such as viruses and other microorganisms, often transmitted by food contaminated by infected persons who handle food. The list also describes the methods by which such diseases are transmitted. The ADA has special rules for people in food handling jobs who have diseases due to the pathogens on the CDC list. See 29 C.F.R. § 1630.16(e).

[1] The Food Code also requires that employees who have certain symptoms associated with foodborne illnesses be excluded or restricted from performing certain functions, such as food handling. It is very unlikely, however, that a person who has not been diagnosed with a disease, and has only one or more of the symptoms listed in the Food Code, has an ADA disability by virtue of these symptoms alone.

Employers may follow state or local communicable disease reporting laws that are in accordance with the CDC list and are designed to protect public health from individuals who pose a significant risk to the health and safety of others, where that risk cannot be eliminated by reasonable accommodation. See 29 C.F.R. § 1630.16(e)(2).

The CDC's List of Infectious and Communicable Diseases that are transmitted through handling the food supply and the methods by which such diseases are transmitted can be found within the Federal Register Notice of Vol. 71, No. 186 / Tuesday, September 26, 2006, at http://frwebgate.access.gpo.gov/cgi-bin/getpage.cgi?dbname=2006_register&position=all&page=56152.

Where is specific information about disabilities and ADA requirements found?

Information about the ADA is available in "How to Comply with the Americans with Disabilities Act: A Guide for Restaurants and Other Food Service Employers," at:

http://www.eeoc.gov

EMPLOYEE HEALTH AND HIGHLY SUSCEPTIBLE POPULATIONS

Every effort must be made to closely monitor the food preparation operations for the highly susceptible population (HSP). Managers and food employees must take the needed precautions to prevent the spread of infectious pathogens and viruses to this vulnerable group of people.

What makes a population highly susceptible?

A population is highly susceptible to foodborne illness if it is:

- Immunocompromised, preschool-age children, older adults, and individuals who obtain food at a facility that provides services such as custodial care, health care, or assisted living, or in a child or adult day care center, kidney dialysis center, hospital, nursing home, or nutritional or senior center.

What should the manager of a food establishment serving an HSP do to help protect the HSP from exposure to viruses and harmful pathogens?

- Carefully follow protocols for exclusion and restriction, adjusting and reinstating food employees' work status in the establishment.
- Ensure that employees are properly trained in food safety as it relates to their duties and use additional safeguards required for working in an HSP.
- Reinforce employee compliance to guarantee good hygienic practices, acknowledge onset of symptoms, meet reporting requirements, and ensure no bare hand contact with RTE food by educating food employees on the importance of following this best practice.
- Ensure that employees have access to facilities that are well-maintained, and have the necessary supplies available to follow proper hygienic practices.

What can food employees do to help prevent the spread of disease in a food establishment that serves an HSP?

- Comply with meeting reporting requirements and informing their manager if they are experiencing vomiting, diarrhea, jaundice, and/or sore throat with fever.
- Keep hands and arms clean.
- Follow proper handwashing procedures.
- Wash hands as required using designated handwashing sinks only.
- Maintain trimmed fingernails. Edges and surfaces should be smooth and cleanable.
- Do not wear jewelry on hands and arms except for a plain ring, like a wedding band.

- Use single-use gloves for one task. If the gloves are damaged or soiled or when interruptions occur in the process, they must be discarded.
- Do not touch RTE foods with bare hands, and minimize bare hand contact with exposed food that is not RTE.
- Do not use a utensil more than once to taste food that is to be served or sold.
- Wear clean clothes and hair restraints.
- Do not work with exposed food if experiencing persistent sneezing, coughing, or a runny nose or discharge from eyes, nose, or mouth.
- Eat and drink in designated areas to avoid the contamination of exposed food, food equipment, utensils, linen, and unwrapped single-service and single-use items or items that require protection. Drink from a closed beverage container, and handle the container properly to prevent the contamination of their hands and the container, exposed food, or other articles in the food establishment.

Are there instances where a prospective employee should be denied employment in a food establishment serving an HSP?

Yes. When a conditional job offer is made contingent on responses to questions or medical examinations that are designed to find out whether the individual has an illness that can be transmitted through food, and the prospective employee:

- Has or reports symptoms such as vomiting, diarrhea, jaundice, or sore throat with fever, or has a lesion with pus, or has an uncovered open wound on hands, wrists, or on other body parts;
- Reports a diagnosed illness contracted from Norovirus, hepatitis A virus, *Shigella* spp., *E. coli* O157:H7, Enterohemorrhagic or Shiga toxin-producing *E. coli*, *Salmonella* Typhi; or
- Reports having a diagnosis of illness from *Salmonella* Typhi within the last 3 months without completing treatment prescribed by a health practitioner;
- Has been exposed to, or implicated as, a suspected source by eating or preparing food associated with a confirmed disease outbreak; or
- Reports a history of exposure that includes being in a setting of a confirmed disease outbreak and living in the same household with someone who was in the area of a confirmed outbreak or who was diagnosed with an illness that was caused by a specific illness as previously described in the section.

Under one or more of these circumstances, an individual should not be allowed to become a food employee until the applicable criteria as specified in section 2-201.13 of the *2005 Food Code* are met.

PERSONAL HYGIENE

What is effective handwashing?

It is the act of cleansing hands by applying soap and water, rubbing them together vigorously, rinsing them with clean water, and thoroughly drying them. This process gets rid of dirt and germs. Every handwashing stage is important and effectively contributes to soil removal and reduction of microorganisms that can cause illness.

Why is handwashing important?

Handwashing reduces the spread of pathogenic microorganisms that are transmitted through food. The hands of food employees can be colonized with microorganisms such as *Staphylococcus aureus* or contaminated with organisms from human fecal material, such as Norovirus, *Shigella* spp., hepatitis A virus, *E. coli* O157:H7, or *Salmonella* Typhi, or contaminated from raw animal foods, with *E. coli* O157:H7 and *Salmonella* spp. These and other pathogenic microorganisms can get on the hands from a number of sources and then move from hands to food during preparation and service.

An infected food employee and/or food employees with unclean hands, and exposed portions of arms or fingernails, can contaminate food. If a consumer eats contaminated food, foodborne illness may result.

When should food employees wash their hands?

They should do this immediately after engaging in activities that contaminate the hands and:

- When entering a food preparation area;
- Before putting on clean, single-use gloves for working with food and between glove changes;
- Before engaging in food preparation;
- Before handling clean equipment and serving utensils;
- When changing tasks and switching between handling raw foods and working with RTE foods;
- After handling soiled dishes, equipment, or utensils;
- After touching bare human body parts, for example, parts other than clean hands and clean, exposed portions of arms;
- After using the toilet;
- After coughing, sneezing, blowing the nose, using tobacco, eating, or drinking; and
- After caring for or handling services animals or aquatic animals such as molluscan shellfish or crustacea in display tanks.

What handwashing steps do food employees need to follow?

Clean hands and exposed portions of arms, including surrogate prosthetic devices for hands and arms, for at least 20 seconds by the following method:

(1) Rinse under clean, warm running water;

(2) Apply soap and rub all surfaces of the hands and fingers together vigorously with friction for at least 10 to 15 seconds, giving particular attention to the area under the fingernails, between the fingers/fingertips, and surfaces of the hands, arms, and surrogate prosthetic devices;

(3) Rinse thoroughly with clean, warm running water; and

(4) Thoroughly dry the hands and exposed portions of arms with single-use paper toweling, a heated-air hand-drying device, or a clean, unused towel from a continuous towel system that supplies the user with a clean towel.

Avoid recontamination of hands and arms by using a clean barrier, such as a paper towel, when turning off hand sink faucets or touching the handle of a restroom door.

It is important to follow these steps to remove germs from hands and ensure hands are as clean as possible. Thorough handwashing with warm water, the recommended amount of soap as indicated by the manufacturer, and proper hand drying are essential to reduce the possibility of hands transferring microorganisms to food.

How important is the temperature of water used for handwashing?

Warm water is generally more comfortable than cold water and encourages handwashing for the recommended duration. The water temperature used in handwashing can also affect the solubility or emulsification of some soils. Warm water is more effective than cold water in removing fatty soils. An adequate flow of warm water will cause soap to lather and aid in flushing soil quickly from the hands. The *2005 FDA Food Code* specifies a minimum handwashing water temperature of 38°C (100°F).

How important is properly drying your hands after handwashing?

Hand drying is a vital part of the handwashing process because thorough hand drying can provide an added reduction of microorganisms on the hands. The *2005 FDA Food Code* lists three different effective methods. These include drying the hands with an air dryer and using a single-use towel or a clean, unused towel.

Can hand antiseptics (hand sanitizers) be used in place of adequate handwashing in food establishments?

No. Hand antiseptics should be used only in addition to proper handwashing.

What are some ways a food establishment can promote compliance with handwashing requirements?

Train food employees on:

- When to wash hands;
- How to wash hands; and
- Where to wash hands.

Stress the importance of:

- Following proper cleaning procedures;
- Keeping hands and exposed portions of arms, including surrogate prosthetic devices for hands and arms, clean;
- Keeping fingernails trimmed;
- Washing hands only in designated handwashing sinks; and
- Following the appropriate use of hand antiseptics.

Managers are responsible for:

- Ensuring that food employees wash their hands, as required;
- Providing accessible, properly maintained, designated handwashing sinks;
- Making sure that handwashing sinks have clean, running warm water, soap and paper towels, or other approved means for drying;
- Posting signage that notifies food employees of the handwashing requirement; and
- Monitoring food employees to ensure proper handwashing and good hand hygiene protocol during the work shift.

Tips for promoting effective handwashing practices in food establishments:

- Make food employees aware of media coverage on local and national foodborne outbreaks. This awareness reinforces the reporting of symptoms, illness, and good handwashing procedures.
- Create opportunities to remind food employees each week about the importance of hand hygiene.
- Emphasize handwashing at the beginning of a shift, after using the toilet, after handling raw meat, and between changes of gloves. This emphasis will help keep good hand hygiene at the forefront.
- Use a “buddy” system so that fellow food employees can support each other.
- Use training and incentive programs to motivate food employees to take ownership and practice good personal hygiene habits.

An FDA study published in 2004 found food establishments were frequently out of compliance with the Food Code requirements for proper and adequate handwashing. In the study, the percent of food establishments observed to be out of compliance with handwashing requirements ranged from 34% in hospitals to 73% in full-service establishments.

The following elements can impact handwashing compliance among food employees:

- **Make it a Priority:** When management enforces handwashing compliance as a mandatory requirement, employees are more likely to follow the requirement.
- **Motivate:** Provide motivation for handwashing, which has proven to have an impact on improving handwashing compliance.
- **Remove Deterrents:** Conveniently located handwashing sinks have a huge impact on handwashing compliance. Studies have found that availability of handwashing sinks supplied with soap and running water has a big influence on compliance; however, materials and practices that cause irritation to the skin can decrease handwashing compliance. For example, excessive handwashing or use of harsh soaps can lead to skin irritation and subsequently decrease handwashing compliance.
- **Provide Positive Reinforcement:** Rewards for compliance generally have a positive impact on improving handwashing compliance.

Should food employees with one hand or those with a surrogate prosthetic device for hands and arms follow these handwashing procedures?

Yes, this requirement for thorough handwashing is achievable through reasonable accommodation in accordance with the ADA. In order to achieve the intent of this requirement, devices are available that are attachable to a lavatory. These devices enable a one-handed food employee to generate the necessary friction to achieve the intent of this requirement.

NO BARE HAND CONTACT WITH READY-TO-EAT FOODS

When hands are heavily contaminated, effective handwashing practices may not be enough to prevent the transmission of transient pathogens from the hands to RTE foods. The *2005 FDA Food Code* discourages bare hand contact with RTE food (i.e., food that is eaten without further washing or cooking) and requires the use of suitable utensils such as scoops, spoons, forks, spatulas, tongs, deli tissue, single-use gloves, or dispensing equipment when handling these food items.

Bare hand contact with an RTE food, such as sandwiches and salads, can result in contamination of food and contribute to foodborne illness outbreaks. Therefore, food employees should always use suitable utensils such as spatulas, tongs, single-use gloves, or dispensing equipment when handling RTE foods. Single-use gloves used along with handwashing can be an effective barrier to decrease the transfer of microorganisms from the hand to food. However, gloves are not total barriers to microbial transmission, and will not be an effective barrier alone for food workers without education on proper glove use and handwashing requirements.

Follow these instructions for the use of single-use gloves:

- Always wash hands before donning gloves.
- Change disposable gloves between handling raw products and RTE products.
- Do not wash or reuse disposable gloves.
- Discard torn or damaged disposable gloves.
- Cover an infected lesion (cut, burn, or boil) with pus with a waterproof covering and disposable glove.
- Wear disposable gloves over artificial nails, nail polish, or uncleanable orthopedic support devices.

The *2005 FDA Food Code* allows bare hand contact with RTE food only when the regulatory authority has granted prior approval for an alternative procedure. The alternative procedure must address the management of food employees and related food handling activities to prevent food contamination, including the enforcement of thorough handwashing practices after toilet use.

Additional information on hand hygiene is available in the FDA/CFSAN Food Service Food Safety Fact Sheet entitled *Hand Hygiene in Retail & Food Service Establishments,* found at:

http://vm.cfsan.fda.gov/~comm/handhyg.html

FORMS, TABLES, AND DECISION TREES*

FORMS

Form 1-A Conditional Employee and Food Employee Interview

Form 1-B Conditional Employee or Food Employee Reporting Agreement

Form 1-C Conditional Employee or Food Employee Medical Referral

Form 1-D Application for Bare Hand Contact Procedure

TABLES

2-201.12

Table 1a: Summary of Requirements for Symptomatic Food Employees

Table 1b: Summary of Requirements for Diagnosed, Symptomatic Food Employees

Table 2: Summary of Requirements for Diagnosed Food Employees with Resolved Symptoms

Table 3: Summary of Requirements for Diagnosed Food Employees Who Never Develop Gastrointestinal Symptoms

Table 4: History of Exposure, and Absent Symptoms or Diagnosis

DECISION TREES

2-201.11 / 2-201.12 Decision Tree 1.
When to Exclude or Restrict a Food Employee Who Reports a Symptom and When to Exclude a Food Employee Who Reports a Diagnosis with Symptoms Under the Food Code

2-201.11 / 2-201.12 Decision Tree 2.
When to Exclude or Restrict a Food Employee Who is Asymptomatic and Reports a Listed Diagnosis and When to Restrict a Food Employee Who Reports a Listed Exposure Under the Food Code

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* Note: Editorial changes made to the forms, tables, and decision trees on the following pages were for clarity only. No substantive changes were made, and parallel editorial changes are planned for the *2009 FDA Food Code*.

FORM 1-A ***Conditional Employee and Food Employee Interview***

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, ***Salmonella* Typhi** (***S.* Typhi**), ***Shigella*** spp., Enterohemorrhagic (EHEC) or Shiga Toxin-producing ***Escherichia coli*** (STEC), or Hepatitis A Virus

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Conditional Employee Name (print) _____

Food Employee Name (print) _____

Address _____

Telephone – *Daytime:* _____ *Evening:* _____

Date _____

Are you suffering from any of the following symptoms? (Circle one)

		If YES, Date of Onset
Diarrhea?	**YES / NO**	_____
Vomiting?	**YES / NO**	_____
Jaundice?	**YES / NO**	_____
Sore throat with fever?	**YES / NO**	_____

Or

Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered?

YES / NO *(Examples: boils and infected wounds, however small)*

<u>In the Past:</u>

Have you ever been diagnosed as being ill with typhoid fever (*S.* Typhi) **YES / NO**

If you have, what was the date of the diagnosis? _____

If within the past 3 months, did you take antibiotics for *S.* Typhi? **YES / NO**

If so, how many days did you take the antibiotics? _____

If you took antibiotics, did you finish the prescription? _____ **YES / NO**

FORM 1-A (continued)

History of Exposure:

1. Have you been suspected of causing, or have you been exposed to, a confirmed foodborne disease outbreak recently? YES / NO

   If YES, date of outbreak: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?

   Cause: _____

   i. Norovirus (last exposure within the past 48 hours)
   Date of illness outbreak _____

   ii. *E. coli* O157:H7 infection (last exposure within the past 3 days)
   Date of illness outbreak _____

   iii. Hepatitis A virus (last exposure within the past 30 days)
   Date of illness outbreak _____

   iv. Typhoid fever (last exposure within the past 14 days)
   Date of illness outbreak _____

   v. Shigellosis (last exposure within the past 3 days)
   Date of illness outbreak _____

b. If YES, did you:

   i. Consume food implicated in the outbreak? _____

   ii. Work in a food establishment that was the source of the outbreak? _____

   iii. Consume food at an event that was prepared by person who is ill? _____

2. Did you attend an event or work in a setting recently where there was a confirmed disease outbreak? YES / NO

   If so, what was the cause of the confirmed disease outbreak? _____

   _____

   If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

   a. Norovirus (last exposure within the past 48 hours) YES / NO

   b. *E. coli* O157:H7 (or other EHEC/STEC) (last exposure within the past 3 days) YES / NO

   c. *Shigella* spp. (last exposure within the past 3 days) YES / NO

   d. *S.* Typhi (last exposure within the past 14 days) YES / NO

   e. Hepatitis A virus (last exposure within the past 30 days) YES / NO

FORM 1-A (continued)

Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other EHEC/STEC?

YES / NO Date of onset of illness _____

3. **Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, EHEC/STEC infection, or hepatitis A?**

YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or Doctor:

Name _____

Address _____

Telephone – *Daytime:*_____ *Evening:* _____

Signature of Conditional Employee _____ **Date** _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____