# School Person-in-Charge Training

McHenry County Department of Health

Monday, August 6th, 2018

# Review of Frequent Violations

- **Written Employee Health Policy**

## Employee Illness Reporting Policy

**Facility Name:** _____

**Facility Location:** _____

**Effective Date:** _____

**Purpose**

The purpose of the Employee Illness Reporting Policy is to ensure that all food employees notify the 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 _____ *(facility name)*

located at _____ *(facility location)*

is committed to ensuring the health, safety, and well-being of our employees and customers and complying with all related McHenry County Department of Health regulations. All food employees shall report if they are experiencing any of the following symptoms to their PIC:

- Diarrhea
- 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 shall 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:

- Salmonella typhi
- Salmonellosis
- Shigellosis
- *E. coli*
- Hepatitis A virus
- 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 Illinois law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

**Person-in-Charge Responsibility**

The PIC shall take appropriate action as specified in the Illinois Food Code and Control of Communicable Diseases 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 policy agreement 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.

The Person-in-Charge shall maintain an employee illness log.

| Additional Notes |
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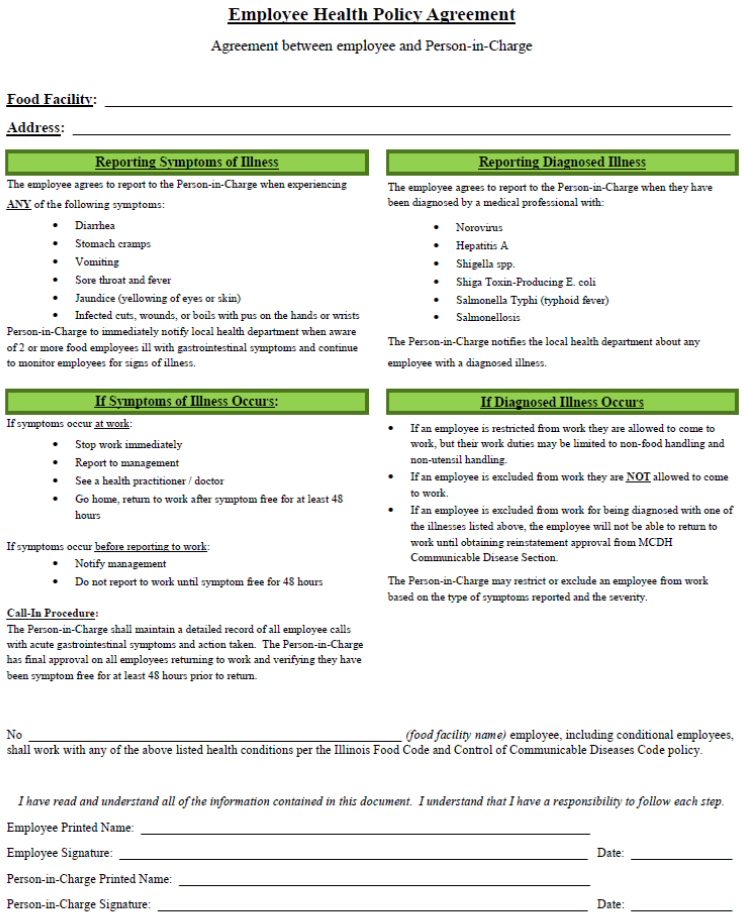
# Review of Frequent Violations

- **Employee Health Policy Agreement**
  - Volunteers are included and are required to sign an agreement



**Employee Health Policy Agreement**

Agreement between employee and Person-in-Charge

**Food Facility**: _____

**Address**: _____

**Reporting Symptoms of Illness**

The employee agrees to report to the Person-in-Charge when experiencing ANY of the following symptoms:

- Diarrhea
- Stomach cramps
- Vomiting
- Sore throat and fever
- Jaundice (yellowing of eyes or skin)
- Infected cuts, wounds, or boils with pus on the hands or wrists

Person-in-Charge to immediately notify local health department when aware of 2 or more food employees ill with gastrointestinal symptoms and continue to monitor employees for signs of illness.

**Reporting Diagnosed Illness**

The employee agrees to report to the Person-in-Charge when they have been diagnosed by a medical professional with:

- Norovirus
- Hepatitis A
- Shigella spp.
- Shiga Toxin-Producing E. coli
- Salmonella Typhi (typhoid fever)
- Salmonellosis

The Person-in-Charge notifies the local health department about any employee with a diagnosed illness.

**If Symptoms of Illness Occurs:**

If symptoms occur at work:

- Stop work immediately
- Report to management
- See a health practitioner / doctor
- Go home, return to work after symptom free for at least 48 hours

If symptoms occur before reporting to work:

- Notify management
- Do not report to work until symptom free for 48 hours

**Call-In Procedure:**

The Person-in-Charge shall maintain a detailed record of all employee calls with acute gastrointestinal symptoms and action taken. The Person-in-Charge has final approval on all employees returning to work and verifying they have been symptom free for at least 48 hours prior to return.

**If Diagnosed Illness Occurs**

- If an employee is restricted from work they are allowed to come to work, but their work duties may be limited to non-food handling and non-utensil handling.
- If an employee is excluded from work they are NOT allowed to come to work.
- If an employee is excluded from work for being diagnosed with one of the illnesses listed above, the employee will not be able to return to work until obtaining reinstatement approval from MCDH Communicable Disease Section.

The Person-in-Charge may restrict or exclude an employee from work based on the type of symptoms reported and the severity.

No _____ *(food facility name)* employee, including conditional employees, shall work with any of the above listed health conditions per the Illinois Food Code and Control of Communicable Diseases Code policy.

*I have read and understand all of the information contained in this document. I understand that I have a responsibility to follow each step.*

Employee Printed Name: _____

Employee Signature: _____ Date: _____

Person-in-Charge Printed Name: _____

Person-in-Charge Signature: _____ Date: _____

**Implementation of an Effective Employee Health Policy**

**Foodborne illness prevention begins with properly trained staff not working when ill with vomiting, diarrhea, or jaundice; or if they have been diagnosed with a reportable communicable disease as listed in the Illinois Food Code and Control of Communicable Diseases Code.**

The Employee Health Policy Agreement is designed to be used as a tool for the Person-in-Charge to assist with conforming to the requirements outlined in the Illinois Food Code and Control of Communicable Diseases Code for retail food facilities.

**The Illinois Food Code requires a food facility Person-in-Charge to:**

1. Recognize diseases that are transmitted by foods and the common symptoms of foodborne illness.
2. Inform employees of reporting requirements.
3. Restrict or exclude affected food workers.
   - The Person-in-Charge must prevent food contamination by employees with certain symptoms of illness:
     **Restriction:** preventing an employee from working with exposed food, clean equipment, utensils and linens, and unwrapped single service items.
     **Exclusion:** preventing an employee from entering or working in any part of the food facility.
4. Notify the McHenry County Department of Health Communicable Disease Section at 815-334-4500.
5. Inform food employees of the reporting requirements.
   - Employees must inform employers when they are experiencing common foodborne illness symptoms.
   - Managers should monitor the health of their current employees and future employees.
   - Managers should promote good communication and the reporting of illness.

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# Review of Frequent Violations

- Illness Reporting Log

**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 | *E. coli* O157:H7, *Salmonella, Shigella,* or hepatitis A | Called MCDH 815-334-4585 Yes or No |
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**Employees with diarrhea or vomiting **MUST BE EXCLUDED** from work for at **LEAST 48 HOURS** after symptoms are gone.

The person-in-charge is required to notify the McHenry County Department of Health, if any food employees are known to be infected with Salmonella, Shigella, E. coli, the Hepatitis A virus, Norovirus, or other pathogen that can be transmitted through food. The Illinois Food Code requires food workers to report information about their health as it relates to illnesses that can be passed through food.

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# Review of Frequent Violations

- **Written Clean-Up Procedure for Vomiting and Diarrheal Events**
  - Kit located onsite and staff knows location, trained on procedure, and staff knows who conducts clean-up

**Procedure for the Clean-up of Vomit/Fecal Events**

**Facility**: _____

**Effective Date**: _____

**Purpose**:

1. To minimize the risk of disease transmission to employees and/or customers; and
2. To prevent the contamination of food, food contact surfaces, food preparation areas, utensils, equipment and single use and single service items.

**The facility will maintain a clean-up kit consisting of:**

- Disposable non-latex gloves
- Face mask(s)
- Disposable gown(s)/apron(s) with sleeves
- Disposable hair cover
- Disposable shoe covers
- Sealable, plastic bag(s) with twist ties
- Scoop/Scraper
- Paper Towels
- Absorbent powder/solidifier (i.e. kitty litter, saw dust, etc.)
- Disinfectant

The clean-up kit shall be stored _____ (location) and shall be easily accessible during all hours of operation.

Staff will be trained on the use of the clean-up kit and the donning, use, and removal of personal protective equipment (PPE).

In the event of a vomiting or fecal event at _____ (name of facility), the Person-in-Charge (PIC) shall ensure that employees do the following:

1. Promptly remove ill employees, customers, and others from the impacted area (typically a 30 foot radius).
2. Turn off any fans/air circulation in the impacted area to minimize movement of aerosolized particles.
3. Segregate the area by covering the vomit/fecal matter with single use disposable towel(s) or kitty litter or saw dust, etc.
4. Obtain the clean-up kit and don the appropriate personal protective equipment (i.e. disposable gloves, mask, cover gown or apron, hair cover, shoe covers)
5. Wipe up the matter with disposable towels and/or designated equipment and immediately dispose into a plastic garbage bag.
6. Utilize a disinfectant solution, as appropriate for the type of surface, on the impacted areas (typically within a 30 foot radius):
   a. Mix a chorine solution at 1000 ppm (non-porous surfaces) to 5000 ppm (porous surfaces) [5 – 25 tablespoons of household bleach (5.25%) per gallon of water - as recommended by the Centers for Disease Control and Prevention]; or
   b. Utilize a quaternary ammonium sanitizer that is approved effective for Norovirus and is listed on the EPA's registered list of approved products (https://www.epa.gov/pesticide-registration/list-g-epas-registered-antimicrobial-products-effective-against-norovirus); or
   c. Use any other EPA-registered norovirus disinfectant.
   d. Food contact surfaces will be sanitized using standard, approved sanitizing agents per code requirements.
7. Apply the disinfectant to the affected area. If a bleach solution is utilized, it will be allowed to remain wet for at least 10 minutes. If using another, approved disinfectant, it will be utilized per the manufacturer's specifications. Areas that cannot be disinfected with disinfectant solution will be cleaned by other means (i.e. steam cleaning of carpets).
8. Unused, disinfectant solution will be disposed into the utility/mop sink.
9. Disposable gloves, mask, and/or cover gown/apron will be removed and placed into a plastic garbage bag.
10. Disposable tools/equipment will be discarded into the plastic garbage bag. Non-disposable tools will be cleaned and sanitized.
11. Garbage bags will be immediately removed to the dumpster area.
12. Employees will immediately and thoroughly wash hands prior to returning to any other assigned duties.
13. Restrooms will be disinfected.
14. Any exposed food or food handled by the individual who had the event will be discarded.
15. The incident will be documented per establishment procedures.

| **Additional Notes:** |
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# Review of Frequent Violations

- **All forms are available on our website:**

https://www.mchenrycountyil.gov/county-government/departments-a-i/health-department/environmental-health/food-protection-program/educational-materials

https://www.mchenrycountyil.gov/county-government/departments-a-i/health-department/environmental-health/food-protection-program/fda-model-food-code

# Review of Frequent Violations

- **Hand washing signs**
  - Must be at all employee hand sinks and restrooms
- **Probe Thermometers**
  - Staff is trained on how and when to calibrate
- **Providing Barriers with ready-to-eat food**
  - Gloves, tongs, utensils, etc.
- **Sanitizer Testing Strips**
  - Dishwasher and 3-compartment sink
  - Quaternary Ammonium
  - Chlorine Bleach
  - Heat dishwashers do not need chemical sanitizer strips, but need heat reactive strips

# Food Establishment Self-Inspection Checklist

MCHENRY COUNTY DEPARTMENT OF HEALTH
*DIVISION OF ENVIRONMENTAL HEALTH*
2200 NORTH SEMINARY AVENUE
WOODSTOCK, ILLINOIS 60098
PH: 815-334-4585
FAX: 815-334-4637
WEBSITE: www.mcdh.info

## Food Establishment Self-Inspection Checklist

| Checklist Completed By: | Date: | Time: |
|---|---|---|

S = SATISFACTORY N = NEEDS IMPROVEMENT C = NEEDS IMMEDIATE CORRECTION

**Note: The items that are bolded are priority violations that require immediate correction.**

| FOOD RECEIVING AND STORAGE PRACTICES | S | N | C | ACTION TAKEN |
|---|---|---|---|---|
| **Food items are received from approved sources.** | | | | |
| **Food is wholesome and in good condition.** | | | | |
| **Upon receipt, foods are temped and stored at proper temperatures.** | | | | |
| Food is labeled and stored above the floor. | | | | |
| Food storage rooms are clean and organized. | | | | |

| COLD STORAGE OF FOOD | S | N | C | ACTION TAKEN |
|---|---|---|---|---|
| **Cold foods are stored or displayed at 41°F or below.** | | | | Food: _____ Temp: _____ °F |
| **Prepared time/temperature control for safety food (TCS) has date and time labels for cooling.** | | | | |
| **Prepared or opened TCS food held > 24 hours date marked for no more than 7 days and held ≤ 41°F (add a of max 6 days from date of prep or opening).** | | | | |
| **Proper disposition of returned, previously served, reconditioned, and unsafe food.** | | | | |
| Refrigerator temperatures are 41°F or below, and thermometers are present and visible. | | | | Date: _____ Temp: _____ °F |
| Frozen foods are frozen solid. | | | | |
| Food products protected by food grade containers/covers. | | | | |
| No direct bare hand contact with ready-to-eat food. | | | | |

| COOKING AND SERVICE | S | N | C | ACTION TAKEN |
|---|---|---|---|---|
| **Hot TCS food held at 135°F or above.** | | | | |
| **Cold TCS food held at 41°F or below.** | | | | |
| **Time as a public health control in place – TCS food cooked, served, or discarded at end of 4 hours (no raw eggs for highly susceptible population). Written procedures available for review by staff and MCDH.** | | | | |
| **Sliced beef, steaks, pork, fish, and cook to order eggs cooked to 145°F for 15 seconds.** | | | | Food: _____ Temp: _____ °F |
| **Ground meat and pooled eggs for later service are cooked to 155°F for 15 seconds.** | | | | Food: _____ Temp: _____ °F |
| **Poultry, stuffed meat and pasta, TCS food cooked in microwaves, and previously prepared and cooled foods are cooked or reheated to 165°F for 15 seconds within 2 hours using stoves, ovens, grills, or microwaves only. Reheating to 165°F for hot holding or any temperature for individual orders.** | | | | Food: _____ Temp: _____ °F |
| Thermometers are calibrated. | | | | |
| Thermometers used to verify food temperatures at all preparation steps. | | | | |
| Consumer advisory provided for raw or undercooked food (on menu or posted). | | | | |

CHECKLIST CONTINUED ON BACK

# Food Establishment Self-Inspection Checklist

| EMPLOYEE PRACTICES AND TRAINING | S | N | C | ACTION TAKEN |
|---|---|---|---|---|
| **Employees wear clean clothing and effective hair restraints. Fingernails are trimmed, filed, and clean.** | | | | |
| **Employees preparing food are not wearing jewelry on arms or hands (exception: plain band rings).** | | | | |
| **Hand sinks accessible, in good repair, and stocked with soap and paper towels.** | | | | |
| **Employees wash hands only at designated hand sinks, and barriers are used to turn off faucets and to open door handles.** | | | | |
| **Employees wash hands before starting work and after breaks.** | | | | |
| **Employees use good hygiene practices while handling food.** | | | | |
| **Employees observed washing hands between tasks (handling raw meats, garbage, mop, etc.).** | | | | |
| **Employees free of any illness, cuts, or infections.** | | | | |
| **Employees do not eat, drink, or smoke in food preparation, food service, and food storage areas.** | | | | |
| Food Protection Manager(s) onsite supervising food staff. | | | | Name: |
| Food handlers complete food handler training within 30 days of employment. | | | | |
| **KITCHEN AND EQUIPMENT** | **S** | **N** | **C** | **ACTION TAKEN** |
| **Sanitizing rinse at 3 compartment sink is at proper concentration and test kits are onsite.** | | | | Water Concentration: _____ ppm chlorine / quat / iodine |
| **Dishwasher final rinse at proper sanitizer concentration or temperature with test kit or thermometer present.** | | | | Water Concentration: _____ ppm chlorine<br>Water Temperature: _____ °F |
| **Chemicals are labeled and stored separate or below food and single service items.** | | | | |
| All food equipment is clean and in good repair. | | | | |
| Food service sinks are cleaned and sanitized before use. | | | | |
| All food equipment is washed, rinsed, and sanitized after use. | | | | |
| **FACILITY** | **S** | **N** | **C** | **ACTION TAKEN** |
| **Water from an approved source.** | | | | |
| **Hot and cold running water under pressure during all hours of operation.** | | | | |
| **Proper sewage and waste disposal.** | | | | |
| **Proper plumbing for equipment (open site drain, air gaps, back flow prevention device).** | | | | |
| **Effective pest control in use, doors and windows closed, and free of insect and rodent infestations.** | | | | |
| Dumpster lids kept closed and dumpster area kept clean. | | | | |
| Walls, floors, and ceilings kept clean and in good repair. | | | | |
| Restrooms cleaned and stocked with soap, paper towels, and waste can; and women's restroom has lidded receptacle for feminine sanitary products. | | | | |
| **EVENTS THAT MAY REQUIRE IMMEDIATE CLOSURE** | **S** | **N** | **C** | **ACTION TAKEN** |
| **Fire, sewage backup, no hot/cold running water, no electricity, utility interruptions, and inability to clean and sanitize.** | | | | **IMMEDIATELY contact MCDH at 815-334-4585** |

| **Additional Comments:** | |
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# Food Establishment Self-Inspection Checklist

- **Not required, however, it is highly recommended**
- **Self-inspections / Active Managerial Control**
- **Checklist is available on our website:**

  https://www.mchenrycountyil.gov/county-government/departments-a-i/health-department/environmental-health/food-protection-program/educational-materials

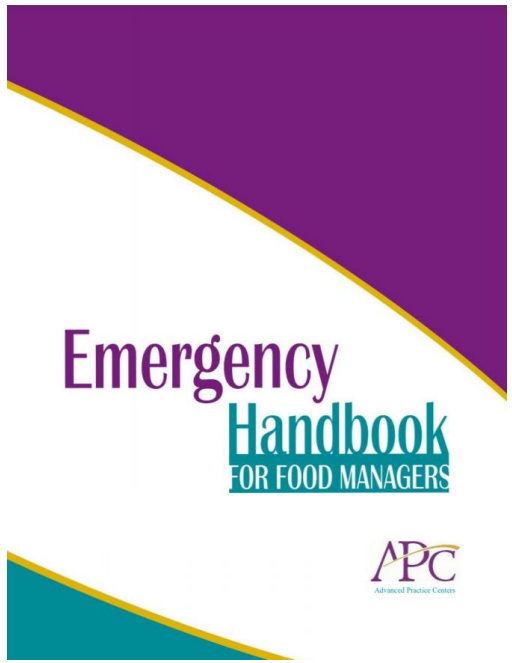
# Food Establishment Self-Inspection Checklist

- **Receiving of Food**
  - Approved sources, temperatures, disposition of packaging and food, procedure for unacceptable items, storage
- **Cold Storage and Hot Holding Units**
  - Temperatures, date marking, disposition, thermometers are working and visible
- **Cooking**
  - Temperatures, thermometers, quickchilling options
- **Employee Practices (Person-in-Charge)**
  - Ill employees restricted or excluded from food handling, no jewelry, artificial nails / nail polish policy of glove use, clothing, hair restraints, hand washing review
- **Sanitation and Equipment**
  - ppm of sanitizer, heat temperature, setup of 3-compartment sink, drying, cleaned sinks, good repair, storage

# Food Establishment Self-Inspection Checklist

- **Facility Requirements**
  - Water availability and temperature, pest management, garbage, waste disposal, restrooms
- **Emergency Requirements**
  - Closures, etc.
  - Emergency handbook for food managers available on our website

https://www.mchenrycountyil.gov/county-government/departments-a-i/health-department/environmental-health/food-protection-program



# Person-in-Charge / Active Managerial Control

- **Review of Person-in-Charge**
  - An individual present at a food establishment who is responsible for the operation at the time of inspection
  - Responsibilities of Active Managerial Control:
    - Having no Priority items during inspection
    - May be a Certified Food Protection Manager
    - Responding correctly to practitioner's questions (17 items stated in Food Code [reference section 2-102.11])

# Certified Food Protection Manager

- **Category Risk I Food Facilities (Schools)**
  - Illinois Department of Public Health certification no longer required
  - Staffing of a Certified Food Protection Manager is needed at all time handling and preparing food is being done
  - Keep certificate onsite at all times

# Food Handler Training

- Any employee that handles food, equipment, and utensils must complete food handler training
- 2 hour online course
- Must have within 30 days of hire
- Certificates must be held onsite

# Allergen Awareness Training

- **Schools are not required to take allergen training**
  - If desired, it can be taken online (2 hour course)

# Questions, Comments, Concerns


- **Christine Miller**
  Food Program Coordinator
  CTMiller@mchenrycountyil.gov