

EMPLOYEE HEALTH POLICY AGREEMENT

Food Facility Name: _____ Date Effective: _____

SYMPTOMS

The employee agrees to report to the manager or person in charge (PIC) when experiencing ANY of the following symptoms:

- Diarrhea
- Vomiting
- Stomach cramps
- Sore throat with fever
- Jaundice
- Infected cuts, wounds, or boils with pus on the hands or wrists

The manager or PIC **must immediately notify Environmental Health** when they are aware of two (2) or more food employees that are ill with gastrointestinal symptoms (CALCODE §113949.5).

Food workers and food establishments operators have a responsibility to not work when they are sick. Staying home when sick protects customers and other food worker staff.

REPORTING DIAGNOSED ILLNESSES:

Employees must agree to report the manager or PIC when they have been diagnosed with the following illnesses by a medical professional:

- Norovirus
- Hepatitis A
- Shigella
- Shiga Toxin-Producing E. coli
- Salmonella Typhi (Typhoid Fever)
- Non-typhoidal Salmonella
- Entamoeba Histolytica
- Any other communicable diseases transmissible through food

The manager or PIC must notify Environmental Health about an employee with a diagnosed illness.

IF SYMPTOMS OF ILLNESS OCCUR WHILE WORKING:

If symptoms occur **at work**:

- Stop work immediately
- Report to management
- See a medical provider/physician
- Go home, return to work after **48-72 hours** has passed since symptoms have ended

If symptoms occur **before** reporting to work:

- Notify management
- Do not report to work until at least **48 hours** have passed since symptoms have ended

Call-in procedure: Manager or PIC must maintain a detailed record of all employee calls with acute gastrointestinal symptoms and action taken. Manager has final approval on all employees returning to work and verifying they have been symptom free for **at least 48 hours** prior to return.

(see page 2 on back)

Revised 10/2024

EXCLUSIONS, RESTRICTIONS AND NOTIFICATION FOR DIAGNOSED ILLNESSES

- If an employee is restricted from work, they are allowed to come to work, but their work duties must be limited to non-food handling or utensil, equipment, or linen handling.
 - If an employee is excluded from work, they are not allowed to come to the 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 Environmental Health and the Health Officer approval is granted.
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Foodborne illness prevention begins with properly trained staff not working when ill with vomiting and diarrhea or if they have been diagnosed with a reportable communicable disease as listed in CALCODE Section 113949.2 and listed on page 1 of this document.

This Employee Health Policy Agreement is designed to be used as a tool for the food facility manager or person in charge (PIC) to assist with conforming to the requirements outlined in CALCODE Sections 113949-113950.5 for retail food facilities.

CALCODE requires a food facility manager or PIC 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.
 - Restriction means preventing an employee from working with exposed food, clean equipment, utensils, linens, and unwrapped single-service items.
 - Exclusion means preventing an employee from working in any part of the food facility.
 4. Notify Environmental Health about an employee with a diagnosed illness.
 5. Inform food employees of the following reporting requirements:
 - Employees must inform manager or PIC when they are experiencing common foodborne illness symptoms
 - Managers or PIC should monitor the health of their employees.
 - Managers should promote a culture of open communication about employee symptoms and illnesses.
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EMPLOYEE HEALTH POLICY AGREEMENT

No _____ (name of food establishment) employee, including conditional employees, shall work in _____ (name of food establishment) with any of the above listed health conditions as per _____ (name of food establishment) policy and State and Local Health Department food safety regulations.

I have read and understand all the information contained in this document. I understand that I have a responsibility to follow each step and will be held accountable by California Retail Food Code (CALCODE Sections 113949-113950.5) and by way of documentation, and/or should I choose to violate any of the steps outlined in this document. I also understand that these safety procedures are in place to protect me, other employees, and our customers as well as the _____ (name of food establishment) and my own personal livelihood.

Employee Printed Name: _____ **Manager/PIC Printed Name:** _____

Employee Signature: _____ **Manager/PIC Signature:** _____

Date: _____ **Date:** _____

For more information, please contact Yolo County Environmental Health at (530) 666-8646 or ehhealth@yolocounty.gov