

SAMPLE-SICK WORKER POLICY

It is the policy of _____ to restrict or exclude employees/volunteers who are sick or have infected cuts or lesions. Employees/volunteers with these conditions shall inform the person-in-charge. At that time a decision will be made whether or not to exclude from service or restrict their activity based on the conditions. As employees/volunteers in the food service industry, you should be aware of the potential risks and hazards that your health plays in the public health or our community. Each case will be reviewed individually and handled as the facility deems appropriate. This may result in different jobs or positions in the facility during the illness or condition and possibly the exclusion from work entirely.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, While Either 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 EHEC/STEC infection, 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 EHEC/ STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC infection, 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 EHEC/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 involve legal action against me.

Food Employee Name (please print)_____

Signature of Food Employee_____

Date_____

Signature of Permit Holder or Representative_____Date_____