



Employees must report information about their health and activities related to foodborne diseases to the Person in Charge (PIC). Employees must provide necessary information that allows the Person in Charge to reduce the risk of foodborne disease transmission. This includes the date of symptom onset, diagnosis, or exposure to illness. In addition, the PIC must report certain symptoms, illnesses, and potential outbreaks to the health department. *Use this document as your employee health policy, attaching employee training materials, or as a checklist to make sure your establishment's employee health plan is complete.*

Section 1: Food Establishment Information	
Establishment Name	Phone (xxx) xxx-xxxx
Street (Physical Address)	City
	ZIP
	Email
Contact Name	Title / Position
Section 2: Employees Must Report to Person in Charge	
<input checked="" type="checkbox"/>	Employees must report potential foodborne illness to the Person in Charge. Include the following items for employees to report in your employee health plan:
<input type="checkbox"/>	Symptoms <ul style="list-style-type: none"> • Vomiting • Diarrhea – loose stools • Jaundice – yellow skin or eyes • Sore throat with fever • Infected wounds • Other:
<input type="checkbox"/>	Diagnosed Illnesses <ul style="list-style-type: none"> • <i>E.coli</i> (“STEC” or Shiga-Toxin producing <i>E. coli</i>) • <i>Salmonella</i> • <i>Shigella</i> • Hepatitis A • Norovirus • Other:
HSP <input type="checkbox"/> N/A <input type="checkbox"/>	Exposure: For institutions that serve highly susceptible populations (HSP) like nursing homes. <ul style="list-style-type: none"> • Food worker ate or prepared food implicated in a foodborne illness outbreak • Food worker attended or worked in a facility with a confirmed foodborne illness outbreak • Food worker lives in the same house with someone that works at or attended a place with a confirmed foodborne outbreak • Food worker lives in the same household or eaten food prepared by a person with <i>E.coli</i> (“STEC”), <i>Shigella</i>, <i>Salmonella</i> Typhi, hepatitis A, jaundice, or norovirus • Other:
<input type="checkbox"/>	Potential Foodborne Illness Incidents <ul style="list-style-type: none"> • Any complaint of illness potentially linked to food must be reported to Person in Charge • Other:
Section 3: Person in Charge Must Report to Health Authority	
<input checked="" type="checkbox"/>	Person in Charge must immediately notify the local health department (and regulatory authority if not the same agency) of the following:
<input type="checkbox"/>	<ul style="list-style-type: none"> • Food worker with jaundice • Food worker with diagnosed illness (see above), even if the worker has no symptoms • Report of potential foodborne illness incident, such as a customer complaint of illness • Other:



Toolkit: Employee Health

Section 4: Exclusion and Restriction

<input checked="" type="checkbox"/>	Food worker must not work if sick.
<input type="checkbox"/>	<p>Exclusion: Food workers must not work in the food establishment until approved to return if they have:</p> <ul style="list-style-type: none"> • Diarrhea or vomiting. Food workers may not return until at least 24 hours after symptoms have gone away. • Jaundice. Food worker may not return until approved by health department. • Diagnosed foodborne illness. Food worker may not return until approved by the health department. • Sore throat with fever (if working in a HSP facility). Food worker may return when symptoms have gone away. • A previous infection with Typhoid Fever (<i>Salmonella Typhi</i>) within the past 3 months. Food worker may not return until approved by health department. • Other:
<input type="checkbox"/>	<p>Restriction: Food workers may work but may not handle unpackaged food or clean/unwrapped utensils.</p> <ul style="list-style-type: none"> • Sore throat with fever. Food worker may return when symptoms have gone away. Note: Food worker must be excluded if working in an HSP facility. • Exposure to foodborne pathogens (if working in an HSP facility). Food worker may not return until approved by health department. • Inflamed or pus-filled wound on the hand or wrist. Food worker may work unrestricted if wound can be covered – including a single-use glove if the wound is on the hand or wrist. • Persistent sneezing, coughing, or runny nose.

Section 5: Employee Training

Employee Training: Employees must be properly trained to prevent illness spreading through food. You must be able to show that employees have been trained on the information included in this document. Proof includes materials such as documents signed by staff or posting the training materials in staff areas.

<input type="checkbox"/>	In addition to the reporting requirements in this document, employees must be trained on: (Check all that apply.) <input type="checkbox"/> Handwashing <input type="checkbox"/> Preventing Bare Hand Contact <input type="checkbox"/> Other:
<input type="checkbox"/>	How are employees trained? <input type="checkbox"/> Signs <input type="checkbox"/> Video <input type="checkbox"/> Read & Sign Document <input type="checkbox"/> Other:
<input type="checkbox"/>	How often are employees trained? <input type="checkbox"/> Once <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:

Worker Assignments: All food workers must be trained on employee health requirements.

<input type="checkbox"/>	Who is supposed to train staff on employee health? (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Certified Food Protection Manager <input type="checkbox"/> Person in Charge <input type="checkbox"/> Other:
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Section 6: Additional Facility-Specific Information

Section 7: Plan Maintenance

<input type="checkbox"/>	How often is the plan reviewed and updated? <input type="checkbox"/> Annually <input type="checkbox"/> Other:
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Section 8: Signature

Plan prepared by:			
			(xxx) xxx-xxxx
Signature	Date	Printed Name	Phone

To request this document in another format, call 1-800-515-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.