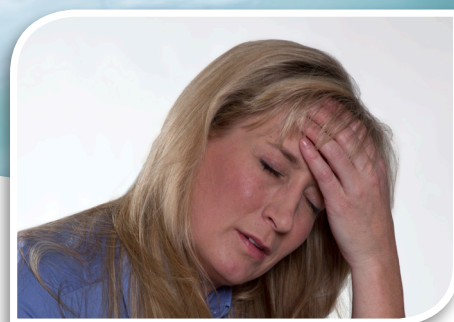
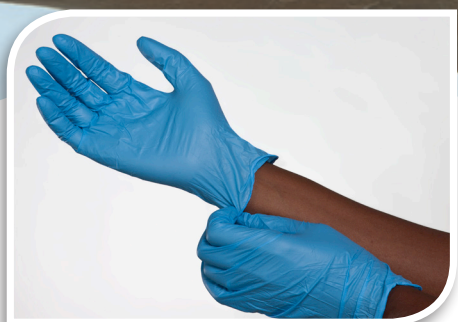


Employee Health *and* Personal Hygiene

for SCHOOL NUTRITION MANAGERS *and* DIRECTORS



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Institute of Child Nutrition

The University of Mississippi

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PURPOSE

Improve the operation of child nutrition programs through research, education and training, and information dissemination.

VISION

Lead the nation in providing research, education, and resources to promote excellence in child nutrition programs.

MISSION

Provide relevant research-based information and services that advance the continuous improvement of child nutrition programs.

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Employee Health and Personal Hygiene for School Nutrition Managers and Directors

The incidence of foodborne illness in school nutrition programs is very low because of the thorough food safety procedures practiced by school nutrition employees, but there still are risks. *This guide highlights the three basic practices that can help prevent school nutrition employees from spreading pathogens to food: (1) restricting or excluding ill school nutrition employees from handling food; (2) using effective handwashing procedures; and (3) eliminating bare hand contact with ready-to-eat foods. Using all three practices together will help prevent foodborne illness.*

School nutrition managers, directors, or the person in charge (PIC) should be certified food protection managers. The certified food protection manager needs to know where the Hazard Analysis Critical Control Point (HACCP) manual is located, understand how to monitor critical control points, and take corrective action when a critical limit is not met. The certified food protection manager needs to ensure Standard Operating Procedures (SOPs) are available and readily accessible to employees, especially for cleanup of vomit and diarrhea.

School Foodborne Illness Due to Poor Employee Practices

The following foodborne illness scenario highlights how a sick school nutrition employee can spread foodborne illness. A school nutrition employee spent the weekend suffering with vomiting and diarrhea, but feeling a little better, came to work the following Monday. Working with bare hands, she chopped lettuce to be served for lunch. Dozens of students and teachers became ill the next day. The local health department investigation traced the illnesses to the food handled by the ill employee and implicated the employee as the source of the contamination.

Responsibilities

It is the school nutrition manager/director's responsibility to make certain that school nutrition employees are trained on the:

- Causes, symptoms, and diagnoses of foodborne illness
- Relationship between the school nutrition employee's tasks, personal hygiene, and foodborne illness
- Requirements for reporting illness and specific symptoms, diagnoses, and exposures to their manager/director



School nutrition employees share the responsibility with their manager/director for preventing foodborne illness and are obligated to know:

- How their job responsibilities relate to the potential risks of foodborne illness
- How employee health is related to foodborne illness
- Symptoms of foodborne illness
- When to report to the manager/director that they or a coworker is experiencing symptoms
- Why restriction and/or exclusion from working with food may be necessary to prevent foodborne illness
- How effective handwashing can prevent foodborne illness
- How eliminating bare hand contact with ready-to-eat food can prevent foodborne illness

Basics of Foodborne Illness

What causes foodborne illness?

Over 40 different kinds of pathogens, including bacteria, viruses, parasites, and molds that may occur in food, can cause foodborne illness. Foodborne illness also can be caused by non-infectious agents, such as chemicals, toxins, and metals. Foodborne illness is commonly referred to as “food poisoning” or “stomach flu.”

What is a foodborne illness outbreak?

An outbreak is when two or more people get the same illness from consuming contaminated foods or drinking contaminated liquids with a common source.

Who is affected by foodborne illness?

Everyone is at risk for foodborne illness. However, there are some people who are more likely to experience a severe case of foodborne illness. They are considered a “highly susceptible population” because they are:

- Immunocompromised - having an immune system that has been damaged by disease or medical treatment
- Preschool-age children

- Older adults
- Individuals confined to facilities that provide custodial care (such as hospitals or assisted living facilities)

Most school-based populations are not considered highly susceptible. However, some school nutrition facilities prepare contracted meals for child care or adult care settings feeding those considered highly susceptible. School districts also may have specialized sites serving students who may be immunocompromised. Managers and directors in sites serving highly susceptible populations may need to observe stricter food safety measures when preparing and serving food to this population. For example, the exclusion should be applied as noted by an asterisk on the chart provided in this guidance titled *Requirements for Symptomatic or Diagnosed School Nutrition Employees*.



What are the foodborne pathogens of greatest concern?

The six most highly infectious foodborne pathogens are described in the following chart. These six pathogens can cause illness even if only a tiny amount of the pathogen is consumed.

The Six Most Highly Infectious Foodborne Pathogens			
Pathogen	Signs and Symptoms	Incubation Period	Usual Duration of Illness
Norovirus	Nausea, vomiting, diarrhea, stomach pain, fever, headache, and body aches	12–48 hours	1–3 days
Typhoid fever (caused by <i>Salmonella</i> Typhi)	Weakness, sustained fever, headache, stomach pain, diarrhea, constipation, cough, body aches, and loss of appetite	3 days–1 month, usually 8–14 days	3–4 weeks unless treated; a small percentage recover but continue to carry and shed the bacteria
Shiga toxin-producing <i>Escherichia coli</i> (STEC)*	Severe abdominal pain, diarrhea (often bloody), and vomiting	1–10 days, usually 3–4 days	5–7 days
<i>Shigella</i> spp.	Diarrhea (sometimes bloody), fever, stomach pain, and feeling the need to pass stool [poop] even when bowels are empty	1–2 days	5–7 days
Hepatitis A virus	Fever, fatigue, loss of appetite, nausea, abdominal pain, vomiting, dark urine, diarrhea, clay-colored stools, joint pain, and jaundice (yellowing of the skin and eyes)	15–50 days, averaging 28 days	Variable, from 1–2 weeks to several months; 10%–15% can have symptoms for as long as 6 months
<i>Salmonella</i> (nontyphoidal)	Nausea, vomiting, diarrhea, headache, fever, and stomach cramps	12–72 hours after exposure	4–7 days

**E. coli* (*Escherichia coli*) consists of a diverse group of bacteria. Shiga toxin-producing *E. coli* (STEC) causes illness commonly associated with foodborne outbreaks. Employees need to report diagnosis of STEC infection. Examples include, *E. coli* 0157:H7, 0145, 026, 0111, and 0103.

Excluding or Restricting Ill School Nutrition Employees

When should school nutrition employees report foodborne illness symptoms, diagnoses, or exposures to their manager/director?

Symptoms and events school nutrition employees should report to their manager/director include:

- Vomiting
- Diarrhea
- Sore throat with fever
- Jaundice (yellowing of skin or eyes)
- Any exposed boil or open, infected, or pus-containing wounds or cuts on the hands or arms
- An illness diagnosed by a health practitioner caused by one of the six most highly infectious foodborne pathogens

- Diagnosis of Typhoid fever (caused by *Salmonella Typhi*) in the past three months, without antibiotic therapy prescribed by a health practitioner
- Exposure by eating or preparing food that caused a foodborne illness outbreak caused by one of the six highly infectious foodborne pathogens
- Exposure to a person diagnosed with a foodborne illness caused by one of the six most highly infectious foodborne pathogens

Managers/directors should explain to school nutrition employees the importance of reporting specific symptoms and any diagnoses or exposures to foodborne illness. A sample of an employee agreement is provided in *Appendix A* at the end of this guidance to help familiarize employees with basic health and hygiene practices they should use. This information should be part of each employee's orientation.

What is *exclusion*?

Exclusion means a school nutrition employee is not permitted to work in or enter a food preparation site. This requirement applies to areas where food is received, prepared, stored, packaged, served, vended, transported, or purchased. There are few options for job duties in school nutrition operations while under exclusion, so generally employees must not work at all.

What is *restriction*?

Restriction means a school nutrition employee's activities are limited to prevent the risk of transmitting a disease through food. A restricted employee cannot handle exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles. Job duties for employees who are restricted may include working as a cashier, stocking packaged foods, or working in non-food cleaning and maintenance tasks.

Who can *exclude* or *restrict* a school nutrition employee?

The school nutrition manager, director, and PIC have the authority to exclude or restrict a school nutrition employee from the school food preparation site to prevent the spread of disease through food. The local health department also has the authority to exclude or restrict a school nutrition employee who is suspected of presenting a risk of transmitting foodborne illness.

Who can lift the exclusions and restrictions?

In most cases, the school nutrition manager, director, and PIC remove, adjust, or retain the exclusion or restriction. In some cases, approval from the local health department and a health practitioner is required to lift an exclusion or restriction. Consult with your local health department if you have questions about lifting an exclusion or restriction.

What is the responsibility of the school nutrition manager, director, or person in charge when a school nutrition employee reports a diagnosis of foodborne illness or displays symptoms?

The manager, director, or PIC is responsible for taking action to prevent the transmission of foodborne pathogens from the infected employee to the food by excluding or restricting the employee.

How does the school nutrition manager/director decide what action to take when an employee reports a symptom or diagnosis?

The following chart will assist managers/directors in deciding whether it is necessary to restrict or exclude a school nutrition employee from duties once an illness has been reported. It also addresses the appropriate time to remove the restriction or exclusion. Because State or local regulations may be different, contact your health department about regulations in your locality.

Requirements for Symptomatic, Undiagnosed School Nutrition Employees

Symptoms	Exclusion or Restriction	Removing Exclusion or Restriction
Vomiting	Exclusion (unless medically documented non-infectious, i.e., Crohn's Disease, early stages of pregnancy)	Symptom free for at least 24 hours
Diarrhea	Exclusion (unless medically documented non-infectious, i.e., Crohn's Disease, food intolerance)	Symptom free for at least 24 hours
Sore throat with fever	Restrict*	When written medical documentation is provided
Infected sore	Restrict	When the infected sore is properly covered
Jaundice	Exclude	Consult with the local health department

*Must EXCLUDE if serving highly susceptible population such as preschool children, older adults, or immunocompromised people.

Requirements for Diagnosed School Nutrition Employees

Diagnosis	Exclusion or Restriction	Serves Highly Susceptible Population	Removing Exclusion or Restriction
Norovirus infection	Exclude	Yes	Exclude for at least 24 hours after symptoms resolve. Lift exclusion: (1) after consulting the local health department and (2) the employee either provides medical clearance or has not had symptoms for 48 hours.
		No	Restrict for at least 24 hours after symptoms resolve. Lift restriction: (1) after consulting the local health department and (2) the employee either provides medical clearance or has not had symptoms for 48 hours.
Typhoid fever (caused by <i>Salmonella</i> Typhi)	Exclude recently diagnosed and those having had Typhoid fever within past 3 months without treatment	Yes	Exclude until after consulting the local health department and the employee provides medical clearance.
		No	Exclude until after consulting the local health department and the employee provides medical clearance.
<i>E-coli</i> infection [Shiga toxin-producing <i>Escherichia coli</i> (STEC)]	Exclude	Yes	Exclude for at least 24 hours after symptoms resolve. Lift exclusion: (1) after consulting the local health department and (2) the employee either provides medical clearance or more than 7 calendar days have passed since employee showed symptoms.
		No	Restrict for at least 24 hours after symptoms resolve. Lift restriction: (1) after consulting the local health department and (2) the employee either provides medical clearance or more than 7 calendar days have passed since employee showed symptoms.

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Requirements for Diagnosed School Nutrition Employees			
Diagnosis	Exclusion or Restriction	Serves Highly Susceptible Population	Removing Exclusion or Restriction
<i>Shigella</i> spp. Infection	Exclude	Yes	Exclude for at least 24 hours after symptoms resolve. Lift exclusion: (1) after consulting the local health department and (2) the employee either provides medical clearance or more than 7 calendar days have passed since employee showed symptoms.
		No	Restrict for at least 24 hours after symptoms resolve. Lift restriction: (1) after consulting the local health department and (2) the employee either provides medical clearance or more than 7 calendar days have passed since employee showed symptoms.
Hepatitis A virus	Exclude if within 14 days of any symptom, or within 7 days of jaundice	Yes	Exclude until the local health department is consulted and: 1. The employee has been jaundiced for more than 7 calendar days, 2. The employee has symptoms other than jaundice for more than 14 days, or 3. Medical clearance provided.
		No	Exclude until the local health department is consulted and: 1. The employee has been jaundiced for more than 7 calendar days, 2. The employee has symptoms other than jaundice for more than 14 days, or 3. Medical clearance provided.
<i>Salmonella</i> (nontyphoidal) infection	Exclude	Yes	Exclude: (1) until the local health department consulted and (2) the employee either provides medical clearance or symptoms of vomiting and diarrhea have resolved, and more than 30 days have passed since the employee showed symptoms.
		No	Restrict for at least 30 days after symptoms resolve Do not lift restriction: (1) until the local health department consulted and (2) the employee either provides medical clearance or symptoms of vomiting and diarrhea have resolved, and more than 30 days have passed since the employee showed symptoms.

Consult with the local health department before allowing ill employees to return to work.

Should 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 the health status of other employees is required. Once the manager or director is notified, appropriate action can be taken to prevent the likelihood of transmitting foodborne illness.

How does the school nutrition manager or director decide what action to take when an employee reports an exposure to a foodborne illness but is not symptomatic?

When employees report eating or handling food implicated in a foodborne illness outbreak, attending or working in a location that had a foodborne illness outbreak, or living with someone who was exposed to a foodborne illness outbreak, they may themselves come down with the illness. Similarly, when a person lives with or eats food prepared by someone diagnosed with one of the six most infectious foodborne illnesses they also may get sick. In these cases, they should be educated about the signs and symptoms and the importance of handwashing and preventing bare hand contact with ready-to-eat food. If the employee is serving a highly susceptible population, the local health department must be consulted as the employee will need to be restricted.

Effective Handwashing

Managers and directors should mandate and enforce the practice of effective handwashing to prevent the transmission of foodborne pathogens. They should provide new employees with training on effective handwashing, repeating it periodically. An example of a new or current employee agreement is provided at the end of this guide to help familiarize employees with the basic health and hygiene practices they should use. The new employee agreement should be part of the employee orientation. Established policies and procedures need to be continually emphasized and followed.

Why is handwashing important?

Handwashing reduces contamination on hands and help prevent it from passing to food. Microorganisms can get on hands from a number of sources – such as a dirty cutting board, a pencil, or a refrigerator handle – and then move from hands to food or equipment during preparation and service. An infected school nutrition employee, or one with unclean hands or exposed portions of arms or fingernails, can contaminate food, potentially causing illness. Food equipment contaminated by unclean hands can further spread illness through cross contamination.

What is effective handwashing?

Handwashing is important to get rid of dirt and reduce germs that can cause illness. Employees should wash their hands and exposed portions of their arms, including surrogate prosthetic devices, using these steps for effective handwashing:

1. Use the handwashing sink with warm, running water.
2. Rinse hands under water and apply soap.
3. Lather hands together vigorously with friction for at least 10-15 seconds, paying close attention to fingernails, between the fingers/fingertips, and surfaces of the hands and arms, and surrogate prosthetic devices.
4. Rinse thoroughly with clean, warm, running water.
5. Thoroughly dry hands and exposed portions of arms with single-use paper towels, a paper towel roll dispenser (pull-down, crank, or automatic), a heated-air hand-drying device, or an air-knife system hand-drying device.
6. Avoid recontamination of hands and arms by using a paper towel to turn off hand sink faucets and/or to open the restroom door.

When should school nutrition employees wash their hands?

Hands should be washed immediately:

- When entering a food preparation area

- When changing tasks and switching between handling raw foods and working with ready-to-eat foods (to prevent cross-contamination)
- When hands become contaminated
- Before starting food preparation
- Before putting on new, single-use gloves to work with food and between glove changes
- Before handling clean equipment, serving utensils, and unwrapped single-use utensils
- After handling dirty dishes, equipment, or utensils
- After touching bare human body parts, for example, hair, face, or other exposed skin
- After using the toilet
- After coughing, sneezing, blowing the nose, eating, or drinking

Can hand sanitizers be used in place of adequate handwashing in food preparation areas?

No. Hand sanitizers do not take the place of adequate handwashing, and if used, should be applied only after proper handwashing.

No Bare Hand Contact with Ready-To-Eat Foods

Bare hand contact with ready-to-eat foods (i.e., food that is eaten without further washing or cooking) can result in contamination of food and contribute to foodborne illness outbreaks. Therefore, school nutrition employees should always use suitable utensils such as spatulas, tongs, single-use gloves, or dispensing equipment when handling ready-to-eat foods.

Is it necessary to use single-use gloves when preparing food?

When hands are heavily contaminated, effective handwashing may not thoroughly remove pathogens to ensure safety. The Food and Drug Administration (FDA) requires the use of suitable utensils or single-use gloves when handling ready-to-eat foods. Single-use gloves, along with handwashing, can be effective in preventing pathogens on the hands from contaminating



food. However, gloves are effective in preventing contamination only if used properly.

What are the instructions for properly wearing single-use gloves?

- Always wash hands before putting on gloves.
- Change single-use gloves when changing tasks and between handling raw products and ready-to-eat products.
- If doing the same task, change gloves every four hours.
- Do not wash or reuse single-use gloves.
- Discard torn or damaged single-use gloves.
- Cover an infected cut, boil with pus, or burn with a waterproof covering and a single-use glove.

Employing Healthy School Nutrition Employees

Ensuring that employees and potential employees are free from serious illnesses that can easily be spread through food is important in ensuring safe food preparation. However, caution must be taken when asking health-related questions or requiring medical examinations not to violate Title 1 of the Americans with Disabilities Act (ADA).

All individuals involved in the employment of school nutrition employees should have a clear understanding of what questions and inquiries are permitted at the different stages of employment. It is strongly suggested that the following guidance be used to coordinate with your human relations department and supplemented by advice from a school board attorney to ensure completeness. Additionally, specific information about disabilities and ADA requirements can be found in The Equal Employment Opportunity Commission guidance, *How to Comply with the Americans with Disabilities Act: A Guide for Restaurants and Other Food Service Employers*. (http://www.eeoc.gov/facts/restaurant_guide.html)

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

Title 1 of the ADA is a Federal law that prohibits employers 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 1 limits an employer's ability to make disability-related inquiries or require medical examinations:

- Prior to making a conditional offer to a potential employee, 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 or questions concerning any health-related conditions.
- 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.

Should a conditional offer of employment be made prior to making inquiries about an applicant's medical health status?

Yes. In order to comply with the ADA, a conditional job offer must be made to the potential school nutrition employee before making medical inquiries. Once a conditional job offer is made, employers may ask medical questions, such as those listed in the example in *Appendix B*, and require medical exams, as long as all applicants are treated the same way for the same type of job.

Can a conditional job offer be canceled if an applicant is diagnosed with an illness due to one of the six highly infectious pathogens?

The conditional offer may be canceled provided the applicant is not disabled by the illness, in which case the requirements of the ADA must be followed.

Can new and current employees be required to practice established procedures and policies for health and personal hygiene?

Yes. In fact, it should be part of all school nutrition employees' employment agreements to:

- Report illnesses involving symptoms, diagnoses, and exposures
- Abide by any work restrictions or exclusions that may be imposed
- Follow good hygiene practices

A sample agreement for new and current employees provided in *Appendix A* will help should any disciplinary action be needed when an employee fails to practice policies and procedures. The agreement should become part of the new employee orientation package.

Does the ADA require that employers provide reasonable accommodation 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. An example of a reasonable accommodation is assisting employees with the requirement for proper handwashing when they have one hand or a surrogate

prosthetic device for hands and arms. Devices are available that attach to a sink that will allow a one-handed person to generate the necessary friction to adequately wash hands.



What should an employer do if a school nutrition employee who has been excluded due to an illness resulting from one of the six highly infectious pathogens requests a reasonable accommodation under the ADA?

For most people, having an illness resulting from one of the six highly infectious pathogens does not constitute having a disability under the ADA. These illnesses are usually short-term. If an employee does not have an ADA disability, the ADA does not need to be considered. Refer to the school district's policy for more information.

Term Glossary

- **Cross-contamination**: the unintentional transfer of bacteria or viruses from one object to another; this can occur by hand-to-food, food-to-food, or equipment and food contact surfaces-to-food
- **Exclude**: to prevent an employee from entering or working in a school nutrition operation
- **Hazard Analysis Critical Control Point (HACCP)**: a preventative food safety system in which every step in the manufacture, storage, and distribution of a food product is scientifically analyzed for microbiological, physical, and chemical hazards
- **Health practitioner**: a physician licensed to practice medicine, or if allowed by LAW, a nurse practitioner, physician assistant, or similar medical professional
- **Microorganisms**: small living organisms that can be seen only with the aid of a microscope; there are four types of microorganisms that can contaminate food and cause foodborne illness: bacteria, viruses, parasites, and fungi
- **Person in charge (PIC)**: the individual present at the school who is responsible for the operation at the time of inspection
- **Ready-to-eat (RTE) foods**: foods eaten without further rinsing or cooking, such as cut fruits and vegetables, sandwiches, and cheese
- **Restrict**: to limit the activities of a school nutrition employee so that there is no risk of transmitting a disease that is transmissible through food; the school nutrition employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-use utensils

APPENDIX A

Sample School Nutrition Employee Health and Personal Hygiene Agreement

The purpose of this agreement is to inform new school nutrition employees of their personal health and hygiene responsibilities in preventing the transmission of a foodborne illness.

I agree to report to the school nutrition manager/director:

- Any of the following symptoms, while at work or outside of work. I will include the date when I first experienced the symptom:
 1. Diarrhea
 2. Vomiting
 3. Sore throat with fever
 4. Jaundice (yellow tint to skin and the whites of the eyes)
 5. An improperly covered wound or sore containing pus on the hand, wrist, or exposed part of the arm
- Recent, current, or future medical diagnosis of either myself or a household member due to one of the following (include the onset date):
 1. Norovirus
 2. Hepatitis A virus
 3. *Shigella* spp. (Shigellosis)
 4. Shiga toxin-producing *Escherichia coli* (*E. coli* infection*)
 5. Typhoid fever (caused by *Salmonella* Typhi)
 6. *Salmonella* (nontyphoidal)
- Recent, current, or future exposure by myself or a household member to a confirmed outbreak due to (include the date exposed):
 1. Norovirus
 2. Typhoid fever (caused by *Salmonella* Typhi)
 3. *Shigella* spp. (Shigellosis)
 4. Shiga toxin-producing *Escherichia coli* (STEC) (*E. coli* infection*)
 5. Hepatitis A virus

Employees are not required to report when they have been exposed to *Salmonella* (nontyphoidal).

* *Escherichia coli* (*E. coli*) consists of a diverse group of bacteria. Shiga toxin-producing *E. coli* (STEC) causes disease commonly associated with foodborne outbreaks. Employees need to report diagnosis of, or exposure to, STEC infection. Examples include, *E. coli* 0157:H7, 0145, 026, 0111, and 0103.

I have read (or have had read to me) and understand that once I have reported symptoms, diagnosis, and/or exposure to foodborne illness, the school nutrition manager/director has the responsibility to determine if I am to be restricted or excluded from the food preparation site.

- Exclusion means I will not be permitted to work in or enter a food preparation site. This applies to areas where food is received, prepared, stored, packaged, served, vended, transported, or purchased.

- Restriction means I cannot work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.
- The school nutrition manager/director can remove, adjust, or retain the exclusion or restriction. In some cases, an approved medical practitioner or the local health department is required to lift an exclusion or restriction depending on the illness.

I agree that I have read (or have had read to me) and understand the steps of effective handwashing which are:

1. Use the handwashing sink with warm, running water.
2. Rinse hands under water and apply soap.
3. Lather hands together vigorously with friction for at least 10-15 seconds, paying close attention to fingernails, between the fingers/fingertips, and surfaces of the hands and arms, and surrogate prosthetic devices.
4. Rinse thoroughly with clean, warm, running water.
5. Thoroughly dry hands and exposed portions of arms with single-use paper towels or a heated-air hand-drying device.
6. Avoid recontamination of hands and arms by using a paper towel to turn off hand sink faucets and/or to open the restroom door.

I agree that I understand I should wash my hands immediately:

- When entering a food preparation area
- When changing tasks and switching between handling raw foods and working with ready-to-eat foods (to prevent cross-contamination)
- When hands become contaminated
- Before starting food preparation
- Before putting on new, single-use gloves to work with food and between glove changes
- Before handling clean equipment and serving utensils, and unwrapped single-use utensils
- After handling dirty dishes, equipment, or utensils
- After touching bare human body parts, for example, hair, face, or other exposed skin
- After using the toilet
- After coughing, sneezing, blowing the nose, eating, or drinking

I have received the following fact sheets for:

- ☐ Norovirus
- ☐ Hepatitis A virus
- ☐ Shigellosis
- ☐ *E. coli* infection
- ☐ Typhoid fever (caused by *Salmonella* Typhi)
- ☐ Salmonellosis

I understand that failure to comply with the terms of this agreement could lead to action by my employer that may jeopardize my employment and may involve legal action against me.

School Nutrition Employee_____ Date_____

APPENDIX B

Suggested Interview Questions

Health-related interview questions should be developed in coordination with your human relations department and asked only after the applicant has been offered conditional employment. A conditional employee should be restricted or excluded per the guidance for current employees contained in the tables titled *Requirements for Symptomatic, Undiagnosed School Nutrition Employees* and *Requirements for Diagnosed School Nutrition Employees*.

Are you currently suffering from any of the following?

- Diarrhea
- Vomiting
- Jaundice (whites of eyes appear yellow)
- Sore throat with fever
- Infected cut or wound that is open and draining, or sores containing pus

Have you been diagnosed with Typhoid fever (caused by *Salmonella Typhi*) in the past three (3) months?

Have you eaten or prepared food that caused a confirmed foodborne disease outbreak in the past month?

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