Food Code Snippet #4

EMPLOYEE HEALTH & BARE HAND CONTACT



4 Levels of Risk

Employee Health & Bare Hand Contact

Risk Level 1

- Workers with active symptoms (diarrhea, vomiting, and jaundice) in the workplace
- Workers with typhoid fever or recent hepatitis A infection

Risk Level 2

 Diagnosed with specific foodborne pathogens but symptoms have resolved

Risk Level 3

 Diagnosed with specific foodborne pathogens but never had symptoms

Risk Level 4

 Clinically well, but exposed and within normal incubation period of pathogen



Toolkit: Employee Health



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.

Note: Use this document to help your establishment maintain AMC. Be sure to work with your local health jurisdiction for any additional information or approvals as needed.

	Section 1:	Food Establishment Inf	formation	
Estab	blishment Name		Phone	
Street (Physical Address)		City	ZIP	Email
Contact Name		Title / Position	on	
	Section 2: Em	ployees Must Report to Pe	erson in Charge	= .
1	Employees must report potential foodborn Include the following items for employees	ne illness to the Person in C to report in your employee	harge. health plan:	
0	Symptoms Vomiting Diarrhea – loose stools Jaundice – yellow skin or eyes Sore throat with fever Infected wounds Other:			
0	Diagnosed Illnesses • E.coli ("STEC" or Shiga-Toxin produ • Salmonella • Shigella • Hepatitis A • Norovirus	cing E. coli)		
HSP	Exposure: For institutions that serve highly Food worker ate or prepared food in Food worker attended or worked in a Food worker lives in the same house outbreak Food worker lives in the same house Salmonella Typhi, hepatitis A, jaundi Other:	nplicated in a foodborne illne a facility with a confirmed for with someone that works a chold or eaten food prepare	ess outbreak odborne illness ou et or attended a pla	tbreak ace with a confirmed foodborne
	Potential Foodborne Illness Incidents Any complaint of illness potentially li Other:			
	Section 3: Person Person in Charge must immediately noti	in Charge Must Report to	The same of the sa	
-	agency) of the following:	ny the local health departir	ient (and regulat	ory authority if not the same
	Food worker with jaundice Food worker with diagnosed illness Report of potential foodborne illness Other:			



Toolkit: Employee Health

	Section 4: Exclusion and Restriction							
1	Food worker must not work if sick.							
0	Exclusion: Food workers must not work in the food establishment until approved to return if they have: 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 (Salmonella Typhi) within the past 3 months. Food worker may not return until approved by health department. Other:							
0	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							
that e	oyee Training: Employees must be properly trained to prevent illness spreading through food. You must be able to show mployees have been trained on the information included in this document. Proof includes materials such as documents d by staff or posting the training materials in staff areas.							
	☐ In addition to the reporting requirements in this document, employees must be trained on: (Check all that apply.) ☐ Handwashing ☐ Preventing Bare Hand Contact ☐ Other:							
	How are employees trained? Signs Video Read & Sign Document Other:							
	How often are employees trained? Once Quarterly Annually Other:							
Work	er Assignments: All food workers must be trained on employee health requirements.							
	Who is supposed to train staff on employee health? (Check all that apply.) ☐ Owner ☐ Certified Food Protection Manager ☐ Person in Charge ☐ Other:							
	Section 6. Additional Facility-Specific Information							
	Section 7: Plan Maintenance							
	How often is the plan reviewed and updated? ☐ Annually ☐ Other:							
	Section 8: Signature							
Plan	prepared by:							
Sign	ature 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.



Toolkit: Food Employee Illness Log



Food workers must report to the person in charge if they have foodborne illness symptoms, diagnosis, or exposure. A written log is a recommended tool for most food establishments but is required for food establishments with an approved plan for bare hand contact with ready-to-eat foods [WAC 246-215-03300(5)(c)(i)]. If required, the log must be maintained for at least 90 days.

- Employees must notify the person in charge (PIC) of any foodborne illness symptoms, illness, or exposure.
 - . Symptoms: Diarrhea, vomiting, sore throat with fever, jaundice, or inflamed lesion
 - · Diagnosed Illness: Salmonella, Shigella, Shiga toxin-producing E. coli, hepatitis A virus, norovirus
 - Exposure: Workers serving a highly susceptible population and exposed to a foodborne illness or outbreak.
- Employees with a diagnosed illness or jaundice MAY NOT WORK until approved by the health department.
 Workers serving a highly susceptible population must also be approved to return after exposure to foodborne illness.
- Employees with diarrhea or vomiting MAY NOT WORK until at LEAST 24 HOURS after symptoms stop.
 - Workers with sore throat with fever or an uncovered, inflamed lesion may not handle clean dishes or unwrapped food.
 - Workers serving a highly susceptible population may not work with a sore throat with fever and may not handle clean dishes or unwrapped food if exposed to an outbreak or a person with a diagnosed foodborne illness.
- The PIC is required to notify the health department if an employee has:

Salmonella • Shigella • Shiga toxin-producing E coli • hepatitis A virus • norovirus • jaundice

- The PIC is required to notify the health department if a customer reports potential illness.
- Health Department Contact Information:

		Symptoms Reported to Person in Charge						Report to Health	
	Employee Name or unique identifier to materials privacy	Vorniting*	Diaminea*	Favor	Pewer	Date & Time		Notify health department of jaundice, diagnosis, customer illness**	
Report Date						Left Work	Returned	or to return after exposure***	Comments
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- * Workers with active vomiting and diarrhea may not return to work for at least 24 hours after symptoms go away.
- ** Notify the health-department if an employee has jaundice, a diagnosed foodborne illness, or if a customer reports illness.
- *** Food workers exposed to foodborne illness that work in a facility serving highly susceptible populations (like senior centers and nursing homes) must be cleared by the health department before handling unpackaged food or clean utensils.



Toolkit: Bare Hand Contact with Ready-to-Eat Foods



Sickfood workers cause about one in five bacterial and viral foodborne outbreaks in the United States. To reduce risk, food workers must work only when healthy, wash hands at key times, and not touch foods with bare hands. Food establishments interested in having workers prepare food with bare hands must create and follow an **approved written plan** that increases employee health and handwashing safety controls. The written plan must include strict monitoring of employee health, training, and handwashing.

Note: Use this document to help your establishment maintain AMC. Be sure to work with your <u>local health jurisdiction</u> for any additional information or approvals as needed.

	Section 1: Food Est	ablishment In	formation				
Estal	blishment Name		Phone				
Stree	et (Physical Address)	City	ZIP	Email			
Cont	act Name	Title / Position					
	Section 2: Bare Hand Contact in	Selected Are	as (check all that	apply)			
	Bar area with beverage preparation only. (Floorplan not required if handwashing sink in area.)	☐ Kitchen	food preparation				
	Catered meals/offsite service	Other:					
	Waitstaff (front of house or expo) area	☐ Other:	1, 11				
	Section 3: Application	on Submission	n Checklist				
1	The following must be included in your application	See WAC 246-2	15-03300(5) for mo	ore information			
	☐ All available handwashing sinks identified ☐ Areas where employees may have bare hand contact with ready-to-eat foods highlighted Note: Bare hand contact will not be approved in areas without easily accessible, unobstructed handwashing sinks or in areas with direct hand contact with raw meat. Bare hand contact is also not approved for facilities serving a highly susceptible population.						
0	Employee Health Policy: A written employee health, Employee training on the foodborne illnesses link The symptoms and illnesses that must be reported Proper handwashing times and procedures Control measures in addition to routine handwash Documentation that employees and persons in ch	ted to handling f ed to the person ning and illness/s narge know the re	oods with bare har in charge symptom reporting equirements for rep	nds			
	Employee Training. Employees must be trained before training annually. Submit materials or procedures used Employee health: Employees must be trained or The risk of touching food with bare hands: Emportance of hand Proper handwashing and good hygienic practic control measures required for bare hand contact. Proper fingernail maintenance and prohibition short. No jewelry, including rings (other than a single-	to train employ the symptoms ployees must be dwashing and re- ices: Employees of jewelry: Em	ees on the following and illnesses to restrained on the rist porting illness or systemate to be trained on the trained of the ployees must keep ployees must keep	ng: port to the person in charge k of germs that can spread to ymptoms. n handwashing procedures and fingernails unpolished and cut			
0	Additional Control Measures: Food establishments in Required control: • Written employee illness log (indicating all report exposure incidents with corrective actions record Select at least one additional control that will be used Double handwashing Nail brushes Hand antiseptic after handwashing Other:	must use two or ed vomiting, dia ed) maintained f	more additional co rrhea, jaundice, dia or 90 days	ntrol measures.			



Toolkit: Bare Hand Contact with Ready-to-Eat Foods

Corrective Actions: Food establishments must maintain a log of corrective actions taken when the food establishments bare hand contact policy is not properly followed. Examples of situations to record include: Improper handwashing procedure observed Bare hand contact in non-approved area Handwashing sinks blocked, not stocked, or otherwise unusable Employee unaware of proper illness reporting Ill worker prepared food Other: PIC Acknowledgement: Each person in charge must acknowledge they will follow the following basic required in large and proper illnesses and jaundice to the health department Exclude employees with active vomiting, diarrhea, jaundice or diagnosed foodborne illnesses Reinstate workers excluded due to diagnosed illness or jaundice only after approval from health developed in the property protection of the health developed in the property of the health developed in the health dev	stablishment's
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Signs Video Read & Sign Document Other:	
How often are employees trained?	
☐ Once ☐ Quarterly ☐ Annually ☐ Other.	
Worker Assignments: All food workers must be trained on employee health requirements.	
Who is supposed to train staff on employee health? (Check all that apply.) □ Owner □ Certified Food Protection Manager □ Person in Charge. □ Other:	
Section 5: Additional Facility-Specific Information	
Submit additional materials as needed.	
Section 6 Plan Maintenance	
Where is the plan kept in the food establishment?	
How often is the plan reviewed and updated? ☐ Annually ☐ Other:	
Section 7: Signature	
I understand there is an increased public health hazard with food workers handling ready-to-eat food with bare han potential transfer of viral, bacterial, and parasitic pathogens from hands.	ids due to the
I understand that failure to comply with this plan, having a foodborne illness outbreak linked to bare hand contact eat food, and/or falsification of monitoring records is a violation of the Washington State Retail Food Code and r removal of the approval to have bare hand contact with ready-to-eat foods or other enforcement action.	
Plan prepared by:	
Signature Date Printed Name Phon	

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IN SUMMARY

- Ill food workers are a leading cause of foodborne illness
 - Excluding infectious workers helps, but we share germs even when we feel fine
 - Handwashing reduces risk, but is not 100% effective
 - Using a barrier like tongs or gloves adds another hurdle to germs from workers
- Everyone must be aware of reporting requirements
- Washington prohibits bare hand contact with ready to eat foods, but an APPROVABLE PLAN is an option



Employee Health & Bare Hand Contact Key Points

Employee health and hygiene are key

- It's a tough conversation start early
- Everyone must be trained, and training should include refresher updates