



Foodborne Disease Reporting Agreement

The Ohio Administrative Code 3717-1-02.1 (The Ohio Uniform Food Safety Code) requires all conditional (new hire) food employees and current food employees to report to the person in charge information about their health as it relates to diseases that are transmissible through food. This information is necessary to prevent the likelihood of foodborne illness transmission.

1. Food employees agree to report to the Person in Charge (PIC) when experiencing the following symptoms:

| | | | |
|---------------------------------------|--|----------|------------------------|
| Diarrhea | Fever | Vomiting | Sore throat with fever |
| Open, draining lesions containing pus | Jaundice (yellowing of the skin or eyes) | | |

** Food employees **shall be restricted** from food handling duties with the above symptoms until 24 hours after symptoms cease, but may work in limited capacities that do not involve handling food.*

2. Food employees are not permitted to work when diagnosed with any of the following foodborne diseases and the local health department must be notified:

| | | |
|---|-----------------------|------------------|
| Campylobacter | Cryptosporidium | Salmonella Typhi |
| Cyclospora | Entamoeba histolytica | Shigella spp. |
| Giardia | Hepatitis A | Vibrio cholerae |
| Norovirus | Salmonella spp. | Yersinia |
| Shiga toxin-producing Escherichia coli (STEC) | | |

** PIC must report to the local health department when an employee has one of the illnesses listed above.*

*** The employee **shall be excluded** from work until approved to return by the local health department.*

3. Food employees agree to report to the PIC when exposed to the above by previously being diagnosed or exposed to a person with a confirmed illness, or preparing or consuming food implicated in a confirmed outbreak within the following timelines:

- **Norovirus** within the past forty-eight (48) hours of the last exposure
- **Shiga toxin-producing Escherichia coli (STEC)** within the past ten (10) days of last exposure
- **Shigella spp.** within the past four (4) days of the last exposure
- **Salmonella Typhi** within the past fourteen (14) days of the last exposure
- **Hepatitis A** within the past fifty 50 days of the last exposure

I agree to report to the "Person in Charge" any time I am experiencing any of the symptoms or diseases listed above. I agree to comply with work restrictions given to me. I understand that failure to do so may put my job and the public at risk. I have read and understand the above employee illness reporting policy.

Food Employee Name (please print): _____

Signature of Food Employee: _____ Date _____

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