

DNA Child Nutrition Employee Health Policy

The District is committed to ensuring the health, safety, and well-being of its employees and students, and complying with all health department regulations to preclude transmission of foodborne illness or communicable diseases.

Notification of Symptoms

All Child Nutrition Services (CNS) employees shall report if they are experiencing any of the following symptoms to their Kitchen Manager or other “person-in-charge” (PIC):

- Diarrhea
- Fever
- Vomiting
- Jaundice (yellowing of the eyes or skin)
- Sore throat with fever
- Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Notification of Diagnosis

CNS employees should notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:

- Salmonellosis
- Shigellosis
- Escherichia coli
- Hepatitis A virus, or
- Norovirus

Notification of Exposure

In addition to the above conditions, CNS employees shall notify their PIC if they have been exposed to the following high-risk conditions:

- Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
- A member of their household is diagnosed with any of the above illnesses
- A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

CNS Employee Responsibility

All CNS employees shall follow the reporting requirements specified above involving symptoms, diagnosis, and high-risk conditions specified. All CNS employees subject to the required work exclusions that are imposed upon them as specified in state law, the regulatory authority, or PIC, shall comply with these requirements as well as always following good hygienic practices.

Exclusion from Work

Upon diagnosis, exposure to, or exhibition of the aforementioned ailments, CNS employees and their PIC shall apply the procedures found in Federal Food and Drug Administration guidelines.

<https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Returning to Work

If a CNS employee is excluded from work having diarrhea and/or vomiting, he/she will not be able to return to work until more than 24 hours have passed since the last symptoms of diarrhea and/or vomiting. If the employee is excluded from work for exhibiting symptoms of sore throat with fever or having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella, Typhii (typhoid fever), Shigella spp. Infection, E. coli, and/or Hepatitis A, he/she will not be able to return to work until Health Department approval is granted.

Person In-Charge Responsibility

The PIC shall take appropriate action as specified in the State of Utah Health Rule (2-201.11) to exclude, restrict and/or monitor CNS employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release ill CNS employees once evidence, as specified in the food code, is presented demonstrating the person is free of the disease-causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provide to stop the outbreak from continuing.

The PIC will ensure that all CNS employees who have been conditionally employed, or who are employed, sign the form acknowledging their awareness of the policy. The PIC will continue to promote and reinforce awareness of this policy to all CNS employees on a regular basis to ensure it is being followed.

http://health.utah.gov/epi/community/sanitation/foodSafety/fda_foodcode.pdf

State of Utah Health Rule (2-201.11)

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

I have fully read, understood and agree with the terms of this policy:

CNS Employee Name (please print)

Signature of CNS

Employee_____Date_____

Manager (Person-in-Charge) Name (please print)

Signature of Manager

(Person-in-Charge_____Date_____