

ATTENTION FOOD EMPLOYEES AND CONDITIONAL EMPLOYEES

According to Ohio Administrative Code, you must report information about your health concerning diseases that are transmissible through food to the Person-in-Charge. Immediately report to the Person-in-Charge if you experience any of the following symptoms before or during work hours:

1. Vomiting
2. Diarrhea
3. Jaundice (yellowing of the skin or eyes)
4. Sore throat with a fever
5. A lesion (containing pus such as a boil) or infected wound that is open or draining and is:
 - On your hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove can be worn over the impermeable cover;
 - On exposed portions of the arms, unless the lesion is protected by an impermeable cover; or
 - On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.
6. COVID-19 symptoms including cough, shortness of breath or difficulty breathing, and two of the following: fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell.

Also, immediately report to the Person-in-Charge diagnosis of the following illnesses by a health care provider:

Campylobacter
Cryptosporidium
Cyclospora
Hepatitis A
Salmonella spp
Shigella spp
Yersinia

Shiga-toxin-producing Escherichia coli or STEC- any *E.coli* capable of producing Shiga toxins
Entamoeba histolytica
Giardia
Norovirus
Salmonella Typhi
Vibrio cholera

Lastly, report the following to the Person-in-Charge:

1. If you were diagnosed by a health care provider with *Salmonella Typhi*, without any antibiotic therapy within the last three months.
2. If you consumed or prepared food implicated in an outbreak, or consumed food at an event prepared by a person who is infected or ill with:
 - a) Norovirus within past 48 hours of last exposure,
 - b) *Shiga-toxin-producing Escherichia coli* or STEC- any *E.coli* capable of producing Shiga toxins within the last ten days of last exposure;
 - c) *Salmonella Typhi* within past 14 days of exposure; or *Shigella spp* within the past four days of the last exposure; or
 - d) Hepatitis A within past 50 days of last exposure.
3. If you attend or work in a setting where there is confirmed disease outbreak, live in the same household as, and have knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or live in the same household as, and have knowledge about an individual diagnosed with an illness caused by a, b, c, or d above.

I have read and understand the above employee illness reporting policy.

Employee signature: _____ Date: ____/____/____