MEDINA COUNTY HEALTH DEPARTMENT
Prevent. Promote. Protect.

MEDINA COUNTY HEALTH DEPARTMENT
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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	*Shiga-toxin-producing Escherichia coli* or STEC- any *E.coli* capable of producing Shiga toxins
Cryptosporidium	*Entamoeba histolytica*
Cyclospora	*Giardia*
Hepatitis A	Norovirus
Salmonella spp	*Salmonella Typhi*
Shigella spp	Vibrio cholera
Yersinia	

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:_____/_____/_____