

Flathead City-County Health Department

1035 First Ave. West Kalispell, MT 59901 (406) 751-8101 FAX 751-8102 www.flatheadhealth.org Community Health Services
751-8110 FAX 751-8111
Environmental Health Services
751-8130 FAX 751-8131
Family Planning Services
751-8150 FAX 751-8151
Home Health Services
751-6800 FAX 751-6807
WIC Services
751-8170 FAX 751-8171
Animal Shelter
752-1310 FAX 752-1546

ILL Employee Policy

The 2013 FDA Food Code requires that employees report to the person in charge any diseases or illnesses that can be transferred through food. These include the following symptoms and lab-diagnosed illnesses:

- vomiting
- diarrhea
- jaundice
- sore throat with fever
- a lesion containing pus
- Norovirus
- Hepatitis A virus
- Shigella spp.
- Shiga toxin-producing E. coli
- Salmonella

The person in charge shall notify the Health Department when a food employee reports or shows signs of any of the symptoms or illnesses listed above and shall restrict the employee's contact with food and food contact surfaces as specified in the 2013 FDA Food Code in sections of 2-201.12 and 2-201.13.

Washing hands is important in preventing the spread of communicable diseases; Hands must be washed:

- (1) before preparing food
- (2) after using the toilet
- (3) after coughing, sneezing, or blowing nose
- (4) after eating or drinking
- (5) after touching arms or face
- (6) after handling dirty equipment or utensils
- (7) before putting on disposable gloves

I, THE FOOD EMPLOYEE,		
<u>HAVE READ THE REQUIREMENTS ABOVE AN</u>	D AGREE NOT TO WORK WITH FOOD IF I HAVE HAD, OR	
RECENTLY HAD, ANY OF THE AFFORMENTIC	NED ILLNESSES OR SYMPTOMS. I ALSO AGREE TO WASH	MY
HANDS AS IDENTIFIED IN THE SITUATIONS	ABOVE.	
Signature of Food Worker:	Date:	
_		
Signature of Food Manager:	Date:	
· ·	•	

