

# Food Safety Fact Sheet

## Employee Illness Policy

Kansas Food Code References 2-201.11, 2-201.12, and 2-201.13

### **Employee Health – Everyone's Responsibility**

What foodborne illness symptoms are most concerning?

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Uncovered infected cuts and burns with pus on hands and wrists



What do food employees have to do if they have symptoms of vomiting or diarrhea?

If the symptoms begin while the employee is at work, he or she must:

- 1. Stop work immediately;
- 2. Report to management; and
- 3. Go home and do not return to work until at least 24 hours pass after the vomiting and diarrhea symptoms stop.

If the symptoms occur **before** the employee arrives to work, he or she must:

- 1. Notify the manager by telephone; and
- 2. Not go to work until at least 24 hours pass after the vomiting and diarrhea symptoms stop.

#### **Big 5 Foodborne Illnesses**

- ⊗ Salmonella Typhi
- Shigella
- Shiga Toxin-Producing E coli
- Hepatitis A
- Norovirus

Employees must report diagnosis with a Big 5 illness to the person in charge.

The person in charge must report an employee reported diagnosis to the regulatory authority.

Employees must be restricted or excluded from working when diagnosed or exposed to the Big 5. See the Kansas Food Code for details.

#### **Restriction**

Restricted employees cannot work with food, utensils, or equipment. They can perform tasks such as busing tables, taking out the trash, etc.

#### **Exclusion**

Excluded employees are not allowed to be in the facility. Food employees may not return to work after exclusion until at least 24 hours after symptoms stop (or otherwise directed in the Kansas Food Code).

Kansas Department of Agriculture | 1320 Research Park Drive | Manhattan, KS 66502 | 785-564-6767 | agriculture.ks.gov



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#### **Employee Foodborne Illness Training Record**

#### I have read the Employee Illness Policy and agree to:

- 1. Notify my supervisor the date of onset of any of the symptoms listed
- 2. Notify my supervisor if I am diagnosed with or exposed to any of the Big 5 Illnesses
- 3. Notify my supervisor if a household member is diagnosed with or exposed to any of the Big 5 Illnesses
- 4. Comply with any restrictions or exclusions imposed upon me

Name:	Date:

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