

FORM 1-C Conditional Employee or Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to Norovirus, Typhoid fever (*Salmonella* Typhi), Shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 or other Shiga Toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* and Hepatitis A Virus

The **Food Code** specifies, under **Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition**, that Conditional Employees and Food Employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the Food Employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as **diarrhea**; or
2. Has a **current illness** involving Norovirus, typhoid fever (***Salmonella* Typhi**), shigellosis (***Shigella* spp.**) ***E. coli* O157:H7** infection (or other STEC), nontyphoidal *Salmonella* or hepatitis A virus (hepatitis A), or
3. Reports **past illness** involving typhoid fever (***S. Typhi***) within the past three months (while salmonellosis is fairly common in U.S., typhoid fever, caused by infection with ***S. Typhi***, is rare).

Conditional Employee being referred: (Name, please print) _____

Food Employee being referred: (Name, please print) _____

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a **highly susceptible population** such as a day care center with preschool-age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?

YES NO

Reason for Medical Referral: The reason for this referral is checked below:

- Is chronically suffering from vomiting or diarrhea; or (specify) _____
- Diagnosed or suspected Norovirus, typhoid fever, shigellosis, ***E. coli* O157:H7** (or other STEC) infection, nontyphoidal *Salmonella* or hepatitis A. (Specify) _____
- Reported past illness from typhoid fever within the past 3 months. (Date of illness) _____
- Other medical condition of concern per the following description: _____

Health Practitioner’s Conclusion: (Circle the appropriate one; refer to reverse side of form)

- Food employee is free of **Norovirus** infection, typhoid fever (***S. Typhi*** infection), ***Shigella* spp.** infection, ***E. coli* O157:H7** (or other **STEC** infection), nontyphoidal *Salmonella* infection or **hepatitis A** virus infection, and may work as a food employee without restrictions.
- Food employee is an asymptomatic shedder of ***E. coli* O157:H7** (or other **STEC**), ***Shigella* spp.**, or Norovirus, and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve highly susceptible populations.
- Food employee is not ill but continues as an asymptomatic shedder of ***E. coli* O157:H7** (or other **STEC**), ***Shigella* spp.** and should be excluded from food establishments that serve highly susceptible populations such as those who are preschool-age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
- Food employee is an asymptomatic shedder of **hepatitis A** virus and should be excluded from working in a food establishment until medically cleared.
- Food employee is an asymptomatic shedder of **Norovirus** and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.

- Food employee is suffering from Norovirus, typhoid fever, shigellosis, ***E. coli*** O157:H7 (or other **STEC** infection), or **hepatitis A** and should be excluded from working in a food establishment.
- Food employee is diagnosed with an infection from nontyphoidal *Salmonella* and is asymptomatic and should be restricted from working in food establishments serving a highly susceptible population and food establishments not serving a highly susceptible population.

COMMENTS: (In accordance with Title I of the Americans with Disabilities Act (ADA) and to provide only the information necessary to assist the food establishment operator in preventing foodborne disease transmission, please confine comments to explaining your conclusion and estimating when the employee may be reinstated.)

Signature of Health Practitioner _____ Date _____

Paraphrased from the FDA Food Code for Health Practitioner’s Reference

From Subparagraph 2-201.11(A)(2)

Organisms of Concern:

Any foodborne pathogen, with special emphasis on these 56 organisms:

1. **Norovirus**
2. **S. Typhi**
3. **Shigella** spp.
4. **E. coli** O157:H7 (or other STEC)
5. **Hepatitis A** virus
6. Nontyphoidal *Salmonella*

From Subparagraph 2-201.11(A)(1)

Symptoms:

Have any of the following symptoms:

- | | | | |
|-----------------|-----------------|-----------------|-------------------------------|
| Diarrhea | Vomiting | Jaundice | Sore throat with fever |
|-----------------|-----------------|-----------------|-------------------------------|

From Subparagraph 2-201.11(A)(4)-(5)

Conditions of Exposure of Concern:

- (1) Suspected of causing a foodborne outbreak or being exposed to an outbreak caused by Norovirus, S. Typhi, *Shigella* spp., E. coli o157:H7 (or other STEC), Hepatitis A virus , at an event such as a family meal, church supper, or festival because the person:
 - Prepared or consumed an implicated food;
 - or consumed food prepared by a person who is infected or ill with the organism that caused the outbreak or who is suspected of being a carrier;
- (2) Lives with, and has knowledge about, a person who is diagnosed with illness caused by Norovirus, S. Typhi, *Shigella* spp., E. coli o157:H7 (or other STEC), Hepatitis A virus ; or
- (3) Lives with, and has knowledge about, a person who works where there is an outbreak caused by Norovirus, S. Typhi, *Shigella* spp., E. coli o157:H7 (or other STEC), Hepatitis A virus

From Subparagraph 2-201.12

Exclusion and Restriction:

Decisions to exclude or restrict a food employee are made considering the available evidence about the person=s role in actual or potential foodborne illness transmission. Evidence includes:

- | | | | |
|-----------------|------------------|-----------------------|--------------------------|
| Symptoms | Diagnosis | Past illnesses | Stool/blood tests |
|-----------------|------------------|-----------------------|--------------------------|

In facilities serving highly susceptible populations such as day care centers and health care facilities, a person for whom there is evidence of foodborne illness is almost always excluded from the food establishment.

In other establishments such as restaurants and retail food stored, that offer food to typically healthy consumers, a person might only be restricted from certain duties, based on the evidence of foodborne illness.

Exclusion from any food establishment is required when the person is:

- Exhibiting or reporting diarrhea or vomiting;
- Diagnosed with illness caused by *S. Typhi*; or
- Jaundiced within the last 7 days.

For ***Shigella*** spp. or ***Escherichia coli*** O157:H7 or other STEC infections, the person's stools must be negative for 2 consecutive cultures taken no earlier than 48 hours after antibiotics are discontinued, and at least 24 hours apart or the infected individual must have resolution of symptoms for more than 7 days or at least 7 days have passed since the employee was diagnosed.