Minnesota Department of Health Fact Sheet December 2010

Reporting Illness in Food Workers

Food Worker Responsibilities

You MAY NOT WORK if you have:

- Diarrhea
- Vomiting

If you have been told you have one of the following infections, you must report the infection to your manager:

- E. coli 0157:H7
- Salmonella
- Shigella
- Hepatitis A

Because infections that cause diarrhea or vomiting can be transmitted from food workers to customers, you may temporarily be given work assignments that do not put customers at risk of infection.

Reporting Policy

You must report any incident of diarrhea, vomiting, jaundice (yellow skin or eye color) to your manager. You must also report to your manager if you have an open, infected wound so precautions can be taken to prevent food contamination.

For more information, contact:

The Minnesota Department of Agriculture at 651-201-6000 or visit the Minnesota Department of Health's Web site at http://www.health.state.mn.us.

For further information contact the following MDH district offices:

Bemidji	♦	(218) 308-2100
Duluth	♦	(218) 723-4642
Fergus Falls	♦	(218) 332-5150
Mankato	♦	(507) 344-2700
Marshall	♦	(507) 537-7151
Metro	♦	(651) 201-4500
Rochester	♦	(507) 206-2700
St. Cloud	♦	(320) 223-7300

To request this document in another format, call 651-201-4500 or TTY 651-201-5797.

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Manager Responsibilities

Ill Employee Policy

Exclude all ill employees from the establishment while they have:

- Diarrhea
- Vomiting

Restrict an employee from working with food or clean equipment, including utensils, if the person is infected with:

- E. coli 0157:H7
- Salmonella
- Shigella
- Hepatitis A

Notify the regulatory authority of any employee infected with any of the disease-causing organisms listed above.

Record all employee reports of diarrhea or vomiting. Upon request, report these illnesses to the regulatory authority.

Customer Complaint Policy

Notify the regulatory authority of complaints from customers who report becoming ill with diarrhea or vomiting after eating at the establishment.

Notify the regulatory authority of complaints from customers who test positive for *E. coli 0157:H7, Salmonella, Shigella, or Hepatitis A* after eating at the establishment.

Notify the following person in your establishment of any employee illness or customer complaint:

Name _____

Title_____

Environmental Health Services Section
625 North Robert Street, P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500
http://www.health.state.mn.us