

Employee Health Agreement Policy

Provided by the City of Middletown Health Department

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (*yellowing of the skin and/or eyes*)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, and/or an exposed body part (*such as boils and infected wounds, however small*).
6. Covid-19 Symptoms - cough, shortness of breath and/or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell, headaches

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi
3. Shigella spp.
4. Shiga toxin-producing Escherichia coli;
5. Campylobacter
6. Cryptosporidium
7. Cyclospora
8. Entamoeba histolytica
9. Giardia
10. Vibrio cholera
11. Yersinia
12. Hepatitis A
13. Salmonella (nontyphoidal)

Note: The **manager must report to the Health Department** when an employee or conditional employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of (a) Campylobacter; (b) Cryptosporidium; (c) Cyclospora; (d) Entamoeba histolytica; (e) shiga toxin-producing Escherichia coli; (f) Giardia; (g) Hepatitis A; (h) Norovirus; (i) Salmonella nontyphoidal.; (j) Salmonella Typhi; (k) Shigella; (l) Vibrio cholerae; or (m) Yersinia.
2. A household member with (a) Campylobacter; (b) Cryptosporidium; (c) Cyclospora; (d) Entamoeba histolytica; (e) shiga toxin-producing Escherichia coli; (f) Giardia; (g) Hepatitis A; (h) Norovirus; (i) Salmonella nontyphoidal.; (j) Salmonella Typhi; (k) Shigella; (l) Vibrio cholerae; or (m) Yersinia.

3. A household member attending or working in a setting with an outbreak (a) *Campylobacter*; (b) *Cryptosporidium*; (c) *Cyclospora*; (d) *Entamoeba histolytica*; (e) shiga toxin-producing *Escherichia coli*; (f) *Giardia*; (g) Hepatitis A; (h) Norovirus; (i) *Salmonella nontyphoidal*; (j) *Salmonella Typhi*; (k) *Shigella*; (l) *Vibrio cholerae*; or (m) *Yersinia*.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded*** or **restricted**** from work.

**If you are excluded from work you are not allowed to come to work.*

***If you are restricted from work you are allowed to come to work, but your duties may be limited.*

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until symptoms have ceased and the illness was not from an infectious disease agent listed.

If excluded because of diagnosis for infectious disease listed above they must follow the return to work as per 3701-3-13 of the Ohio Administrative Code.

If you are excluded from work for being diagnosed or exposed to the following you will not be able to return to work until the time frames designated below:

1. Norovirus within the past forty-eight hours of the last exposure;
2. Shiga toxin-producing *Escherichia coli* within the past ten days of the last exposure;
3. *Shigella* spp. within the past four days of the last exposure;
4. *Salmonella Typhi* within the past fourteen days of the last exposure;
5. Hepatitis A virus within the past fifty days of the last exposure.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.
3. I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____