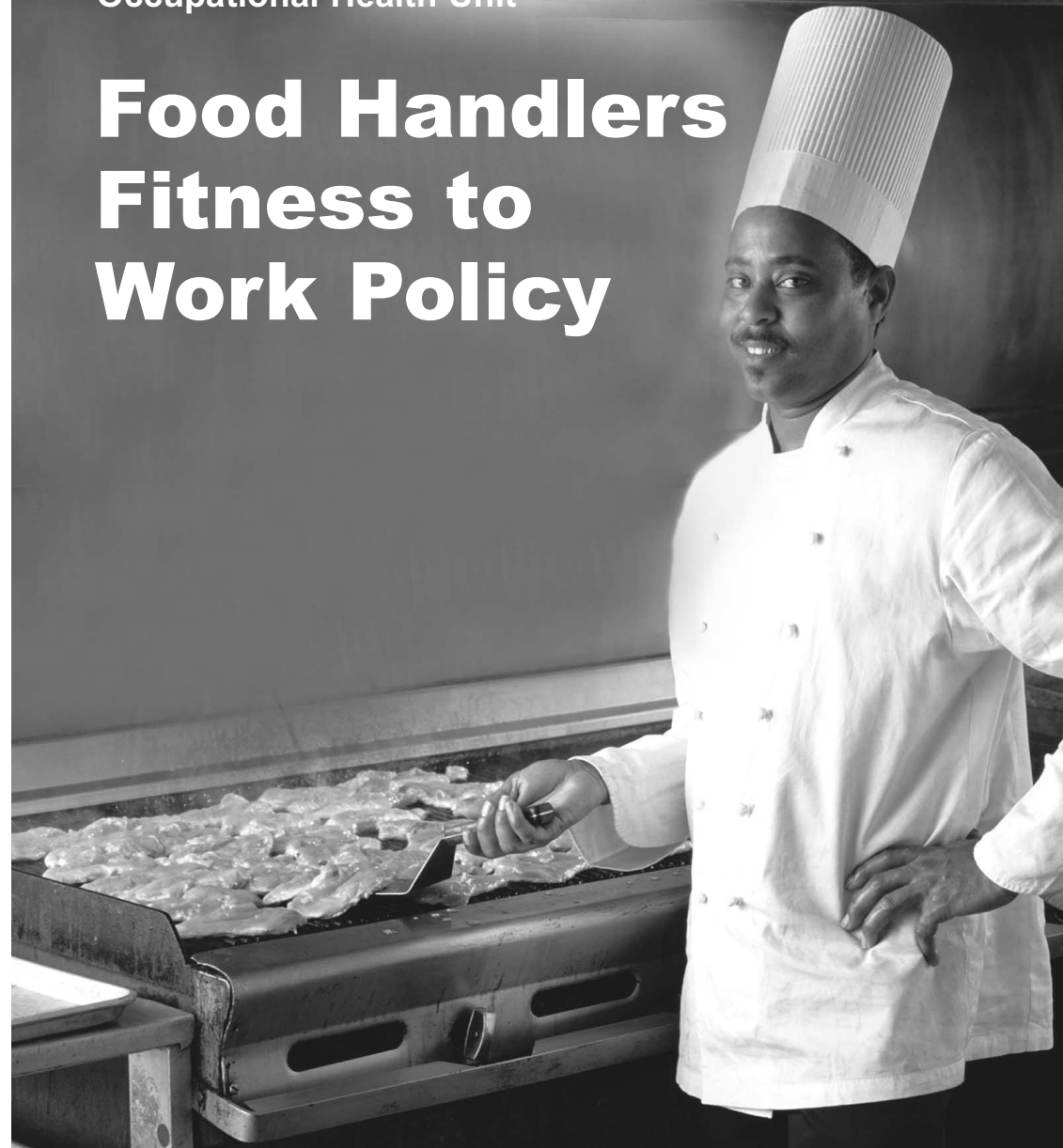




Coventry City Council

Occupational Health Unit

Food Handlers Fitness to Work Policy



Coventry City Council

Chief Executive's Directorate
Occupational Health Unit
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INTRODUCTION

In pursuance of the City Council's Health and Safety Policy Statement, the Food Handlers Fitness to Work Policy has been created to ensure a corporate approach is adopted, to reduce the risk of food becoming microbiologically contaminated by food handlers employed by Coventry City Council.

EMPLOYMENT OF FOOD HANDLERS

THE FOOD SAFETY (GENERAL FOOD HYGIENE) REGULATIONS 1995

The Food Safety (General Food Hygiene) Regulations 1995 are mainly concerned with the avoidance of food contamination by infected persons, either by direct contact with open food, or indirect contact i.e. with surfaces in processing areas.

The Regulations, which came into force on [15th September 1995](#), place the onus on employers to satisfy themselves that no food handler poses a hygiene risk to foodstuffs. However, emphasis has also been placed on the legal responsibility of staff working in food handling areas to report to their employer if they are suffering from a condition which may lead to food poisoning:

[\(Please see details on following page\)](#)

'Persons suffering from certain medical conditions

- Reg. 5 - (1) Subject to paragraph (2), a person working in a food handling area who -
- (a) knows or suspects that he is suffering from or that he is a carrier of a disease likely to be transmitted through food, or
 - (b) is afflicted with an infected wound, a skin infection, sores, diarrhoea or with any analogous medical condition

in circumstances where there is any likelihood of him directly or indirectly contaminating any food with pathogenic micro organisms, shall report that knowledge, suspicion or affliction to the proprietor of the food business at which he is working.'

The Regulations also state, (Schedule 1 Chapter VIII):

- 1 Every person working in a food handling area shall maintain a high degree of personal cleanliness and shall wear suitable, clean and, where appropriate, protective clothing.
- 2 No person, known or suspected to be suffering from, or to be a carrier of a disease likely to be transmitted through food or while afflicted, for example, with infected wounds, skin infections, sores or with diarrhoea, shall be permitted to work in any food handling area, in any capacity in which there is any likelihood of directly or indirectly contaminating food with pathogenic micro-organisms.'

DEFINITION OF TERMS

Food business -

means any undertaking, whether carried on for profit or not and whether public or private, carrying out any or all of the following operations, namely; preparation, handling, processing, packaging, manufacturing, storage, transportation, selling, distribution and/or supplying food.

Hygiene -

means all measures necessary to ensure the safety and wholesomeness of food during the above processes.

Food handler -

anyone who handles food, or whose actions could affect its safety must follow the Regulations, however, a risk based approach should be adopted. Workers who handle only pre-wrapped, canned or bottled food would not be considered as food handlers.

The City Council employs food handlers in many areas. Within the Social Services Department, for example, care staff, most residential social workers and all community care assistants, as well as catering staff, appear to come under the definition of 'food handler'. This represents approximately half the work force.

ENSURING FITNESS TO HANDLE FOOD

Managers will be responsible for the training of food handlers, with regards the legal responsibilities to report relevant health problems, food safety and hygiene. **The single most important impediment to working as a food handler, is a lack of understanding and awareness of the principles of hygiene.** The Occupational Health Unit will be responsible for the health screening of food handlers prior to employment in a food handling area. Where the Occupational Health Practitioner becomes aware of poor hygiene/food handling standards they will bring this to the attention of the manager/ personnel department.

Departmental Responsibilities

Prior to food handling, the manager/supervisor will ensure:

- individuals have an awareness and understand the principles of hygiene.
- individuals understand their legal responsibility to report relevant medical conditions and sign an undertaking to do so. *(see Example 2)*
- individuals are screened through the Occupational Health Unit
- individuals are provided with a copy of the **Food Handling Hygiene Guide**

Departments will adopt a policy of training food handlers in food safety and personal hygiene. The training programme must be ongoing to encourage commitment to good food handling practices. **A record** of all food handling training must be maintained.

Pre-placement Health Screening

- All food handlers will be screened using the 'Pre-Placement Screening Questionnaire' (*Example 1*) prior to working with food. This includes anyone transferring from a non-food handling area to a food handling area while in employment. At the pre-employment stage the questionnaire will be given in addition to the standard 'Pre-employment Health Questionnaire'. The Occupational Health Unit will process the forms and carry out a health interview, as appropriate, where 'YES' answers are indicated.
- A certificate will then be issued regarding fitness for employment as a food handler.
- Where further information is required through the patient's GP, including stool testing, departments will undertake to meet any additional costs incurred. The Occupational Health Unit will keep departments informed with regards additional costs.

EXCLUSION FROM FOOD HANDLING

Departments will need to develop their own Operational Procedures within the Corporate Policy, for dealing with impediments to work as a food handler, at both the pre-placement stage and during employment.

The food handling clearance criteria given in Table 1. must be followed and where necessary work in non food handling areas considered, until a relevant condition has cleared up.

It is important that employees falling under the remit of this Policy are not unduly penalised. Those employees who would normally be considered fit for work, but who are unable to handle food as a consequence of the requirements, should, in the first instance, report to their supervisor who will assess whether suitable/reasonable alternative work is available, commensurate with the individuals capabilities. It is expected that alternative work will be found in the majority of circumstances.

Employees who unreasonably refuse alternative work where this is available, will be regarded as unfit to work due to sickness and the Corporate Absence Procedure will apply. If, however, alternative work is not available a days pay should not be deducted if they are sent home.

Where necessary, advice can be obtained from the Occupational Health Unit.

POST SICKNESS ABSENCE / RETURNING FROM HOLIDAYS ABROAD

Departments must adopt a policy whereby employees are reminded of their responsibilities to observe good hygiene practices and report any personal illness/circumstances that could pose a risk to hygienic food preparation.

Following sickness absence, return to work interviews can be used to monitor health issues relevant to food handling practices.

For clearance criteria see Table 1. Where necessary advice can be obtained from the Occupational Health Unit.

CONTACT WITH GASROINTESTINAL ILLNESS

When developing Operational Procedures, departments will need to consider the actions to be taken where food handlers have been in contact with those suffering from gastrointestinal illness. The Department of Health document, Food Handlers Fitness to Work, provides additional guidance which should be followed.

In general, food handlers need not be excluded from their duties due to the presence of household contacts with diarrhoea and vomiting, however, it should be reported to the manager/supervisor. The manager/supervisor should then reinforce the importance of good personal hygiene.

Where a food handler is known to have been in contact with a case of enteric fever, a carrier of enteric fever, or has been in an area where there has been an outbreak, exclusion from food handling duties would usually be necessary until freedom from infection can be established.

Food handlers returning from countries where these conditions are more prevalent do not require routine screening, unless they have symptoms suggestive of enteric fever.

Where necessary, advice can be obtained from the Occupational Health Unit, the Consultant for Communicable Disease Control and/or the Environmental Services Department.

MAINTENANCE STAFF, CONTRACTORS AND VISITORS TO FOOD HANDLING AREAS

Departments will need to address the above when developing Operational Procedures. Those responsible for overseeing external food handling provision, must ensure that measures are in place so that workers contracted to handle food, including outside caterers, are fit to do so. Where necessary, advice can be obtained from the Occupational Health Unit, and/or the Environmental Services Department

With regards to outside visitors, depending on the purpose of the visit, such individuals should present no safety risk as long as they observe good hygiene practices. It is however, the responsibility of management to ensure that after maintenance procedures, food processing areas, surfaces and equipment are cleaned and sanitised before being brought back into operation.

References

- The Food Safety (General Food Hygiene) Regulations 1995
- Food Handlers Fitness to Work 1995 - Department of Health
- Marks and Spencers Occupational Health Department
- Consultant of Communicable Disease Control
- Environmental Services Department



FOOD HANDLING PRE-PLACEMENT SCREENING QUESTIONNAIRE

Name: Date of Birth: / /

Please check with your general practitioner or the Occupational Health Unit if you are unsure of any of the terms used in this questionnaire.

QUESTIONS	YES	NO	DETAILS
Have you now or have you over the last 7 days suffered from diarrhoea and/or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
At present are you suffering from:			
(i) skin trouble affecting hands, arms or face	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) boils, styes or septic fingers	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) any disease or discharge from ears, eyes or gums/ mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from:			
(i) recurring skin or ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) A recurring bowel disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had, or are you now known to be a carrier of typhoid or paratyphoid	<input type="checkbox"/>	<input type="checkbox"/>	
In the last 21 days have you been in contact with anyone at home or abroad who may have been suffering from typhoid or paratyphoid?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer, or have you suffered in the past from any allergic condition with food stuffs eg flour, fish, eggs etc	<input type="checkbox"/>	<input type="checkbox"/>	

EXAMPLE 2

TO BE USED AT INDUCTION

I agree to report to the Supervisor/Manager before commencing work, if I suffer from any of the following:

- i) Diarrhoea and/or vomiting
Scaling, weeping or discharging lesion(s) on the face, neck, hands, arms or scalp
Boils, open cuts or spots
Discharge from ears, eyes, mouth or gums
Colds, coughs, sinus infections, fever
- ii) After returning from sickness absence with any of the above conditions and before starting work.
- iii) If, after returning from holiday abroad, I suffered any diarrhoea and/or vomiting, lasting more than 24 hours.
- iv) If any member of my household or close contact is unwell with diarrhoea and/or vomiting lasting more than 24 hours.
- v) If I am found to be suffering from/or become a carrier of Typhoid, Paratyphoid or any other Salmonella infection, Verocytotoxic E coli, Amoebic or Bacillary Dysentery, Cholera, or any Staphylococcal infection likely to cause food poisoning.

I understand that Regulation 5 of the Food Safety (General Food Hygiene) Regulations 1995 requires me to report any of the above conditions and that it is a condition of my employment as a food handler to comply with the above requirements.

I understand that I must as a food handler:

- i) Practice good personal hygiene
- ii) Maintain good hygiene standards in the work place.

Signature of Employee Date/...../.....

Name (please print)

Signature Date/...../.....

Supervisor/Manager

Example of the type of information which could be used to remind employees of their responsibility to report illness/circumstances that could pose a risk to hygienic food preparation

EXAMPLE 3

FOOD HYGIENE AND SAFETY

In the interests of safety and public health, all staff who are involved in handling food are reminded that if they are suffering from illness, particularly:

- if they suspect that they are suffering from or may be a carrier of a disease that can be transmitted through food or
- they have an infected wound, skin infection, sores, diarrhoea or similar condition which could lead to food being contaminated
- they must report to their supervisor/manager before commencing work.

Recent legislation makes this now your personal responsibility and reinforces our existing procedures as covered in the Food Handlers Fitness to Work Policy.

Example of the type of information which could be used to remind employees of their responsibility to report illness/circumstances that could pose a risk to hygienic food preparation

TABLE 1

**COVENTRY CITY COUNCIL
OCCUPATIONAL HEALTH UNIT
FOOD HANDLING - CLEARANCE CRITERIA**

REQUIREMENTS THAT SHOULD BE MET BEFORE COMMENCING/RECOMMENCING WORK AS A FOOD HANDLER, FOLLOWING ILLNESS DUE TO COMMON (USUALLY SELF LIMITING) CAUSES OF GASTRO INTESTINAL INFECTION:

- No vomiting for forty-eight hours once any treatment has ceased
- The bowel habit has returned to normal for forty-eight hours either spontaneously or following cessation of treatment with anti-diarrhoeal drugs
- Good hygiene practice, particularly hand washing, is observed in all circumstances

ADDITIONAL INFORMATION

More serious infections i.e. enteric fever (typhoid or paratyphoid), verocytotoxin - producing Escherichia coli and hepatitis A, require special consideration. Guidelines given by the Department of Health (Food Handlers Fitness to Work) should be followed. In certain instances individuals may need to provide a Freedom from Infection Certificate from their GP before commencing/recommencing food handling work.

Where necessary advice can be obtained from the Occupational Health Unit, the Consultant for Communicable Disease Control and/or the Environmental Services Department.

INFECTED LESIONS OF SKIN, EYES, EARS AND MOUTH

Anyone who has scaling, weeping or discharging lesions on an exposed part of the skin (face, neck, hands, arms or scalp) which cannot be adequately covered: or a weeping or pustular lesion of the eyes, ears, mouth or gums, should cease food handling work until the lesion(s) has healed.

ADDITIONAL INFORMATION: Adequate Covering of Infected Lesions

It is difficult to give general advice as to what constitutes 'adequate covering', as each situation will need to be assessed in its own right and a decision made by the supervisor.

Appropriate covering could include:

- Rubber gloves - these may be appropriate if the problem affects the hands. However, good hygiene practices must be reinforced, as there is a risk that individuals will forget to apply the same hand hygiene principles when wearing gloves.
- Clothing - in certain circumstances clothing may act as an adequate cover i.e. eczema affecting the arms.
- Blue detectable waterproof plasters - these must only be used on non infected areas. They are NOT appropriate as covering for an infected wound, if the individual is to continue food handling.

Where necessary advice can be obtained from the Occupational Health Unit.

CHEST AND OTHER RESPIRATORY DISEASES

There is no evidence that chest and other respiratory tract infections pose a risk of food contamination, although there may be aesthetic reasons for excluding employees who are coughing or sneezing.

In the above circumstances good hygiene practices, particularly hand washing, should be reinforced.

Where necessary advice can be obtained from the Occupational Health Unit.

NB: Dry cough and/or a rising temperature can be symptoms of enteric fever