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# **Food Handlers:** ***Fitness to Work***

Regulatory Guidance  
and Best Practice Advice  
For Food Business  
Operators

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2009

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CONTACT TELEPHONE 020 7276 8829

# Summary

<b>Intended audience:</b>	All food business operators except primary producers. (Primary producers can use it as best practice advice and Enforcement Officers will also find it useful)
<b>Regional coverage:</b>	UK
<b>Legal status:</b>	This guidance is intended to: <ul style="list-style-type: none"> <li>• Accompany legislation.</li> <li>• Describe best practice.</li> </ul>
<b>Purpose / summary:</b>	<p>People who work around open food while suffering from certain infections (mainly from bacteria and viruses) can contaminate the food or surfaces the food may come into contact with. This can spread infection to other people through the food.</p> <p>This guidance helps managers and staff to prevent the spread of infection by advising which illnesses and symptoms staff should report and what managers should do in response. In summary:</p> <ul style="list-style-type: none"> <li>• <b>Diarrhoea and/or vomiting are the main symptoms of illnesses that can be transmitted through food.</b></li> <li>• <b>Staff handling food or working in a food handling area must report these symptoms to management immediately.</b></li> <li>• <b>Managers must exclude staff with these symptoms from working with or around open food, normally for 48 hours from when symptoms stop naturally.</b></li> </ul> <p>Different action is required in some cases, as explained in section 9 of this document.</p> <p>In addition, all staff who handle food and who work around open food must always:</p> <ul style="list-style-type: none"> <li>• <b>Wash and dry their hands before handling food, or surfaces likely to come into contact with food, especially after going to the toilet.</b></li> </ul> <p>This is because it is possible to be infected but not have symptoms.</p>

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## 1. REGULATIONS REFERRED TO IN THIS GUIDANCE

Regulation (EC) 852/2004 on the hygiene of foodstuffs. A copy is [here](#).

## 2. INTENDED AUDIENCE

This guidance applies to all UK food business operators other than primary producers (e.g. farmers and growers).

Different legal requirements apply to primary producers, but they can consider this guidance document to be best practice. Guidance on what rules apply to primary producers and how to comply can be found on our website at [www.food.gov.uk](http://www.food.gov.uk) (direct link [here](#)).

This guidance document also applies to premises that require approval to handle food of animal origin, e.g. fresh meat cutting plants. However, on occasion these businesses may need to take a different approach to compliance. See section 12 for where to get further information.

Local Authority enforcement officers will also find this guidance useful, but can also refer to more technical guidance from their Health Protection Agency.

## 3. PURPOSE AND LEGAL STATUS

These guidance notes have been produced to provide informal, non-binding advice on:

- the legal requirements of Annex II, Chapter VIII of Regulation (EC) 852/2004 on the hygiene of foodstuffs; and
- best practice in this area.

These guidance notes should be read in conjunction with the legislation itself. The guidance on legal requirements should not be taken as an authoritative statement or interpretation of the law, as only the courts have this power. It is ultimately the responsibility of individual businesses to ensure their compliance with the law. Compliance with the advice on best practice is **not** required by law. **To distinguish between the two types of information, all advice on best practice is in shaded boxes, with a heading of Best Practice.**

## 4. LEGAL REQUIREMENTS

The law requires that in all food businesses other than those engaged in primary production (e.g. farmers and growers) and associated operations:

- “No person suffering from, or being a carrier of a disease likely to be transmitted through food or afflicted, for example, with infected wounds, skin infections, sores or diarrhoea is to be permitted to handle food or enter any food-handling area in any capacity if there is any likelihood of direct or indirect contamination.”
- “Any person so affected and employed in a food business and who is likely to come into contact with food is to report immediately the illness or symptoms, and if possible their causes, to their manager or supervisor.”

The people referred to in these requirements are commonly referred to as food handlers.

## 5. FOOD HANDLERS

Where it is used, the term 'food handler' mainly refers to people who directly touch open food as part of their work. They can be employed or agency staff.

However, it also includes anyone who may touch food contact surfaces or other surfaces in rooms where open food is handled. This is because they can also contaminate food by spreading bacteria for example to surfaces that food will come into contact with, e.g. work tops and food packaging before it is used. They can also contaminate other surfaces such as door handles which can then contaminate the hands of people who handle food directly for example.

The term can therefore apply to managers, cleaners, maintenance contractors and inspectors for example. It is the effect of their presence that is important, not the reason for them being there.

### Best Practice

Prevention is better than cure. Excluding unnecessary visitors from food handling areas and minimising the amount of direct contact with food and food contact surfaces will help to avoid the risk of spreading any infections people may have.

## 6. WHY INFECTIONS ARE A PROBLEM

### Bacteria

When bacteria infect an individual and cause gastrointestinal illness (food poisoning), they live and multiply in the gut and are excreted in faeces or in vomit. The risk of bacteria spreading is highest when the infected person has diarrhoea and vomiting because there are lots of bacteria and a loose or liquid stool is more likely to contaminate hands and other things. Some types of bacteria that cause food poisoning can also infect damaged skin and can be carried in the nose and throat.

Food may be contaminated with harmful bacteria, either directly by an infected food handler, or indirectly through contact with a food contact surface that has been contaminated by an infected food handler. Foods which will not be cooked before being eaten are of greater risk because cooking is a process that would kill many of the bacteria present.

People can also have infections without showing any symptoms. This can be because they are long-term carriers of infectious bacteria; because they just have very mild infections; or because they are only in the early stages of illness and symptoms are not yet apparent. This is one reason why it is important for food handlers to always follow the hand-washing guidance in this document (see section 8).

## **Viruses**

Some viruses can be transmitted through food and spread in much the same way as bacteria, with similar effects. The main differences are that viruses cannot multiply on food but can survive on food for long periods. Viruses can spread via contaminated hands and some can also spread through the air, especially when an infected person vomits. This characteristic is often what causes large scale outbreaks of viral infection in enclosed environments. Viruses are also generally quite easy to destroy by cooking food.

## **Other organisms**

Some types of parasitic worms can infect the human intestines. They spread by laying tiny eggs inside the infected person, which are shed in faeces. Protozoa, such as amoeba, are single celled organisms that can infect the human intestines and body and can cause serious illness such as dysentery. They can also spread through faeces. Infections caused by these organisms are not common in the UK.

## **7. SYMPTOMS OF GASTROINTESTINAL INFECTION**

The most common symptoms of an infection are:

- Diarrhoea.
- Vomiting.

Other symptoms can include:

- Stomach cramps or pain.
- Nausea.
- Fever.

Although diarrhoea is a very common condition in the community, it is difficult to define so as to exclude all normal variations of bowel habit. It usually implies a change in bowel habit with loose or liquid stools which are being passed more frequently than normal. Three or more loose stools in 24 hours is a very general indication of diarrhoea that may be infectious, but this can vary. If this is not followed by any more symptoms or further diarrhoea then it is not likely to be infectious.

## **8. ACTION TO TAKE**

### **Managers**

Annex 2 contains a simple summary of the requirements for managers.

Managers must exclude any person from food handling duties and food handling areas if they have an infection of the stomach or gut (demonstrated by them having the symptoms described in section 7) and/or if they have an area of infected skin that cannot be covered (as described in section 6 and 10). The length of the exclusion is usually 48 hours from when their symptoms stop and is explained fully in section 9. Some exceptions to this requirement are described in section 10. If you are in doubt about whether to exclude

someone, it is advisable to take into account the nature of the likely consequences of something going wrong should you make the wrong decision. Factors to consider include the nature of their duties and the food, processes that will be applied to the food and whether vulnerable people will be consuming the food, e.g. young children or people who are already ill.

Food handling duties would include directly handling open food or touching surfaces that will come into direct contact with food, such as primary food packaging before use and food equipment. Food handling areas are where these activities take place. It follows that the affected member of staff could be given work elsewhere in the premises, such as warehouse operations where only packaged food is handled, although they should practice good personal hygiene, especially washing their hands thoroughly after using the toilet, so as not to spread the infection to other workers.

The legal requirement also extends to managing the risk from contamination by other infected workers and visitors to rooms and areas where open food is stored or handled, e.g. managers, maintenance contractors, inspectors etc. Therefore, use of the terms 'food handlers', 'staff' and 'workers' in this document should be taken to include these additional people.

Identifying infected food handlers usually relies on food handlers reporting illnesses, symptoms and conditions and so requires their understanding and cooperation to work effectively. Annex 1 contains a simple summary for managers to give to anyone working in a food handling area, to help them understand what to report and to do.

#### **Best Practice**

It is best to assume that the cause of any symptoms like those described is an infection and the food handler should be excluded until evidence to the contrary is received. See section 11 for advice on when exclusion may not be needed though.

Excluding infected food handlers from the entire premises is also an option, as this will remove the potential risk of contamination of food via other staff who may use the same facilities, e.g. toilets or canteens, as the infected person.

Pre-employment checks on the health of food handlers and other workers in food businesses are not required by law, but they have been common in the food industry for many years. Such checks are usually in the form of questionnaires and requirements to obtain medical clearance certificates before working. These can provide a useful snapshot of someone's health at a point in time and reveal information about their past which could be relevant. They also provide an opportunity to emphasise to food handlers the importance of personal health and hygiene to the safety of food. However, they cannot be relied on and don't guarantee the future health status of any individual. An example of a pre-employment questionnaire is at Annex 3. These checks are not required by food hygiene legislation. However, Local Authorities do have special powers, under separate public health legislation, to require individuals to undergo tests in certain circumstances if they suspect

that they pose a risk to public health.

Hand swabs to assess the level of bacterial contamination are also used by some businesses before and during employment to assess the level of personal hygiene practices of individuals. This can inform the level of supervision and training required, as well as any subsequent management action.

Penalising staff for being ill, for example by not paying them when they are excluded from work, could lead to them working whilst ill and may lead to food safety problems. Incentives to have few sick days can have a similar effect. Statutory sick pay is available in many cases, usually this requires a certificate from a GP though. Details can be found here.  
[http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG\\_10018786](http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_10018786)

Staff excluded for longer periods because of more serious infectious diseases may also be able to receive financial support from their local authority.

### **Workers in a food handling area**

Annex 1 contains a simple summary of the symptoms and requirements that anyone working in a food handling area needs to be aware of.

Anyone working in a food business who is likely to come into contact with food must report to their manager immediately if they have an illness that is likely to be passed on through food or if they have certain medical conditions that could lead to this. They should immediately seek to exclude themselves from food handling duties and areas if they develop such symptoms at work.

It is also a legal requirement for every person working in a food handling area to maintain a high degree of personal cleanliness and to wear suitable, clean and, where necessary, protective clothing. The key action is to:

**Ensure you wash (and dry) your hands thoroughly with soap and warm water before working with or around food, especially after using the toilet.**

Your hands can also come into contact with bacteria and viruses from other sources, such as from other people, raw foods or even yourself. Therefore, it is also very important to wash your hands after:

- Handling raw food, such as meat
- Changing a dressing or touching open wounds.
- Any contact with other people's faeces or vomit, e.g. changing nappies.
- Touching animals / pets.
- Handling waste and touching bins.
- Cleaning.
- Breaks.

It also helps to wash your hands regularly throughout the day, especially after cleaning or touching your nose, mouth, face, ears and hair. Avoiding such contact is best. Other ways to reduce the risks of contamination include

minimising the amount you touch ready to eat foods and food contact surfaces.

Drying hands thoroughly is important because wet hands spread bacteria more easily. Try to avoid using anything that will re-contaminate hands. Also remember that when washing the most commonly missed parts are the back of the hand and tops of the finger tips around the nails.

#### **Best Practice**

Anti-bacterial gels (often referred to as hand sanitizers) are often used in addition to hand washing, but they only work on clean hands. This is because they can kill bacteria, but don't work properly on dirty or greasy hands. They also don't kill norovirus. These gels are usually alcohol based, but alternatives exist. If you decide to use them, understand their limitations and try to select one which also moisturises so as to minimise skin damage from use.

Include demonstration of a good hand washing technique at induction. This should focus on ensuring that the whole hand is cleaned and dried. Safer food better business for example includes a best practice method.

Nails should be kept short to make hand washing easier. Liquid soap is better at removing dirt from under long nails.

Gloves can be used to cover damaged skin or protect hands from risk of developing skin conditions such as dermatitis, which can be caused by prolonged food handling and wet work such as dish washing. Many people also believe that gloves are safer than using clean hands – this is not necessarily true. Gloves are not a substitute for good personal hygiene and hand washing. Gloves can become contaminated with bacteria in much the same way as hands can, even when they are new, and should be kept clean and sanitised in a similar way to bare hands. Even if sterile gloves are used they are only beneficial when a new glove is used for each activity and contamination of the new glove or hands is avoided when changing gloves. When selecting gloves bear in mind that some people have an allergy to latex or develop one from regular contact. Alternative glove materials include nitrile, vinyl, rubber and plastic.

Many businesses prefer to use anti-bacteria soap, but this is not necessary as normal soap has been shown to be very effective.

It is the responsibility of the food business operator to ensure that people who are not directly employed by them, e.g. maintenance staff, contractors and other visitors to food handling areas, do not pose a risk to food safety. They may know very little about food safety and may not understand the risk they pose to food if they are ill. Therefore, it is important that managers gather information about the health of such people and offer information or advice and supervision if required.

#### **Best Practice**

Annex 3 contains an example of questions you could put to visitors.

## **Contaminated food**

Managers should assess the risk to food safety of anyone found to have been working with or around food whilst ill. The level of risk and action to take will depend on many factors such as the nature of the food, any processes applied to it, shelf life and storage conditions and the level of contact the ill person has had with it, e.g. a manager walking through a food handling area will be less risk than a chef directly preparing food. The likely consumers of the food could also be a factor if known, e.g. producing food for young children will require a high degree of precaution. If any unsafe food is still on the market the food business operator must notify their local authority immediately. If in doubt contact them or the FSA for advice.

### **Best Practice**

Planning what you would do in advance of an incident will probably help you to make better decisions should one happen. This could be incorporated into your HACCP based food safety management procedures.

## 9. **RETURNING TO WORK**

### **After an illness**

In most cases of infection, bacteria and viruses can still be found in someone's faeces after symptoms stop. It is therefore important that managers continue to exclude food handlers for a period of time after this. 48 hours is the recommended length of time. This is counted from the time that symptoms (mainly diarrhoea) stop of their own accord or from the end of any treatment of the symptoms with medicine such as anti-diarrhoeal drugs (if they are used). For example, symptoms end from 5pm Monday, so the person can safely resume work from 5pm Wednesday. You can count from the time of the first normal stool if you aren't sure when symptoms ended.

If the individual is diagnosed with a specific infection, this may require different action. See section 10 for guidance. If the cause has been confirmed as non-infective (see section 11) after they were excluded then they can also return.

It is reasonable to presume that a single bout (e.g. one loose stool) or incidence of vomiting is not infectious if 24 hours have elapsed without any further symptoms and this is not accompanied by fever. In this case, as long as there is no other evidence to suggest an infectious cause, the person would only pose a very low risk of being infected and could resume work before the 48-hour limit. Extra care should be taken over personal hygiene practices on return to work though, especially hand washing. A different approach may be needed if their work requires extra precautions to protect very vulnerable consumers, such as people who are already ill or young children.

Small numbers of bacteria and viruses can continue to be found in someone's faeces for weeks or more after they have recovered from an infection. However, this is unlikely to pose a risk as long as good hand washing and good hygiene practices are carried out when at work in a food business. Only

in some special cases (see section 9) is it necessary to require negative faecal samples before returning to work, to ensure the infection has gone.

**Best Practice**

Managers may wish to interview all staff on return to work to assure themselves that they have received all the relevant information and that different action (as in Section 10) is not needed.

**Returning from holidays / workers new to the UK**

There are many diseases and infections that are prevalent in other countries, particularly in less developed countries, that are not common in the UK. Most of these infections will develop quickly, but some can take weeks.

**Best Practice**

Managers and food handlers should be aware of these facts and anyone falling ill after coming to the UK to work or just returning from a visit abroad should seek medical advice quickly. The questionnaire in Annex 3 can be used to gather information from any new staff and existing staff returning to work from visits or holidays abroad.

10. **WHEN THE CAUSE OF INFECTION IS KNOWN**

If the individual has been diagnosed by a medical professional (e.g. their doctor) with a specific infection, this may require different action. For the infections listed below you should follow the guidance in section 7 & 8.

- *Salmonella* (except *Salmonella* Typhi and *Salmonella* Paratyphi A, B or C)
- *Campylobacter*
- *Vibrio* (except *Vibrio cholerae* O1 and O139)
- *Yersinia*
- *Bacillus*
- *Staphylococcus aureus*
- *Clostridium perfringens*
- Protozoa, e.g. *Cryptosporidium*, *Giardia lamblia* (except *Entamoeba histolytica*)
- *Shigella sonnei* (but not *Shigella dysenteriae*, *flexneri*, and *boydii*)
- Worms (except Threadworm and *Taenia solium*)

Other infections may require different action. Those requiring different action are covered below. If the infection is not covered above or below, then it is advisable to exclude the food handler and seek medical advice.

Most of the information in this section reflects advice from Health Protection Agencies (HPAs) in the UK. Therefore, in the case of any confusion or apparent contradiction, the advice from the HPAs should take precedence.

### **Salmonella Typhi and Salmonella Paratyphi A, B or C (Enteric fever)**

These organisms cause enteric fever and paratyphoid fever respectively, which is a severe illness that can be fatal in the absence of medical treatment. It is known to be easy to pass on and there may be prolonged, intermittent excretion of bacteria after symptoms stop. It is most common in less developed countries and so in food businesses will most likely be associated with people who have travelled abroad or who have come to work in the UK.

Anyone who suspects they are suffering from this illness or has had it in the past, or who has a lot of contact with someone who has it should be excluded from food handling and food handling areas until cleared to return to work by a medical professional. The investigation and management of their case should be referred to the local authority and health professionals who should seek advice from the Health Protection Agency. If the person is confirmed as being infected or is a carrier of the bacteria, the exclusion period could be lengthy, three months or more, to allow for treatment and confirmation of clearance of infection through faecal testing.

### **Verocytotoxin-producing Escherichia coli (E. coli)**

Infection with these strains of *E. coli* (e.g. *E. coli* O157) can be fatal and the number of organisms needed to cause infection is very low. Therefore, more stringent precautions are needed than normal. A food handler with such an infection should remain excluded until medical clearance is obtained. This will be decided by the medical professional but will usually require two consecutive, negative, faecal samples, the second sample being taken 48 hours after the symptoms have stopped naturally.

Anyone who has household contact with someone infected with *E. coli* O157 should inform their manager. They should be excluded from any work that involves direct handling or serving open ready to eat foods until microbiological clearance is obtained in the same way. If managers are not confident in their personal hygiene practices, or if they are unable to protect themselves from the infected person, e.g. if they are a parent, they should also be excluded from all food handling duties and areas.

### **Norovirus**

Norovirus is often associated with the sudden onset of projectile vomiting, although not always. Other symptoms are the same as bacterial infections, i.e. diarrhoea and vomiting, often with fever. Routes of transmission include poor hand washing after using the toilet but also if an infected person vomits near other people or food. This is because the virus can drift through the air in tiny particles of vomit and land on food and food-contact surfaces or infect people directly. Destroying any food that may have become unsafe and cleaning up and disinfecting thoroughly over a wide area after someone has been sick in or near a food handling area is therefore very important, including as a precaution even if Norovirus is not known to be the cause. The virus can be difficult to remove, especially from soft furnishing. Anyone who has household contact with someone infected with Norovirus should inform their manager.

### **Best Practice**

Because of the ease with which Norovirus can be spread to other people, it is best practice to exclude symptomatic food handlers from the entire food business site and not just food handling duties and areas, even if Norovirus is only suspected. Once excluded, they should remain away for 48 hours from when symptoms stop. If their symptoms don't develop, return to work is possible after 24 hours from contact with the infected person (24 hours is the normal incubation period). When outbreaks occur, it is important to note that workers who fall ill during an outbreak can easily be victims of the outbreak, not the cause.

If Norovirus is confirmed and someone has been sick anywhere on the premises of the food business then effective cleaning is vital. Sodium hypochlorite disinfectants are the best to use on cleanable surfaces. Norovirus can be very difficult to kill in soft furnishings and sodium hypochlorite cannot be used because it will cause damage. Other liquid disinfectants and/or steam cleaning should be considered. In some cases, destroying the furniture may be the best way to ensure the complete elimination of the virus from the food business. Advice can be sought from the local authority if needed.

### **Hepatitis A**

Rare in the UK. The most typical symptom is jaundice, which is a yellowish discolouration of the skin and whites of the eyes. Hepatitis A is most infectious in the period before symptoms appear, but is still infectious during the first week of illness. Food handlers with this infection should therefore remain off work for seven days after the onset of jaundice and/or other symptoms. Any food handler who develops jaundice for an unknown reason should be excluded immediately and seek medical advice. Exclusion is not required for people who are in household contact with infected people, as long as they follow good hygiene practice. Hepatitis A is not common in the UK, but is in many other countries around the world. If someone is found to be infected, destroying any food that may have been become unsafe and cleaning up and disinfecting thoroughly over a wide area is important.

### **Infected or injured skin**

Damaged skin or sores caused by injury or disease, e.g. boils and septic cuts, can become infected with bacteria such as *Staphylococcus aureus*, which can cause food poisoning. Symptoms of infection include scaling, weeping or discharge from lesions. It is usually acceptable to continue working with food as long as the infected area is completely covered, e.g. by use of a distinctively coloured, waterproof dressing. If an infected lesion cannot be effectively covered then the person should be excluded from any work likely to lead to the contamination of food. Lesions that may not be possible to cover adequately would include weeping lesions of the eyes, ears, mouth and gums.

### **Best Practice**

Covering any dressings on hands with a rubber (or a similar material) glove

can be considered as an additional layer of protection.

### **Entamoeba histolytica (Amoebic dysentery)**

In addition to the normal 48 hour exclusion, people handling and serving open ready to eat foods should seek medical clearance. This usually involved a single negative stool sample taken at least a week after the end of treatment.

### **Shigella dysenteriae, flexneri, and boydii**

Rare in the UK. In addition to the normal 48 hour exclusion, people handling and serving open ready to eat foods should seek medical clearance. This usually involves two consecutive negative stool samples taken at intervals of at least 48 hours. Anyone who has household contact with someone infected with these bacteria should inform their manager. They should be excluded from any work that involves direct handling or serving open ready to eat foods until medical clearance is obtained in the same way.

### **Worms – Threadworm and Taenia solium**

Threadworm – exclude from direct handling and serving of open ready to eat foods until the infected person is treated.

*Taenia solium* – exclude from direct handling and serving of open ready to eat foods until two negative stool tests at 1 and 2 weeks post treatment. Exclude from all food handling duties and areas also if managers are not confident in their personal hygiene practices. Rare in the UK.

### **Vibrio cholerae O1 and O139**

Rare in the UK. In addition to the normal 48 hour exclusion, people handling and serving open ready to eat foods should seek medical clearance. This usually involves two consecutive negative stool samples taken at intervals of at least 24 hours.

## 11. **WHEN EXCLUSION MAY NOT BE NEEDED**

### **Non-infective causes of symptoms**

Infections are not the only cause of diarrhoea and vomiting and exclusion is not required where there is good evidence of a non-infective cause. Examples of this are listed below.

- Morning sickness during pregnancy.
- Some medicines and medical treatments.
- Inflammation of the bowel including diverticulitis, ulcerative colitis, and Crohn's disease.
- Irritable bowel syndrome.
- Cancer of the bowel.
- Malabsorption syndromes (e.g. coeliac disease and cystic fibrosis).
- Dietary indiscretion (e.g. consuming too much alcohol or spicy food.).

### **Best Practice**

If in doubt, it is best to assume that the cause is an infection and to exclude the person until there evidence to show it is safe for them to return to work.

### **Chest and respiratory diseases**

It would be extremely unusual for such an infection to cause illness through food contamination. However, it is quite common for people to have bacteria such as *Staphylococcus aureus* in their nasal passages, mouth or throat, which can contaminate food if they sneeze or cough on it. If food handlers are unable to work without coughing or sneezing on open food, then they should work elsewhere until they can. A history of tuberculosis is not a reason to exclude a food handler for food safety reasons. However, the disease may affect an individual's general health in such a way as to make them unfit for work or they may pose a risk of infection to others in the workplace. Health professionals can provide further advice if it is needed.

### **Blood-borne infections**

Workers with blood-borne infections, such as hepatitis B, hepatitis C and HIV, are not a hazard to food safety as long as they are otherwise in good health.

### **Colostomy or ileostomy**

These do not preclude working as a food handler. However, anyone with one working in a food business should seek medical advice and notify their manager if there is any change from their usual bowel habits, because they can suffer from infections in the same way as anyone else.

### **Household contact**

A food handler who has someone in their household suffering from diarrhoea and vomiting does not always require exclusion, but, they should inform their manager and take extra precautions, such as more stringent personal hygiene practices. If they start to feel unwell at work they should report this immediately to their manager or supervisor. Cases that may require exclusion are where the contact has enteric fever, *E. coli* O157 and Norovirus (see section 10).

## 12. OTHER GUIDANCE

### **Industry Guides**

Several food industry sectors have developed Industry Guides to Good Hygiene Practice which the FSA has officially recognised. These include sector specific guidance on complying with all aspects of general hygiene legislation. Information on whether a guide is available for your sector can be found on our website at [www.food.gov.uk](http://www.food.gov.uk) (direct link [here](#)).

### **Safer food, better business (SFBB) / CookSafe / Safe Catering**

SFBB is an innovative and practical approach to food safety management that has been developed to help small businesses in England and Wales, such as

caterers and retailers, put in place food safety management procedures and comply with food hygiene regulations. Several packs are available. A similar approach is taken in Scotland via their 'CookSafe' manual and Northern Ireland via their 'Safe Catering' guide. If you would like to order a pack or an interactive DVD guide to implementing SFBB (available in 16 languages) call FSA Publications on 0845 606 0667 or email [foodstandards@ecgroup.co.uk](mailto:foodstandards@ecgroup.co.uk). Further information is available from FSA (below).

### **Approved premises**

This guidance document and the legislation to which it refers also apply to premises that require approval to handle food of animal origin. Nevertheless, there may on occasion still be a need for these businesses to take a different approach to compliance with the general fitness to work requirement than that described here. Any separate, relevant FSA guidance should also be referred to. Further information for approved premises can be found on our website at [www.food.gov.uk](http://www.food.gov.uk) or from your enforcement body.

## 13. **CONTACTS FOR FURTHER INFORMATION**

### **Local authorities**

Food hygiene legislation is enforced by Local Food Authorities' Environmental Health Services, which is usually part of your local council. You should speak to them for advice about how to comply with personal hygiene rules. You can locate yours at [www.food.gov.uk/enforcement/enforceessential/yourarea/](http://www.food.gov.uk/enforcement/enforceessential/yourarea/).

### **Health professionals**

Incident specific guidance is available from occupational health providers and the UK Health Protection Agencies (HPA). Staff can also contact their doctor for advice. A more technical guide on this subject for public health physicians and Environmental Health Professionals can be found on the HPA website at: [www.hpa.org.uk/cdph/issues/CDPHVol7/no4/guidelines2\\_4\\_04.pdf](http://www.hpa.org.uk/cdph/issues/CDPHVol7/no4/guidelines2_4_04.pdf).

### **The Food Standards Agency**

For general guidance you can contact the FSA at the following addresses:

<b>England</b>	Food Standards Agency, 125 Kingsway, London, WC2B 6NH. Tel: 020 7276 8971. <a href="mailto:helpline@foodstandards.gsi.gov.uk">helpline@foodstandards.gsi.gov.uk</a>
<b>Scotland</b>	Food Standards Agency Scotland, 6th Floor, St Magnus House, 25 Guild Street, Aberdeen, AB11 6NJ. Tel: 01224 288 356. <a href="mailto:Scotland@foodstandards.gsi.gov.uk">Scotland@foodstandards.gsi.gov.uk</a>
<b>Wales</b>	Food Standards Agency Wales, 11th Floor, Southgate House, Wood Street, Cardiff, CF10 1EW. Tel: 029 2067 8999. <a href="mailto:Wales@foodstandards.gsi.gov.uk">Wales@foodstandards.gsi.gov.uk</a>
<b>Northern Ireland</b>	Food Standards Agency Northern Ireland, 10c Clarendon Road, Belfast, BT1 3BG. Tel: 028 9041 7713. <a href="mailto:Infofsani@foodstandards.gsi.gov.uk">Infofsani@foodstandards.gsi.gov.uk</a>

ANNEX 1: SUMMARY INFORMATION FOR ALL PEOPLE  
WORKING IN A FOOD HANDLING AREA

## ***Your Responsibilities***

You can pass on illnesses when you work with or around food. To prevent this:

- **Tell the manager immediately if you are ill**
- **Wash and dry your hands with soap and warm water, especially after going to the toilet**

- You can affect the safety of food when working with or around food.
  - Your hands and clothes can spread harmful bacteria or viruses to food or surfaces that will come into contact with food.
  - These bacteria or viruses can come from you if you are ill.
- Tell the manager if you have:
  - Diarrhoea or vomiting.
  - Stomach pain, nausea, fever or jaundice.
  - Someone living with you with diarrhoea or vomiting.
  - Infected skin, nose or throat.
- If you fall ill at work:
  - Seek to leave the food handling area and tell your manager what has happened.
- When returning to work after an illness:
  - Take extra care when washing your hands.
  - Tell the manager if they don't know you were ill, for example if you were ill on holiday.
- Wash and dry your hands thoroughly with soap and warm water before working with any food, especially after going to the toilet.
  - Also wash your hands after handling anything that might be contaminated and throughout the day.
  - Avoidance is better than removal – where practical try not to touch things that might require you to then wash your hands.

## ANNEX 2: SUMMARY INFORMATION FOR MANAGERS

**MANAGERS****Understand:**

- The law requires you to exclude anyone from work if they have an infection that can be passed on through food and there is any likelihood of them contaminating food directly or indirectly.
- This would apply to people employed as food handlers or to other staff working in areas where open food is handled.
- Diarrhoea and/or vomiting are the main symptoms of infections that can be transmitted through food.
- Other symptoms can include Stomach cramps or pain, nausea and fever. Skin infections are also a problem.
- This is because some infections, mainly from bacteria and viruses, can spread in faeces and vomit. This can contaminate infected persons' hands when they have diarrhoea or vomiting. Vomiting can also spread it directly. If an infected person contaminates food or food contact surfaces, in many cases the infection can spread to people who eat the food.

**Action to take:**

- Ensure that all staff handling food and anyone working in a food handling area knows to report the symptoms of infection and if they have close contact with someone with these symptoms.
- Exclude staff with these symptoms from working with or around open food.

**Returning to work:**

- The exclusion period is normally 48 hours from when symptoms stop naturally. Different action is required in special cases.
- When excluded staff return to work ensure that they take extra hygiene precautions, particularly hand washing.
- Not all cases of diarrhoea or vomiting are infectious, e.g. morning sickness, so exclusion is not always needed.

**Other facts:**

- People can have infections without symptoms so it is important that managers try to ensure that everyone washes and dries their hands regularly at work, especially after using the toilet.
- Managers should assess the risk to food safety of anyone found to have been working with or around food whilst infectious and take the appropriate action to ensure that unsafe food is not released.
- If you are not sure what to do in any situation, you can seek advice from a health professional or your local authority.

ANNEX 3: QUESTIONNAIRE: PRE-EMPLOYMENT / VISITOR  
/ RETURNING FROM ABROAD

## Questionnaire - Pre-employment / Visitor / Returning from Abroad

(This can be used as a best practice tool to help establish the health status of new staff, visitors, staff returning from abroad and new workers from abroad.)

<b>NAME:</b>	
<b>JOB TITLE</b>	
<b>BUSINESS:</b>	

At present, or in the last seven days, are you suffering from:	
i) diarrhoea and/or vomiting?	Yes / No
ii) Stomach pain, nausea or fever.	Yes / No
At present, are you suffering from:	
i) skin infections of the hands, arms or face. E.g. boils, styes, septic fingers, discharge from eye / ear / gums / mouth.	Yes / No
ii) jaundice.	Yes / No
Do you suffer from:	
i) a recurring bowel disorder?	Yes / No
ii) recurring infections of the skin, ear or throat?	Yes / No
Have you ever had typhoid or paratyphoid fever <u>or</u> are you now known to be a carrier of <i>Salmonella</i> Typhi or Paratyphi.	Yes / No
Are you a carrier of any type of <i>Salmonella</i> ?	Yes / No
In the last 21 days have you had contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid?	Yes / No
Countries visited in the last 6 weeks	

**Any 'YES' answer will require an assessment of their suitability to work. The FSA guidance document, Food Handlers Fitness to Work will help. Health professionals and your Environmental Health Department can also help.**

DATE:		SIGNATURE:	
MANAGEMENT ACTION TAKEN			