

**Additional Information
for
Management of Bare Hand Contact of
Ready to Eat Foods**

Wisconsin Department of Health
& Family Services

Wisconsin Department of Agriculture,
Trade and Consumer Protection

Introduction

FDA's Model Food Code requires no bare hand contact with ready-to-eat (RTE) foods. Wisconsin's Department of Health and Family Services and the Department of Agriculture, Trade and Consumer Protection have adopted that provision and have modified the section to allow food establishment operators the opportunity to create a plan to allow bare hand contact with ready-to-eat foods. It is not the intent of the departments to allow bare hand contact with RTE-foods for an entire operation, but to allow food establishments to create a plan for those specific tasks where no bare hand contact with RTE foods is extremely difficult. It is the responsibility of the person in charge to assure that management and food employees are trained, understand and comply with the food establishments bare hand contact program. **Failure to comply with your documented program may result in a loss of your ability to handle ready-to-eat foods with bare hands (See enforcement supplement.)**

It is always advisable to consult with your health inspector when developing your bare hand contact program. Your health inspector has the right to make adjustments to your plan in the interest of public health. Any change needs to be documented and recorded. Make sure you and your inspector discuss the changes carefully, so that you both understand and are in agreement.

The following documents are designed to guide you in developing your food establishments bare hand contact with RTE foods program. These documents were created following the requirements outlined in WFC 3-301.11(D).

The permit holder shall be the person in charge or shall designate a person in charge. A person in charge must be available at all times during the operation of the food establishment. Any person who acts as the person in charge shall understand and follow the provisions of the food establishments program for bare hand contact with RTE food. The person in charge is responsible for understanding how the Wisconsin Food Code applies to their food operation, but in particular, sections 2-102.11 and 2-103.11 as well as the requirements listed in the following pages.

Code references in this manual refer to the Wisconsin Food Code.

Questions and Answers

What is direct hand contact?

Any touching of food directly with your bare hands. When you use utensils or gloves, you are NOT making direct hand contact with the food you are preparing or serving.

What are ready-to-eat (RTE) foods?

Food that is in a form that is edible without additional preparation to achieve food safety, although it may be reheated for aesthetic reasons, is "RTE". Food that should be cooked further, such as a rare hamburger, or a sauce containing raw eggs, can also be considered ready-to-eat provided the consumer has been advised of the potential risks. For a more detailed and comprehensive definition of RTE foods, please refer to the definition section of the Wisconsin Food Code.

What is so hazardous about "direct hand contact with ready-to-eat foods"?

The food you eat may accidentally become contaminated by very tiny particles from a person's body fluid, such as blood, pus, mucous, phlegm, fecal matter, urine, saliva, or sweat. These body fluids may also carry harmful viruses, bacteria, or parasites. If you haven't washed your hands thoroughly and recently, the "particles" are likely to be on your hands. When you touch food, the particles pass from your hands onto the food. If this food will not be cooked again before it is eaten, the harmful germs cannot be killed.

If that's the case, shouldn't we just wear gloves?

The same particles that can be on the skin of your fingers and hands can also be found on gloves. If you don't wash your hands properly before putting gloves on, or you touch something containing viral or bacterial particles with gloves on, you can still contaminate that product. Gloves are just an extension of your hands.

How can we prevent contamination from being passed by the food we prepare or serve?

You can minimize contamination being passed to your customers by washing your hands, being very careful not to cross contaminate food, and by maintaining a high level of personal hygiene. Simply being aware of the potential dangers, and attempting to minimize them, is a very large step in the right direction.

What is "cross contamination"?

Cross contamination happens when harmful germs or toxic residues are passed to food when the food touches another surface. For example, your hands may be the contaminated surface that passes harmful germs to the food. Studies have shown that raw chicken often contains Salmonella, and raw meats may contain E.coli. Fortunately, proper cooking kills these illness-causing agents. However, if you touch a raw meat product, with or without gloves on, then touch a ready-to-eat food without washing your hands and changing your gloves first, you have contaminated that RTE product. The same thing can happen if you use a cutting board for both raw and RTE products.

Do I have to wear gloves all the time?

No. Many employees wear their gloves too much and do not change them often enough. In general, if performing the same task for an extended period of time, change gloves at least every hour. Remember that gloves are just an extension of your hand. If the gloves become soiled, they can pass contamination just as easily as unclean hands.

How often do I have to change my gloves?

You must change your gloves after handling meat, fish, or poultry and before touching ready-to-eat food. You must change your gloves whenever they become torn, dirty, greasy, or contaminated. Most food service gloves are for single use. This means they can be only used for one job and must be discarded after the job is complete. You should always remove your gloves before you leave your station, and then wash your hands.

What is the "right way" to change gloves?

Remove the gloves and throw in the trash can. Wash and dry your hands. Put on a clean fresh pair without touching anything else.

What about jewelry?

Jewelry is prohibited because it may fall into a customer's food. Rings and bracelets may trap food particles. If you must wear a wedding ring, wear only a plain band.

When is it acceptable to contact ready to eat food with bare hands?

When an approved bare hand contact plan has been implemented.

Enforcement Protocol

This document is to give guidance to the industry and regulatory communities on the enforcement procedures for the approval and disapproval of the plans for Management of Bare Hand Contact of Ready-to-Eat Foods. These Procedures are to clarify that the allowance of using bare hands with ready to eat food is an approval process and the Regulatory Authority can withdraw that approval.

I. Implementing the Plan

Operator Responsibility:

To have approval the operator must develop a plan for Management of Bare Hand Contact with Ready to Eat Foods. In this plan, the person-in-charge is familiar with, implements and supervises the food safety practices and risk factors involved with bare hand contact with ready-to-eat foods (Active Management Control).

Regulatory Authority's Responsibility:

As long as you are meeting all the conditions and stipulations listed in the published guidelines, your plan is "approved". The inspector will validate this plan at each routine inspection.

II. Validation of the plan?

At the time of inspection if there is no plan or documentation of a plan in place, the food establishment DOES NOT have approval for bare hand contact with ready to eat foods. To have approval you must have a written plan filled out and implemented according to the published guidelines.

Provisions that need to be met:

- Specified Tasks Identified
- Specific Food Items Identified
- Cross-contamination issues Identified
- Employee's Sign off Orientation & Training
- Management Observing (Active Management Control)
- Management Reevaluating plan annually

The Regulatory Authority needs to verify that these points are addressed. If there is something missing in the plan, the inspector will work with the operator to complete the plan.

Once a plan is approved or valid:

If an occurrence of bare hand contact outside the approved plan is observed, it is a critical violation of touching ready to eat food, not disapproval of the plan. The inspector is to work

with the operator to explain the violation and possibly help develop the corrective action into the plan.

However, if the above mentioned points or the Active Management system fails, the approval may be revoked.

Plan is being used and violation is noted

1. If the plan is in place, but is incomplete or not in compliance:

A. It is a Critical Violation. The plan must be corrected by re-inspection or a Risk Control Plan must be written. The inspector will determine when the re-inspection will occur.

B. If corrections are not completed by the re-inspection, the plan may be revoked.

C. If Revoked?

- **The operator** must notify Inspector in writing of readiness to try again.
- **The inspector** will schedule a validation inspection within 30 days of notification. The plan is **not approved** in this case, until validation inspection is completed.

D. If revoked a second time?

- **The operator** must wait 6 months before notifying Inspector in writing of readiness to try again.
- **The inspector** will schedule a validation inspection within 30 days of notification. The plan is **not approved** in this case, until validation inspection is completed.

E. If revoked a third time?

- **The operator's** approval is permanently lost until a change occurs in the management (the person in charge) responsible for implementing and supervising food safety practices to control risk factors.

2. The Regulatory Authority's responsibility when revoking a Plan:

The inspector is to clearly identify the reasons why the plan is being revoked or denied.

***III.* Appeal Process:**

You have the right to appeal a decision. If a Regulatory Authority inspector revoked your plan and you feel it was not warranted, you must first contact, in writing, the supervisor/director of the inspector who made the decision. Your letter must clearly state exactly why you feel the revocation of your bare hand contact privilege was unfair or

unfounded. The supervisor shall respond to your request within 30 days of receipt of the letter.

If you disagree with the decision of the supervisor, you may contact the Section Chief in writing.

If you are licensed by DATCP, send your letter to Mike Barnett, Division of Food Safety, PO Box 8911, Madison, WI 53708-8911, or 608-224-4715, mike.barnett@datcp.state.wi.us .

If you are licensed by DHFS, send your letter to Greg Pallaske, Rm. 1051, 1 W Wilson St., Madison, WI 53701, or 608-266-8351, pallaga@dhfs.state.wi.us.

The Section Chief shall respond to your request within 30 days of receipt.

What's the bottom line?

The Wisconsin Food Code prohibits bare hand contact of ready to eat foods. However, the code purposefully allows an exemption: “as otherwise approved by the Department”. This is recognition that not all processes in food establishments lend themselves easily to this prohibition. Thus, you have the opportunity to replace tongs, gloves, and spatulas with an Active Management Control System that implements and supervises the food safety practices and risk factors in your establishment.

Exclusion and Restriction of Ill Food Employees

Person in Charge Responsibilities:

What's the bottom line?

The Wisconsin Food Code prohibits bare hand contact of ready to eat foods. However, the code purposefully allows an exemption: “as otherwise approved by the Department”. This is recognition that not all processes in food establishments lend themselves easily to this prohibition. Thus, you have the opportunity to replace tongs, gloves, and spatulas with an Active Management Control System that implements and supervises the food safety practices and risk factors in your establishment. The responsibility is yours.

1. Understand the requirements of **Chapter 2-201.11, 2-201.12 and 2-201.13**. Instruct all food handlers the need to alert management if they are exhibiting symptoms of foodborne illness, or have been diagnosed with foodborne illness. Employees shall know that they will be removed from duties or limited to certain duties (excluded or restricted).
2. Verify the current health status of employees at the beginning of each shift by asking questions, or by other means, such as self-reporting, observation, or referral.
3. **If an employee indicates they are ill, the person in charge must determine if the employee should be restricted (from handling food, clean equipment, utensils, or linens, and single service articles), or if the condition may warrant excluding the employee from the facility.**
 - **Restrict** - means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens; and unwrapped single-service or single-use articles
 - Fever
 - Fever with sore throat
 - Lesion containing pus or infected wound
 - Persistent sneezing, coughing, or a runny nose that causes discharges from the eyes, nose, or mouth.
 - **Exclude** - means to prevent a person from working as a food employee or entering a food establishment except for those areas open to the general public.
 - Vomiting
 - Sudden onset of diarrhea
 - Food employee diagnosed with foodborne illness
 - Jaundice – consult health department
4. A Food Employee Reporting Agreement is provided in this document. This is a useful tool after training food employees on illness reporting requirements.

5. The person in charge if asked by the inspector must be able to explain the following:
 - a. The relationship between the prevention of foodborne disease and the personal hygiene of a food employee.
 - b. The responsibility of the person in charge for preventing the transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease.
 - c. The symptoms associated with the diseases that are transmissible through food.
 - d. Describe the relationship between the prevention of foodborne illness and the management and control of the following:
 1. Cross contamination,
 2. Hand contact with ready-to-eat food
 3. Handwashing
 4. Maintaining the food establishment in a clean condition and in good repair

Employees Responsibilities:

1. Report symptoms to the person in charge, such as:
 - Vomiting
 - Diarrhea (frequent loose or watery bowel movements)
 - A lesion containing pus such as a boil or infected wound that is open and draining
 - A sore throat with persistent fever
 - Jaundice
 - Fever
 - Persistent sneezing, coughing, or a runny nose that causes discharges from the eyes, nose, or mouth.
2. Report known foodborne illnesses to the person in charge, including:
 - Salmonella ssp.(Salmonellosis or typhoid fever)
 - Hepatitis A Virus
 - Shigella (Shigellosis)
 - Shiga Toxin producing E.coli
 - Any pathogens transmitted through food or water.
3. Food employees should remember:

A person may appear to be healthy but can still spread disease through food and beverages. If you seek medical treatment for a stomach illness, you should always tell your physician you are a food handler and ask if there are any special precautions to take because of your job. If there are, get a note explaining these precautions. Your doctor will tell you if you are diagnosed with a disease that may be passed by food.
4. Be able to explain to the Regulatory Authority Health inspector/regulator that they are familiar with the symptoms, diseases, or circumstances under which they could transmit an illness.

**Form
1-B**

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to *Salmonella Typhi*, *Shigella* spp., Shiga toxin-producing *Escherichia coli* , and Hepatitis A Virus

The purpose of this agreement is to ensure that Food Employees notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

FUTURE SYMPTOMS and PUSTULAR LESIONS:

- 1. Diarrhea**
- 2. Fever**
- 3. Vomiting**
- 4. Jaundice**
- 5. Sore throat with fever**
- 6. Lesions containing pus on the hand, wrist, or an exposed body part**

(such as boils and infected wounds, however small)

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), Shiga toxin-producing *Escherichia coli* infection (*Escherichia coli* O157:H7), or hepatitis A (hepatitis A virus)

FUTURE HIGH-RISK CONDITIONS:

- Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing *Escherichia coli* infection, or hepatitis A

- 2. A household member diagnosed with typhoid fever, shigellosis, illness due to Shiga toxin-producing *Escherichia coli*, or hepatitis A

- 3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing *Escherichia coli* infection, or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (please print)

Signature of Applicant or Food Employee _____

Date _____

Signature of Permit Holder's Representative _____

Date _____

Hand Washing Protocol

Management shall:

1. Provide written instructions, such as an employee manual, regarding hand washing prior to handling ready to eat products. The instructions are to include:
 - Locations of hand washing sinks. Sinks are to be conveniently located with easy and unrestricted access, in compliance with **Chapter 2-301.15. [where]**
 - Specific instructions identifying when employees are required to wash hands, including prior to handling ready to eat products and other hand washing requirements identified in **Chapter 2-301.14. [when]**
 - Specific cleaning procedures in compliance with **Chapter 2- 301.12 [how]** (use attachment 6 as an example).
2. Conduct training with each employee, teaching the employee by demonstration and application exactly how and how long to wash their hands. This training shall include:
 - How to use a song, phrase, or other technique to ensure 20 second hand washing time
 - Techniques to avoid re-contamination from faucets
 - How to thoroughly remove bacteria from hands as explained in attachment 6.
3. The person in charge shall assure that food employees are effectively cleaning their hands, by routinely monitoring food employee handwashing.
4. The person in charge shall assure that handwashing signage is provide at all food employee handwash sinks.

Employees shall:

1. Food employees shall be able to demonstrate or describe proper handwashing techniques
2. What sinks are available for handwashing and where they are located
3. Understand when handwashing should occur

WISCONSIN FOOD CODE FACT SHEET

~~~~~ HAND WASHING ~~~~~

Hand washing is the single most effective means of preventing the spread of bacteria and viruses, which can cause infections and foodborne illness.

Employees can be a significant source of harmful microorganisms. Proper hand washing can be the most effective action workers can take to control direct and indirect contamination of food, utensils, and equipment.

When To Wash Hands

- Before starting to work with food, utensils or equipment
- During food preparation, as needed
- When switching between raw foods and ready-to-eat foods
- After handling soiled utensils and equipment
- After coughing, sneezing, using a tissue, or using tobacco products
- After eating and drinking
- After touching your skin
- After handling animals
- After using the toilet, wash hands at a hand wash sink in the bathroom and again when returning to work
- Before using single-use gloves or in-between glove changes

Always Follow These Six Steps When Hand Washing

Before washing your hands, remove any jewelry and only wash your hands in sinks designated for hand washing. Do not wash your hands in utensil, food preparation, or service sinks.

1. Roll up sleeves and wet hands with warm water.
2. Using soap, not a hand sanitizer solution, work up a soapy lather that covers hands and forearms.
3. Rub hands together for at least 20 seconds: make sure to wash palms, back of hands, between fingers, and forearms.
4. Use a fingernail brush to clean under fingernails and between fingers.
5. Rinse hands and forearms in warm water.
6. Dry hands with single-use paper towels or cloth roller towel. Turn off the faucet with paper towels to prevent re-contamination of hands.

WISCONSIN FOOD CODE FACT SHEET

EMPLOYEE HYGIENE

Importance of Proper Hygiene:

Employees are the most important link in preventing foodborne illness. Good personal hygiene, including proper and frequent hand washing, is one of the best ways to prevent foodborne illness.

Hand washing:

Always make sure that hands are washed and thoroughly dried before starting work, between tasks, before working with food products, equipment, utensils, and linens, after using the toilet room, coughing, sneezing, eating, drinking or smoking, etc. Correct hand washing includes cleaning the backs of hands, palms, and forearms, between fingers and under the fingernails using warm water, soap, and a fingernail brush.

Cuts, Wounds, and Sores:

Any cuts, wounds, or open sores on the hands and arms must be completely covered by a waterproof bandage. Wear single-use gloves or finger cots over any bandages on the hands and fingers.

Hair Restraints:

Food employees are required to wear hair restraints such as hairnets, hats, scarves, or beard nets that are effective in keeping their hair in control. This does not apply to counter staff that serve only drinks or wrapped food products, and wait staff or hostesses if they present a minimal risk of contamination.

Proper Work Clothing:

All food employees must wear clean outer clothing to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles.

Personal clothing and other personal items must be kept away from food handling and storage areas. Employers must provide adequate storage areas for employee's personal belongings. If employees routinely change clothing at the establishment, a room or area must be designated and used for that purpose. Such changing areas must be separate from food, clean equipment and linen.

Wearing of Jewelry:

Jewelry should be limited to plain-banded rings only. Necklaces, bracelets, earrings, and other jewelry should not be worn when preparing or serving food.

Eating, Drinking and using Tobacco:

All employees shall eat, drink, or use tobacco only in designated areas where contamination to food, equipment, utensils, etc. can not occur.

Cross-Contamination

Cross-contamination has been linked to foodborne illnesses at food establishments. To eliminate the risk of an outbreak, food employees must understand the sources of cross-contamination and how it takes place.

Cross-contamination is the transfer of viruses, bacteria and harmful substances from food products or work surfaces to ready-to-eat foods. The most common methods of cross-contamination include:

- Food to food
- People to food
- Equipment to food

Food to Food

Foods can be a source of bacteria, viruses and other harmful substances. As a result, these foods can contaminate preparation surfaces and/or ready-to-eat food items.

Examples of food to food cross-contamination include:

- Raw meat juices dripping into a container of cooked vegetables that is stored directly below.
- Dicing raw chicken on a cutting board and using the same cutting board to chop lettuce for a salad.

People to Food

Food employees can cause cross-contamination by transferring bacteria, viruses and other harmful substances to clean objects and ready to eat foods.

Examples of people to food cross-contamination include:

- Handling raw meat with bare hands and then preparing fruit for a salad.

- Handling foods after using the restroom without washing hands.
- Improper cleaning of food preparation surfaces. Using a wet cloth, without sanitizer, to clean the area where raw meat was placed.

Equipment to Food

Cross-contamination can occur when dirty equipment and utensils come in contact with ready to eat foods. Examples of equipment to food cross-contamination include:

- Using the same slicer, without cleaning and sanitizing, to slice raw meat and then tomatoes.
- Reusing an empty chemical pail for food storage.
- Using the same knife to cut open a package of raw burgers and then cutting a sandwich.

Preventing Cross-Contamination

Cross-contamination can be prevented by following these steps:

- Thoroughly wash hands after using the restroom and immediately after handling raw foods.
- Wash and sanitize all equipment and surfaces that come in contact with raw food. Especially before working with ready to eat foods.
- Properly store raw meat items on lower shelves.
- Discard all empty chemical pails.
- Use separate utensils to handle raw foods.

Relevant Sections from the Wisconsin Food Code

Person In Charge Duties

2-103.11

Duties

2-103.11 Person in Charge.

The person in charge shall ensure that:

(A) Food establishment operations are not conducted in a private home or in a room used as living or sleeping quarters as specified under § 6-202.111;

(B) Persons unnecessary to the food establishment operation are not allowed in the food preparation, food storage, or warewashing areas, except that brief visits and tours may be authorized by the person in charge if steps are taken to ensure that exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles are protected from contamination;

(C) Employees and other persons such as delivery and maintenance persons and pesticide applicators entering the food preparation, food storage, and warewashing areas comply with this Code;

(D) Food employees are effectively cleaning their hands, by routinely monitoring the food employees' handwashing;

(E) Food employees are visibly observing foods as they are received to determine that they are from approved sources, delivered at the required temperatures, protected from contamination, free of visible adulteration, and accurately presented, by routinely monitoring the food employees' observations and periodically evaluating foods upon their receipt;

(F) Food employees are properly cooking potentially hazardous food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the food employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under ss. 4-203.11 and & 4-502.11(B);

(G) Food employees are using proper methods to rapidly cool potentially hazardous foods that are not held hot or are not for consumption within 4 hours, through daily oversight of the food employees' routine monitoring of food temperatures during cooling;

(H) Consumers who order raw or partially cooked ready-to-eat foods of animal origin are informed as specified under 3-603.11 that the food is not cooked sufficiently to ensure its safety;

(I) Food employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing;

(J) Consumers are notified that clean tableware is to be used when they return to self-service

areas such as salad bars and buffets as specified under 3-304.16.

(K) Except when otherwise approved as specified in §3-301.11(D), Food employees are preventing cross-contamination of ready-to-eat food with bare hands by properly using suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment;

(L) Food employees are properly trained in food safety as it relates to their assigned duties; and

(M) The regulatory authority is notified of any fire, flood, electrical power outage or similar emergency circumstances by which food may become contaminated or, as a result of the emergency occurrence, it is unlikely that the food establishment can hold potentially hazardous food at temperatures required under this Code.

Demonstration of Knowledge

WFC 2-102.11

Knowledge 2-102.11 Demonstration.

Based on the risks of foodborne illness inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this Code. The person in charge shall demonstrate this knowledge by

(A) Complying with this Code by having no risk factor violations during the current inspection;

(B) By being a current certified FOOD manager who has shown proficiency by meeting requirements for Food Manager Certification specified in Chapter 12, or

Note: FOOD ESTABLISHMENTS meeting the applicability requirements specified in 12-101.11 are required to employ at least one person who is a Certified Food Manager as required in s. 254.71(1), Stats.

(C) By demonstrating food safety principles based on the licensed establishment's specific food operations. The areas of knowledge include:

- (1) Describing the relationship between the prevention of foodborne disease and the personal hygiene of a food employee;
- (2) Explaining the responsibility of the person in charge for preventing the transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease;
- (3) Describing the symptoms associated with the diseases that are transmissible through food;
- (4) Explaining the significance of the relationship between maintaining the time and temperature of potentially hazardous food and the prevention of foodborne illness;
- (5) Explaining the hazards involved in the consumption of raw or undercooked meat, poultry, eggs, and fish.
- (6) Stating the required food temperatures and times for safe cooking of potentially hazardous food including meat, poultry, eggs, and fish.
- (7) Stating the required temperatures and times for the safe refrigerated storage, hot holding, cooling, and reheating of potentially hazardous food;
- (8) Describing the relationship between the prevention of foodborne illness and the management and control of the following:

- (a) Cross contamination,
 - (b) Hand contact with ready-to-eat foods,
 - (c) Handwashing, and
 - (d) Maintaining the food establishment in a clean condition and in good repair;
- (9) Explaining the relationship between food safety and providing equipment that is:
- (a) Sufficient in number and capacity, and
 - (b) Properly designed, constructed, located, installed, operated, maintained, and cleaned;
- (10) Explaining correct procedures for cleaning and sanitizing utensils and food-contact surfaces of equipment;
- (11) Identifying the source of water used and measures taken to ensure that it remains protected from contamination such as providing protection from backflow and precluding the creation of cross connections;
- (12) Identifying poisonous or toxic materials in the food establishment and the procedures necessary to ensure that they are safely stored, dispensed, used, and disposed of according to law;
- (13) Identifying critical control points in the operation from purchasing through sale or service that when not controlled may contribute to the transmission of foodborne illness and explaining steps taken to ensure that the points are controlled in accordance with the requirements of this Code;
- (14) Explaining the details of how the person in charge and food employees comply with the HACCP plan if a plan is required by the law, this Code, or an agreement between the regulatory authority and the establishment; and
- (15) Explaining the responsibilities, rights, and authorities assigned by this Code to the:
- (a) Food employee,
 - (b) Person in charge, and
 - (c) Regulatory authority.

Exclusions and Restrictions

Disease or Medical Condition **2-201.11** **Responsibility of the Person in Charge to Require Reporting by Food Employees and Applicants.^C**
employer requires food employee reporting of: **health status**

The permit holder shall inform food employee applicants to whom a conditional offer of employment is made and current food employees to report to the person in charge, any information about their health as it relates to diseases that are transmissible through food. A food employee or applicant shall report the information in a manner that allows the person in charge to prevent the likelihood of foodborne disease transmission, including the date of onset of jaundice or of an illness specified under ¶ (C) of this section, if the food employee or applicant:

food employee is ill (A) Is diagnosed with an illness due to:

- (1) Salmonella spp.,
- (2) Shigella spp.,
- (3) Shiga toxin-producing Escherichia. coli,
- (4) Hepatitis A virus; or
- (5) Any other pathogen that can be transmitted through food such as: Entamoeba histolytica, Campylobacter spp.; Norovirus; Cryptosporidium spp.; Giardia spp.; Yersinia; enterocolitica; Staphylococcus aureus; or Listeria monocytogenes.

Note: A complete listing of communicable diseases that can be transmitted through food can be obtained from any local health department.

food employee has symptom of: (B) Has a symptom caused by illness, infection, or other source that is:

- intestinal illness
- (1) Associated with an acute gastrointestinal illness such as:
 - (a) Diarrhea,
 - (b) Fever,
 - (c) Vomiting,
 - (d) Jaundice, or
 - (e) Sore throat with fever, or

Boil or infected wound (2) A lesion containing pus such as a boil or infected wound that is open or draining and is:

- (a) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover,
- (b) On exposed portions of the arms, unless the lesion is protected by an

impermeable cover, or

(c) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage;

food employee
previously ill

(C) Works with a highly susceptible population and has had a past illness from:

- (1) Salmonella spp. within the past three months,
- (2) Shigella spp. within the past month,
- (3) Shiga toxin-producing E. coli, within the past month, or
- (4) Hepatitis A virus within the past month;

excluding ill food
employee

2-201.12 Exclusions and Restrictions.^C

The person in charge shall:

(A) Exclude a food employee from a food establishment if the food employee is diagnosed with an infectious agent specified under ¶ 2-201.11(A); or has a sudden onset of vomiting or diarrhea as specified under ¶ 2-201.11(B)(1)(a) & (c) that cannot be attributed to a noninfectious condition.

restricting
food employee:
(serving general
population)

(B) Except as specified under ¶ (C) or (D) of this section, restrict a food employee from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles, in a food establishment if the food employee is:

with symptom of
illness or of past
illness

- (1) Suffering from a symptom specified under ¶ 2-201.11(B) (1)(b), (e), or (B)(2), or
- (2) Not experiencing a symptom of acute gastroenteritis specified under Subparagraph 2-201.11(B)(1) but has a stool that yields a specimen culture that is positive for Salmonella Spp., Shigella spp., Shiga toxin-producing E. coli.

excluding
food employee:
(serving high-risk
population)with
symptom of illness
or of past illness

(C) If the population served is a highly susceptible population, exclude a food employee who:

- (1) Is experiencing a symptom of acute gastrointestinal illness specified under Subparagraph 2-201.11(B)(1),
- (2) Is not experiencing a symptom of acute gastroenteritis specified under Subparagraph 2-201.11(B)(1) but has a stool that yields a specimen culture that is positive for Salmonella spp., Shigella spp., Shiga toxin-producing E. coli,
- (3) Had a past illness from Salmonella spp. within the last 3 months, or
- (4) Had a past illness from Shigella spp. or Shiga toxin-producing E. coli. within the last month; and

excluding and

(D) For a food employee who is jaundiced related to Hepatitis A:

restricting
jaundiced food
employee

(1) If the onset of jaundice occurred within the last 10 calendar days, exclude the food employee from the food establishment, or

(2) If the onset of jaundice occurred more than 10 calendar days before:

(a) Exclude the food employee from a food establishment that serves a highly susceptible population, or

(b) Restrict the food employee from activities specified under ¶ 2-201.12(B), if the food establishment does not serve a highly susceptible population.

2-201.13 Removal of Exclusions and Restrictions.

*reinstating an
excluded food
employee who is:*

(A) The person in charge may remove an exclusion specified under ¶ 2-201.12(A) or ¶ 2-201.11(B)(1)(a) &(c) if:

(1) The person in charge obtains approval from the regulatory authority; or

*no longer ill or free
of jaundice*

(2) The person excluded as specified under ¶ 2-201.12(A) provides to the person in charge written approval from the local public health agency or the regulatory authority; or

(3) The person excluded as specified under ¶ 2-201.11(B)(1)(a) & (c) due to symptoms that cannot be attributed to a noninfectious condition is asymptomatic for at least 24-hours.

*reinstating a
restricted food
employee who is*

(B) The person in charge may remove a restriction specified under:

(1) Subparagraph 2-201.12(B)(1) if the restricted person:

free of symptoms

(a) Is free of the symptoms specified under ¶ 2-201.11(B)(1)(b), (e) or (2) and no foodborne illness occurs that may have been caused by the restricted person,

(b) Is suspected of causing foodborne illness but:

(i) Is free of the symptoms specified under ¶ 2-201.11(B)(1)(b), (e) or (2), and

*free of suspected
infectious agent
has symptoms that
are not caused by
an infectious
agent*

(ii) Provides written approval from the local public health agency or the regulatory authority, or

(c) Provides written medical documentation from a physician licensed to practice medicine or, if allowed by LAW, a nurse practitioner or physician assistant, stating that the symptoms experienced result from a chronic noninfectious condition such as Crohn's disease, irritable bowel syndrome, or ulcerative colitis; or

*no longer a
shedder*

(2) Subparagraph 2-201.12(B)(2) if the restricted person provides written medical documentation from a physician, licensed to practice medicine, according to the criteria specified by local public health agency or the regulatory authority that indicates the stools are free of Salmonella Spp., Shigella spp., or Shiga toxin-producing E. coli , whichever is the infectious agent of concern.

reinstating an

(C) The person in charge may remove an exclusion specified under ¶ 2-201.12(C) if

- excluded food employee serving: high-risk population* the excluded person provides written medical documentation from a physician licensed to practice medicine:
- (1) That specifies that the person is free of:
 - (a) The infectious agent of concern as specified by the regulatory authority, or
 - (b) Jaundice as specified under ¶ 2-201.13(D) if hepatitis A virus is the infectious agent of concern; or
 - (2) If the person is excluded under Subparagraph 2-201.12(C)(1), stating that the symptoms experienced result from a chronic noninfectious condition such as Crohn’s disease, irritable bowel syndrome, or ulcerative colitis.
- reinstating an food employee who is:* (D) The person in charge may remove an exclusion specified under Subparagraph 2-201.12(D)(1) and Subparagraph 2-201.12(D)(2)(a) and a restriction specified under Subparagraph 2-201.12(D)(2)(b) if:
- (1) No foodborne illness occurs that may have been caused by the excluded or restricted person and the person provides written medical documentation from a physician licensed to practice medicine or, if allowed by LAW, a nurse practitioner or physician assistant, that specifies that the person is free of hepatitis A virus as specified by the local public health agency or the regulatory authority or
 - (2) The excluded or restricted person is suspected of causing foodborne illness and complies with the requirements specified by the local public health agency or the regulatory authority.
- not suspect source of illness*
- suspect source of illness*

Foodborne Illness

APPENDIX A

Criteria for Confirmation of Etiologic Agents

Table 8A.
Criteria for confirmation of bacterial agents responsible for foodborne and waterborne illness.

Etiologic Agent	Incubation Period Average (Range)	Clinical Syndrome	Characteristic Foods
Bacillus cereus	A. Vomiting type 2-4 hours (1-6 hours) B. Diarrheal type 12 hours (4-16 hours)	A. Vomiting, nausea, occasional diarrhea (Heat-stable enterotoxin) B. Diarrhea (watery), abdominal cramps (Heat-labile enterotoxin)	A. Boiled or fried rice B. Custards, sauces, meat loaf, cereal products, refried beans, dried potatoes
Campylobacter jejuni	2-5 days (1-10 days)	Abdominal cramps (often severe), diarrhea, bloody diarrhea, fever, headache	Poultry, unpasteurized milk, water, raw clams
Clostridium botulinum	12-48 hours (2 hours -8 days)	Acute bilateral cranial nerve impairment and descending weakness or paralysis; usually preceded by blurred or double vision, difficulty swallowing, dry mouth, vomiting and constipation	Canned low-acid foods, smoked fish, cooked potatoes, marine mammals
Clostridium perfringens	10-12 hours (6-24 hours)	Diarrhea (watery), colic, nausea and gas (Vomiting and fever are uncommon and symptoms usually resolve within 24 hours).	Inadequately heated or reheated meats, meat pies, stews, gravy, sauces, refried beans
Escherichia coli (Enteroinvasive or Enterotoxigenic) E. coli 0157:H7 (Enterohemorrhagic)	10-12 hours (Heat-stable toxin) 10-12 hours (Heat-labile toxin) 48-96 hours (up to 10 days)	Profuse watery diarrhea without blood or mucus, abdominal cramping, vomiting, low-grade fever and dehydration Bloody or non-bloody diarrhea, severe abdominal cramps and occasional vomiting; fever infrequent	A. Uncooked vegetables, salads, water B. Undercooked ground beef and beef, raw milk, soft cheese, water
Salmonella spp. (Non-typhoid)	18-36 hours (12-72 hours)	Acute enterocolitis, diarrhea, fever, nausea, abdominal cramps, headache, occasional vomiting.	Poultry, egg products, meat, unpasteurized milk
Salmonella Typhi	3 days - 3 months (1-3 weeks)	Insidious onset of fever, headache, malaise, constipation or diarrhea, anorexia	Fecally contaminated foods such as shellfish, raw fruits, and water
Shigella	24-72 hours (12-96 hours)	Diarrhea, fever, nausea, vomiting, tenesmus, severe abdominal cramping	Fecally contaminated foods such as salads, cut fruit and water

Staphylococcus aureus	2-4 hours (1-8 hours)	Sudden onset of severe abdominal cramps, nausea, vomiting, diarrhea, chills, headache, weakness, dizziness	Ham, meat & poultry, cream filled pastries, custard, high protein leftover foods
Vibrio cholerae 01 or 0139	24-72 hours (few hours - 5 days)	Sudden onset of profuse watery diarrhea, rapid dehydration, vomiting	Raw fish or shellfish, crustacea, water, fecally contaminated foods
Vibrio cholerae non-01		Watery diarrhea, vomiting	
Vibrio parahaemolyticus	12-24 hours (4-96 hours)	Watery diarrhea, abdominal cramps, nausea, vomiting, fever, headache	Marine fish, shellfish, crustacea (raw or contaminated)
Vibrio vulnificus	24-48 hours	Fever, nausea, abdominal cramps and muscle aches; often leads to septicemia in immunocompromised persons	raw oysters

Table 9A. Criteria for confirmation of viral agents responsible for foodborne and waterborne illness.

Etiologic Agent	Incubation Period Average (Range)	Clinical Syndrome	Characteristic Foods
Hepatitis A virus	28-30 days (15-50 days)	Acute febrile illness with anorexia, fever, abdominal discomfort, nausea, jaundice	Fecally contaminated cold foods or water, raw shellfish
Norovirus (formerly called “Norwalk-like” viruses)	30-36 hours (10-96 hours)	Nausea, vomiting (often projectile), diarrhea, abdominal cramps, muscle aches, headaches, low-grade fever	Fecally contaminated cold foods or water, oysters or clams, frostings

Table 10A. Criteria for confirmation of parasitic agents responsible for foodborne and waterborne illness.

Etiologic Agent	Incubation Period Average (Range)	Clinical Syndrome	Characteristic Foods
Cyclospora cayentanensis	7 days (1-11 days)	Fatigue, protracted watery diarrhea, often relapsing	Fecally contaminated fruits, produce or water
Cryptosporidium parvum	7 days (2-12 days)	Profuse watery diarrhea, abdominal cramps, nausea, low-grade fever, anorexia, vomiting	Fecally contaminated fruits, produce or water

Entamoeba histolytica	2-4 weeks (few weeks - several months)	Illness of varying severity ranging from mild chronic diarrhea to fulminant dysentery	Fecally contaminated fruits, produce or water
Giardia lamblia	7-10 days (2-25 days)	Diarrhea, abdominal cramps, bloating, weight loss, malabsorption; infected persons may be asymptomatic	Fecally contaminated fruits, produce or water
Trichinella spiralis	8-15 days (5-45 days)	Initially diarrhea, nausea, vomiting, abdominal discomfort, muscle aches, edema of the eyelids; variable symptoms depending on the number of larvae ingested	Undercooked pork or bear meat

Table 11A. Criteria for confirmation of other agents responsible for foodborne and waterborne illness.

Etiologic Agent	Incubation Period Average (Range)	Clinical Syndrome	Characteristic Foods
Heavy metals (antimony, cadmium, copper, iron, tin, zinc)	Usually < 1 hour (5 minutes - 8 hours)	Compatible clinical syndrome - usually gastroenteritis with metallic taste	High acid foods/beverages stored or prepared in containers coated, lined, or contaminated with the offending metal
Scombroid fish poisoning	Usually < 1 hour (1 minute - 3 hours)	Flushing, headache, dizziness, burning of mouth and throat, upper and lower gastrointestinal symptoms, urticaria and generalized pruritis	Temperature abused fish (especially tuna, mahi-mahi, mackerel, bluefish)
Ciguatoxin	2-8 hours (1-48 hours)	Gastrointestinal symptoms followed by neurologic manifestations, including pricking or burning sensation of lips, tongue or extremities, reversal of hot/cold sensations	Fish (especially snapper, grouper, amberjack)
Paralytic shellfish poisoning (PSP)	30 minutes - 3 hours	First symptoms include tingling and numbness of lips and mouth, spreading to adjoining parts of face; symptoms vary depending	Shellfish

		on type, amount and retention of toxins in the body	
Mushroom poisoning	6-24 hours (1-24 hours)	Initially nausea, vomiting, watery diarrhea which may progress to liver failure and death	Mushrooms (usually of the genus <i>Amanita</i>)
Monosodium glutamate poisoning	Usually < 1 hour (3 minutes - 2 hours)	Burning sensation in chest, neck, abdomen or extremities, sensations of lightness and pressure over face, or heavy feeling in the chest	Food containing large amounts of MSG (usually >1.5g)

* If an outbreak involves any of the agents listed on these tables, immediately contact the BCDP / CDES and receive instructions as to which specimens to collect, how to transport these specimens.