



# Template Sickness Policy

*a framework for managing  
the risk from infected people*



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<http://www.nzfsa.govt.nz>

The Information contained in sections 4 & 6 of the exclusion guidelines has been adapted from the publication,  
**"Food Handlers: Fitness to Work"** published by the Department of Health, United Kingdom,  
1995 and is used with permission.

# Template Sickness Policy

## How to use this document

This document is presented in two parts: Section one provides practical information on how to implement the Template Sickness Policy, whilst section two contains important supporting information on the exclusion of infected people.

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## Key

 **Important information**

 **Action required to customise the policy to suit your business**



A photograph of hands holding a baby's face, overlaid with a teal gradient and text. The image shows a close-up of a baby's face being held by two hands. The baby's eyes are closed, and the hands are gently supporting the head. The background is a light, textured surface. The entire image is overlaid with a teal gradient, and the text is centered in the middle.

Section One

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# How to use the policy

## Introduction

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The aim of this booklet is to provide a "ready-made" sickness policy that, with minimal adaptation, can be used to control the risk from infected people in your food business.

The template sickness policy will provide a system of controls to minimise the risk of food becoming contaminated by persons carrying certain harmful micro-organisms, in particular bacteria and viruses, that can cause illness.

A sickness policy will be an important **part** of managing food safety. It should complement other policies such as personal hygiene<sup>1</sup>. To be effective such policies must be a part of an integrated food safety management system.

The best means to assure food safety is through the implementation of a **food safety programme (FSP)**. Such a programme will examine all the steps involved in producing food (from ingredient purchase through to final sale), identify those things with the potential to cause harm to the consumer (the hazards), and the controls needed to eliminate or control such hazards.

The New Zealand Food Safety Authority (NZFSA) publications *An Introduction to HACCP* and *What Does a Food Safety Programme Look Like?* will give you the basic information you need to develop a food safety programme.

Both of these publications along with a range of other resources designed to assist you develop and implement a food safety programme can be downloaded from the NZFSA web site ([www.nzfsa.govt.nz](http://www.nzfsa.govt.nz)). If you require more information on FSPs contact a Health Protection Officer at your District Health Board (see page 15).

## The hazard

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**Hazard:** Microbiological contamination of food (eg *Campylobacter*, *Cryptosporidium*, *Giardia*, *Yersinia*, *Salmonella*, *Shigella*, *E.coli* (VTEC/STEC), *Staphylococcus*, *Streptococcus*, hepatitis A, Norwalk-like virus (NLV), typhoid and paratyphoid).

A person carrying such micro-organisms can contaminate food by direct contact or indirectly via equipment and utensils etc.

Food can become contaminated by people who are unwell due to certain infections, or are carrying the micro-organisms in or on their body without showing symptoms of an infection.

Harmful micro-organisms can be transmitted through a sick person's faeces (poo), vomit and in some cases other body fluids.

## Who should the policy cover?

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The template sickness policy can be applied to those who are:

- directly involved in food production, preparation, service and sale (this includes kitchen staff and waiting staff);
- repairing or maintaining equipment in food handling areas, including workers on contract;
- visiting food premises, such as delivery personnel, auditors and Health Protection Officers etc.

<sup>1</sup>This guidance does **not** address other related matters that would be covered elsewhere in a food safety programme (eg personal hygiene, training, cleaning, etc).

## Customising the policy

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The template policy (page 7) will need to be **adapted** if there is a risk of contamination from an infected person due to site specific practices and procedures identified in your hazard analysis that are not controlled in the template policy (eg infected visitors or residents in a rest home may present a risk if they have access to the kitchen facilities; or children of staff members).

Likewise additional controls may be considered appropriate in environments where food is being prepared, or served to high-risk groups (ie young, immuno-compromised, pregnant, or the elderly), such as in childcare centres, hospices and rest homes etc.



*There may also be situations, such as in an outbreak of illness, when the Medical Officer of Health (a doctor at the local Public Health Unit) will require stricter clearance criteria than those provided in the template sickness policy.*

## Implementing the policy

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The following steps should be taken when implementing this template sickness policy:

1. Adapt the template sickness policy to control all the hazards identified in your hazard analysis.
2. Inform and instruct staff regarding the policy.
3. Make the policy readily available (staff notice board, operating manuals etc).
4. Ensure, where appropriate, visitors and contractors, etc are informed of the policy.
5. Keep a written record of staff sickness (including any episodes of vomiting in the food premises) and action taken.
6. Implement monitoring procedures to ensure that the controls identified in the policy are adhered to.
7. Review the policy annually, or more frequently if necessary, and whenever there is a significant change to the activities of the food business.

## Template Sickness Policy

### Sickness Policy

1. No one (including an employee, contractor, maintenance worker, visitor etc) is permitted to be in a food-handling area if suffering from vomiting<sup>‡</sup> or diarrhoea<sup>+</sup>.
  - Anyone who has had an episode of vomiting<sup>‡</sup> or diarrhoea<sup>+</sup> in the 24 hours prior to entering the food premises **must report it to** name person responsible. 
2. Any food handler<sup>Ⓜ</sup> who has had two or more episodes of diarrhoea<sup>+</sup> or **any** vomiting<sup>‡</sup> within a 24 hour period must seek medical advice and have a faecal specimen analysed to identify the cause of illness (see section 1 of the exclusion guidelines).
  - name person responsible  must ensure the food-handler is excluded from the premises until they meet the appropriate clearance criteria (see section 1 & 2 of the exclusion guidelines).
  - A risk assessment may be undertaken by name person responsible  to determine whether a sick food handler is to be given **safe alternative work** that does not involve direct contact with open food, or with surfaces and equipment in areas where food is stored or processed.
3. If a food-handler has a vomiting episode whilst at work this must be reported immediately to name person responsible. 
  - The food handler must be excluded immediately from all food handling areas.
  - The affected area and all contaminated surfaces, including equipment and utensils must be cleaned and sanitised (this may also include toilet seats, handles, taps, etc in staff facilities where appropriate).
  - Any food that may have become contaminated must be disposed of name location. 
4. No one with jaundice (yellowing of the skin) who is suspected of having hepatitis A, or who has hepatitis A, is permitted into a food-handling area (see section 3 of the exclusion guidelines).
5. No one is permitted to handle food if they have scaly, weeping or infected skin that cannot be totally covered during food handling (see section 4 of the exclusion guidelines).
6. A record of all employee illnesses will be kept ( see sample form page 14 ) 
7. If in the application of this policy the management is uncertain whether or not a food handler may pose a risk, advice will be sought from name Public Health Unit. 

+ **Diarrhoea** other than that associated with conditions such as Irritable Bowel Syndrome, Crohn's Disease or ulcerative colitis (see section 6 of the exclusion guidelines).

‡ **Vomiting** in the absence of other obvious causes, eg morning sickness or alcohol poisoning (see section 1 of the exclusion guidelines).

 **Food-handler:** any person who comes into direct contact with food or the equipment or utensils used to prepare food (eg. cooks, bakers, waitresses, butchers, fruit pickers etc).

  
A  
Insert  
Action  
(as required)

 A Adapt and use form on opposite page 

# Sickness Policy

1. No one (including an employee, contractor, maintenance worker, visitor etc) is permitted to be in a food-handling area if suffering from vomiting<sup>‡</sup> or diarrhoea<sup>+</sup>.
  - Anyone who has had an episode of vomiting<sup>‡</sup> or diarrhoea<sup>+</sup> in the 24 hours prior to entering the food premises **must report it to** [redacted].
2. Any food handler
  - who has had two or more episodes of diarrhoea<sup>+</sup>( or **any** vomiting<sup>‡</sup> within a 24 hour period must seek medical advice and have a faecal specimen analysed to identify the cause of illness (see *section 1 of the exclusion guidelines*).
  - [redacted] must ensure the food-handler is excluded from the premises until they meet the appropriate clearance criteria (see *section 1 & 2 of the exclusion guidelines*).
  - A risk assessment may be undertaken by [redacted] to determine whether a sick food handler is to be given **safe alternative work** that does not involve direct contact with open food, or with surfaces and equipment in areas where food is stored or processed.
3. If a food-handler has a vomiting episode whilst at work this must be reported immediately to [redacted].
  - The food handler must be excluded immediately from all food handling areas.
  - The affected area and all contaminated surfaces, including equipment and utensils must be cleaned and sanitised (this may also include toilet seats, handles, taps, etc in staff facilities where appropriate).
  - Any food that may have become contaminated must be disposed of [redacted].
4. No one with jaundice (yellowing of the skin) who is suspected of having hepatitis A, or who has hepatitis A, is permitted into a food-handling area (see *section 3 of the exclusion guidelines*).
5. No one is permitted to handle food if they have scaly, weeping or infected skin that cannot be totally covered during food handling (see *section 4 of the exclusion guidelines*).
6. A record of all employee illnesses will be kept [redacted].
7. If in the application of this policy the management is uncertain whether or not a food handler may pose a risk, advice will be sought from [redacted].

+ **Diarrhoea** other than that associated with conditions such as Irritable Bowel Syndrome, Crohn's Disease or ulcerative colitis (see *section 6 of the guidelines*).

‡ **Vomiting** in the absence of other obvious causes, eg morning sickness or alcohol poisoning (see *section 1 of the guidelines*).

☞ **Food-handler:** any person who comes into direct contact with food or the equipment or utensils used to prepare food (eg. cooks, bakers, waitresses, butchers, fruit pickers etc).





Section Two

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# Exclusion guidelines

## Guidelines on the exclusion of infected persons

### 1. Exclusion controls for unspecified vomiting and diarrhoea

Vomiting is an important symptom of a viral or bacterial infection. A food handler who has had an episode of vomiting (in the absence of other obvious causes, eg alcohol poisoning, morning sickness, etc) in the 24 hours prior to starting work **must be excluded** and the ill person **must seek medical advice**. The person must tell the doctor that they work as a food handler (the doctor should then arrange for faecal testing).

Diarrhoea may also indicate the presence of an infection (see also section 6 of the exclusion guidelines). Anyone suffering from diarrhoea must cease work immediately. If there is only **one** episode of diarrhoea and no other symptoms such as ongoing nausea, abdominal cramps or fever the person may resume food handling duties again after 24 hours of being symptom free. They should be reminded of the importance of good hand hygiene practice, particularly hand washing and thorough drying. **If symptoms persist, the person should seek medical advice.** The person must tell the doctor that they work as a food handler (the doctor should then arrange for faecal testing).



#### **Faecal (poo) Testing**

*It is important that faecal specimens of food-handlers who have been ill are tested if they have had an episode of vomiting or have had two or more episodes of diarrhoea.*

*There are also some specific illnesses where clearance with faecal specimens is required so it is important to know the identity of the cause of the illness (see next section). Clearance with faecal specimens can be arranged by a doctor or through the local Public Health Unit.*

## 2. Exclusion controls for specific illnesses

Organism (Hazard)	Action to be taken (Control)
<b><i>Campylobacter</i></b>	Exclude from work until well and without diarrhoea for a period of 24 hours.
<b><i>Cryptosporidium,</i></b>	Exclude from work until well and without diarrhoea for a period of 24 hours.
<b><i>Giardia</i></b>	Exclude from work until well and without diarrhoea for a period of 24 hours.
<b><i>Hepatitis A</i></b>	Exclude from work until cleared by the Medical Officer of Health. <b>i</b> see section 3 illnesses requiring special consideration for a discussion on further control measures.
<b><i>Shigella</i></b>	Exclude from work until 2 consecutive negative faecal specimens (taken 48 hours apart) have been confirmed.*
<b><i>Salmonella</i></b>	Exclude from work until 2 consecutive negative faecal specimens (taken 48 hours apart) have been confirmed.*
<b><i>Typhoid, Paratyphoid and Cholera</i></b>	Exclude from work until clearance given by Medical Officer of Health. <b>i</b> see section 3 illnesses requiring special consideration for a discussion on further control measures.
<b><i>VTEC (such as E.coli 0157:H7)</i></b>	Exclude from work until 2 consecutive negative faecal specimens (taken 48 hours apart) have been confirmed.* <b>i</b> the number of organisms needed to cause infection is low and the health implications for high-risk groups such as the elderly, young, pregnant and immuno-compromised can be serious, with some cases resulting in death.
<b><i>Yersinia</i></b>	Exclude from work until well and without diarrhoea for a period of 24 hours.
<b><i>Viruses (such as Norwalk-like virus)</i></b>  - presenting as gastrointestinal illness consisting of diarrhoea, nausea or vomiting	<b>i</b> highly infective. Virus particles survive in the environment for long-periods.  Seek <b>immediate</b> advice from the Public Health Unit regarding disinfecting work areas and disposal of potentially contaminated food.

\*Specimens should be collected at least 48 hours after the last dose of any antibiotic treatment.

- Illnesses that require medical clearance before returning to work.** Negative faecal specimens are required as the organism may still be excreted even after the symptoms have stopped.

### 3. Illnesses requiring special consideration

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#### Hepatitis A

Anyone either infected, or suspected of being infected with hepatitis A **must be excluded** from food handling for at least seven days after the onset of symptoms. Most adults will experience the sudden onset of an influenza-like illness followed by muscle aches, headache, loss of appetite, abdominal discomfort, fever **and jaundice** (yellowing of the skin). Advice in all cases should be sought from the Public Health Unit.

**i** *A food-handler who is a close personal contact (household, sexual etc) of a person that has hepatitis A must notify their manager. In such cases the food handler should not handle open food until advice is sought from the medical officer of health at the Public Health Unit.*

The period of highest infectivity is just prior to and after the onset of symptoms. This presents a risk as an individual will not normally be diagnosed until after the onset of symptoms. In such cases the Public Health Unit will need to assess whether other corrective action may need to be taken in addition to excluding the food handler (eg sanitising work areas and communal facilities, disposing of food where there has been a risk of contamination, and immunising other food handlers or food consumers to reduce their risk of illness). There is often a short timeframe to offer protection so early notification is essential.

#### Typhoid and Paratyphoid

**i** *Anyone suffering from Typhoid, Paratyphoid or Cholera must be excluded.*

Investigation and management of people with Typhoid, Paratyphoid or Cholera will normally be carried out by the local Public Health Unit, who will usually require them to be excluded from food handling work until faecal tests indicate that the infecting organism is no longer being excreted.

If food handlers are found to have either Typhoid, Paratyphoid or Cholera they should be excluded from all food handling activities and the local Public Health Unit should be contacted **immediately**.

## 4. Skin conditions

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***Food handlers with lesions on exposed skin (hands, face, neck or scalp) that are actively weeping or discharging must be excluded from work until the lesions have healed.***

An infection of the fingernail-bed or a boil on the face or other exposed skin, even if covered with a suitable waterproof dressing, will usually be considered grounds for exclusion as a food handler.

In contrast, infected lesions on non-exposed skin, eg: the back or legs, are not an impediment to food handling duties, however the importance of meticulous hand hygiene should be emphasised.

Clean wounds must be totally covered with a distinctively-coloured waterproof dressing but there is no need to discontinue food handling.

## 5. Infections of the eyes, ears, mouth and throat

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Any food handler whose eyes, ears, mouth or gums are weeping or discharging must be excluded from food handling until they are better. Those with a persistent sore throat and no other respiratory symptoms such as a runny nose or cough may have a streptococcal throat infection and should be referred to a doctor for assessment.

## 6. Factors not associated with microbiological contamination of food

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### ***Non-infective gastrointestinal disorders***

Disorders such as Irritable Bowel Syndrome, Crohn's disease or ulcerative colitis are not a barrier to employment as a food handler, even though they may result in diarrhoea. Such workers must be made aware of the need to seek medical advice and notify the manager if any change from their normal bowel habit occurs, as this must be assumed to be infectious until proven otherwise.

### ***Chest and long-term respiratory diseases***

Tuberculosis is not spread through food handling. However, the disease may affect an individual's general health so as to make them unfit for work or they may pose a risk of infection to others in the workplace. Contact the Public Health Unit for more information on this.

### ***Blood borne infections***

Infections such as HIV, hepatitis B or C, do not themselves present a risk of food contamination. As long as they are well, there is no reason why people with these infections should not be employed as food handlers.

All blood spills should be treated as if infected and the affected area should be suitably cleaned and sanitised (eg with a diluted bleach solution) and any affected food discarded.

## Template staff sickness record

Date Return							
Date Excluded from work							
Faecal Result							
Action Taken							
Date Notified							
Date of Symptom Onset							
Symptoms (state if episode of vomiting at work)							
Name							

# Appendix

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## Public Health Units

*For further advice on controlling the risk from infected persons in your food business contact a Health Protection Officer at your local Public Health Unit:*

<b>Auckland DHB</b>	Private Bag 92 605	Auckland	(09) 262 1855
<b>Choice Health</b>	Private Box 58	Masterton	(06) 378 9029
<b>Community and Public Health</b>	Private Box 443	Greymouth	(03) 768 1160
<b>Community and Public Health</b>	PO Box 1475	Christchurch	(03) 379 9480
<b>Community and Public Health</b>	Private Box 510	Timaru	(03) 688 6019
<b>Hawke's Bay DHB</b>	PO Box 447	Napier	(06) 834 1815
<b>Health Waikato</b>	PO Box 505	Hamilton	(07) 838 2569
<b>Hutt Valley DHB</b>	Private Bag 31 907	Lower Hutt	(04) 570 9002
<b>MidCentral Health</b>	Private Bag 3003	Wanganui	(06) 348 1775
<b>MidCentral Health</b>	Private Box 2056	Palmerston North	(06) 350 9110
<b>Nelson Marlborough DHB</b>	Private Box 647	Nelson	(03) 546 1537
<b>Nelson Marlborough DHB</b>	Private Box 46	Blenheim	(03) 577 1914
<b>Northland DHB</b>	Box 742	Whangarei	(09) 430 4100
<b>Pacific Health</b>	Private Bag 1858	Rotorua	(07) 349 3520
<b>Pacific Health</b>	PO Box 2121	Tauranga	(07) 571 8975
<b>Pacific Health</b>	PO Box 241	Whakatane	(07) 306 0720
<b>Public Health South</b>	PO Box 5144	Dunedin	(03) 474 1700
<b>Tairāwhiti District Health</b>	PO Box 119	Gisborne	(06) 867 9119
<b>Taranaki Health</b>	Private Bag 2016	New Plymouth	(06) 753 7798