

FOOD HANDLERS

Fitness to Work

Guidelines for Food Business Managers

**Prepared by an Expert Working Group convened by the
Department of Health**

INTRODUCTION

This guidance, and a separate leaflet for food handlers, is based on the detailed guidance document "Food Handlers: Fitness to Work" published by the Department of Health in 1995*. Crown Copyright Acknowledged.

Food which is contaminated by harmful microorganisms, in particular bacteria and viruses, can cause illness. Food can be contaminated by food handlers who are suffering from certain infections, or are carrying the micro-organisms in or on their bodies without showing symptoms of an infection.

The main aim of this guidance is to prevent the introduction of infection into the workplace and subsequently into food by food handlers.

THE ROLE OF MANAGEMENT

Managers in the food industry must minimise the risk of food becoming microbiologically contaminated by food handlers. This should be done by:

- Explaining good hygiene practice to employees and visitors;
- Training and/or instructing and supervising employees in the safe handling of food;
- Ensuring employees have a working understanding of the principles of hygiene;
- Advising employees of their legal obligation under UK food Hygiene legislation to report any infectious or potentially infectious conditions;
- Excluding infectious or potentially infectious food handlers as specifically required by UK food hygiene legislation in accordance with this guidance;
- Ensuring that other visitors to the food premises, such as maintenance engineers, who may come into contact with the food or food surfaces, do not cause contamination.

So that the management of a food business can meet these obligations, food handlers must:

- Practice good personal hygiene;
- Maintain good hygiene standards in the workplace; and
- Understand their responsibilities for reporting infectious or potentially infectious conditions to management.

The guidance concentrates on measures that are relevant, practical, and based on current medical and scientific knowledge.

Environmental Health departments and their medical advisors should be contacted for advice if, despite this guidance, the management of a food business is still unsure whether or not a food handler poses a health risk and ought to be excluded from work. There may be occasions when a local risk assessment of a procedure or a food product produced by your business necessitates more stringent measures being taken than are contained in this guidance. When this does occur it will be for the manager to decide how best to proceed, taking advice as appropriate from the local authority's Environmental Health Department and relevant health care professionals, for example: an occupational health doctor or nurse; a general medical practitioner; or the Health Authority's Consultant in Communicable Disease Control.

WORKERS INVOLVED IN HANDLING FOOD

This guidance covers the following categories of workers:

- Those employed directly in food production, preparation, service and sale in manufacturing, catering and retail businesses.
- Those carrying out repair or maintenance of equipment in food handling areas, including workers on contract.
- Visitors to food handling areas, e.g. EHOs, delivery personnel.

NOTE: Workers handling only food that has been wrapped, bottled or canned, and those involved in primary agricultural processes, are not considered as food handlers for the purpose of this guidance:

PRINCIPLES UNDERLYING PREVENTION OF MICROBIOLOGICAL CONTAMINATION OF FOOD BY FOOD HANDLERS

Food handlers should follow good hygiene practice, which should be explained by management. This good hygiene practice should also be followed by visitors to all food handling areas. It is essential that these measures are observed, as hands and work surfaces can easily become contaminated, allowing cross contamination to occur.

Table 1

Good hygiene practice for people working in areas where food is handled

1. Wash and dry your hands:
 - Before and after handling food; and
 - After going to the toilet.
2. Report any illness to the management.
3. Do not work if you are suffering from diarrhoea an/or vomiting.
4. Do not handle food if you have scaly, weeping or infected skin which can not be totally covered during food handling.
5. Ensure cuts and abrasions on exposed areas are totally covered with a distinctively coloured waterproof dressing.
6. Do not spit in food handling areas.
7. Do not smoke in food handling areas.
8. Do not eat or chew gum in food handling areas.
9. Wear clean protective clothing, including appropriate hair covering.
10. Ensure work surfaces and utensils are clean.

RISK FACTORS AND PREVENTIVE MEASURES

1. GASTROINTESTINAL ILLNESS

Diarrhoea and Vomiting

Diarrhoea and vomiting may be indicative of a gastrointestinal infection.

Food business managers must encourage the prompt reporting of diarrhoea and vomiting by their food handlers.

Immediate Action

Anyone who has diarrhoea and vomiting should report to their line manager and leave the food handling area immediately. Normally they would then leave the premises, but could be given safe alternative work*.

* **“Safe alternative work” means work that does not involve direct contact with open food or with surfaces and equipment in areas where open food is stored or processed.**

Subsequent Action

If vomiting has occurred, the area and all contaminated surfaces, equipment and utensils should be cleaned and sanitised. Dispose of any food which may have been contaminated.

Toilet handles, taps and surfaces must be cleaned and sanitised after contact with anyone reporting diarrhoea and vomiting.

If there is only one bout of diarrhoea and vomiting in a 24-hour period, and there is no fever, the person may resume food handling duties when they should be reminded of the importance of good hygiene practice, particularly hand washing. **If symptoms persist, the person should seek medical advice** and return to work once the conditions in Table 2 are met:

Table 2

Requirements for return to work following illness due to gastrointestinal infection

No vomiting for forty-eight hours once any treatment has ceased.

The bowel habit has returned to normal for forty-eight hours either spontaneously or following cessation of treatment with anti-diarrhoeal drugs.

Good hygiene practice, particularly hand washing, is observed in all circumstances.

Stool Testing

Negative stool samples either pre-employment or from an employee recovering from a diarrhoeal illness are not necessary conditions of employment or return to work, with the exception of typhoid and paratyphoid infections and infection caused by Verocytotoxin-producing *E. coli* (VTEC). See below: "infections requiring special consideration".

2. INFECTIONS REQUIRING SPECIAL CONSIDERATION

Enteric Fever

Typhoid and paratyphoid fevers, collectively called enteric fever, need special consideration because of the severity of the illness and because, following recovery, individuals can continue to carry and excrete the organism over a long period with a consequent risk of food contamination. This is referred to as the "carrier State".

Anyone suffering from typhoid or paratyphoid must be excluded from food handling

Investigation and management of these individuals will usually be carried out by the local authority, who will usually require them to remain off food handling work until stool tests

indicate that the infecting organism is no longer being excreted. This will generally take at least three months.

The food handler who is still excreting but is otherwise well could be considered for return to work in a non-food handling capacity after discussion with officers from the local authority Environmental Health Department.

If a food handler who is a carrier of typhoid or paratyphoid organisms is identified (for example, during investigation into an outbreak) they must be excluded from food handling and follow the same course of action applies as for an individual who is suffering from a typhoid or paratyphoid illness.

The food handler who has been in close domestic contact with a known case, or who has been exposed to an outbreak in the UK or abroad, must be excluded from food handling duties. Advice should be sought from relevant health care professionals.

VTEC

In the exceptional circumstance where VTEC (The most common strain in the UK being *E. coli* 0157:H7) infection is identified in a food handler, they should be excluded from work until the bowel habit has been normal for 48 hours, and two negative faecal samples taken 48 hours apart have been obtained.

Hepatitis A

Food handlers with hepatitis A should remain off work until seven days after symptoms have appeared, usually jaundice. Advice should be sought from the relevant health care professionals listed on page 6. Symptom-less contacts of a case of Hepatitis A can continue food handling provided the practice and requirements in table 1 are fulfilled.

3. SKIN CONDITIONS

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 finger nail-bed (whitlow) or a boil on the face or other exposed skin, even if covered with a suitable waterproof dressing, will usually be considered a bar to working as a food handler.

In contrast, infective lesions on non-exposed skin, e.g. the back or legs, are not a bar to food handling duties. 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.

4. INFECTIONS OF THE EYES, EARS AND MOUTH

Any food handler whose eyes, ears, mouth or gums are weeping or discharging must be excluded from food handling until they are better.

Factors not associated with microbiological contamination of food.

1. NON-INFECTED GASTROINTESTINAL DISORDERS

Disorders such as 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 their managers if any change from their normal bowel habit occurs, as this must be assumed to be infectious until proven otherwise.

2. CHEST AND OTHER RESPIRATORY DISEASES

There is no evidence that these can cause food borne infection.

Coughing and sneezing over food is not hygienically acceptable and employees may need to be excluded from food handling for this reason. If allowed to stay at work, emphasise the need for thorough hand washing.

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.

3. 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.

PRE-EMPLOYMENT ASSESSMENT

UK and EC legislation puts the onus on employers to satisfy themselves that no food handler poses a hygiene risk to the product. Employers must establish the absence of diarrhoeal illness or skin infections and, if there are grounds for suspicion, confirm the absence of a typhoid or paratyphoid carrier state.

This can be done using Table 3, as the basis for a questionnaire on recruitment:

Table 3

PRE EMPLOYMENT QUESTIONNAIRE FOR USE BY EMPLOYERS

- | | |
|--|--------|
| 1. Have you now, or have you over the last seven days, suffered from diarrhoea and/ or vomiting? | Yes/No |
| 2. At present, are you suffering from: | |
| i) skin trouble affecting hands, arms or face? | Yes/No |
| ii) boils, styes or septic fingers? | Yes/No |
| iii) discharge from eye, ear or gums/ mouth? | Yes/No |
| 3. Do you suffer from: | |
| i) Recurring skin or ear trouble? | Yes/No |
| ii) A recurring bowel disorder? | Yes/No |
| 4. Have you ever had, or are you now known to be a carrier of, typhoid or paratyphoid? | Yes/No |
| 5. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? | Yes/No |

If the answer to any question is “yes” the individual should not be employed as a food handler until medical advice has been obtained.

Medical Certification

Where certification is required by some product-specific UK hygiene regulations, e.g. the Meat Products (Hygiene) Regulations 1994, it may be done in one of the following ways:

By a medical practitioner, on the basis of individual interview or assessment by questionnaire (e.g. Table 3). A suitably trained health-care professional, such as a practice nurse, may be delegated by a medical practitioner to carry out assessment. Subsequently, certificates may only be signed by the medical practitioner.

By an occupational health nurse*, who may interview or assess and sign certificates, referring to medical practitioner in doubtful cases.

* A qualified general nurse registered with the UK Central Council for Nursing, Midwifery and Health Visiting, having a qualification in occupational health nursing recognised by the UK statutory bodies.