

# 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 vomited (in the absence of other obvious causes, e.g. alcohol poisoning, morning sickness etc) in the 48 hours before 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 other than that associated with conditions such as irritable bowel syndrome, Crohn's disease or ulcerative colitis may also indicate the presence of an infection – see also section 6 below: Factors not associated with microbiological contamination of food. 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 48 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 vomited 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)
<i>Campylobacter</i>	Exclude from work until well and without diarrhoea for a period of 48 hours.
<i>Cryptosporidium</i>	Exclude from work until well and without diarrhoea for a period of 48 hours.
<i>Giardia</i>	Exclude from work until well and without diarrhoea for a period of 48 hours.
<i>Hepatitis A</i>	Exclude from work until cleared by the Medical Officer of Health.  See section 3 below: Illnesses requiring special consideration for further control measures.
<i>Shigella</i>	Exclude from work until two consecutive negative faecal specimens (taken 48 hours apart) have been confirmed.*
<i>Salmonella</i>	Exclude from work until two consecutive negative faecal specimens (taken 48 hours apart) have been confirmed.*
<i>Organisms causing Typhoid, Paratyphoid and Cholera</i>	Exclude from work until clearance is given by a Medical Officer of Health.  See section 3 below: Illnesses requiring special consideration for further control measures.
<i>VTEC (such as E.coli 0157:H7)</i>	Exclude from work until two consecutive negative faecal specimens (taken 48 hours apart) have been confirmed.*  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.
<i>Yersinia</i>	Exclude from work until well and without diarrhoea for a period of 48 hours.
<i>Viruses (such as Norovirus)</i> <small>(presenting as gastrointestinal illness consisting of diarrhoea, nausea or vomiting)</small>	Exclude from work until well and without diarrhoea for a period of 48 hours.  Highly infective. Virus particles survive in the environment for long periods. Seek immediate advice from the public health unit regarding disinfecting work areas and disposal of potentially contaminated food.

\* Illness that requires medical clearance before returning to work. Specimens should be collected at least 48 hours after the last dose of any antibiotic treatment. Negative faecal specimens are required, as the organism may still be excreted even after the symptoms have stopped.

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## 3. Illnesses requiring special consideration

### 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.



A food handler who is a close personal contact (household, sexual etc) of a person who has hepatitis A must notify their manager. In such cases, the food handler should not handle unwrapped food until advice is sought from the Medical Officer of Health at the public health unit.

The period of highest infectivity is just before and after the onset of symptoms. This presents a risk, as a person 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 (e.g. 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 time frame to offer protection, so early notification is essential.

### Typhoid and paratyphoid



Anyone suffering from typhoid, paratyphoid or cholera must be excluded from working with food.

Investigation and management of people with typhoid, paratyphoid or cholera will normally be carried out by the local public health unit, which will usually require people 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 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



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 boil on the face or other exposed skin, even if covered with a suitable waterproof dressing, will be considered grounds for exclusion as a food handler.

In contrast, infected lesions on non-exposed skin, e.g. the back of the 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

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

### 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. Workers with these disorders must be 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 a person's general health so as to make them unfit for work or they pose a risk of infection to others in the workplace. Contact the public health unit for more information on this.

### Bloodborne infections

Infections such as HIV, hepatitis B or C do not themselves present a risk of food contamination. As long as workers 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 (e.g. with a diluted bleach solution) and any affected food discarded.