

## Plan for Bare Hand Contact Procedure

As specified in 2013 Food Code 3-301.11(E) Adopted by ARM 37.110.265

Completion and submission of this form to the local regulatory authority will serve as an application for approval of bare hand contact with ready-to-eat foods in a retail food setting. The plans and procedures outlined must be approved by the local regulatory authority in order to allow bare hand contact with ready-to-eat food. A copy of the approved application must be kept on the premises of the establishment and be made available to the regulatory authority on request. Local regulatory authorities will work closely with establishments as the state transitions to rules adopting sections of the FDA Food Code.

All citations below reference the 2013 FDA Food Code available at: <http://dphhs.mt.gov/publichealth/FCSS>

1. Establishment Name: \_\_\_\_\_

2. Establishment Address: \_\_\_\_\_

3. Responsible Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Legal Representative Business)

4. List specific Ready-to-Eat Foods and the preparation process where they will be handled with bare hands. Use additional sheets of paper if the space provided is not adequate.

<u>Ready to Eat Food</u>	<u>Process</u>
E.g. tortilla shells	Rolling burrito

5. Handwashing Facilities:

- a. At least one hand washing sink is located near the area where the above bare hand contact procedures will be conducted. (§5-203.11; 5-204.11)  Yes  No
- b. The hand washing sink will be accessible at all times for employee use and will not be used for any purpose other than handwashing. (§5-205.11)  Yes  No
- c. The hand washing sink has soap and disposable paper towels or other acceptable drying method. (§6-301.11; §6-301.12)  Yes  No
- d. The hand washing sink has a clearly visible sign or poster notifying employees that hand washing is required. (§6-301.14)  Yes  No
- e. All toilet rooms must have one or more handwashing sinks in or immediately adjacent to them. These sinks must be equipped and maintained in accordance with provisions of the Code. (§ 5-205.11, § 6-301.11, § 6-301.12, and § 6-301.14)  Yes  No

***Attach a diagram, photo, or other information showing the location of hand sinks and include information on the distance (feet) to areas where bare hand contact is being proposed.***

6. The following control measures will be used (at least two) by employees contacting ready-to-eat foods with bare hands:

- Double handwashing;
- Use of nail brushes;
- Use of hand antiseptic after handwashing;
- Incentive programs such as paid leave encouraging food employees not to work when they are ill; or
- Other control measures approved by the regulatory authority (list)

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7. Provide examples of corrective actions that will be taken if any of the above procedures are not followed, and include how corrective actions will be documented.

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8. Employee Health Policy:

You must have a written employee health policy and maintain documentation that food employees have read it, and understood their responsibilities and the requirement to report illness. (§ 2-201.11, § 2-201.12, and § 2-201.13).

***Attach your policy as well as information on how you will document that employees have read it and understand their responsibilities.***

9. Food employees must receive training in:

- The risks of contacting the specific ready-to-eat foods with bare hands;
- Personal health and activities as they relate to diseases that are transmissible through food;
- Proper handwashing procedures to include how, when, where to wash, and fingernail maintenance (§ 2-301.12, § 2-301.14, § 2-301.15, and § 2-302.11);
- Prohibition of jewelry (§ 2-303.11); and
- Good hygienic practices (§ 2-401.11 and § 2-401.12)

***Explain how you will document that food employees acknowledge they have received this training.***

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Statement of Compliance: I certify all of the following: I understand that bare hand contact with ready-to-eat food is prohibited except for those items listed in section four (4) above. All handwashing sinks are maintained with hot water, soap, and drying devices. I understand that documentation is required to be maintained as part of the approved application and must be kept current and site. I understand that it is my responsibility to ensure that employees are following all of the requirements of the approved application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of legal representative of the facility listed above)

Regulatory Authority (RA) Use Only:	
License (Permit) Number:	_____
_____	
File Review Conducted on History of Handwashing Compliance:	Yes
No	
Site Visit Conducted:	Yes
No	
Comments:	_____
_____	
Approved: Effective Date:	_____ RA Name:
_____	
Not Approved: Reason for Denial:	_____
_____	

Additional examples of basic employee health policies and hand washing procedures can be found in the following pages.

## EXAMPLE WRITTEN EMPLOYEE HEALTH POLICY

### Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (*such as boils and infected wounds, however small*).

### Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. *Salmonella typhi* (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The **manager must report to the Health Department** when an employee has one of these illnesses.

### Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.

### Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded\*** or **restricted\*\*** from work.

*\*If you are excluded from work you are not allowed to come to work.*

*\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.*

**Returning to Work**

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until **more than 24 hours have passed** since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, and/or Hepatitis A, you will not be able to return to work until **Health Department approval** is granted.

**Agreement**

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

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Food Employee Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Manager (Person-in-Charge) Name (please print) \_\_\_\_\_

Signature of Manager (Person-in-Charge) \_\_\_\_\_ Date \_\_\_\_\_

## **EXAMPLE WRITTEN EMPLOYEE HEALTH POLICY**

### **PURPOSE**

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other "person-in-charge" (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

### **POLICY**

The \_\_\_\_\_ is committed to ensuring the health, safety and well being of our employees and customers and complying with all health department regulations. All food employees shall report if they are experiencing any of the following symptoms to their PIC:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:

- |                     |                           |
|---------------------|---------------------------|
| 7. Salmonellosis    | 10. Hepatitis A virus, or |
| 8. Shigellosis      | 11. Norovirus             |
| 9. Escherichia coli |                           |

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

12. Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
13. A member of their household is diagnosed with any of the above illnesses
14. A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

## **FOOD EMPLOYEE RESPONSIBILITY**

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Indiana law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

## **PIC RESPONSIBILITY**

The PIC shall take appropriate action as specified in Montana State Department of Public Health Rule 37.110.262 (2-201.12) to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed.

EXAMPLE

## Employee Health Policy Documents

Note: All Employee Health Policy documents and references pertain to both **Food Employees**<sup>1</sup> and **Conditional Employees**<sup>2</sup>.

**Employee Health Policy template.**

**The Employee Health Policy Agreement to be signed annually for all employees**

1. **"Food employee"** means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.
2. **"Conditional employee"** means a potential FOOD EMPLOYEE to whom a job offer is made, conditional on responses to subsequent medical questions or examinations designed to identify potential FOOD EMPLOYEES who may be suffering from a disease that can be transmitted through FOOD and done in compliance with Title 1 of the Americans with Disabilities Act of 1990.

## **PURPOSE**

The purpose of the Food Employee Health Policy is to ensure that all food employees or conditional employees notify the Manager or person-in-charge (PIC) when the employee experiences any of the conditions listed so that appropriate steps are taken to avoid transmission of foodborne illness or communicable diseases.

## **POLICY**

The \_\_\_\_\_ is committed to ensuring the health, safety and well-being of our employees and customers and complying with all health department regulations.

All food employees shall report:

### **Symptoms of:**

- Diarrhea
- Vomiting
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.

### **Diagnosis of:**

- Norovirus
- Salmonella Typhi (typhoid fever)
- Shigella spp. infection
- E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
- Hepatitis A

Note: The **manager or PIC must report to the Health Department** when an employee has one of these illnesses.

### **Exposure to:**

- An outbreak of Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. infection, E. coli infection, or Hepatitis A.
- Caring for someone who has been diagnosed with Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. infection, E. coli infection, or Hepatitis A.
- A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A virus.

## **FOOD EMPLOYEE RESPONSIBILITY**

All food employees/conditional employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees/conditional employees subject to the required work restrictions or exclusions that are imposed upon them as specified by the Montana Administrative Rules for Food Service (ARM), shall comply with these requirements as well as follow good hygienic practices at all times. The employee will participate in training on the Employee Health Policy and will sign the Employee Health Policy Agreement annually.

## **Person In Charge (PIC) RESPONSIBILITY**

The PIC shall take appropriate actions as specified in the ARM to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the Food Code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved. The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health agreement and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed. In addition, the PIC will train employees annually on the Employee Health Policy and obtain signed copies of the Employee Health Policy Agreement. The PIC will maintain the Employee Illness Log contained in the HACCP Plan Section 2-6: Monitoring on an as needed basis.

EXAMPLE

## Food Employee/Conditional Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the manager or Person in Charge (PIC) when I have:

Diarrhea

Vomiting

Jaundice (yellowing of the skin and/or eyes)

Sore throat with fever

Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.

### Reporting: Diagnosed "Big Five" Illnesses

I agree to report to the manager or PIC when I have been diagnosed with:

Norovirus

Salmonella typhi (typhoid fever)

Shigella spp. infection

E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)

Hepatitis A

Note: The **manager or PIC must report to the Health Department** when an employee has one of these illnesses.

### Reporting: Exposure of "Big Five" Illnesses

I agree to report to the manager or PIC when I have been exposed to any of the illnesses listed above through:

An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

Caring for someone who has been diagnosed with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.

A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A virus.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded\*** or **restricted\*\*** from work.

\* If you are excluded from work you are not allowed to come to work.

\*\* If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having symptoms of diarrhea and/or vomiting, you will not be able to return to work until **24 hours have passed** since your last episode of diarrhea and/or vomiting or you provide medical documentation from a physician.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella typhi (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A virus, you will not be able to return to work until **medical documentation from a physician is provided**.

If you are excluded from work for having been exposed to Norovirus, Salmonella typhi (typhoid fever), Shigella spp. Infection, E. coli infection, and/or Hepatitis A virus, you will not be able to return to work until the following post-exposure times: 48 hours for Norovirus; 3 days for E. coli or Shigella; 14 days for Salmonella typhi; and 30 days for Hepatitis A virus or if cleared after a Igg vaccination.

Agreement

I understand that I must:

Sign this agreement annually.

Report when I have or have been exposed to any of the symptoms or illnesses listed above; and

Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Employee Name (printed)	Employee Signature	Date
Manager/PIC Name (printed)	Manager/PIC Signature	Date

# SAMPLE HANDWASHING

**Subject:** Handwashing

**What will be done and who will do it?**

**New employees must:**

1. Review this procedure.
2. Watch the video "Effective Handwashing."
3. Be trained by the team leader.
4. Sign off on the new employee training checklist.

**All employees must wash hands at labeled handsinks (2 in kitchen). DO NOT wash at dishwashing, food or mop sinks. Handwashing steps are as follows:**

5. Use water as hot as you can stand.
6. Soap hands and lower forearms.
7. Scrub for 20 seconds.
8. Rinse.
9. Dry with paper towel.
10. Avoid recontamination of hands by using paper towel or other barrier to turn off faucet handles.

**When must all employees wash hands?**

11. At beginning of shift.
12. After using toilet.
13. After coughing, sneezing, using tissue or handkerchief, eating, drinking or using tobacco.
14. Between touching raw food and ready-to-eat food.
15. Between glove changes.
16. After handling dirty dishes.
17. After touching hair or any body part except clean hands and arms.
18. During food preparation as often as necessary to prevent cross-contamination.
19. After doing other activities that contaminate the hands, such as handling trash or chemicals.

**Who will make sure it's done and how?**

20. Team leaders are expected to continually model appropriate handwashing practices for employees.
21. Team leaders shall monitor employee handwashing.
22. Dishwashing staff must assure that handwashing stations, including bathrooms, are supplied with soap and paper towels.
23. Team leaders shall monitor handsinks at least once per shift to assure that sinks have the necessary supplies. The day team leader shall assure that necessary supplies are in stock.

**How should problems be fixed?**

24. Team leaders must immediately train and counsel employees who improperly or inadequately wash hands or don't keep handsinks supplied.
25. Team leaders must notify owner of any handwashing problems that can't be solved through training and counseling.

**What records will be kept?**

26. Complete new employee training checksheet.

Created (Date): 6/15/13

By: Joe Dawton, Owner

Last Revised:

By:

# **EMPLOYEES MUST WASH HANDS**



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**After touching bare human body parts other than clean hands and clean exposed arms.**

**After using the toilet**

**After coughing, sneezing, using a handkerchief or tissue, using tobacco and eating or drinking**

**After handling soiled equipment or utensils**

**During food preparation, as often as necessary**

**When switching between working with raw and ready-to-eat food**

**Before donning gloves for working with food**

**All Employees must wash their hands before leaving the restroom.**

**All Employees must wash their hand upon entering a food preparation area.**

**Food Employees must wash their hands and exposed portion of their arms in a handwashing sink and may not use a food preparation or warewashing sink.**

Montana Department of Public Health and Human Services/Food and Consumer Safety Section

# Stop Germs! Stay Healthy! Wash Your Hands

## WHEN?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

## HOW?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** hands well under clean, running water.
- **Dry** hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.



For more details on handwashing, visit CDC's Handwashing Website at [www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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