



Jasper County Health Department
105 West Kellner Blvd.
Rensselaer, Indiana 47978
(Fax) 219-866-4108

The purpose of this letter and document is to ensure the health, safety and wellbeing of customers and employees of our Jasper County establishments. Health has always been a priority, and now, more than ever, it is of the utmost importance. Please have your Employee Health Policy available for all staff members to access, and have on file a signed Food Employee Reporting Agreement from all staff members.

The Jasper County Health Department will expect to see these upon inspection, doing our part to ensure the health of our county. A copy of this letter is on file at this office. Any questions may be directed to the following phone number: 219-866-4622

Sincerely,

A handwritten signature in cursive script that reads "Kaitlin Chops".

Kaitlin Chops
Assistant Sanitarian

Employee Health Policy

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Person in Charge when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

This establishment is committed to ensuring the health, safety and wellbeing of our employees and customers and complying with all Jasper County Health Department regulations. All food employees shall report if they are experiencing any of the following symptoms to their Person in Charge:

- Diarrhea
- Fever
- Vomiting
- Jaundice
- Sore throat with fever
- 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 Person of Charge 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:

- Salmonellosis
- Shigellosis
- Escherichia Coli
- Hepatitis A Virus, or
- Norovirus

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

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

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 Person in Charge, shall comply with these requirements as well as follow good hygienic practices at all times.

Person in Charge Responsibility

The Person in Charge shall take appropriate actions as specified in Indiana State Department of Health Rule 410 IAC 7-24 to exclude, restrict, and/or monitor food employees who have reported any of the following symptoms such as:

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

As well as food employees who have been 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 causal contact such as:

- Salmonellosis
- Shigellosis
- Escherichia Coli
- Hepatitis A Virus, or
- Norovirus

In addition to the above conditions, food employees who have notified their Person in Charge that they have been exposed to the following high-risk conditions:

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

The Person in Charge 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 Person in Charge will ensure that all food employees who have been conditionally employed, or who are employed, understand and sign the form acknowledging their awareness of this policy. The Person in Charge will continue to promote and reinforce awareness for this policy to all food employees on a regular basis to ensure it is being followed.

Food Employee Reporting Agreement

I agree to report to the Person in Charge when I experience future symptoms and pustular lesions such as:

- Diarrhea
- Fever
- Vomiting
- Jaundice
- Sore throat with fever
- Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

I agree to report to the Person in Charge when I am diagnosed by a healthcare provider as being ill with any of the following diseases:

- Salmonellosis
- Shigellosis
- Escherichia Coli
- Hepatitis A Virus, or
- Norovirus

I agree to report to the Person in Charge when I have been exposed to the following high-risk conditions:

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

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Indiana Code 410 IAC 7-24, and this agreement to comply with:

- Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;
- Work restrictions or exclusions that are imposed upon me; and
- 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 _____