



Food Handlers: ***Fitness to Work***

Regulatory Guidance and Best Practice Advice For Food Business Operators

***** 2008

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CONTACT TELEPHONE [NUMBER]

Summary

Intended audience:	All food business operators except primary producers. (Primary producers can use it as best practice advice and Enforcement Officers will also find it useful)
Regional coverage:	UK
Legal status:	This guidance is intended to: <ul style="list-style-type: none"> • Accompany legislation. • Describe best practice.
Purpose / summary:	<p>Food handlers who work while infected with certain bacteria or viruses can spread infection to other people through food they work with.</p> <p>This guidance helps managers and staff to prevent the spread of infection by advising which illnesses and symptoms staff should report and what managers should do in response.</p> <p><u>In summary:</u></p> <ul style="list-style-type: none"> • Diarrhoea and/or vomiting are the main symptoms of illnesses that can be transmitted through food. • Staff handling food or working in a food handling area must report these symptoms to management immediately. • Managers must exclude staff with these symptoms from food handling, in most cases for 48 hours from the natural cessation of symptoms. <p>Different action is required in some cases, as explained in this document.</p> <p>In addition, all staff who handle food and who work around open food should always:</p> <ul style="list-style-type: none"> • Wash and dry their hands before handling food, or surfaces likely to come into contact with food, especially after going to the toilet. <p>This is because it is possible to be infected but not have symptoms.</p>

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1. REGULATIONS REFERRED TO IN THIS GUIDANCE

Regulation (EC) 852/2004 on the hygiene of foodstuffs. You can view a copy [here](#).

2. INTENDED AUDIENCE

This guidance applies to all UK food business operators other than primary producers, e.g. farmers and growers.

Different legal requirements apply to primary producers, but they can consider this guidance document to be best practice. Guidance on what rules apply to primary producers and how to comply can be found on our website at www.food.gov.uk (direct link [here](#)).

Some business sectors may also have more specific guidance tailored to their needs such as food manufacturing business that require approval to handle foods of animal origin, e.g. fresh meat cutting plants.

Local Authority enforcement officers will also find this guidance useful.

3. PURPOSE AND LEGAL STATUS

These guidance notes have been produced to provide informal, non-binding advice on:

- the legal requirements of Annex II, Chapter VIII of Regulation (EC) 852/2004 on the hygiene of foodstuffs; and
- best practice in this area.

These guidance notes should be read in conjunction with the legislation itself. The guidance on legal requirements should not be taken as an authoritative statement or interpretation of the law, as only the courts have this power. It is ultimately the responsibility of individual businesses to ensure their compliance with the law. Compliance with the advice on best practice is **not** required by law. **To distinguish between the two types of information, all advice on best practice is in shaded boxes, with a heading of Best Practice.**

Businesses with specific queries may wish to seek the advice of their local enforcement agency, which will usually be the Environmental Health Service / Trading Standards of the local authority.

4. LEGAL REQUIREMENTS

The law requires that in all food businesses other than those engaged in primary production (e.g. farmers and growers) and associated operations:

- “No person suffering from, or being a carrier of a disease likely to be transmitted through food or afflicted, for example, with infected wounds, skin infections, sores or diarrhoea is to be permitted to handle food or enter any food-handling area in any capacity if there is any likelihood of direct or indirect contamination.”

- “Any person so affected and employed in a food business and who is likely to come into contact with food is to report immediately the illness or symptoms, and if possible their causes, to their manager or supervisor.”

These requirements are mainly about people who handle food, but they also extend to managing the risk from contamination from other infected workers and visitors to rooms and areas where open food is stored or handled, e.g. managers, maintenance contractors, inspectors etc.

Breach of the obligations set out in this paragraph constitutes an offence under regulation 17 of the Food Hygiene (England) Regulations 2006.

5. **WHY INFECTIONS ARE A PROBLEM**

Bacteria

When bacteria infect an individual and cause gastro intestinal illness (food poisoning), they live and multiply in the gut and are excreted in faeces or in vomit. The spread of bacteria will be greater when the infected person has diarrhoea and vomiting. Bacteria that cause food poisoning can also infect damaged skin and can be carried in the nose and throat.

Food may be contaminated with harmful bacteria, either directly by an infected food handler, or indirectly through contact with a food contact surface that has been contaminated by an infected food handler. Foods which will not be cooked before being eaten are of greater risk because cooking is a process that would kill many of the bacteria present.

People can also have infections without showing any symptoms. This can be because they are long-term carriers of infectious bacteria; because they just have very mild infections; or because they are only in the early stages of illness and symptoms are not yet apparent. This is one reason why it is important for food handlers to always follow the hand-washing guidance in this document (see section 7).

Viruses

Some viruses can be transmitted through food and spread in much the same way as bacteria, with similar short term effects. The main differences are that viruses cannot multiply on food but can survive on food for long periods. Some viruses can also spread through the air. Viruses are also generally quite easy to destroy by cooking food, whereas some bacteria can be resistant to very high temperatures.

6. **SYMPTOMS OF GASTRO INTESTINAL INFECTION**

The most common symptoms of an infection are:

- Diarrhoea
- Vomiting

(Although diarrhoea is a very common condition in the community, it is difficult to define so as to include all normal variations of bowel habit. It

usually implies a change in bowel habit with loose or liquid stools which are being passed more frequently.)

Other symptoms can include:

- Abdominal cramps or pain
- Nausea
- Fever

7. ACTION TO TAKE

Managers

Managers must exclude any person from food handling duties and food handling areas if they have an infection of the stomach or gut (the symptoms are described in section 6) and/or if they have an area of infected skin that cannot be covered (as described in section 6 and 9). Some exceptions to this requirement are described in section 10.

Food handling duties would include directly handling open food or touching surfaces that will come into direct contact with food, such as packaging and equipment. Food handling areas are where these activities take place. It follows that the affected member of staff could work elsewhere in the premises, such as warehouse operations where only packaged food is handled.

The legal requirement also extends to managing the risk from contamination by other infected workers and visitors to rooms and areas where open food is stored or handled, e.g. managers, maintenance contractors, inspectors etc. Therefore, use of the terms 'food handlers', 'staff' and 'workers' in this document should be taken to include these additional people.

Identifying infected food handlers usually relies on food handlers reporting illnesses, symptoms and conditions and so requires their understanding and cooperation to work effectively.

Annex 1 contains a simple summary for managers to give to anyone working in a food handling area, to help them understand what to report and to do.

Best Practice

Pre-employment checks on the health of food handlers and other workers in food businesses are not required by law, but they have been common in the food industry for many years. Such checks are usually in the form of questionnaires and requirements to obtain medical clearance certificates before working. Medical certificates and the answers to questionnaires can provide a useful snapshot of someone's health at a point in time and reveal information about their past which could be relevant. They also provide an opportunity to emphasise to food handlers the importance of personal health and hygiene to the safety of food. However, they cannot be relied on, in particular, they do not guarantee the future health status of any individual. An example of a pre-employment questionnaire can be found at Annex 2. These checks are not required by food hygiene legislation. However, Local

Authorities do have special powers, under separate public health legislation, to require individuals to undergo tests in certain circumstances if they suspect that they pose a risk to public health.

Workers in a food handling area

Annex 1 contains a simple summary of the symptoms and requirements that anyone working in a food handling area needs to be aware of.

Anyone working in a food business who is likely to come into contact with food must report to their manager immediately if they have an illness that is likely to be passed on through food or if they have certain medical conditions that could lead to this. They should immediately seek to exclude themselves from food handling duties and areas if they develop such symptoms at work.

It is also a legal requirement for every person working in a food handling area to maintain a high degree of personal cleanliness and to wear suitable, clean and, where necessary, protective clothing. The key action is to:

Ensure you wash your hands thoroughly with soap and warm water before working with or around food, especially after using the toilet.

As well as possibly spreading any infection you may have, your hands can easily spread other bacteria around the kitchen and onto food. It is also important to wash your hands:

- before starting to prepare food, including after any breaks
- after handling raw food, such as meat
- after handling and disposing of waste and touching bins
- after cleaning
- after changing a dressing or touching open wounds
- after touching animals / pets
- after eating and drinking
- after blowing your nose

Don't forget to dry your hands thoroughly, because wet hands spread bacteria more easily.

Best Practice

Alcohol gels can also be a useful addition because they can kill bacteria that may be left behind. Gloves can also be used to cover damaged skin or protect hands from risk of developing skin conditions such as dermatitis, which can be caused by prolonged food handling and wet work such as dish washing. Many people also believe that latex gloves are safer than using clean hands. However, gloves can become contaminated with bacteria in much the same way as hands can, so they are only beneficial when used properly, i.e. a new glove should be used for each activity.

It is the responsibility of the food business operator to ensure that people not working as food handlers, e.g. maintenance staff, contractors and other visitors

to food handling areas do not pose a risk to food safety. They may know very little about food safety and may not understand the risk they pose to food if they are ill. Therefore, it is important that managers gather information about the health of such people and offer information or advice and supervision if required.

Best Practice

Annex 2 contains an example of questions you could put to visitors to ascertain their present health status.

8. RETURNING TO WORK

After an illness

In most cases of infection, bacteria or viruses can still be found in someone's faeces after symptoms stop. It is therefore important to continue excluding food handlers for a period of time after this. 48 hours is the recommended length of time. This is counted from when symptoms stop or from the end of any treatment of the symptoms with medicine.

It is reasonable to presume that a single bout of diarrhoea or vomiting in one 24-hour period that is not accompanied by fever would not be infectious. In this case the person could resume work before the 48-hour limit.

Bacteria can continue to be found in someone's faeces a long time after they have recovered from an infection. However, the number of infectious bacteria is usually low and is unlikely to pose a risk as long as good hand washing and good hygiene practices are carried out when at work in a food business. Only in some special cases (see section 9) is it necessary to require negative faecal samples before returning to work, to ensure the infection has gone.

Returning from holidays / workers new to the UK

There are many diseases and infections that are prevalent in other countries, particularly the developing world, that are not common in the UK. Some illnesses can take many weeks to develop symptoms, although most will develop much quicker.

Best Practice

Managers and food handlers should be aware of these facts and anyone falling ill after returning from abroad should seek medical advice quickly. The same is true for workers who live abroad and who come to the UK to work in the food industry. The questionnaire in Annex 2 could be adapted to create a questionnaire to put to staff after returning to work from abroad.

9. WHEN THE CAUSE OF INFECTION IS KNOWN

If the individual has been diagnosed by a medical professional (e.g. their doctor) with a specific infection, this may require different action. Causes of infection covered by the actions set out in sections 7 and 8 above include:

- *Salmonella* (except *Salmonella* Typhi and *Salmonella* Paratyphi A, B or C)
- *Campylobacter*
- *Shigella*
- *Vibrio*
- *Yersinia*
- *Bacillus*
- *Staphylococcus aureus*
- *Clostridium perfringens*
- Protozoa, e.g. *Entamoeba histolytica*, *Cryptosporidium parvum*, *Giardia lamblia*
- Worms

Those requiring different action are covered below. If the illness is not covered in this document, then it is advisable to exclude the food handler and seek medical advice.

Enteric fever

This includes typhoid fever (caused by *Salmonella* Typhi) and paratyphoid fever (caused by *Salmonella* Paratyphi A, B or C). It is a severe illness which can be fatal in the absence of medical treatment. It is known to be easy to pass on and there may be prolonged, intermittent excretion of bacteria after symptoms stop. It is most common in the developing world.

Anyone who suspects they are suffering from this illness or has had it in the past, or who has a lot of contact with someone who has it, e.g. they live together, should be excluded from food handling and food handling areas until cleared to return to work by a medical professional. The investigation and management of their case should be referred to the local authority and health professionals. If the person is confirmed as being infected or is a carrier of the bacteria, the exclusion period could be lengthy, three months or more, to allow for treatment and confirmation of clearance of infection through faecal testing.

Verocytotoxin-producing *Escherichia coli* (*E. coli*)

Infection with these strains of *E. coli* (e.g. *E. coli* O157) can be fatal and the number of organisms needed to cause infection is very low. Therefore, more stringent precautions are needed than normal. A food handler with such an infection should remain excluded until two consecutive, negative, faecal samples taken 48 hours apart have been obtained. Anyone who has household contact with someone infected with *E. coli* O157 should also inform their manager. Exclusion may be required as a precaution if they are not able to protect themselves from infection by the ill person in their household, which

could apply if the infected person was, for example, a child in the care of the food handler.

Norovirus

The main symptoms of norovirus infection are the same as bacterial infections, i.e. diarrhoea and vomiting, often with fever, although with norovirus vomiting symptoms can be more severe. Routes of transmission include poor hand washing after using the toilet but also, if an infected person vomits near other people or food. This is because the virus can drift through the air in tiny particles of vomit and land on food or infect people directly. Cleaning up and disinfecting thoroughly over a wide area after someone has been sick in or near a food handling area is therefore very important, including as a precaution even if norovirus is not known to be the cause. The virus can be difficult to remove, especially from soft furnishing.

Best Practice

Because of the ease with which norovirus can be spread to other people, it would be best practice to exclude symptomatic food handlers from the entire food business site and not just food handling duties and areas, even if Norovirus is only suspected. Once excluded, they should remain away for 48 hours from the cessation of symptoms. When outbreaks occur, it is important to note that workers who fall ill during an outbreak can easily be victims of the outbreak, not the cause.

If Norovirus is confirmed and someone has been sick on soft furnishing, destroying the furniture may be the only way to ensure the complete removal of the virus from the food business. Advice can be sought from the local authority if needed.

Hepatitis A

The most typical symptom is jaundice, which is a yellowish discolouration of the skin and whites of the eyes. Hepatitis A is most infectious in the period before symptoms appear, but is still infectious during the first week of illness. Food handlers with this infection should therefore remain off work for seven days after the onset of symptoms. Any food handler who develops jaundice for an unknown reason should be excluded immediately and seek medical advice. Exclusion is not required for people who are in household contact with infected people, as long as they follow good hygiene practice. Hepatitis A is not common in the UK.

Infected or injured skin

Damaged skin or sores caused by injury or disease, can become infected with food poisoning bacteria such as *Staphylococcus aureus*. Symptoms of infection include scaling, weeping or discharge from lesions. It is usually acceptable to continue working with food as long as the infected area is completely covered, e.g. by use of a distinctively coloured, waterproof dressing. If an infected lesion cannot be covered then the person should be

excluded from any work likely to lead to the contamination of food. Lesions that may not be possible to cover adequately would include weeping lesions of the eyes, ears, mouth and gums.

10. **WHEN EXCLUSION MAY NOT BE NEEDED**

Non-infective causes of symptoms

Infections are not the only cause of diarrhoea and vomiting and exclusion is not required where there is good evidence of a non-infective cause. Examples of this are listed below.

- Morning sickness during pregnancy
- Some medicines and medical treatments
- Dietary indiscretion (e.g. eating too much spicy food)
- Inflammation of the bowel including diverticulitis, ulcerative colitis, and Crohn's disease
- Irritable bowel syndrome
- Cancer of the bowel
- Malabsorption syndromes (e.g. celiac disease and cystic fibrosis)

Best Practice

If in doubt, it is best to assume that the cause is infection and the food handler should be excluded until medical advice to the contrary is received.

Chest and respiratory Diseases

There is no evidence that such infections pose a risk of causing illness through food contamination. However, it is quite common for people to have bacteria such as *Staphylococcus aureus* in their nasal passages, which can contaminate food if they sneeze or cough on it. If food handlers are unable to work without coughing or sneezing on open food, then they should work elsewhere until they can. A history of tuberculosis is not a reason to exclude a food handler for food safety reasons. However, the disease may affect an individual's general health in such a way as to make them unfit for work or they may pose a risk of infection to others in the workplace. Advice should be sought from a health professional.

Blood-borne infections

Workers with blood-borne infections, such as hepatitis B, hepatitis C and HIV, are not a hazard to food safety as long as they are in good health.

Colostomy or ileostomy

These do not preclude working as a food handler. However, anyone working with one should seek medical advice and notify their manager if there is any change from their usual bowel habits, because they can suffer from infections in the same way as anyone else.

Household contact

A food handler who has someone in their household suffering from diarrhoea and vomiting does not automatically require exclusion (unless the contact has enteric fever; see section 9) but, they should take extra precautions, such as more stringent personal hygiene practices. However, if they start to feel unwell they should report this immediately to their manager or supervisor. Anyone who has household contact with someone infected with E coli O157 should inform their manager immediately.

11. OTHER GUIDANCE

General Guidance

Food hygiene legislation is enforced by Local Food Authorities' Environmental Health Services, which is usually part of your local council. You should speak to them for advice about how to comply with personal hygiene rules. For more general guidance you can contact the FSA (see section 12) or visit our website at www.food.gov.uk.

Safer Food, Better Business (SFBB)

SFBB is an innovative and practical approach to food safety management that has been developed to help small businesses in England and Wales, such as caterers and retailers, put in place food safety management procedures and comply with food hygiene regulations. There are a number of packs available. A similar approach is taken in Scotland via their 'CookSafe' manual and Northern Ireland via their 'Safe Catering' guide. If you would like to order a pack or a DVD guide to implementing SFBB (available in 16 languages) call Food Standards Agency Publications on 0845 606 0667 or email foodstandards@ecgroup.co.uk.

Industry Guides

Several food industry sectors have developed Industry Guides to Good Hygiene Practice which the FSA has officially recognised. These include sector specific guidance on complying with all aspects of general hygiene legislation. Information on whether a guide is available for your sector can be found on our website at www.food.gov.uk (direct link [here](#)).

Approved premises

This guidance document and the legislation to which it refers also apply to premises that require approval to handle food of animal origin. Nevertheless, there may on occasion still be a need for these businesses to take a different approach to compliance with the general fitness to work requirement than that described here. Any separate, relevant FSA guidance should also be referred to. Further information can be found on our website at www.food.gov.uk (direct link [here](#)).

12. FSA CONTACTS FOR FURTHER INFORMATION

- England** Food Standards Agency, 125 Kingsway, London, WC2B 6NH.
Tel: 020 7276 8971. helpline@foodstandards.gsi.gov.uk
- Scotland** Food Standards Agency Scotland, 6th Floor, St Magnus House, 25
Guild Street, Aberdeen, AB11 6NJ.
Tel: 01224 288 356. Scotland@foodstandards.gsi.gov.uk
- Wales** Food Standards Agency Wales, 11th Floor, Southgate House,
Wood Street, Cardiff, CF10 1EW.
Tel: 029 2067 8999. Wales@foodstandards.gsi.gov.uk
- Northern
Ireland** Food Standards Agency Northern Ireland, 10c Clarendon Road,
Belfast, BT1 3BG.
Tel: 028 9041 7713. Infofsani@foodstandards.gsi.gov.uk

Your Responsibilities

You can pass on illnesses when you work with or around food. To prevent this:

- **Tell the manager immediately if you are ill**
- **Wash your hands with soap and water, especially after going to the toilet**

- You can affect the safety of food when working with or around food.
 - Your hands and clothes can spread harmful bacteria or viruses to food or surfaces that will come into contact with food.
 - These bacteria or viruses can come from you if you are ill.
- Tell the manager if you have:
 - Diarrhoea or vomiting
 - Abdominal cramps or pain, nausea or fever
 - Someone living with you with diarrhoea or vomiting
- If you fall ill at work:
 - Notify your manager and seek to leave the food handling area
 - Tell your manager what has happened
- When returning to work after an illness:
 - Take extra care when washing your hands
 - Tell the manager if they don't know you were ill, for example if you were ill on holiday
- Wash your hands thoroughly with soap and water before working with any food, especially after going to the toilet.
 - Take extra care with hand washing before handling ready to eat food.
 - Also wash your hands after handling raw food.

ANNEX 2: EXAMPLE PRE-EMPLOYMENT / VISITOR
QUESTIONNAIRE

Pre-employment / Visitor Questionnaire

(This can be used as a best practice tool to help establish what is the health status of new staff or visitors, because they may contaminate food or food contact surfaces if they handle food or work in a food handling area whilst ill.)

Have you now or, have you over the last seven days, suffered from diarrhoea and/or vomiting?	Yes / No
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
Do you suffer from:	
i) recurring skin or ear trouble?	Yes / No
ii) a recurring bowel disorder?	Yes / No
Have you ever had or, are you now known to be a carrier of, typhoid or paratyphoid?	Yes / No
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

NAME:	
JOB TITLE	
BUSINESS:	
DATE:	
SIGNATURE:	
MANAGEMENT ACTION TAKEN	