

FW/03: Reporting of infectious illness

1.0 Introduction

- 1.1 In addition to the reporting of vomiting and/or diarrhoea food handlers must also report other medical conditions such as; infected wounds, skin infections, sores, boils & styes; discharge from the ears, eyes, nose & mouth; acute coughs and colds.
- 1.2 Other medical conditions such as; eczema, dermatitis and psoriasis of the hands and/or forearms need to be reported. Certain skin conditions may be related to work activities, a reaction to a food allergy or substance.

2.0 Managers' responsibilities for Food handlers

- 2.1 Upon recruitment and on an annual basis thereafter must complete and sign-off a copy of **FW04: Infection reporting requirements for food handlers**, the copy of which must be kept at unit-level.

3.0 Cuts, boils, septic spots and skin infections

- 3.1 Damaged skin or sores caused by injury or disease, for example boils and septic cuts, may become infected with a bacterium such as *Staphylococcus aureus*, which has the potential to cause food poisoning.
- 3.2 Symptoms of infection may include scaling, weeping or discharge from lesions. Where such lesions cannot effectively be covered then the person must be excluded from any work likely to lead to the contamination of food.
- 3.3 It may be acceptable to continue working as long as injured and infected areas are effectively covered.
- 3.4 Lesions that are infected but are not exposed such as; the back or legs, are not a bar to working as a food handler.
- 3.5 Clean wounds must be effectively covered with a waterproof dressing and of a noticeable colour i.e. blue, but there would be no need to discontinue food handling tasks.
- 3.6 The covering of dressings on hands with a rubber glove, fingerstall or similar may be considered as additional protection.
- 3.7 The need for meticulous hand hygiene must be emphasised at all times.

4.0 Infections of the eyes, ears and mouth

- 4.1 Food handlers whose eyes, ears, mouth or gums are weeping or discharging must be excluded from food handling tasks until they no longer present a risk of contamination to food and equipment.

5.0 Acute coughs and colds

- 5.1 Food handlers suffering from acute coughs and colds can be responsible for spreading droplet infection for a considerable distance, owing to the fact that 40% of adults carry the bacterium *Staphylococcus aureus* in their eyes, ears, nose and mouth.
- 5.2 Food handlers suffering from acute coughs and colds are not allowed to handle and/or prepare 'open' food.

SECTION 7 - FITNESS TO WORK

6.0 Staff showing symptoms of reportable illness

6.1 When a member of staff reports to their manager that they are showing symptoms of a reportable illness the decision of whether to totally exclude the food handler from food handling tasks or whether to find *safe alternative work will be at the discretion of the manager.

*Safe alternative work would normally mean; work that does not involve direct contact with open food, surfaces or equipment in areas where open food is stored or processed.

6.2 If a manager is uncertain as to the suitability of a food handler showing symptoms of reportable illnesses, to work within any food area, advice may be sought from:

- the appropriate Health & Safety Adviser; or
- an Occupational Health Adviser in Safety & Occupational Health Services

7.0 Referral of staff with on-going symptoms

7.1 When a member of staff shows recurring symptoms of any of the afore-mentioned illnesses, it will be at the discretion of the manager to refer that food handler to the Occupational Health Department at the University of Warwick via the appropriate HR Advisor for the department.

Version	Date of issue	Author	Endorsed by
V3	June 2019	Graham Day; Health & Safety Adviser	Graham Hakes; Senior Health & Safety Adviser