



**Employee/Volunteer Health Policy Agreement**

**Friendship Place is a DHEC inspected facility and required to keep on hand an Employee/Volunteer Health Policy.**

The following document will be maintained for all employees, contractors, outside agencies, and volunteers that help to prep food, cook food, serve food, and clean up before and after the food served. This document will be maintained for records for the Georgetown Eats program of Friendship Place, Inc. at 1423 Front Street, Georgetown, SC.

Additional DHEC procedures/guidelines will be followed as instructed and documented for future reference. These include: proper holding temperatures, proper cooling temperatures, proper cooking and reheating temperature, time/temperature control, and employee health guidelines. Additional information about these guidelines can be found on the website [www.scdhec.gov/food](http://www.scdhec.gov/food).

Guidelines for specific job duties, including cleaning of vomit or fecal event, will be followed in order to take precautions to reduce the risk of infection, spread of disease, limit of growth of pathogens and the formation of toxins, and reduce the risk of foodborne illnesses. A notebook of guidelines will be maintained by the certified food safety manager (or PIC, Person In Charge) available for all to review. A Spill Kit will be centrally located.

Upon admittance to facility, Friendship Place may conduct a Health Screening such as a contactless temperature check and questionnaire for General Health Screening. If any symptoms of illness or questions answered suggesting illness or exposure to illness, the employee/volunteer will be asked to return home.

**Agreement**

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed below; and
2. Comply with work restrictions and/or exclusions that are given to me.
3. Comply with the procedures for cleaning, prepping, cooking, and serving in the above named facility.
4. Adhere to the Health Screening to obtain admittance to facility

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

Food employee/volunteer name (please print) \_\_\_\_\_

Signature of Employee/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Food Safety Manager (Person in charge, PIC) Name (please print) \_\_\_\_\_

Signature of Manager (or PIC) \_\_\_\_\_

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### **Reporting: Symptoms of Illness**

I agree to report to the manager (or PIC) 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, or exposed body part (such as boils and infected wounds, however small)
6. Symptoms of the COVID-19 disease such as fever, cough, sore throat, or new loss of taste or smell

### **Reporting: Diagnosed Illnesses**

I agree to report to the manager (or PIC) that I have:

1. Norovirus
2. *Salmonella* Typhi (Typhoid fever)
3. *Shigella* spp. Infection
4. *E. Coli* Infection (*Escherichia coli* O157:H7 or others EHEC/STEC infection)
5. Hepatitis A
6. COVID-19

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 (or PIC) 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, Hepatitis A, or COVID-19.
2. A household member with Norovirus, typhoid fever, *Shigella* spp. Infection, *E. coli* infection, Hepatitis A, or COVID-19.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. Infection, *E. coli* infection, Hepatitis A, COVID-19.

### **Reporting and Restriction from Work**

If you have any of the symptoms of 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* Typhi (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. See guidelines of CDC and DHEC for Return to Work after exposure of COVID-19.

## **Consumer Advisory for Food**

**This Advisory serves as a written notice posted and is designed to inform consumers that raw or undercooked food of animal origin poses a health risk when consumed. Food of animal origin includes: beef, eggs, lamb, milk, pork, shellfish, etc.**

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### **Disclosure**

Friendship Place Inc will identify in writing foods of animal origin that are served raw or undercooked if we serve. Friendship Place Inc does not serve raw or undercooked items but will identify if we do.

Friendship Place Inc reminds our neighbors that consumption of raw or undercooked foods of animal origin may increase your risk of foodborne illness especially if you have certain medical conditions. These food items may include:

- Raw or undercooked:
- Beef
- Eggs
- Fish
- Lamb
- Pork
- Poultry
- Shellfish