

**Catawba County Board of Health
Minutes
August 6, 2012**

The Catawba County Board of Health met on Monday, August 6, 2012. The meeting convened at 7:00p.m. in the boardroom located at Catawba County Public Health, 11th Av Dr SE, Hickory, NC 28602.

Members present: Dr. Robert Rights, Chairman
Ms. Brenda H. Watson, Vice-Chair
Mr. Dan Hunsucker, County Commissioner
Dr. Sharon Monday
Mr. William Mixon
Mr. John Dollar
Dr. David Kulesia
Ms. Susan Witherspoon
Dr. William Geideman

Staff Present: Mr. Doug Urland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Mr. Mike Cash, Environmental Health Supervisor
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Martha Knox, Administrative Assistant III

Visitors: Mr. Greg Yankee, NC Department of Health and Human Services, Division of Public Health.

CALL TO ORDER

Dr. Robert Rights, Chairman called the meeting of the Board of Health to order.

APPROVAL OF AGENDA

Dr. Rights asked for any additions or changes to the agenda. Dr. Rights stated that he would like to report on the Mission of Mercy event held July 27-28, 2012 at the end of the meeting. No other changes to the agenda were noted and Mr. William Mixon made a motion to approve the agenda with the addition of comments from Dr. Rights. Dr. William Geideman seconded the motion and it passed unanimously.

APPROVAL OF MINUTES

Dr. Rights asked if there were any corrections to the June 4, 2012 Minutes. Sharon Monday stated that on page 3 the phrase "insert information from summary page" should be deleted. Ms. Susan Witherspoon made a motion to approve the minutes with the correction and Dr. Sharon Monday seconded the motion and the motion passed unanimously.

PUBLIC COMMENTS

Dr. Rights asked Ms. Martha Knox if there were anyone requesting to speak to the Board. Ms. Knox stated that no one had presented to speak.

VISITORS

Dr. Rights welcomed Mr. Greg Yankee, Regional Environmental Health Specialist, NC Department of Health and Human Services, Division of Public Health.

COMMISSIONERS COMMENTS

Mr. Dan Hunsucker, County Commissioner, stated the Board of Commissioners authorized a Carolina Thread Trail (CTT) grant application to acquire 12 acres of a 21-acre tract of land owned by the Bolick heirs, located west of the Bunker Hill Covered Bridge, and adopted a resolution officially acknowledging a commitment of \$10,000 in required County match support. The grant will be used to improve security and accessibility to the bridge.

Mr. Hunsucker stated the Board of Commissioners recognized County Attorney Debra Bechtel and Finance Director Rodney Miller. Debra Bechtel was recently named North Carolina County Attorney of the Year by the North Carolina County Attorney's Association. The honor is given annually for outstanding service to the Association and local governments across the state. "This award is a reflection of the great respect that Debra has earned from her peers for her expertise, hard work, and dedication as a county attorney," said Pitt County Attorney Janis Gallagher, President of the Association.

Rodney Miller has been named Finance Officer of the Year for 2012 by the North Carolina Government Finance Officers Association. "This award traditionally and annually recognizes and honors the local government finance officer who has demonstrated state leadership in local government finance issues by serving as the organization's president," said Rebecca Troutman, Intergovernmental Relations Director for the North Carolina Association of County Commissioners, who presented Miller with the award.

NOMINATIONS OF OFFICERS FOR 2012-13

Chairman Rights requested that Dr. William Geideman present the report of the Nomination and Bylaws Subcommittee. Dr. Geideman stated that a telephone conference was held with Dr. Robert Rights, Ms. Brenda Watson, Mr. Doug Urland, and Dr. Geideman to discuss Board of Health officers for 2012-13.

Ms. Brenda Watson has been nominated to serve as Chair for 2012-13 and Dr. William Geideman has been nominated to serve as Vice-Chair.

Dr. Geideman asked if there were any further nominations for these two positions. Hearing none, Dr. Geideman asked for a motion to accept the nominations as presented. Dr. Sharon Monday so moved and it was seconded by Mr. Dan Hunsucker. The motion passed unanimously.

PRESENTATION OF PLAQUE

Ms. Brenda Watson, Chair asked Mr. Doug Urland to make a presentation to Dr. Robert Rights. Mr. Urland stated that Dr. Rights had served as Chairman to the Board of Health for the past two years, and therefore, the Board and Public Health presents him with a plaque that states:

Presented to Dr. Robert Rights
for dedicated service to
Catawba County Board of Health,
Catawba County Public Health
and the citizens of Catawba County
Chairman July 1, 2010 – July 30, 2012.

Ms. Brenda Watson, Chair, thanked Dr. Rights for his service as Chairman.

CALENDAR FOR 2012-13

Ms. Brenda Watson, Chair, stated that the Board members received a copy of a proposed Catawba County Board of Health calendar for the 2012-13 fiscal year. Customarily, no meeting is scheduled for the

month of July. Additionally, in September and December the scheduled meeting is held on the first Tuesday of the month. September 4, 2012 is held due to the Labor Day holiday and December 4, 2012 is held on Tuesday due to the schedule at the Catawba County Country Club.

Mr. Dan Hunsucker made a motion to approve the proposed calendar as presented and Dr. William Geideman seconded the motion. The motion passed unanimously.

SUBCOMMITTEE ASSIGNMENTS

A list of subcommittees for the Catawba County Board of Health was included in the meeting packet. No changes were made to the assignments at this time and Mr. William Mixon made a motion to accept the subcommittee assignments as presented. Mr. Dan Hunsucker seconded the motion and it passed unanimously.

Mr. John Dollar asked if Public Health offers parental counseling for expectant parents. Ms. Jennifer McCracken stated that parental counseling classes are offered through the two local hospitals, Catawba Valley Medical Center (CVMC) and Frye Regional Medical Center (FRMC).

He asked an additional question regarding Carbon Footprint and the Green Team and he wanted to know if there was an outline of what the county's goal is regarding the reduction in the carbon footprint. Doug Urland stated yes and that Public Health is involved in the collection of data for the carbon footprint calculation. The Green Team has revised a policy to focus on purchase of products using recycled materials and from "green" vendors. The County does look at LEED specifications for construction of all school buildings and other projects.

END OF YEAR OUTCOMES

Ms. Kelly Isenhour, Assistant Health Director, stated Board members have the summary of End of Year Outcomes in their packets. This year there were 37 outcomes and several of these outcomes were difficult to define and represent a "stretch" for the program areas.

Ms. Isenhour stated that some of the outcomes were "near misses" or "near met" and she summarized some of the not achieved outcomes for the following program areas:

- **Child and School Health** – the outcome to reduce the BMI for fifth grade students to 18.6 was not achieved. The BMI screenings of 1,976 students with an average BMI of 20.52 did see progress but did not reach the targeted number. This will continue to be a high priority for Child and School Health as well as Community Partners. Multiple strategies will be used to improve the healthy eating and active living of children in Catawba County.
- **Community and Adult Health** – the effort to reduce the spread of sexually transmitted diseases was not met. The data showed 95.2% of Adult Health patients were diagnosed with a sexually transmitted disease year-to-date and received treatment within two weeks of diagnosis.
- **Dental Practice** – there were two outcomes for this area that were not achieved.
 1. With the expansion of the Dental Practice facility, it was hoped that the newly renovated area would allow service to one third more patients increasing patients seen from 1,068 to 1,388. However, the Practice did not open as soon as anticipated; however, 1,338 patients (which is a 25.3% increase) were served this year.
 3. The 3rd outcome for the Dental Practice was to see a decrease to 13% from 14% of untreated dental decay for kindergarten students. This was not achieved. 62% of fifth grade students

have sealants and the percentage of untreated dental decay for Catawba County Kindergarten students increased to 15% (up from 13%) However, Ms. Isenhour stated that CC data remains better as compared to State data.

- **Environmental Health** – Outcome # 5 was to encourage environmental practices by CC Government employees and decrease 2% points the CC Government carbon footprint. This was not achieved at this point and all data is not yet complete. There was a slight decrease in the carbon footprint for CC Government. However, the target of 2% was not achieved. County facilities were added to the data collection in 2011; therefore, analysis of 2011 to 2012 will give a more accurate picture of the county's carbon footprint. Public Health continues to work closely with other county departments to ensure data is collected and that practices are evaluated in an effort to reduce the carbon footprint. In addition, the county Green Team is actively reviewing policies and strengthening county "green" initiatives.
- **Home Health** – the 3rd outcome for Home Health was to decrease the percentage of patients who enter the hospital while a part of home health care. The target was to reduce the number from 26% to 25%.

The Strategic Healthcare Programs (SHP) Quality Measures Outcomes Report for July 1, 2011 through June 30, 2012, indicates 26.82% of total caseload was admitted to a hospital while being served by home health as compared to 22.97% for July 2010 through June, 2011, SHP benchmark comparison for the same reporting period was 24.69%.

- **Prenatal Program** – two outcomes were not achieved in this program area. The 1st outcome was to increase the number of patients that enter prenatal care in the 1st trimester. This outcome was not achieved due possibly to several factors including patients waiting on Medicaid approval before entering care; they can obtain care from a private OB/GYN provider; some clients may be in denial of pregnancy; and a small number of patients failed to obtain care during the first trimester due to transportation issues.

The 3rd outcome for this program area was to reduce the mortality rate of infants for Catawba county African-American population to 11.9 (infant deaths under one year per 1,000 live births). This outcome was not achieved The SCHS 2006-2010 infant mortality rate for CC African-American Non-Hispanic population has increased to 14.6. The SCHS 2006-2010 infant mortality rate for CC total population has increased to 7.6. Note: State data is two years behind.

- **Women, Infants, and Children (WIC)** – The 2nd outcome for this program area was to have 67% of women enrolled in WIC initiate breastfeeding to expose the mother and newborn to the many health benefits linked by research to breastfeeding. This outcome was not achieved – The percentage of women enrolled in WIC who initiated breastfeeding, decreased from 62.4% (2009) to 62.1% (2010).

Ms. Isenhour stated that the data collected is behind the progress being made in these programs areas, and that next year the outcomes will more closely meet the data collected.

Mr. William Mixon asked for a clarification about the collection of data for BMI. Ms. Isenhour stated that this data is collected by screening all 5th graders. The BMI had been at 20.6 and the data showed the

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BMI's remained at 20.52. Therefore, the BMI's are maintaining however the outcome did not reach the reduction of 2%. She stated that this type of change takes time. Ms. Jennifer McCracken stated that the school nurses have been working with this grade level and some schools have more issues to overcome than others.

Ms. Isenhour stated that Health Partners Eat Smart Move More committee is currently working on getting fresh fruits and vegetables more accessible to more areas. There are plans to establish more committees to work with other groups such as parents and caretakers to assist this age group to meet this goal to reduce BMI. Mr. Hunsucker stated that the breakfast and lunch programs should help with this problem also.

Ms. Watson asked what resources are families directed to and Ms. McCracken stated they are referred to their healthcare providers and to the Healthy House at Catawba Valley Medical Center (CVMC) that incorporates exercise in addition to a healthy diet. Many of the schools have after school programs such as Girls on the Run. The Healthy Schools Initiative has been very beneficial in getting schools involved working with the school nurses, teachers and volunteers.

Doug Urland, Health Director, stated that outcomes such as Child & School health continue to be one of the focus areas for Public Health. An outcome that we are still committed to is a medical and dental home for all children. CCPH has contracted with Catawba Pediatrics to provide that medical home. He added that the outcome of reducing the BMI is a community issue and the work with community partners will continue to address getting access to healthy foods.

Mr. Urland stated that when he became health director 8 years ago, there were 122 outcomes and now the agency is focusing on 37 outcomes. The shift to narrow and focus on specific outcomes has lead to some extremely aggressive outcomes. These outcomes are designed to affect real change in the community. He stated the Public Health continues to work hard to meet the criteria stated in the outcomes and to continue to meet the outcomes no longer listed but still a part of the overall focus of Public Health.

ADOPTION OF FDA FOOD CODE

Mr. Scott Carpenter, Environmental Health Supervisor stated that Mr. Greg Yankee, NC Department of Health and Human Services, Division of Public Health, was present to assist in answering any questions the Board may have concerning the FDA Food Code that will be implemented on September 1, 2012 in North Carolina.

Mr. Carpenter covered the history of the Food Protection Program and the adoption of the FDA Food Code. (See Minutes Attachment I)

Mr. Yankee stated that establishments in North Carolina that will need to replace outdated equipment to meet the new FDA food code for cold holding units and will have until January 1, 2019 to comply. This time extension is to allow establishments to replace coolers that will meet the new temperature requirements. Any new establishments permitted on or after September 1, 2012 will have to meet the new code guidelines.

The new regulations will allow Environmental Health to continue an education process with establishments to ensure the safety of food being served to the public. Some of the changes include:

Cold Holding – required to maintain a temperature of 41° F or below.

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Cooling potentially hazardous foods – must be cooled from 135° to 41° F within a total of 6 hours will be required by January 1, 2019: from 135° to 70° within 2 hours and 70° to 41°F within 4 hours.

Bare Hand Contact with Ready-to-Eat foods – to prevent contamination servers must use utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.

Date Marking – All Ready-to-Eat (RTE), potentially hazardous foods prepared on-site and held in refrigeration for more than 24 hours must be marked with the date of preparation or with the date that indicates when the food shall be consumed, sold, or discarded (this will be effective by January 1, 2019).

Manager and Operator Food Safety Knowledge – (See Minutes Attachment I)

Consumer Advisory - (See Minutes Attachment I)

Employee Hand Washing and Personal Hygiene - (See Minutes Attachment I)

Employee with Illness - (See Minutes Attachment I)

In summation Mr. Carpenter stated:

- Rule becomes official on **September 1, 2012**
- Parts of the rule will be delayed until **2019** for existing establishments with older cooling equipment
- No more extra credit for having a certified food safety class (2 points) and there must be someone that is certified on duty at all times by **2014**
- Bare hand contact on ready-to-eat food will be prohibited
- A manual will accompany the .2600 rule book which is a definition book of what the rules mean and why an item was marked
- Food service inspection sheets will now be used for mobile food units and pushcarts

Note: The Minutes Attachment I is a complete copy of the presentation given by Mr. Carpenter.

Mr. Yankee stated that the Push Cart Mobile Food Unit Committee has some things they are working on for the current Mobile Unit Push Cart rules that are in the back of the current rule book used by Environmental Health. They chose to wait until the current rules were implemented.

Mr. Urland stated that the Board will be informed as the rules are implemented. Scott stated the mobile food units and temporary food stands will be reported on at a future meeting.

Ms. Watson thanked Mr. Carpenter for his presentation.

PRENATAL PROGRAM TRANSITION UPDATE

Ms. Jennifer McCracken, Health Services Manager, gave a report on the Prenatal Program Transition. She stated that Catawba Valley Medical Center began operation offering maternal health services as of July 1, 2012. Public Health has continued to meet with CVMC staff at least once a week to address issues that have come up. Ms. McCracken reported that the patients did not feel the transition due to services continuing seamlessly.

Public Health staff transferred to new areas in CCPH and Ms. Kendra Shaw, Pregnancy Care Manager, continues to work with CVMC and oversee quality assurance for Public Health.

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Doug Urland thanked Ms. McCracken and Public Health staff for their hard work in making this transition a success.

HEALTH DIRECTOR REPORT

Doug Urland, Health Director, informed the Board of the Dissolution of the Catawba Valley Dental Foundation, Inc. He stated that back in 2004 CCPH had a plan to ensure the 13,000 low income children without access to dental care would be able to receive comprehensive oral health services-prevention and treatment of dental disease. On August 28, 2005, CCDF received 501(c) 3 IRS determined status. A Board of Directors was installed and planning of a capital campaign began.

However, within a year an economic downturn occurred and more private dentists began providing dental services to low-income children. In April, 2012, CCPH Dental Practice expanded capacity and made improvements to better serve children and their families.

With the completion of the recent dental practice expansion and improvement, the need for the foundation and the 501(c) 3 no longer exists. Therefore, Catawba County Public Health will take steps to dissolve the corporation, Catawba Valley Dental Foundation, Inc., which will eliminate reporting requirements. Mr. Dan Hunsucker made a motion to approve the dissolution of Catawba Valley Dental Foundation, Inc. as presented. Dr. Sharon Monday seconded the motion and it passed unanimously.

Water Quality Survey – Mr. Mike Cash, Environmental Health Supervisor, reported that the survey on the Vale Water Quality was completed. Only one sample was returned as positive and was only slightly elevated. Bored wells did not show any positive results for arsenic, however, the drilled wells were located to the previously identified sources. Therefore, the arsenic is likely to be naturally occurring in the rock formation. Dr. Kenneth Rudo, State Division of Public Health Toxicologist, was pleased with the results of the survey.

Dr. Sharon Monday asked about the toxicology report. Mr. Cash stated that those reports were received on August 6th and notices will be sent out to the homeowners.

OTHER BUSINESS

Dr. Robert Rights gave a report on the Mission of Mercy event held on July 27-28, 2012. He stated that 640 individuals received dental care in the 2 day period. Although this event was intended to treat adults, 6 children were treated. Dr. Rights stated that the dental services provided free of charge to the community amounted to \$433,000 or \$700/per person served.

Kelly Isenhour, Assistant Health Director and Martha Knox, Administrative Assistant stated they both enjoyed being a part of the event. There were 262 non-dental volunteers from the community during the two day event. Dr. Rights stated that the local dental society raised \$25,000 toward the cost of the event and the event cost a total of \$48,000. The MOM event in Gaston County was totally funded by Gaston Memorial Hospital. For the event to happen again in Hickory, the community would have to raise the entire amount before the event.

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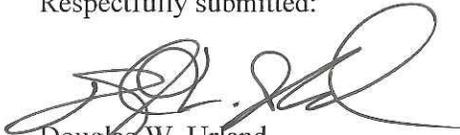
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ADJOURNMENT

Ms. Brenda Watson, Chair stated that the next meeting will be held on Tuesday, September 4, 2012. Dr. Robert Rights made a motion to adjourn the meeting of the Board of Health and Mr. William Mixon seconded the motion and it passed unanimously.

Respectfully submitted:

A handwritten signature in black ink, appearing to read 'D. Urland', written over a horizontal line.

Douglas W. Urland
Health Director

DWU: mjk

Adoption of the FDA Food Code

Scott Carpenter, FLI Supervisor

This presentation is to inform you of some of the more important upcoming changes to the current *Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600*. These revisions and additions were derived from the 2009 FDA model food code to allow for more science-based regulatory inspections in NC. The following are just a few of the changes that will directly affect current food safety procedures.



History of Adoption

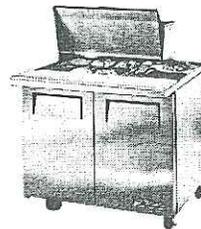
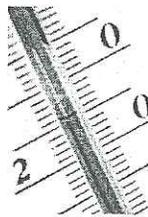
The Food Protection Program (FPP) of the Environmental Health Section, NC DHHS/DPH, oversees the food protection rules governing food establishments. The current rules, 15A NCAC 18A .2600, were adopted in 1976 and have been periodically amended to address specific needs. However, changes in consumer consumption patterns, recent emphasis on increased government efficiency, as well as shifts in the national food safety focus necessitate a more fundamental change to North Carolina's retail food protection rules. As a result, the FPP proposes to adopt the U.S. Food and Drug Administration's 2009 Food Code.

The purpose of adopting the Food Code is to replace what has proven to be a labor-intensive and ineffective process of updating North Carolina's food protection rules with a more efficient and effective method. The legislature recognized that need and passed a law (S.L. 2011-394, Section 15(a)) in 2011 that provides the Department with the authority to adopt the 2009 Food Code by reference. The Food Code offers proven scientific reasons behind each rule.

The FPP's adoption of the Food Code has a variety of advantages and has gained support from all stakeholders within the food safety spectrum; industry, consumer groups, academia, regulators, and local, state, and federal agencies. For members of the food service industry, many of which are associated with the national chains, the Food Code brings needed uniformity and consistency with the food safety rules of other states. The Food Code also provides effective means of reducing the risks of foodborne illnesses within food service facilities, thus protecting consumers and industry from potentially devastating health consequences and financial losses. Local, state, and federal agencies and regulators support the adoption of the Food Code because it provides a comprehensive approach to food safety management, superior supporting documents and training, and is consistent with the national integrated food safety management system.

COLD HOLDING

- Cold holding units, including prep top units, will be required to maintain a temperature of 41°F or below. The 41°F or below requirement will be required by January 1, 2019 for existing equipment in existing establishment. New facilities permitted on or after September 1, 2012 must meet the new requirement.

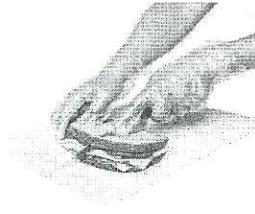


COOLING OF POTENTIALLY HAZARDOUS FOODS

- Potentially hazardous foods must be cooled from 135°F to 41°F within a total of 6 hours as follows will be required by January 1, 2019:
 - From 135°F to 70°F within 2 hours
 - From 70°F to 41°F within 4 hours

BARE HAND CONTACT WITH READY-TO-EAT FOODS (RTE)

- Food handlers will not be allowed to touch RTE foods with their bare hands to prevent contamination of food that is not cooked or food that will not be cooked again before serving. The use of utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment will be required.

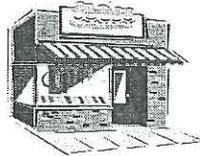


DATE MARKING

- All ready-to-eat (RTE), potentially hazardous foods prepared on-site and held in refrigeration for more than 24 hours must be marked with the date of preparation or with the date that indicates when the food shall be consumed, sold or discarded will be required by January 1, 2019.

(1) 5°C (41°F) or less for a maximum of 7 days; or

(2) 7°C (45°F) or between 5°C (41°F) and 7°C (45°F) for a maximum of 4 days in existing refrigeration equipment that is not capable of maintaining the food at 5°C (41°F) or less.



MANAGER AND OPERATOR FOOD SAFETY KNOWLEDGE

- The person in charge (PIC) must demonstrate to the regulatory authority his or her food safety knowledge by passing a test that is part of an accredited food safety training program to become a certified food protection manager which will be required by January 1, 2014:
 - The current 12-hour course requirement will no longer be required.
 - On-line course training will be accepted.
 - Exams must be proctored and a passing score must be achieved to become certified.
 - The two-point bonus will go away.
 - Certification through an accredited program must be renewed every five years.

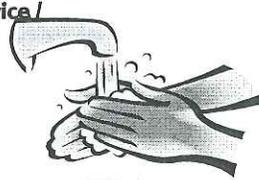


CONSUMER ADVISORY

- If an animal food such as beef, eggs, fish, lamb, pork, poultry or shellfish is served or sold raw, under-cooked, or without otherwise being processed to eliminate pathogens, the permit holder shall inform consumers of the significantly increased risk of consuming such foods by way of a disclosure and reminder, using brochures, deli case or menu advisories, label statements, table tents, placards or other effective means.
 - **Example:** Consuming raw or undercooked MEATS, POULTRY, seafood, shellfish, or EGGS may increase your RISK of foodborne illness, especially if you have certain medical conditions.

EMPLOYEE HAND WASHING AND PERSONAL HYGIENE

- **Food handlers must wash their hands and exposed portions of their arms in the following situations:**
 - Immediately before food prep, working with clean equipment and utensils, and unwrapped single-service / single-use articles;
 - After using the toilet;
 - After coughing, sneezing or using a tissue;
 - After eating, drinking or using tobacco;
 - In between working with raw food and RTE food;
 - Before putting on gloves to prepare food;
 - After handling soiled equipment or utensils;
 - After caring for or handling service or aquatic animals;
 - As often as necessary to remove soil and contamination to prevent cross-contamination when changing tasks; or
 - After performing other activities that contaminate the hands or arms.



EMPLOYEE HAND WASHING AND PERSONAL HYGIENE CONTINUED

- Food handlers must not wear fingernail polish or artificial nails when working with exposed food unless single-use gloves are worn.
- Food handlers may not wear jewelry on their arms and hands except for a plain ring, such as wedding band during food preparation.
- Food handlers must only eat, drink or use tobacco products in designated areas to prevent the contamination of exposed food, clean equipment, utensils and linens, and other items needing protection.

EMPLOYEES WITH ILLNESS

- Food service employees must report to the manager or owner when they are sick with an illness that is transmitted through food.
 - Food service employees must inform the PIC if they experience the following symptoms:
 - Vomiting
 - Diarrhea
 - Jaundice
 - Sore throat with fever
 - An infected lesion or infection on the hands, wrists, or exposed areas of the arm
 - Food service employees must inform the PIC if they have been diagnosed by a health practitioner with any of the following illnesses:
 - Norovirus
 - Hepatitis A
 - Shigella
 - Shiga toxin-producing *E. coli*
 - *Salmonella typhi*
 - Food service employees must inform the PIC if they have been exposed to, or is the suspected source of a confirmed outbreak of the following:
 - *Norovirus* within the past 48 hours of exposure
 - *Shiga Toxin-Producing E. coli* within the past 3 days
 - *Salmonella* within the past 14 days
 - *Hepatitis A* within the past 30 days
- The manager shall make sure that a food service employee who reports to work sick with any of the above symptoms or who has been exposed or diagnosed with any of the above illnesses shall be excluded or restricted from work.



Employee Health Policy Agreement

- **Reporting: Symptoms of Illness**
 - I agree to report to the manager 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).
- **Reporting: Diagnosed Illnesses**
 - I agree to report to the manager when I have:
 - 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 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:
 - An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
 - A household member 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.

Employee Health Policy Agreement Continued

- **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 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.

Employee Health Policy Agreement Continued

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.
- Food Employee Name (please print) _____
- Signature of Employee _____ Date _____
- Manager (Person-in-Charge) Name (please print) _____
- Signature of Manager (Person-in-Charge) _____ Date _____

In Closing:

- Rule becomes official on **September 1, 2012**
- Parts of the rule will be delayed until **2019** for existing establishments with older cooling equipment
- No more extra credit for having a certified food safety class (2 points) and there must be someone that is certified on duty at all times by **2014**
- Bare hand contact on ready-to-eat food will be prohibited
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