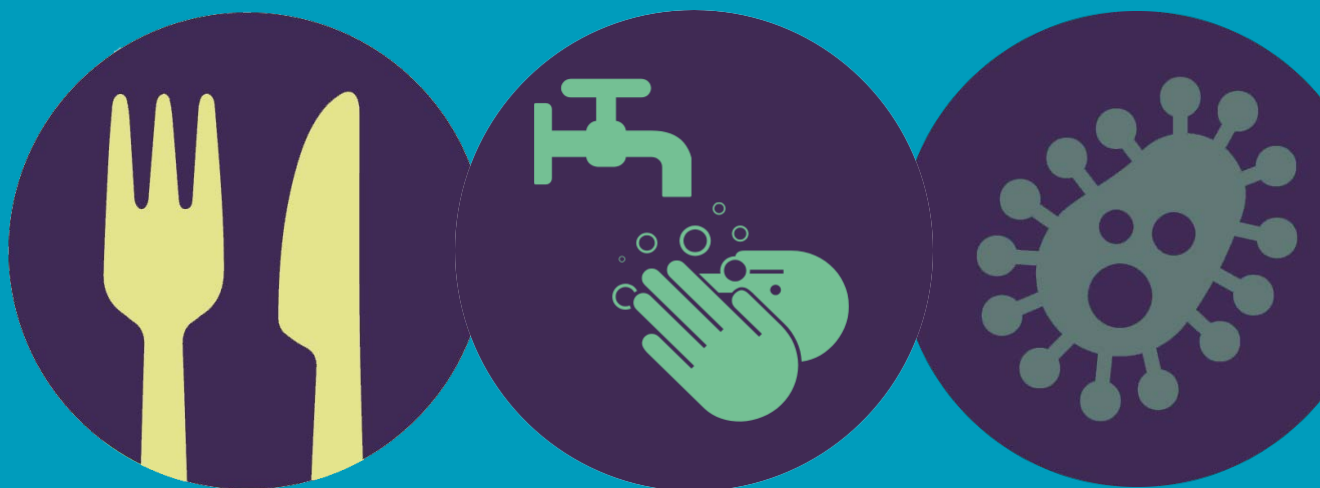


Food Handlers: Fitness to Work

**Regulatory Guidance and Best Practice Advice For
Food Business Operators and Staff**

December 2019



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1. Introduction

This guidance is intended to assist food business managers and food handling staff in understanding the types of illnesses that should be reported and the actions they need to take to prevent the spread of infection.

People who work around open food while suffering from certain infections (mainly bacteria and viruses like salmonella or norovirus) can contaminate food, water or surfaces, resulting in the spread of infection to other staff and customers who go on to consume contaminated food or have contact with contaminated surfaces.

1.1 Intended audience

- Food business operators responsible for the production, service and retail of food. This includes all food businesses handling food of animal origin (e.g. fresh meat cutting plants and fish processors), in addition to manufacturers of ready to eat foods (e.g. sandwiches and bakery products), and catering establishments (e.g. restaurants and takeaways);
- Staff working in these businesses that meet the definition of a food handler provided in section 3 of this document;
- Local Authority (LA) enforcement officers.

Note: This guidance does not apply to primary producers (e.g. farmers and growers). Different legal requirements apply to primary producer businesses, but they can consider this document to be best practice. Guidance on what rules apply to primary producers and how to comply can be found on our website at: <https://www.foodstandards.gov.scot/business-and-industry/industry-specific-advice/farming-and-primary-production> or can be accessed from the relevant enforcement authority.

2. Legal requirement and status

This guidance is intended to accompany and describe guidelines for best practice for legislation, [Regulation \(EC\) 852/2004](#), on the hygiene of foodstuffs. Within this regulation in Annex II, Chapter VIII covers personal hygiene.

This law applies to all food businesses, other than those engaged in primary production, and associated operations.

The law on personal hygiene requires:

- “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.”
- “Every person working in a food-handling area is to maintain a high degree of personal cleanliness and is to wear suitable, clean and, where necessary, protective clothing.”

The guidance provided in this document should be read alongside the legislation. It 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 they are compliant with the law.

3. Who is defined as a Food handler

The term 'food handler' mainly refers to people who directly or indirectly come into contact with open food as part of their work. It also includes anyone who may touch food contact surfaces in rooms where open food is handled. This is because certain bacteria and viruses can survive on surfaces such as work tops and packaging which can result in the contamination of food during its production.

It is also important to note that anyone working in an open food environment can spread bacteria and viruses to surfaces such as door handles which can then contaminate the hands of those who are responsible for preparing food.

These individuals may be employed directly by the business or through an agency. It is important that food business operators remain vigilant to ensure all individuals with access to open food environments are aware of the risks, and that there are measures in place to minimize contamination.

For the purposes of this guidance, a food handler is defined as someone who:

- ☐ directly touches open food as part of their work;
- ☐ touches food contact surfaces or other surfaces in rooms where open food is handled or served;
- ☐ is directly involved in the production, preparation, service and sale of food in manufacturing, catering and retail businesses;
- ☐ is involved in the maintenance of equipment in food handling areas including contract workers;
- ☐ is a visitor to a food handling area e.g. enforcement officer or delivery personnel.

Prevention is better than cure. Excluding unnecessary visitors from food handling areas and minimising the amount of direct contact with food and food contact surfaces will help to minimise the risk of infections being spread to food and food handling staff.

4. Infections that can be transmitted through contaminated food

The most commonly occurring infections with the potential to be transmitted through food are gastrointestinal in nature. These tend to be caused by bacteria or viruses which can live and multiply in the gut and are excreted in the faeces and vomit of infected individuals. Gastrointestinal infections caused by parasitic worms or protozoa are much less common, but can also be spread through faeces. Certain bacterial infections of the skin, eyes and nose can also be transmitted via food and result in gastrointestinal illness.

Food handlers suffering from any of these infections can contaminate food either directly, or indirectly through contact with food preparation surfaces. Foods which are ready to eat (e.g. cooked sliced meat and fish, sandwiches and salads) present a greater risk as they are not cooked to a temperature capable of killing bacteria and viruses before they are eaten.

If an individual has been diagnosed with a specific infection by their doctor, then it is advisable for the food business operator/manager to exclude the food handler and seek advice on appropriate exclusion measures from the appropriate NHS Board Health Protection Teams or Local Authority Environmental Health Department. *Relevant contact details may be found at section 10 of this document.*

In the absence of medical advice, it is always best to assume that any of the symptoms described below are indicative of an infection. Therefore food handlers experiencing any of these symptoms should be excluded until it is known either that an infection has been ruled out, or a period of 48 hours has passed from the point at which symptoms stopped naturally. Food handlers should be advised to go home at the first sign of symptoms.

4.1 Symptoms of gastrointestinal infections

The most common symptoms of these infections are:

- A change in bowel habit with more loose/liquid stools (diarrhoea) or increased stool frequency (even when stools are formed)
- Bloody diarrhoea
- Stomach pain
- Vomiting

Other symptoms can include:

- Nausea
- Fever
- Fatigue
- Jaundice

Diarrhoea is a very common condition and it is often difficult to determine whether it is due to infection, normal variations of bowel habit, or non-infectious conditions e.g. irritable bowel syndrome. A precautionary approach should be applied to ensure staff experiencing these symptoms are excluded unless an infection has been ruled out.

4.2 Symptoms of skin infections which can be transmitted through food

Certain types of bacteria, such as *Staphylococcus aureus*, that are known to cause food poisoning can be carried in the nose and throat and infect damaged skin or sores caused by injury or disease, e.g. boils and septic cuts. Individuals showing symptoms of infection include scaling, weeping or discharge from lesions, should always be advised to seek medical attention. 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 effectively covered then the person should be excluded from any work which could lead to the contamination of food until the wound is fully healed. Lesions that may not be possible to cover adequately would include weeping of the eyes, ears, mouth and gums.

5. The importance of personal hygiene and good handwashing practice

Individuals can be infected with a transmittable illness without displaying any of the symptoms described in this document. It is therefore possible for these individuals to contaminate food if good hygiene practice is not followed. Staff should also be aware of the potential for their hands to become contaminated through contact with the environment or the handling of certain foods, particularly raw meat and soiled vegetables.

Both managers and food handling staff have a responsibility to ensure that effective handwashing practice is followed at all times. This requires the use of liquid soap and warm, running water and ensuring hands are properly dried (preferably with disposable paper towels) before working with or around food.

It is critical that food businesses have appropriate measures in place which ensure staff wash and dry their hands thoroughly at appropriate points during food handling, and especially after using the toilet

Hands must always be washed at the following times:

- before starting work
- before handling food
- after using the toilet
- after handling raw food, such as meat, and any packaging used for raw food
- after touching bins or handling waste
- after every break
- after eating and drinking
- after cleaning
- after touching or blowing your nose
- after touching animals

When washing¹ hands (Annex 3) it is important to cover the whole area including the backs of the hand and tops of the finger tips around the nails. As wet hands spread bacteria more easily, it is also important for hands to be dried thoroughly after washing them. Staff should also ensure that clean hands do not become contaminated after washing by touching hand contact surfaces such as light switches, door handles, cash registers, telephones and pens.

¹ <https://www.youtube.com/watch?v=jyBHsQ1o-JU>

6. Action that should be taken when illness is reported or suspected

6.1 Managers

Managers should be aware that:

- The law requires food business operators to exclude anyone from work if they have an infection that can be passed on through food and if there is any likelihood of them contaminating food either directly or indirectly. This would apply to people employed as food handlers and also to other staff working in areas where open food is handled (i.e. maintenance staff, inspectors).
- Penalising staff for being ill, for example by not paying them when they are excluded from work, could lead to them working whilst ill and may lead to food safety problems. Incentives to limit the number of sick days taken can have a similar effect.

Actions that should be taken by managers:

- Ensure that all staff handling food and anyone working in a food handling area understand the symptoms of infection and the importance of reporting them promptly to their duty manager or another appropriate member of staff.
- Ensure staff understand that they are required to inform their manager if they have had close contact with someone with these symptoms.
- Exclude staff with any gastrointestinal symptoms from the workplace until it is known either that an infection has been ruled out or they are no longer infectious (48 hours from when symptoms stopped naturally).
- Exclude staff if they have an area of infected skin or mucus membrane (eyes, nose, mouth etc.) that cannot be covered.
- Ensure effective cleaning procedures are implemented as soon as possible after any member of staff/visitor or guest has been sick anywhere on the premises of the food business.

6.1.1 Procedures for excluding infected staff

The exclusion period is normally **48 hours from when symptoms stop naturally**. A different course of action may be required in special cases, as certain infections require formal exclusion and medical clearance before returning to food handling duties.

6.1.2 Supplementary Information for Managers

- Planning what to do in advance of an incident will enable food businesses to make better decisions should one happen and this should be incorporated

into the business's Food Safety Management System (based on Hazard Analysis and Critical Control Points; HACCP).

- Managers should assess the risk to food safety of anyone found to have been working with or around food whilst potentially infectious and take the appropriate action to ensure that unsafe food is not released.
- Pre-employment checks on the health of food handlers and other workers in food businesses are not required by law, but have been used frequently by the food industry. Such checks cannot be relied upon to guarantee the health status of an individual but 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.
- If you have any doubts regarding the health status of your staff and the potential impacts on food safety, you can seek advice from a local NHS Health Protection Team or your Local Authority Environmental Health Department (see section 10 for details).

6.2 Food Handlers

Food Handlers should be aware that:

- Every person working in a food handling area is **legally** required to maintain a high degree of personal cleanliness and to wear suitable, clean and, where necessary, protective clothing.
- Hands can come into contact with bacteria and viruses from a wide range of different sources, including an individual's own or other people's faeces, vomit and skin infections, the external environment, animals, raw foods, or surfaces such as worktops and door handles.

Actions to be taken by food handlers:

- Report to your manager immediately if you have any symptoms of illness or infection that might be passed on through food or your working environment.
- Always tell your manager if you are suffering from any of the following symptoms:
 - Diarrhoea or vomiting
 - Stomach pain, nausea, fever or jaundice
 - Infected skin, nose or throat
- Always tell your manager if someone living with you has diarrhoea or vomiting
- Immediately seek to exclude yourself if you develop any of these symptoms at work.

6.2.1 Supplementary Information for Food Handlers:

At work:

- Where possible, try to minimise direct hand contact with food by using tongs, utensils and the safe use of disposable gloves (which should be changed regularly).
- Anti-bacterial gels (often referred to as hand sanitizers) are often used in addition to hand washing, but they only work on clean hands. **Hand sanitisers should never be used as a substitute to hand washing.**
- Gloves can be used to cover damaged skin or protect hands from the risk of developing skin conditions. **Gloves can become contaminated with bacteria in the same way as hands so are not a substitute for good personal hygiene and hand washing.**

If you have to take sick leave:

- Statutory sick pay is available in many cases, usually this requires a fit note (or sick note) from a GP. A fit note needs to be given to an employer if you have been ill from more than 7 days in a row. This includes non-working days. Fit notes are free if you have been ill for more than 7 days however the doctor may charge a fee if you ask for the fit note earlier. Details can be found [here](#).
- Staff excluded for longer periods because of more serious infectious diseases may also be able to receive financial support (Employment and Support Allowance). Details can be found [here](#).

7. Returning to work

7.1 After an illness

In most cases of infection, bacteria, protozoa and viruses can still be found in someone's faeces after symptoms stop. It is therefore important that managers continue to exclude food handlers for a period of time after this. **It is recommended that staff should not return to work until they have been free of gastrointestinal symptoms (vomiting/diarrhoea) for 48 hours. For staff who have been taking medication (e.g. anti-diarrhoeal medication) they should not return to work until they have been symptom-free for at least 48 hours after stopping use of the medication.**

For example, if symptoms end at 5pm Monday, the person can safely resume work from 5pm Wednesday. The time of the first normal stool can be used as a starting point to count up to 48 hours if there is any uncertainty over when the symptoms ended.

Certain infections require medical clearance before returning to food handling duties. Such infections include:

- *Salmonella* Typhi and *Salmonella* Paratyphi A, B or C (Enteric fever)
- Shiga toxin-producing *Escherichia coli* (STEC) (*E.coli* O157 and non-O157 STEC)
- Hepatitis A
- *Entamoeba histolytica* (Amoebic dysentery)
- *Shigella dysenteriae*, *flexneri*, and *boydii*
- Worms - *Taenia solium*
- *Vibrio cholera* O1 and O139

When it has been necessary for staff to be excluded due to a skin infection, medical advice may be required to confirm that this has cleared sufficiently prior to returning to work.

It is critical to ensure that staff returning to work after an observed exclusion pay particular attention to hand washing and good hygiene practices. This is because bacteria and viruses can continue to be excreted in faeces for weeks after staff have recovered from an infection.

Managers should interview all staff on return to work to assure that they have received all the relevant information from the employee and to determine whether further action may be required to prevent the contamination of food.

7.2 Returning from holidays or workers new to the UK

There are many diseases and infections that are prevalent in other countries, particularly in less developed countries, that are not common in the UK. For this reason staff should always let their managers know if they have become ill whilst on holiday in another country or shortly after returning to the UK.

Managers and food handlers should be aware that anyone falling ill after coming from another country to work in the UK or those returning from a visit abroad should seek medical advice quickly. The questionnaire in Annex 2 can be used by managers to gather information from any new staff and existing staff returning to work from visits or holidays abroad.

8. Circumstances where exclusion may not be needed

8.1 Non-infective causes of symptoms

As noted in section 4, 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 non-infectious conditions that may result in diarrhoea and vomiting are listed below:

- Morning sickness during pregnancy
- Inflammation of the bowel including diverticulitis, ulcerative colitis, and Crohn's disease
- Irritable bowel syndrome
- Cancer of the bowel
- Malabsorption syndromes (e.g. coeliac disease and cystic fibrosis)

Exclusion is not required when it is known that diarrhoea and vomiting symptoms have arisen as a side effect of medicines/ medical treatments or due to Dietary indiscretion (e.g. consuming too much alcohol or spicy food).

If there is any doubt, it is best to assume that the cause is an infection and to exclude the person and seek advice from the NHS Board Health Protection Teams or Local Authority Environmental Health Department until there is evidence which demonstrates that it is safe for them to return to work.

8.1.1 Chest and respiratory diseases

It would be extremely unusual for a chest or respiratory infection to be transmitted through the contamination of food. However, it is common for people to carry bacteria such as *Staphylococcus aureus* in their nasal passages, throat or mouth, which can contaminate food through coughs and sneezes. If food handlers are unable to work without coughing or sneezing on open food, then they should work elsewhere until these symptoms subside.

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. Health professionals can provide further advice if it is needed.

8.1.2 Blood-borne infection

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 otherwise in good health.

8.1.3 Colostomy or ileostomy

These conditions do not exclude anyone working as a food handler. However, anyone with a colostomy or ileostomy working in a food business, should seek medical advice and notify their manager if there is any change from their usual bowel habits.

8.1.4 Close contact

A food handler who has someone in their household suffering from diarrhoea and vomiting does not always require exclusion, but they should inform their manager if this is the case. If they start to feel unwell at work they should report this immediately to their manager or supervisor and go home.

Exclusion will be necessary in circumstances where food handlers share a household with individuals who have been diagnosed with serious gastrointestinal infections, for example STEC. In certain cases food handlers who share a household with individuals suffering from diarrhoea and vomiting may also be required to provide stool samples to check for infection even if they have no symptoms.

9. Additional information

9.1 Industry Guidance

Several food industry sectors have developed Industry Guides to Good Hygiene Practice which the FSS 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 <http://www.foodstandards.gov.scot/business-and-industry/industry-specific-advice> .

[RetailSafe](#) has been designed for retailers in Scotland handling unwrapped high-risk foods. It has been designed to assist with compliance with the food hygiene regulations and is built on the [CookSafe](#) approach and structure. CookSafe helps catering businesses in Scotland understand and implement HACCP-based systems.

10. Contacts

10.1 Local authorities

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 on how to comply with personal hygiene rules. You can locate yours at <http://www.foodstandards.gov.scot/contact-us/local-authorities>.

10.2 Health professionals

If you need any advice regarding the symptoms such as diarrhoea and vomiting, your local GP or NHS Board Health Protection Teams can help.

Contact details for NHS board Health Protection Teams are listed below.

	Office Hours Telephone Number
Ayrshire and Arran	01292 885858
Borders	01896 825 560
Dumfries and Galloway	01387 272 724
Fife	01592 226435 / 447
Forth Valley	01786 457 283
Grampian	01224 558 520
Greater Glasgow & Clyde	0141 201 4917
Highland	01463 704 886
Lanarkshire	01698 858232/858228
Lothian	0131 465 5420/5422
Orkney	01856 888034
Shetland	01595 743 340
Tayside	01382 596 976/987
Western Isles	01851 708 033

10.3 Food Standards Scotland

For general guidance you can contact:

Food Standards Scotland
Pilgrim House
Old Ford Road
Aberdeen AB11 5RL

Tel: 01224 285100

Email: enquiries@fss.scot



ANNEX 1: POSTER ON KEY STEPS FOR PREVENTING INFECTION FOR ALL PEOPLE WORKING IN A FOOD HANDLING AREA

Preventing infection - your responsibilities

Maintain good personal hygiene and hand washing practice, using liquid soap and warm running water

Tell the manager immediately if you are feeling ill

Hands must always be washed at the following times:

- before starting work
- before handling food
- after using the toilet
- after handling raw food and raw food packaging
- after touching bins or handling waste
- after every break
- after eating and drinking
- after cleaning
- and after blowing your nose.

Tell the manager if you have:

- Diarrhoea or vomiting
- Stomach pain, nausea, fever or jaundice
- Someone living with you with diarrhoea or vomiting
- Infected skin, nose or throat
- If they don't know you were ill, for example if you were ill on holiday

Using Gloves:

- hands should always be washed thoroughly before putting gloves on
- gloves must be disposed of if they are damaged
- gloves should be changed regularly
- gloves must be changed if they are in contact with items such as money and must not then be used to handle ready-to-eat foods.

Notes:

- Disposable gloves should never be used as an alternative to hand washing.
- Hand sanitisers only work on clean hands and should never be used as a substitute for hand washing.

ANNEX 2: RETURN TO WORK QUESTIONNAIRE

PART 1 (To be completed by all Food Handlers when returning to work after an illness)

Name Date of Return

Please answer the following questions

During your absence from work, did you suffer from any of the following:

Please tick and date when the symptoms ceased	Yes	No	Time/Date
(a) Diarrhoea?			Time: Date:
(b) Vomiting?			Time: Date:
(c) Discharge from gums/mouth, ears or eyes?			
(d) A sore throat with fever?			
(e) A recurring bowel disorder?			
(f) A recurring skin ailment?			
(g) Any other ailment that may present a risk to food safety?			

Have you recently taken any medication to combat diarrhoea or vomiting? Please tick Yes ☐ No ☐

Signature (Food Handler) Date

PART 2 (To be completed by the Manager/Supervisor)

If the answer to all of the above questions was 'No', the person may be permitted to return to food handling duties. **(Complete and sign below)**

However, if the answer to any of the questions was 'Yes', the person should not be allowed to handle food until they have been free of symptoms for 48 hours or, if formally excluded, medical advice states that they can return to their duties. Alternatively, in the case of food handlers with lesions on exposed skin (hands, neck or scalp) that are actively weeping or discharging, they must be excluded from work until the lesions have healed. **(See Part 3)**

I confirm that..... may resume food handling duties.

Signature (Manager/Supervisor) Date.....

PART 3 (To be completed by the Manager/Supervisor after medical advice has been taken)

What medical advice was received by the employee?	Please tick
(a) Exclusion from work until medical clearance is given	
(b) Move to safe alternative work until clearance is given	
(c) Return to full food handling duties	

If (a) or (b) is ticked, appropriate action must be taken. If (c) is ticked, the food handler may resume duties immediately.

I confirm that..... may resume food handling duties.

Signature (Manager/Supervisor) Date

Effective Hand Washing Technique

Food handlers must be trained and verified as competent in an effective hand washing technique. This is particularly important where there is a risk of cross contamination between raw and ready-to-eat foods.

The following steps should always be included:

Wet your hands thoroughly and apply liquid soap*

Rub Steps

1

Rub palm to palm to make a lather.



2

Rub the palm of one hand along the back of the other hand and along the fingers. Then repeat with the other hand.



3

Rub palm to palm with fingers interlaced.



4

Rub the backs of the fingers with the opposite palm with the fingers interlocked. Then repeat with the other hand.



5

Clasp and rotate the thumb in the palm of the opposite hand. Then repeat with the other hand.



6

Rub backwards and forwards over the palm with clasped fingers. Then repeat with the other hand.



Rinse off the soap with clean water and dry your hands hygienically with a single use towel*.

To ensure washed hands do not come into contact with the taps, use a clean single use towel to turn the taps off.

Please Note: If after washing, your hands are not visibly clean, then the **Hand Washing Technique** has not been effective and should be repeated.

*These materials are recommended as part of the generic Cook**Safe** approach. Operators may use alternative materials provided they will produce equivalent hygienic outcomes.