

# Collective Catering – Employee Health Policy

## 1. Reporting Symptoms of Illness

Employees must immediately report the following symptoms to a Manager or Supervisor:

- Diarrhea
- Vomiting
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- Infected cuts, wounds, or lesions containing pus on the hand, wrist, or any exposed body part (including boils or small infected wounds).

## 2. Reporting Diagnosed Illnesses

Employees must notify a Manager if they are diagnosed with any of the following:

- Norovirus
- Salmonella Typhi (Typhoid Fever)
- Shigella spp. infection
- E. coli infection (E. coli O157:H7 or other EHEC/STEC strains)
- Hepatitis A
- Coronavirus (COVID-19)
- H1N1 (Avian/Bird Flu)

Note: The Manager is required to report these illnesses to VIHA (Vancouver Island Health Authority).

## 3. Reporting Exposure to Illness

Employees must report if they have been exposed to any of the illnesses listed above through:

1. An outbreak involving Coronavirus, Norovirus, Typhoid Fever, Shigella spp., E. coli, or Hepatitis A.
2. A household member with any of the listed illnesses.
3. A household member working in or attending a location experiencing an outbreak.

## 4. Work Exclusion & Restriction

Employees may be restricted or excluded from work if they exhibit symptoms or illnesses outlined in this policy.

- Exclusion: The employee is not permitted to work on-site.
- Restriction: The employee may work but with limited duties as determined by management.

## 5. Returning to Work

Diarrhea and/or Vomiting:

Employees excluded due to diarrhea or vomiting may return to work only after at least 24 hours have passed since symptoms ended.

Other Symptoms or Diagnosed Illnesses:

A doctor's note confirming fitness for work is required before returning when exclusion was due to:

- Sore throat with fever
- Jaundice
- Norovirus
- Salmonella Typhi
- Shigella spp. infection
- E. coli infection
- Hepatitis A

## 6. Employee Agreement

By signing below, I acknowledge:

1. I am required to report any symptoms, diagnosed illnesses, or exposures listed in this policy.
2. I will comply with any work restrictions or exclusions assigned by management.
3. Failure to follow this policy may result in disciplinary action, up to and including termination.

Food Employee Name (print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Collective Catering – Employee Health Policy**

Please review the policy and complete the form fields below.

Food Employee Name:

Employee Signature:

Date:

Manager Signature:

Manager Date: