# CHAPTER 4 - MEDICAL ASPECTS OF FOOD SAFETY

## INTRODUCTION

0401. There are significant (and increasing) numbers of cases of food-borne illnesses in the UK each year. The reasons given for this are many and varied. The potential for outbreaks occurring under operational constraints must not be underestimated. Although many cases of food-borne illness may be mild and have relatively short duration, it is not to be forgotten that some types can result in extremely severe symptoms, which can be fatal.

0402. Food-borne illnesses can be caused by a number of factors, including bacteria, viruses, toxins and chemicals. This chapter will concentrate on disease caused by biological contamination, although its principles are also largely valid for that caused by physical and chemical contamination.

0403. Although the majority of food safety issues are, by definition, matters which are the responsibility of catering and food service personnel, a number of aspects require close liaison with the local Service Medical provider. Advice is to be sought, in the first instance, from the Service Medical provider, who in turn will consult Service Environmental Health personnel.

## DEFINITION OF FOOD POISONING

0404. Food poisoning was defined by the Advisory Committee on the Microbiological Safety of Food in 1992 as:

> *Any disease of an infectious or toxic nature caused by or thought to be caused by the consumption of food or water.*

0405. Although the term “food poisoning” is used in public health legislation, the preferred term for these conditions is “food-borne illness”. This generally refers to a group of gastrointestinal diseases caused by the consumption of contaminated or poisonous foods. The symptoms most commonly associated with this type of illness are diarrhoea, vomiting, nausea and abdominal pain. For the purposes of this chapter, diseases caused by the consumption of water are not discussed.

## DEFINITION OF OUTBREAK

0406. An ‘outbreak’ of food borne illness is defined in the Food Standards Agency (FSA) Management of outbreaks of foodborne illness in England and Wales May 2008 as:

> ***…….either two or more linked cases of the same disease, or when the observed numbers of cases unaccountably exceeds the expected number.***

## LEGAL REQUIREMENTS

0407. Food poisoning is designated as a Notifiable Disease under the ***Health Protection (Notification) Regulations 2010, The Health Protection (Notification) (Wales) Regulations 2010 and the Public Health etc. (Scotland) Act 2008.*** This legislation, which applies to the MOD, requires cases of Notifiable Disease to be formally notified to the appropriate civil authorities. On the UK mainland, “Proper Officers” (and Local Authority Environmental Health Officers acting on their behalf) retain a statutory right to enter MOD premises for the purposes of disease investigation.

0408. Service Environmental Health personnel have a facilitating and coordinating role under such circumstances (as will be discussed later). Service Environmental Health staff will conduct communicable disease investigations and institute control measures for out

breaks within service communities. These investigations will be undertaken in support of or in parallel with civil agency outbreaks.

0409. When stationed abroad or during OTX and during operational deployments Service Medical staff will undertake the civil function with the Senior medical commander representing the Proper Officer and the Environmental Health Team undertaking the investigation. All necessary liaison with local civilian agencies will be undertaken by the Environmental Health Staff.

**REPORTING PROCEDURES**

0410. Most food borne illness outbreaks are identified by establishment medical personnel, who are instructed on the importance of rapid and accurate notification to the appropriate military and civil health authorities. Occasionally, however, catering personnel may suspect that cases of food poisoning have occurred, and they must be aware that it is their statutory duty to report this to catering management and establishment medical staff. Action to be taken by catering personnel who suspect that a food handler is suffering from food borne illness is given at para 0413.

**MANAGEMENT AND CONTROL OF SUSPECTED OUTBREAKS OF FOOD BORNE ILLNESS**

0411. The objectives in investigating and controlling an outbreak of food borne illness are:

a. To reduce to the minimum the number of primary cases of the illness. This involves the prompt recognition of the outbreak, and identification and control of the source of the infection or contamination.

b. To reduce to the minimum the number of secondary cases of infection, by the early identification of primary cases and taking the appropriate action to prevent any spread.

c. To prevent further episodes of the illness by identifying continuing hazards and eliminating them or the risk they pose.

0412. Investigation and control of an outbreak is only likely to be effective if there is full cooperation between all parties involved, both civilian and Service, and between food service and medical personnel.

0413. In the event of an outbreak or suspected outbreak of food borne illness, the unit/establishment catering manager is to carry out the following procedure:

a. Immediately report the occurrence to the establishment MO or CMP and CO/Head of Establishment and the appropriate catering chain of command.

b. After consultation with the MO/CMP, consider (in rare cases) closing the department concerned to permit a full investigation and to prevent further outbreaks.

c. Exclude infected food handlers from food handling duties until the MO/CMP are content that they satisfy the requirements of the FSA Food Handlers: Fitness to Work. Regulatory Guidance and Best Practice Advice for Food Business Operators 2009.

d. Preserve any food residues that may be useful to isolate a source of infection. Such items are to be bagged, labelled and refrigerated. *Unless instructed otherwise, there is no requirement to routinely maintain samples of food being cooked in the department.*

e. Prepare the following information for the Investigating Team:

(1) A list of all food handlers (including casual staff) who have worked in the department during the previous 7 days. The list is to include contact details for each individual.

(2) Routine cleaning rosters and shift details that can identify which staff were employed on specific tasks.

(3) All menus and recipes used in the department during the previous 7 days, including special functions.

(4) All receipts for food supplies, which identify their source.

(5) Department records, such as temperature monitoring records (to include delivery temperature records), staff training records, cleaning schedules and pest eradication registers.

(6) Details of essential or emergency works recently undertaken in the catering facility.

f. Consider revising menus to avoid the preparation of high-risk foods until the Investigating Team has given clearance.

0414. The establishment MO/CMP (or duty medical staff) will take the following action:

a. Notify the “Proper Officer” and appropriate Service Environmental Health (EH) personnel by the fastest possible means ***as soon as is practicable*** followed up by F Med 85 in respect of service personnel.

b. Be prepared to advise establishment executive and catering managers on measures to be taken to control the outbreak.

c. Ensure that all suspected and confirmed cases complete a disease outbreak questionnaire as soon as possible under single Service arrangements and policies.

d. Maintain a location list of cases both confirmed and suspected.

e. Ensure stool samples are taken from cases/suspected cases. All samples are to be sent for virology, parasitology and bacteriological examination, following consultation with the “Proper Officer”.

0415. Outbreak investigations within the UK are the responsibility of the Proper Officer. Service EH Personnel will, as a routine, assist with the outbreak investigation or undertake it on behalf of and under the supervision of the Proper Officer if requested. Should the Proper Officer not require assistance or elect not to undertake an investigation then Service EH Personnel will, on behalf of the Department, undertake an internal investigation. The investigation will include its extent and epidemiology and provide advice on measures to be taken to control its further spread. A report will be compiled, which will attempt to identify the source of the outbreak and provide advice on how to prevent a recurrence.

**MEDICAL SUPERVISION OF FOOD HANDLERS**

0416. Food which is contaminated by harmful micro-organisms, in particular bacteria and viruses, can cause illness. Prevention of food-borne disease is based primarily on a combination of food hygiene training, good catering practice and supervision of food handlers

by catering management[1]. Medical supervision of food handlers is necessary in certain circumstances. Food handlers who are suffering from certain infections, or who are carrying certain micro-organisms (in or on their bodies) without showing symptoms of an infection, may contaminate food.

## STATUTORY CONSIDERATIONS

0417. It is a legal duty for a food-handler who is suffering from, or is a known carrier of a disease that is potentially transmitted by food, to report this fact to their supervisor as soon as practicable. Personnel are not required to report directly to their place of work if/when they become symptomatic however, they must ensure that their supervisors are informed. (Regulation (EC) No 852/2004, Annex II, Ch VIII refers).

0418. These Regulations require employers to instruct all food handlers on appointment, preferably in writing, of this statutory duty. If food handlers suffer from any gastrointestinal illness, skin infection or suspect they may be a carrier of a disease transmitted through food, they are required to notify their manager at the beginning of the shift before they start handling food. No need to report in person to their place of work.

0419. A supervisor notified in this way would be expected to take appropriate action to ensure food does not become contaminated. 'Appropriate Action' would in most cases necessitate seeking medical advice, and the food handler would be excluded from food handling duties and continue to be medically supervised until deemed fit to return to food handling duties.

0420. It is good practice (although not a statutory requirement) for food handlers to be asked to complete a medical questionnaire on appointment.

0421. Pre-employment medical examination is required for some specific food industries, none of which are relevant to MOD activities, and may also remain a feature of some national legislation outside the UK.

## DEFINITIONS

0422. Food handlers may be classified as those employed directly in the production, preparation and service of foodstuffs, whether they are Service personnel, permanent or casual civilian employed labour, or contractors. The duration of food handling is irrelevant.

0423. Those personnel who handle *only* pre-wrapped, canned or bottled food, and Service personnel preparing food for their own personal consumption, are *not* considered to be food handlers for the purposes of this chapter of JSP 456 Pt.2 Vol 3.

0424. Service and civilian personnel classified as food handlers include specialist catering personnel and personnel for whom food handling is not their primary role. Those who are temporarily or intermittently engaged, for however short a period of time, in the preparation or service of food (other than that excluded in paragraph 0423 above) are to be classified as food handlers.

0425. These definitions are considered to be essentially consistent with current Department of Health advice[2].

[1] Regulation (EC) No 852/2004 and JSP 456 Pt.2 Vol 3
[2] FSA Food Handlers Fitness to Work. Regulatory Guidance and Best Practice Advice For Food Business Operators 2009. **http://www.food.gov.uk/foodindustry/guidancenotes/hygguid/foodhandlersguide**

**INSTRUCTIONS FOR MEDICAL SUPERVISION**

0426. **Service Personnel.**

a. **Pre-Employment.** No Service person may undertake food handling duties until they have completed an approved medical questionnaire and this has been reviewed by the unit medical officer or unit civilian medical practitioner (unit MO/CMP). All Service catering personnel are to complete the questionnaire during their period of induction training. Non-specialist personnel temporarily tasked to food handling duties are to complete the questionnaire once assigned to food handling duties and before the first occasion that food handling is undertaken. In both cases, the pre-employment questionnaire at Annex A to this chapter is to be completed by an MO/CMP or appropriately trained and qualified representative and held in the F Med 4. A copy of the authorised certificate at Annex B to this chapter is to be forwarded to, and retained by, the appropriate Catering Manager. The certificate will remain valid until the food-handler becomes, or is suspected to be, unfit to handle food.

b. **Review during/after illness.** Any Service food handler who is suffering from, or is suspected to be suffering from, any infectious or communicable medical condition is to be seen by the unit MO/CMP. The food handler will not be permitted to resume food handling duties until declared medically fit to do so by the MO/CMP and appropriate certification (Annex B) has been passed to the Catering Manager.

0427. **Civilians - Directly Employed Labour[3] (DEL).** DEL includes permanent employees or casual staff who are paid directly from public funds. These are not contractor staff.

a. **Pre-employment of Permanent Staff.** The pre-employment medical questionnaire at Annex A to this chapter is to be completed by the employee and reviewed by the unit MO/CMP or appointed representative. A copy of the authorised certificate at Annex B to this chapter is to be forwarded to, and retained by, the appropriate Catering Manager. The certificate will remain valid until the food handler becomes, or is suspected to be, unfit to handle food. The MO/CMP is to retain the completed questionnaire until informed by the Catering Manager that the food handler's period of employment has been terminated.

b. **Pre-employment of Casual Staff.** As far as possible the requirements for permanent staff are to be followed. In appreciation of the short-notice engagement of this category of food handler, unit MOs/CMPs are asked to review completed questionnaires and issue certificates promptly. For casual food handlers engaged for one event only (e.g. a summer ball) the requirements of the Regulation (EC) No 852/2004 are to be met as a minimum and MOs/CMPs are to provide advice to the Catering Manager as necessary.

c. **Review during/after illness.** Permanent or casual DEL who are suffering from, or are suspected to be suffering from any infectious or communicable medical condition, are to be removed from food handling duties immediately. In cases of doubt as to the need for removal from duties, the unit MO/CMP is to provide advice at the Catering Manager's request. The MO/CMP may require the individual to attend the medical centre in order that a full history can be taken, and if necessary for examination and further investigation. Treatment, with the exception of emergency treatment, is the responsibility of the employee's own doctor.

d. **Return to Work.** Permanent or casual DEL are not to be permitted to resume food handling duties following sickness absence or removal from such duties for

[3] DEL are only employed on rare occasions within permanent locations. The majority of catering staff are now contract provided.

medical reasons until they have been seen and cleared by a doctor. The requirements differ according to location, as follows:

(1) **UK.** DEL are to be seen and cleared by the unit MO/CMP, or are to produce a valid medical certificate from their own doctor certifying fitness to return to food handling duties.

(2) **British Forces Germany.** In Germany there is a statutory requirement for civilian staff to be seen by their own doctors and declared fit for food handling duties. Such certification is also considered adequate for MOD purposes.

(3) **Overseas Locations (excluding BFG).** At overseas locations (excluding BFG), only certificates issued as a result of an assessment by a Service medical authority are acceptable as evidence that a DEL may return to food handling duties.

0428. **Civilians - Contractor Staff (Firm Base).** Where catering is provided in Firm Base locations by contractors it is the responsibility of the contractor to have a mechanism in place to ensure that personnel are fit to handle food prior to employment and that they have a process of dealing with staff who have been absent due to medical staff. Whatever process contractors utilise to ensure all staff are fit to handle food it is to meet the standards laid down in this JSP as a minimum.

0429. **Civilians – Contractor Staff (Operations).** Contractors are responsible on operations for having a system in place to ensure their staff are fit to handle food both prior to employment and return to work following illness. Contractors are not to rely on Service Medical facilities for medical support in relation to this occupational requirement. Where Service Medical facilities are used, the full MOD costs are recoverable from the contractor. No staff will be permitted to work within catering facilities until they have been passed as fit to handle food.

0430. **Civilian – Contractor Staff.** Contractors are to be able to produce evidence of pre-employment screening when requested to by Service Environmental Health or Service catering staff. This includes catering staff within the Firm Base or on Operations/OTX. Any staff not having undergone a pre-screening process may be removed at risk to the contractor.

0431. **Visitors.** Visitors to catering facilities, including maintenance personnel, may be in direct contact with food, or with surfaces and equipment that are in contact with food. It is the responsibility of the catering management staff to ensure that visitors do not pose a risk to food safety and are aware of their personal hygiene aspects of the essentials of food hygiene, as stated in the Regulation (EC) No 852/2004. In the event of a potentially infected visitor, the unit MO/CMP is to give advice should doubt exist on the appropriate course of action.

0432. **Other Food Handlers.** There may be other food handlers working on Service units who neither work for contractors nor are paid from public funds. Examples include volunteers at charitable events and welfare-related activities, and staff paid from non-public funds. The organizers of the activities or events for which food is being prepared have a duty to ensure that the statutory requirements of the Regulation (EC) No 852/2004 are met. Where there is a risk to public health, the unit MO/CMP is to provide advice to the unit Commander and take appropriate action, including seeking further advice from EH Staff.

0433. **Return from Overseas Travel.** There is a statutory duty on all food handlers to inform their Catering Manager if they suffer from diarrhoea and/or vomiting, or other gastrointestinal symptoms, during or on return from travel abroad. To meet the requirements of the Regulation (EC) No 852/2004, the following action is to be taken:

a. Service and DEL food handlers are to inform their Catering Manager before resuming food handling duties.

b. Service and DEL food handlers are to be advised of this requirement, preferably in writing, before commencing such employment. It is the duty of the Catering Manager to ensure that staff comply with this requirement.

c. The unit MO/CMP is to provide advice on the request of the Catering Manager, and may request to see and examine the food handler. The actions for return to work after illness, as at paragraphs 0427c and 0427d, are to be followed.

0434. **Delegation of Medical Supervision.** The unit MO/CMP may delegate the medical supervision of food handlers, where appropriate, to a suitably trained and appointed **medical** representative whom they consider to be competent (e.g. Practice Nurse, medically qualified Practice Manager). The appointed representative is to consult the MO/CMP in all cases where the appropriate action is not immediately clear.

**PREVENTIVE MEASURES AND MANAGEMENT OF INFECTED FOOD HANDLERS**

0435. **General.** The following measures are based on 'Preventing person to person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers.' Published in Communicable Disease and Public Health Vol 7 No 4 Dec 2004; and Management of outbreaks of foodborne illness in England and Wales. Published by the Food Standards Agency 2008[4] to which medical practitioners should refer.

0436. **Diarrhoea and/or Vomiting:**

a. Any food handler who has diarrhoea and/or vomiting is to report to their line manager and immediately leave the food-handling area. They are to normally leave the work area, but may be given safe alternative work (ie no direct contact with open food or with surfaces and equipment where open food is stored and processed).

b. If there is only one bout of diarrhoea and/or vomiting in a 24-hour period, and there is no fever, the unit MO/CMP may advise that full food-handling duties may be resumed, *provided* the food handler is reminded of the importance of – and complies with – good food hygiene practices, particularly hand washing.

c. If symptoms persist, the person is not to be allowed to return to work unless the following criteria have been met:

(1) There has been no vomiting for 48 hours after spontaneous resolution or following the cessation of any treatment.

(2) The bowel habit has returned to normal for 48 hours, either spontaneously or following cessation of treatment with anti-diarrhoeal drugs.

(3) The food handler is capable of maintaining good hygiene practice, particularly hand washing, in all circumstances.

d. Stool testing of such personnel is *not* a necessary condition for their return to full food-handling duties. *However it may be appropriate to provide evidence of clearance in some situations.* In the case of food handlers who have had positive stool samples for gastrointestinal pathogens (other than verotoxin-producing *E coli, Shigella and amoebic dysentery* or the enteric fevers) further stool samples are not

[4] http://www.food.gov.uk/multimedia/pdfs/outbreakmanagement.pdf

normally required in order to certify fitness for work, *provided the criteria at subparagraph c (above) have been met.*

0437. **Enteric Fever.** Typhoid and paratyphoid fevers merit special consideration because of the severity of the illness and the possibility of a carrier state being induced following recovery. ***Anyone suffering from, carrying or in contact with these diseases must be excluded from food-handling duties,*** *as follows*:

a. Cases and carriers are to be excluded from food-handling duties until stool testing indicates that the infecting organism is no longer being excreted. This will typically take at least 3 months. Advice is initially to be sought from Single Service focal points for communicable disease control, through the medical chain of command. Investigation and management of such cases will typically be carried out by Local Authority "Proper Officers", in conjunction with the sS EH Personnel and sS PH Consultant.

b. In the case of food handlers who continue to excrete typhoid or paratyphoid organisms in their stools, but are otherwise well, permission may be considered for return to work in a non-food-handling capacity after discussions between the appropriate "Proper Officer" and/or sS focal point for communicable disease control..

c. Food-handlers who have been in close domestic contact with a known case, or who has been exposed to an outbreak, are to be excluded from food-handling duties. Advice is to be sought from Single Service focal points for disease control, through the chain of command via medical channels.

0438. **Verotoxin - producing *E. coli* (VTEC).** In circumstances where VTEC infection is identified in a food handler or a member of their household, the food handler is to be excluded from work until the bowel habit has been normal for 48 hours, and two negative stool samples taken 48 hours apart have been obtained and reported as negative.

0439. **Hepatitis A.** Food-handlers suffering from Hepatitis A are to be excluded from work for a minimum of seven days after the onset of overt disease. Symptomless contacts of a case of Hepatitis A can continue food handling *provided* they follow good hygiene practices.

0440. **Skin Conditions.** Food handlers with actively weeping or discharging lesions on exposed skin (hands, face, neck or scalp) are to be excluded from work until the lesions have healed. Particular attention is to be paid to the following:

a. Any infection of the finger nail-bed or a weeping boil on the face or other exposed skin, even if covered with a blue waterproof dressing, will usually be considered to be a bar to food handling.

b. Clean wounds are to be covered with a blue waterproof dressing, but there is normally be no need to discontinue food handling.

c. **Panton-Valentine Leukocidin Staphylococcus Aureus (PVL-SA).** MOs/CMPs **are to** discuss the management of **all** food handlers identified as having PVL-SA infection (with or without a skin lesion), or are close contacts of individuals with PVL-SA infection, with single Service focal point for communicable disease control and/or the civilian "Proper Officer".

0441. **Infections of the Eyes, Ears and Mouth.** Any food handler whose eyes, ears, mouth or gums are weeping or discharging is to be excluded from food handling until they are cleared to do so by a doctor.

0442. **Non-Infective Gastrointestinal Disorders.** Disorders such as Crohn's disease or ulcerative colitis are not a bar to employment as a food handler, even though they may result

in diarrhoea. Such workers are, however, to be made aware that they are to seek medical advice and notify their line managers if any *change* from their normal bowel habit occurs, as this must be assumed to be infectious until proven otherwise.

0443. **Chest and Other Respiratory Diseases.** There is no evidence that these cause food-borne infection. Coughing and sneezing over food is, however, not hygienically acceptable, and cases may need to be excluded from food-handling duties for this reason.

0444. **Further Advice.** Whilst having wide applicability, there may be rare occasions when a local risk assessment of a suspected infected food handler, or an outbreak of food-borne illness, necessitates more stringent measures than those shown above. Further advice is available from appropriately qualified Service specialist Medical Officers and EH personnel.

0445. **Example of Operational Deployment Force Instruction.** In the light of experiences gained during the OP HERRICK deployment (Feb-Aug 2006) an example of the EHT Food Handlers Force instruction document is attached at Annex C. The lead Staff branch remains the Medical Services under the EHT. However the attachment at Annex C is a useful template for Food Services staff to use when involved in the planning of future Operations and overseas exercises.

0446 – 0499. Reserved.

**ANNEX A – CONFIDENTIAL PRE-EMPLOYMENT HEALTH QUESTIONNAIRE FOR FOOD HANDLING DUTIES**

| | |
|---|---|
| **POST APPLIED FOR:** | |
| **RANK OR TITLE [Mr/Mrs/Miss/Ms]:** | |
| **SURNAME:** | |
| **FORENAME[S]:** | |
| **CONTACT TELEPHONE NUMBER:** | |
| **PRESENT POST:** | |
| **HOW LONG HAVE YOU HELD THIS POST?** | |
| **NAME & ADDRESS OF YOUR DOCTOR (GP OR MEDICAL OFFICER):** | |

**Please answer the following questions:**

Please ✓YES or NO as applicable

| **1.** | **Have you suffered from any of the following in the past 6 months?** | **YES** | **NO** |
|---|---|---|---|
| | a. Skin disease or a rash | | |
| | b. Discharge or infection of the ears, or hearing defect | | |
| | c. Asthma or hay fever of sufficient severity to require time off work [or school] | | |
| | d. Allergies [including sensitivity to antibiotics or other drugs] | | |
| | e. Recurrent sore throats or sinusitis | | |
| | f. Bronchitis or pneumonia | | |
| | g. Tuberculosis | | |

PLEASE CONTINUE OVERLEAF:

| | | YES | NO |
|---|---|---|---|
| **2.** | **Have you ever had enteric fever [typhoid or paratyphoid] or are you known to be a carrier?** | | |
| **3.** | **Do you currently have diarrhoea and/or vomiting, or have you suffered from diarrhoea and/or vomiting over the last seven days?** | | |
| **4.** | **Have you been abroad in the last three weeks?** | | |
| | If you answered YES to 4, what countries did you visit? | | |
| | If you answered YES to 4, were you ill while abroad, or have you been ill since your return? | | |
| **5.** | **At present are you suffering from any of the following:**<br>a. Skin trouble affecting hands, arms or face?<br>b. Boils, styes or septic fingers?<br>c. Discharge from the eye, ear, gums or mouth? | | |
| **6.** | **Do you suffer from:**<br>a. Recurring skin or ear trouble?<br>b. A recurring stomach or bowel disorder? | | |

**If you answered YES to any of the questions please provide below any further details that may assist in determining your acceptability to work in food handling duties. Please continue, if necessary, on a separate sheet:**

**I declare that the answers to these questions and any additional information supplied are accurate to the best of my knowledge. If further enquiries are necessary I consent to my General Practitioner supplying relevant information to the appointed Medical Adviser or Medical Officer.**

| **Signature:** | **Date:** |
|---|---|
| | |

| **OFFICIAL USE** |
|---|

**To be completed by the MO or appointed representative:**

| **Details of Food Handler** | |
|---|---|
| **Surname:** | **Forenames:** |
| **Rank or Title:** | **Ship/Unit/Station:** |

**I declare that I have reviewed the responses on the Health Questionnaire for Food Handling Staff and have determined that the above applicant is:**

[✓ as applicable]

| | |
|---|---|
| **Suitable for employment as a food handler:** | |
| **Unsuitable for employment as a food handler:** | |
| **Signature:** | **Date:** |
| **Name and Rank/Title:** | **Appointment:** |

Sponsor - DFSMC

**ANNEX B – FOOD HANDLER HEALTH CERTIFICATE**

(NOT to contain any clinical information)

| | |
|---|---|
| **SURNAME:** | |
| **FORENAME[S]:** | |
| **RANK/TITLE:** | |
| **SHIP/UNIT/STATION:** | |

Please ✓ as applicable:

| | | | |
|---|---|---|---|
| **PRE-EMPLOYMENT:** | | **FITNESS FOR RETURN TO FOOD HANDLING DUTIES AFTER A PERIOD OF EXCLUSION:** | |

**I declare that I have reviewed the above individual and have determined that he/she is suitable for employment as a food handler.**

| | |
|---|---|
| **Signature:** | **Date:** |
| **Name and Rank/Title:** | **Appointment:*** |

***To be signed by a Medical Officer or an appointed representative.

## ANNEX C – EXAMPLE OF OPERATIONAL DEPLOYMENT FORCE INSTRUCTION

***This annex is provided as an example of an instruction relating to the medical supervision of food handlers. Locally produced instructions are to consider local health conditions and threats, resources and contractor relationships.***

## MEDICAL SUPERVISION OF FOOD HANDLERS

## DEFINITIONS

Food handlers may be classified as those employed directly in the production, preparation and service of food and drink, whether they are UK or Multi National (MN) personnel, Locally Employed Civilians[5] (LECs), or the contractor's Expatriate (Expat), Third Country National (TCN).

**LEC Chefs**. LEC Chefs are considered High Risk food handlers because they handle high risk foods e.g. meat, fish, cheese and eggs which also includes the preparation of items that are not subsequently cooked, e.g. salads. They are also deemed to have limited Food Safety knowledge and may possibly carry and/or contract those diseases that are endemic to theatre. During the employment selection process, they are to submit to pre-employment medical screening and subsequent medical conditions of employment (described below). LEC chefs are to be excluded from undertaking any unsanitary work such as the cleaning of ablutions.

**LEC Kitchen and Dining Room Porters**. LEC Kitchen and Dining Room Porters are considered LOW Risk Food handlers because they are only employed in the preparation of low risk food e.g. peeling raw vegetables that are to be subsequently cooked. Their other duties may include cleaning the kitchens and dining rooms, filling the drinks dispensers and disposing of the dining room waste. During the employment selection process, they are to submit to pre-employment medical screening and subsequent medical conditions of employment (described below). They are prohibited from undertaking high risk food preparation duties and are excluded from undertaking any unsanitary work such as the cleaning of ablutions.

## INSTRUCTIONS FOR MEDICAL SUPERVISION

When considering paras 5 – 10 the following is to be taken into account. Catering staff employed directly by MOD are to be dealt with by Service Medical Staff in respect of pre-employment screening and return to work following illness. Contractors are responsible for the delivery of pre-employment and return to work medical assessments. Should a contractor utilise Service facilities[6] the contract is to detail the method for the recovery of all costs in respect of these occupational health employment medicals.

**UK, MN Personnel - Pre-Employment.** No UK or MN person may undertake food handling duties until they have completed the medical questionnaire at Annex A to Chapter 4 JSP 456 Vol 3 and it has been reviewed by the appropriate Medical Staff. The questionnaire is to be signed by a Doctor and if British Military it should be held in the individual's medical record, Annex B is to be completed and forwarded and retained by the Catering Manager. The certificate will remain valid until the food-handler becomes, or is suspected to be, unfit to handle food.

**Expat and TCN Catering Staff.** The supervision of Expat and TCN catering staff is the responsibility of the contractor.

a. The contractor is to provide the UMO with evidence of the medical screening of its employees. Expat and TCN catering staff are to complete the questionnaire at Annex A to JSP 456 Pt.2 Vol 3 Ch 4 and have it reviewed by a Doctor, it should then be held in a

[5] Also known as Locally Recruited Workers when employed by Contractors.
[6] The contractor is to verify that Service Medical Facilities have the capacity to cover Contract employees. It should not be assumed that they will.

medical screening file. Annex B is to be completed and forwarded and retained by the Catering Manager. The certificate will remain valid until the food-handler becomes, or is suspected to be, unfit to handle food

b. The UMO is to provide advice to the unit commander in the event of any suspicion that an Expat or TCN member of the catering staff, may be suffering from, or carrying, an infection transmissible via food. In circumstances that pose a threat to public health, refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0427c.

**LEC Chefs, Kitchen and Dining Room Porters.** A Pre-employment medical should be performed which is to consist of a full clinical examination:

a. It should be aimed at finding any dermatological conditions that may lead to food contamination or will be exacerbated by frequent hand washing or any chronic infectious conditions, including clinically obvious Tuberculosis.

b. Any signs of significant weight loss should lead to suspicion of underlying illness including chronic diarrhoeal conditions.

c. Any indication of poor hygiene practices should lead to rejection from employment.

d. A stool sample is to be taken that should be examined by microscopy for ova, cysts and parasites and cultured for bacterial pathogens.

e. Should Hepatitis A be considered by the Service authorities to be a high risk it may be appropriate to take a blood sample to be analysed for Hepatitis A.

f. Any failure of the stool or blood sampling should lead to rejection from employment.

g. All LEC Chefs, Kitchen and Dining Room Porters are to complete the questionnaire at Annex A to JSP 456 Pt.2 Vol 3 Ch 4 and have it reviewed by a Doctor it should then be held in a medical screening file.

h. A copy of the authorised certificate, at Annex B to JSP 456 Pt.2 Vol 3 Ch 4, is to be forwarded to, and retained by, the Catering Manager.

i. The certificate will remain valid until the food-handler becomes, or is suspected to be, unfit to handle food.

**Review during/after illness.** Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0427c.

**Return to Work.** Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0427d.

**Continuation Screening.**

a. **Daily Travellers.** For LECs who live at home and commute to BRITFOR locations daily, a medical risk assessment should be undertaken as to the medical screening requirements to be put in place. Comd Med will issue instructions as to the standards to be achieved and methods for achieving those requirements.

b. **Leave Travellers.** A medical risk assessment is to be undertaken with LECs who live in BRITFOR accommodation and travel back to their homes after accruing leave as to the medical pre-employment standard that is to be applied. This may include having a stool sample taken, which should be examined by microscopy for ova, cysts and parasites and cultured for bacterial pathogens. They must be cleared by a Doctor before they can return to food handling duties. Comd Med will issue instructions as to the standards to be achieved and methods for achieving those requirements.

**Delegation of Medical Supervision.** Refer to JSP 456 Vol 3 Chap 4 para 0434.

**PREVENTATIVE MEASURES AND MANAGEMENT OF INFECTED FOOD HANDLERS**

a. Diarrhoea and/or Vomiting. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0436.

b. Enteric Fever. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0437.

c. Verocytotoxin - producing *E. coli* (VTEC). Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0438.

d. Hepatitis A. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0439.

e. Skin Conditions. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0440.

f. Infections of the Eyes, Ears and Mouth. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0441.

g. Non-Infective Gastrointestinal Disorders. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0442.

h. Chest and Other Respiratory Diseases. Refer to JSP 456 Pt.2 Vol 3 Ch 4 para 0443.

Further Advice. All food handlers should be made aware of the 10 point code for food handlers, Attachment 1, which is to be displayed in a conspicuous position in all kitchens. Whilst having wide applicability, there may be rare occasions when a local risk assessment of a suspected infected food handler, or an outbreak of food-borne illness, necessitates more stringent measures than those shown above. Further advice is available from SO2 Med FP or in theatre Environmental Health Team. It is recommended that where applicable all relevant information from this Annex is translated into the local language.

**Attachment 1**

# 10 POINT CODE FOR FOOD HANDLERS

1. Always wash hands before touching food, especially after visiting the toilet area, after smoking and upon re-entry to the kitchen from an outside area.

2. Tell your supervisor at once about any skin, nose, throat or stomach problems.

3. Cover cuts with a food safe waterproof dressing and change them frequently for clean fresh dressings.

4. Wear clean food protective clothing and maintain high standards of personal cleanliness.

5. Smoking in a food room is not permitted.

6. Never cough or sneeze over food.

7. Keep food clean and covered. Food must be kept cool (below 5$^{o}$C) or very hot (above 63$^{o}$C).

8. Keep your hands off the food as much as possible and keep all food utensils clean.

9. Deposit all food waste and refuse properly in refuse containers and keep lids tightly secured.

10. Remember that clean catering conditions, clean equipment and clean food handlers are essential for the production of safe food.

**(TO BE DISPLAYED IN A CONSPICUOUS POSITION IN ALL KITCHENS)**