

Checklist for Food Employee Health Policy



The Houston Food Ordinance requires the permit holder have an employee health policy that covers the following situations:

1. No person is allowed to work in a food establishment:
 - With a communicable disease
 - While being a carrier of disease
 - With an infected boil
 - With an infected wound
 - With an acute respiratory infection
2. No person may work with exposed food, clean equipment, utensils and linens, unwrapped single-service articles, or single-use articles:
 - While experiencing:
 - persistent sneezing
 - persistent coughing
 - a runny nose
 - persistent discharge from nose
 - persistent discharge from mouth.
3. The permit holder or person in charge of a food service establishment must notify the health officer at **832-393-5100** as specified in TFER 228.248 (4) with respect to reporting employees known or suspected of communicable diseases. Link to TFER: <http://dshs.texas.gov/foodestablishments/laws-blue.aspx>
4. The person in charge must also notify the health officer at **832-393-5100** that a food employee is diagnosed with illness due to:
 - a. Norovirus
 - b. Salmonella typhi
 - c. Shigella spp.
 - d. Shiga toxin producing E. coli
 - e. Hepatitis A virus
 - f. Non-typhoidal Salmonella
 - g. Each permit holder, person in charge, food employee applicant to whom a conditional offer of employment is made must comply with respect to reporting, restriction and exclusion of food establishment employees from opportunities to transmit disease in the food establishment. The health officer will enforce and administer the provisions of TFER 228.35 (a) with respect to the foregoing requirements. link to TFER: <http://dshs.texas.gov/foodestablishments/laws-rules.aspx>

The following links for forms will assist you in developing a food employee health policy for your food establishment.

- [Form A: Conditional Employee and Food Employee Interview](#)
- [Form B: Conditional Employee and Food Employee Reporting Agreement](#)
- [Form C: Conditional Employee and Food Employee Medical Ref](#)

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