

# Implementing the Exclusion of Food Handlers with Reportable Conditions

August 25, 2022  
Version 1.0

*This document was created as a reference for LBOHs to assist with excluding food handlers diagnosed with a reportable condition. Regulations outlined in 105 CMR 300 and 105 CMR 590 supersede this tip sheet. Please contact the Division of Epidemiology (617-983-6800) or Food Protection Program (617-983-6712) to discuss specific situations.*

## Regulatory Authority of Local Boards of Health

Massachusetts regulations related to the restriction of food handlers diagnosed with reportable conditions are outlined in:

- [105 CMR 300: Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements](#), and
- [105 CMR 590: Minimum Sanitation Standards for Food Establishments](#).
  - The [Merged Food Code](#) combines Massachusetts' amendments outlined in 105 CMR 590 with the 2013 FDA Food Code.

Both give legal authority to the local board of health (LBOH) to restrict individuals from food handling duties.

In addition to case-patients with food handling duties, close contacts of case-patients, such as household members, may also be required to be restricted from food handling. For most enteric diseases, contacts of case-patients are required to be excluded if experiencing diarrhea; refer to [105 CMR 300](#) for disease-specific regulations.

## Defining a Food Handler

Per [105 CMR 300](#), a food handler is defined as:

“Any person directly preparing or handling food. This could include the food handling facility owner, individual having supervisory or management duties, person on the payroll, family member, volunteer, person performing work under contractual agreement, or any other person working in a food handling facility. Food Handler also includes any person handling clean dishes or utensils. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered food handlers for the purpose of 105 CMR 300.000. In health care facilities, this includes those who set up trays for patients to eat, feed or assist patients in eating, give oral medications or give mouth/denture care. In day care facilities, schools and community residential programs, this includes those who prepare food for clients to eat, feed or assist clients in eating, or give oral medications. Food Handler does not include individuals in private homes preparing or serving food for individual family consumption.”

[105 CMR 590](#) provides an additional definition of a “food employee” and similar exclusion criteria for individuals diagnosed with typhoid fever, shigellosis, or Shiga toxin-producing *E. coli* infection.

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**Table 1.** Occupations or volunteer positions that are generally considered to have food handling duties (list is not exhaustive)

Always	Most of the time	Sometimes
Cook/food prep worker Bartender Waiter/waitress Childcare worker Dentist Dental hygienist Dishwasher	Food establishment manager Grocery store worker Food processing plant worker Host/hostess Paramedic/EMT Pharmacist	Physician Physician assistant Nurse Health aide

## Case-Patient Notification

An ill individual should be informed promptly of the criteria that need to be met to return to their food handling duties; this often takes place during case interview when the individual is initially identified as meeting the [105 CMR 300](#) definition of a food handler.

Individuals should seek stool testing through their primary care physician or other routine medical provider. If an individual does not have health insurance, please contact the Division of Epidemiology (617-983-6800) who may be able to conduct stool testing at the Massachusetts State Public Health Laboratory. Medical providers should be able to facilitate this testing without an order for testing from public health.

The case-patient should be advised to report their illness and diagnosis to their employer. Food employees are required to report information about their health as it relates to diseases transmissible through food per [105 CMR 590](#).

## Meeting Clearance Criteria

Clearance criteria for food handlers diagnosed with a reportable enteric disease are outlined in a table in [105 CMR 300](#) (see example in Table 2), and generally require resolution of diarrhea and production of one or more negative stool specimens more than 48 hours after completion of any antimicrobial therapy. An attestation from a medical provider that a case-patient is no longer infectious is not acceptable in the absence of required negative test result(s).

If the case-patient works in a different Massachusetts city or town than where they live, LBOHs should coordinate efforts to ensure the individual meets criteria before returning to food handling duties. If the individual works in a food handling capacity outside of Massachusetts, notify the Division of Epidemiology (617-983-6800) who will ensure the appropriate jurisdiction is notified. The local or state agency who permits or licenses the establishment should be involved in the restriction of the food handler.

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## Meeting Clearance Criteria (continued)

With the exception of hepatitis A (which does not require stool testing), there is no time frame associated with exclusion criteria outlined in [105 CMR 300](#); an individual is required to be excluded until criteria are met even if there was a delay in the public health investigation or in the identification of the individual's food handling role. Similarly, an individual is required to be excluded at the time their food handling position is identified even if they have already resumed working after illness resolution.

Regulations do not currently specify the type of test that should be performed to meet clearance criteria, only that a stool specimen needs to be negative. Culture independent diagnostic tests (e.g., PCR tests) can detect dead genetic material for a prolonged period of time, even after an individual is no longer infectious. This could be taken into consideration when providing individuals with guidance on return-to-work criteria (e.g., consider advising they seek testing via culture rather than PCR), so long as the test method used would detect the individual's original infection.

Clearance stool specimens are required to be produced for food handlers whose initial infection was detected from a non-stool source (e.g., urine, blood).

**Table 2.** Example of food handler exclusion criteria from [105 CMR 300](#)

Disease	Minimum Period of Isolation of Patient	Minimum Period of Quarantine of Contacts
Salmonellosis		
a) Not including typhoid fever	After diarrhea has resolved, food handlers may only return to food handling duties after producing one negative stool specimen. If a case was treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy. In outbreak circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	Contacts with diarrhea, who are food handlers, shall be considered the same as a case and handled in the same fashion. In outbreak circumstances, asymptomatic contacts who are food handlers shall be required to produce two negative stool specimens produced at least 24 hours apart prior to returning to food handling duties. Otherwise, no restrictions.

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## Employer Notification

Employers should be notified by the LBOH where the workplace is located that their employee needs to remain out of work until cleared by public health authorities. Only minimally necessary information should be relayed to protect case-patient confidentiality. Food employees are required to report information about their health as it relates to diseases transmissible through food to their employer per [105 CMR 590](#).

Additional guidance related to excluding food handlers in food establishments can be found in the [Massachusetts Foodborne Illness Control Manual, Chapter VII: When There are Sick Food Employees](#)

## Documentation of Clearance

Negative enteric disease test results do not flow into MAVEN in the same manner as positive test results. LBOHs can request proof of the negative test results from the case-patient or medical provider ordering the test, or receive a verbal report of the negative test results from a medical provider prior to clearing the individual to returning to food handling duties. An attestation from a medical provider that a case-patient is no longer infectious is not acceptable in the absence of required negative test result(s). The MAVEN Risk Question Package should be completed to document when the food handler was restricted from work and when clearance criteria were met.