| Training Manual                                     |         |
|---|---------|
| Subject: Employee Illness and Communicable Diseases | Number: |
|   | 5.025   |

## I. Overview

The purpose of this training is: To help educate employees about the dangers of transmissible illnesses and diseases; prevent any illness or infection from spreading to other employees or reaching our customers; give guidelines to our employees and Department Heads for identifying transmissible illness and diseases; give guidance to Department Heads for procedure for dealing with suspected transmissible illness and diseases; return to work procedures; review GMP policies for employee illness and communicable diseases.

## II. Employee Requirements

Employees are responsible for notifying HR, QA, and their department head if they have contracted or may have contracted a communicable disease, have been in close contact with someone diagnosed with a communicable disease or have acquired an illness while traveling abroad, even if symptoms have subsided. Said employee must obtain written documentation from physician **before** returning to work. Documentation shall include diagnosis of illness and confirmation that the employee poses no risk to infecting products or other employees.

A written record of all events and discussions must be maintained and kept confidential. Disclosure or release of information concerning an employee illness must comply with all applicable Human Resources policies and local, state and federal laws and regulations. Records must not be released to anyone without written permission from the affected employee, unless otherwise required by authorities and legal requirements.

The following is a list of illnesses/diseases that may be transmitted into products from contact with an infected person. If you have any of the following symptoms for 3-5 days you **may** have a listed illness and should seek medical attention.

| Symptoms            | Disease(s)         |
|---------------------|--------------------|
| Dizziness, Seizures | Taenia solium      |
| Cholera             | Vibrio Cholerae 01 |

| Date Issued:     | October 13, 2017 |
|------------------|------------------|
| Date Supersedes: | August 31, 2015  |

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|   | 5.025   |

Fatigue, Fever, Abdominal Pain, Nausea, Diarrhea, Vomiting, Open skin sores, Boils, dark urine, jaundice Hepatitus A, Shigella, Norwalk (like) Virus, (Noroviruses) Salmonellosis, Staphylococcus aureus, Streptococcus pyogenes, Campylobacter jejuni, Entamobea histolytica, Enterohemorrhagic E. coli, Enterotoxic E. coli, Giardia lamblia, Rotavirus, Yersinia enterocolitica, Cryptosporidium parvum, Nontyphoidal Salmonella

- A. The following is a list of pathogens that can be transmitted person to person but not through food. Ability of employees to work will be decided on a case by case basis by Management, Human Resources and QA.
  - 1. Acute respiratory tract infections
  - 2. Influenza
  - 3. Meningococcal Menigitis
  - 4. Tuberculosis
  - 5. Viral Exanthems (chicken pox, mumps, measles)
  - 6. Streptococcal Pharyngites
  - 7. MRSA skin lesions
  - 8. Pertussis
  - 9. Mononucleosis
  - 10. Hand Food Mount (coxsackie virus)
  - 11. Herpes Simplex of hands (whitlow) and orofacial
- B. The following is a list of diseases of concern to human health, but NOT transmissible through food OR through typical workplace contact. Ability of employees to work will be decided on a case by case basis by Management, Human Resources and QA.
  - 12. Acquired Immune Deficiency Syndrome (AIDS)
  - 13. Human Immunodeficiency Virus (HIV)
  - 14. Hepatitis B Virus (HBV)
  - 15. Gonorrhea
  - 16. Herpes Simplex
  - 17. Syphilis
- III. Department Head Requirements

A department heads who suspects an employee is suffering from a transmissible illness or disease, based on employee symptoms shall prevent that infected

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person from coming into contact with product. Preventive measures may include sending the infected person home or removing them from product contact functions.

In the event that bodily fluids become present in manufacturing areas, reference the Bodily Fluid and Containment Policy in the Quality Manual.

| Written By:  | Date: |  |
|--------------|-------|--|
| Approved By: | Date: |  |

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