

Responding to a vomit or fecal event in a safe and timely manner can help prevent the spread of pathogens that can cause illness to both the public and the employees. One of the major pathogens of concern is Norovirus, which according to the CDC, is the leading cause of foodborne disease outbreaks in the United States. As few as 10 virus particles is enough to cause illness in an individual by coming into contact with an infected person, touching a contaminated surface, or consuming contaminated food. All responses to a vomit or fecal events should be handled as if it contains Norovirus.

The following is a worksheet to assist the food establishment when developing procedures for responding to a vomit or fecal event.

Pre-Planning											
1.	Does the establishment have a "response kit" available? <input type="checkbox"/> Yes <input type="checkbox"/> No										
2.	What items are included in the "response kit"? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Barrier Tape</td> <td style="width: 50%;"><input type="checkbox"/> Disposable Gloves</td> </tr> <tr> <td><input type="checkbox"/> Absorbent Material</td> <td><input type="checkbox"/> Disposable Masks</td> </tr> <tr> <td><input type="checkbox"/> Cones</td> <td><input type="checkbox"/> Eye Protection</td> </tr> <tr> <td><input type="checkbox"/> Disinfectant (EPA Registered)</td> <td><input type="checkbox"/> Safety Signs</td> </tr> <tr> <td><input type="checkbox"/> Disposable Bags</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Barrier Tape	<input type="checkbox"/> Disposable Gloves	<input type="checkbox"/> Absorbent Material	<input type="checkbox"/> Disposable Masks	<input type="checkbox"/> Cones	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Disinfectant (EPA Registered)	<input type="checkbox"/> Safety Signs	<input type="checkbox"/> Disposable Bags	<input type="checkbox"/> Other:
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<input type="checkbox"/> Disposable Bags	<input type="checkbox"/> Other:										
3.	Where is the "response kit" located? Location:										
4.	Who is responsible for maintaining and assuring the "response kit" is fully stocked? Position/Title:										
5.	Who is responsible for overseeing the cleanup of the vomit or fecal event? Position/Title:										
6.	How are employees trained to respond to a vomit or fecal event?										

<p>7. How often does this training occur? Check the box that best applies.</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____</p>
<p>8. Are employees trained on how to correctly use the personal protective equipment when responding to an event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Equipment Used:</p>
<p>9. How often do employee trainings occur? Check the box that best applies.</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____</p>
<p>10. Does the establishment have an Employee Health policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Does the establishment review the Employee Health Policy with the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often does this review occur? Check the box that best applies.</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____</p>
<p>12. Are the employees trained to report information about their health as they relate to diseases that are transmissible through food to the person in charge? (Idaho Food Code 2-201.11) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Is the person in charge trained when to restrict or exclude an employee that is exhibiting illnesses that are transmissible through food? (Idaho Food Code 2-201.12) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. How often do these trainings occur? <input type="checkbox"/> New Hire <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____</p> <p>Documentation:</p> <p>Last Training Date: _____</p>