

Attachment I

California Code of Regulations, Title  
17

California Health and Safety Code (California Retail Food  
Code)

California Code of Regulation, Title 22 (Child Care Center  
Licensing Requirements)

Sections Referenced in Enteric Diseases Matrix

**California Code of Regulations, Title 17**

**§2550. Amebiasis.**

- (a) Under ordinary circumstances, isolation of cases and quarantine of contacts are not required.
- (b) Persons who are found to be excreting *Entamoeba histolytica* in the feces shall be prohibited from public food handling until three feces specimens, taken at intervals of not less than three days, shall be proved negative for the organism by a public health laboratory approved by the State Department of Health Services.

**§2612. Salmonella Infections (Other Than Typhoid Fever).**

- (a) Any illness in which organisms of the genus *Salmonella* (except the typhoid bacillus) have been isolated from feces, blood, urine or pathological material shall be reported as a *Salmonella* infection. A culture of the organisms on which the diagnosis is established shall be submitted first to a local public health laboratory and then to the State Microbial Diseases Laboratory for definitive identification. The period of isolation in accordance with Section 2518 shall be until clinical recovery. The patient shall be subject to supervision by the local health officer who may require, at his discretion, release specimens of feces for testing in a laboratory approved by the State Department of Health Services.

However, no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services to be negative for *Salmonella* organisms. (See Section 2534.)

- (b) Carriers. Any person who harbors *Salmonella* organisms three months after onset is defined as a convalescent carrier and may be restricted at the discretion of the local health officer. Any person continuing to harbor *Salmonella* organisms one year after onset is a chronic carrier.

Any person who gives no history of having had *Salmonellosis* or who had the illness more than one year previously who is found to harbor *Salmonella* organisms on two successive specimens taken not less than 48 hours apart is also considered to be a chronic carrier.

Chronic carriers of *Salmonella*, other than *S. typhosa*, shall be restricted at the discretion of the local health officer.

- (c) Contacts. Restrictions on contacts shall be at the discretion of the local health officer.

**§2613. Shigella Infections (Dysentery, Bacillary).**

- (a) The period of isolation in accordance with Section 2518 shall be until the acute symptoms have subsided.

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The patient shall be subject to supervision by the local health officer who may require, at his discretion, release specimens of feces for testing in a laboratory approved by the State Department of Health Services. However, no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces or of rectal swabs, taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services, to be negative for Shigella organisms. (See Section 2534.)

- (b) Contacts. Restrictions on contacts shall be at the discretion of the local health officer.

### **§2628. Typhoid Fever.**

- (a) Case. A culture of the organism on which the diagnosis of typhoid fever is established shall be submitted first to a local public health laboratory and then to the State Microbial Diseases Laboratory for phage typing. The patient shall be isolated in accordance with Section 2518 until clinical recovery. The patient shall remain subject to supervision by the local health officer until three successive specimens of feces and urine taken at least 24 hours apart, beginning at least one week after discontinuation of specific therapy and not earlier than one month after onset of disease, have been found negative for typhoid bacilli at a public health laboratory approved by the State Department of Health Services. If any one of this series is positive, cultures of both urine and feces shall be repeated at intervals of 1 month during the 12- month period following onset, until at least three sets of negative cultures are obtained. The patient shall not take any part in the preparation, serving, or handling of milk or other food to be consumed by individuals other than his immediate family, or participate in the management of a dairy, milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or stored, or engage in any occupation involving the direct care of young children or the elderly or of patients in hospitals or other institutional settings until release specimens have been obtained, as described above, and are negative for typhoid organisms. (See Section 2534.)
- (b) Contacts. There are no restrictions on contacts, except that any member of the patient's household shall not take part in the preparation, serving, or handling of milk or other food to be consumed by individuals, other than the immediate family except at the discretion and under the restrictions of the local health officer.
- (c) Definition of Carriers.
- (1) Convalescent Carriers: Any person who harbors typhoid bacilli for three or more months after onset is defined as a convalescent carrier. Convalescent carriers may be released when three consecutive negative specimens of feces and urine taken at intervals of not less than one month, beginning at least one week after discontinuation of specific therapy are obtained. Such release may be granted at any time from 3- 12 months after onset.
  - (2) Chronic Carriers: If the person continues to excrete typhoid bacilli for more than 12 months after onset of typhoid fever, he is defined as a chronic carrier. Any person who gives no history of having had typhoid fever or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli on two separate examinations at least 48 hours apart, confirmed by State Microbial Diseases Laboratory, is also defined as a chronic carrier. All carriers shall be reported to the local health officer. Such reports shall be kept confidential and shall not be divulged to persons other than the carrier and his immediate family, except as may be required for the protection of the public health.

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- (3) **Other Carriers:** A person should be held under surveillance if typhoid bacilli are isolated from surgically removed tissues, organs, e.g., gallbladder, kidney, etc., or from draining lesions such as osteomyelitis. If the person continues to excrete typhoid bacilli for more than 12 months he is defined as a chronic carrier and may be released after satisfying the criteria for other chronic carriers.
- (d) **Carrier Restrictions and Supervision.** When any known or suspected carrier of this disease is reported to the local health officer, he shall make an investigation and submit a report to the State Department of Health Services. He shall have performed laboratory work as defined in subsection (e) below. Any known or suspected carrier of this disease shall be subject to modified isolation and the provisions of this isolation shall be considered as fulfilled during such period as he complies with the instructions issued by the State Department of Health Services and the local health officer.
- (1) **Restrictions.** Instructions shall be given to the carrier in writing by the local health officer.
- (2) **Supervision.** The local health officer or his representative shall communicate with each carrier living within his jurisdiction at least twice a year to learn of any changes in the carrier's address, occupation or activities and to determine whether all instructions are being carried out. The local health officer shall submit a report to the State Department of Health Services every six months on each carrier in his jurisdiction. Any changes of address shall be reported immediately.
- (e) **Laboratory Tests.** Whenever laboratory tests are required for the release of typhoid cases or carriers, the tests shall be taken by the local health officer or his representatives under such conditions that he can certify as to their being authentic specimens of the individual, and shall be submitted to a public health laboratory approved by the State Department of Health Services. Cultures from release specimens which are found positive by the approved laboratory shall be forwarded to the State Division of Laboratories for phage typing.
- (f) **Requirements for Release of Chronic Carriers.** Authority for Release of Carriers. Any person ascertained to be a chronic typhoid carrier may be released from supervision by the Director of the State Department of Health Services or his designated representative provided the carrier applies for such release through his local health officer and fulfills the requirements specified by the Director of the State Health Department or his designated representative.
- (1) **Fecal Carriers.** A person who has been determined to be a chronic fecal carrier may be released if six successive authentic stool and urine specimens taken at intervals of not less than one month are determined to be negative by a public health laboratory approved by the State Department of Health Services. If any one of these specimens is positive, he shall not be released unless the carrier condition has been cured by cholecystectomy, or by such other methods as are acceptable to the State Department of Health Services. The necessary requirements for such release will be submitted to the carrier and to the local health officer by the State Department of Health Services when application for the release is submitted.
- (2) **Cholecystectomy.** The local health officer or, in areas not served by a local health department, the Director of the State Department of Health Services, shall be notified before a cholecystectomy is undertaken unless a specimen of duodenal contents, containing bile, has been found positive for typhoid bacilli, since in some cases the infection is not localized in the gall bladder. The patient shall be released under the same conditions as outlined for a fecal carrier.
- (3) **Urinary Carriers.** A person who has been determined to be a chronic urinary carrier may be released if six successive authentic urine specimens taken at intervals of not less than one month are determined to be negative by a public health laboratory approved by the State Department of Health Services. If any one of these specimens is positive, he may be released following the surgical removal of the infected kidney or by such other methods as are acceptable to the State Department of Health Services. The necessary requirements for such release will be submitted to the carrier and to the local health officer by the State Department of Health Services when

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application for the release is submitted.

**§2556. Cholera.** Cases and Suspect Cases to Be Reported by Telephone or Telegraph. (See Section 2501(c).) The case shall be isolated in accordance with Section 2516 and the intimate contacts quarantined pending receipt of instructions from the State Health Services Department.

**California Health and Safety Code (California Retail Food Code)**

**§113949.1.**

- (a) When a local health officer is notified of an illness that can be transmitted by food in a food facility or by a food employee of a food facility, the local health officer shall inform the local enforcement agency. The local health officer or the local enforcement agency, or both, shall notify the person in charge of the food facility and shall investigate conditions and may, after the investigation, take appropriate action, and for reasonable cause, require any or all of the following measures to be taken:
- (1) The immediate restriction or exclusion of any employee from the affected food facility.
  - (2) The immediate closing of the food facility until, in the opinion of the local enforcement agency, the identified danger of disease outbreak has been addressed. Any appeal of the closure shall be made in writing within five days to the applicable local enforcement agency.
  - (3) Any medical evaluation of any employee, including any laboratory test or procedure, that may be indicated. If an employee refuses to participate in a medical evaluation, the local enforcement agency may require the immediate exclusion of the refusing employee from that or any other food facility until an acceptable medical evaluation or laboratory test or procedure shows that the food employee is not infectious.
- (b) For purposes of this section, "illness" means a condition caused by any of the following infectious agents:
- (1) *Salmonella typhi*.
  - (2) *Salmonella spp.*
  - (3) *Shigella spp.*
  - (4) *Entamoeba histolytica*.
  - (5) Enterohemorrhagic or shiga toxin producing *Escherichia coli*.
  - (6) Hepatitis A virus.
  - (7) Norovirus.
  - (8) Other communicable diseases that are transmissible through food.

**§113949.2.** The owner who has a food safety certificate issued pursuant to Section 113947.1 or the employee who has this food safety certificate shall instruct all food employees regarding the relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and food employee health to foodborne illness. The owner or employee shall require food employees to report the following to the person in charge:

- (a) If an employee is diagnosed with an illness due to one of the following:
- (1) *Salmonella typhi*.
  - (2) *Salmonella spp.*
  - (3) *Shigella spp.*
  - (4) *Entamoeba histolytica*.
  - (5) Enterohemorrhagic or shiga toxin producing *Escherichia coli*.
  - (6) Hepatitis A virus.
  - (7) Norovirus.
- (b) If a food employee has a lesion or wound that is open or draining and is one of the following:

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- (1) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover.
- (2) On exposed portions of the arms, unless the lesion is protected by an impermeable cover.
- (3) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

**§113949.4.** A food employee shall do both of the following:

- (a) Report to the person in charge the information specified under Section 113949.2.
- (b) Comply with the exclusions or restrictions, or both, that are specified under Section 113950.

**§113949.5.**

- (a) The person in charge shall notify the local enforcement agency when notified that the food employee has been diagnosed with an infectious agent specified under subdivision (b) of Section 113949.1.
- (b) A person in charge shall notify the local enforcement agency when he or she is aware that two or more food employees are concurrently experiencing symptoms associated with an acute gastrointestinal illness.

**§113950.**

- (a) The local health officer or, in consultation with the local health officer, the local enforcement agency shall do either of the following:
  - (1) Exclude a food employee from a food facility if the food employee is diagnosed with an infectious agent specified in subdivision (b) of Section 113949.1 and the food employee is symptomatic and still considered infectious.
  - (2) Restrict a food employee if the food employee is diagnosed with an infectious agent specified under subdivision (b) of Section 113949.1 and is not experiencing symptoms of the illness associated with that agent but is still considered infectious with an agent specified in subdivision (b) of Section 113949.1.
- (b) The person in charge shall do either of the following:
  - (1) Exclude a food employee from a food facility if the food employee is diagnosed with an infectious agent specified under subdivision (b) of Section 113949.1.
  - (2) Restrict a food employee from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in a food facility if the food employee is suffering from symptoms of an acute gastrointestinal illness.

**§113950.5.**

- (a) The person in charge may remove a restriction for a food employee upon the resolution of symptoms as reported by a food employee if the food employee states that he or she no longer has any symptoms of an acute gastrointestinal illness.
- (b) Only the local health officer or the local enforcement agency, or both, shall remove exclusions or restrictions, or both, related to diagnosed illnesses due to infectious agents specified in subdivision (b) of Section 113949.1 after written local health officer clearance stating that the excluded or restricted food employee is no longer considered infectious.

### **California Code of Regulations, Title 17**

#### **§101626.1. Child Care Center for Mildly Ill Children -Daily Inspection for Illness**

[...]

- (e) Except as specified in Section 101626.1(f), the licensee shall not accept or retain for care any child with any of the following conditions/symptoms/illnesses or combination thereof:
  - (1) Body temperature of 102 F (38.9 C) (oral) or 103 F (39.4 C) (rectal or by ear) or 101 F (38.3 C) (axillary), or higher.
    - (A) For an infant two months of age or under, body temperature of 101.5 F (38.6 C) (rectal or by ear) or higher.

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- (2) Rapid or labored breathing.
  - (3) Body temperature of 101 F (38.3 C) (oral) or 102 F (38.9 C) (rectal or by ear) or 100 F (37.8 C) (axillary), or higher, with stiff neck, lethargy, irritability or persistent crying.
  - (4) Asthmatic with upper respiratory infection and coughing that are interfering with the child's ability to drink, talk or sleep.
  - (5) Undiagnosed acute rash of two weeks or less in duration.
  - (6) Yellowing of the eyes or skin.
  - (7) Abdominal pain that is persistent or intermittent.
  - (8) Vomiting three or more times, or lasting over a six-hour period, or with signs of dehydration.
  - (9) Diarrhea (that is, five or more stools in an eight-hour period or an increased number of stools compared to the child's normal pattern, and with increased stool water and/or decreased form), in addition to one or more of the following:
    - (A) Signs of dehydration (for example, no urine produced for an eight-hour period).
    - (B) Blood or mucus in the stool unless a physician determines that at least one stool culture demonstrates absence of shigella, salmonella, campylobacter, pathogenic E. coli or other pathogens.
    - (C) Persistence beyond three days.
  - (10) Severe lethargy.
  - (11) Open lesions of the skin or mucous membranes.
  - (12) Other conditions as may be determined by a qualified staff person on an individual basis.
- (f) A Level I or Level II center may accept a child with any of the conditions/symptoms/illnesses as specified in Section 101626.1(e) if the licensee has obtained a written health clearance stating that the child has been diagnosed and reexamined; and is not contagious or a health risk to the child or other children in care.
- (1) The written health clearance, which shall be kept in the child's record, shall be obtained from a physician or other health professional working under the supervision of a physician.
  - (2) A licensee may accept a child for care under Section 101626.1(f) upon the verbal approval of a physician or other health professional working under the supervision of a physician if the required written health clearance is obtained within 24 hours.
    - (A) Receipt of verbal approval as specified in Section 101626.1(f)(2) shall be recorded immediately in the child's record. The notation shall include the name of the physician or other health professional who gave the verbal approval, the date and time the verbal approval was given, and the name of the qualified staff person who made the notation.
- (g) The licensee shall not accept or retain for care any child with any of the following conditions/symptoms/illnesses except as specified:
- (1) Diarrhea due to confirmed shigella, salmonella or giardia except as specified in Section 101626.1(i).
  - (2) Contagious stages of chicken pox or mumps except as specified in Section 101626.1(j).
- (h) The licensee shall not, under any circumstances, accept or retain for care any child with any of the following conditions/symptoms/illnesses:
- (1) Diarrhea due to campylobacter or cryptosporidium.
  - (2) Contagious stages of measles, rubella, pertussis, diphtheria or tuberculosis.
  - (3) Untreated infestation (such as head lice, scabies).
- (i) A Level II center may accept a child with diarrhea due to confirmed shigella, salmonella or giardia 24 hours after treatment has been initiated if prior approval is obtained from the Department and the following conditions are met:
- (1) In addition to Section 101626.1(b), prior to accepting the child the licensee shall obtain documentation from a physician or other health professional working under the supervision of a physician stating that, based on his/her knowledge of the isolation and separation procedures specified below, the child has been diagnosed and poses no serious health risk to the child or other children in care. This documentation shall be kept in the child's record.

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- (A) Verbal approval, with written follow-up, shall be acceptable if the procedures specified in Section 101626.1(f)(2) are followed.
- (2) The licensee shall provide care for children with each illness in a specific area of a room or a room that is physically separate from those used by children with other illnesses.
  - (A) In addition to separate rooms, physical separation shall include, but not be limited to, moveable partitions and accordion wall dividers.
- (3) Each separate area/room shall include:
  - (A) Separate toilet and handwashing facilities.
  - (B) Separate equipment and toys.
  - (C) Notwithstanding Section 101561(d), staff assigned exclusively to the care of children in each area/room.
- (4) Sanitation procedures as specified in Section 101638.1 shall be followed.
  - (A) The licensee shall document, in the staff file, when staff must follow sanitation procedures as specified in Section 101638.1(d) to prevent the spread of illnesses.