

# FOOD SAFETY MANAGEMENT SYSTEM CODE OF PRACTICE

## EMPLOYEE MEDICAL SCREENING

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# Code of Practice

Food Safety Department

Employee Medical Screening



## I. Overview

Several types of communicable diseases can be transmitted to food through the food handler. A person carrying certain harmful microorganisms, in particular bacteria, virus and parasites that can cause illness can contaminate food by direct contact or indirect contact (e.g. contaminated hands, equipment, or utensils). Food can become contaminated by people who are unwell due to certain infections or are carrying microorganisms in or on their body without showing symptoms of an infection (asymptomatic). Thus, health monitoring procedures must be in place to prevent contamination of food through contact with infected people.

## II. Purpose

To establish a protocol on the health screening of all EKFC employees and food handlers during pre-employment, visa registration and renewal, renewal of health card and before resumption of duty from annual leave or leave of absence and to provide practical information on illness reporting and exclusion of employees suffering from communicable illness or symptoms that could potentially contaminate the food, food contact surfaces and infect other food handlers.

## III. Scope

This Code of Practice is applicable to all employees working in EKFC East Wing, West Wing, CCU, Ruwayyah Stores, and F&B Outlets in airports and commercial operations.

## IV. Responsibilities

The Management team is responsible for the approval of resources required to implement this Code of Practice.

All EKFC employees and food handlers are responsible for attending the medical screening during pre-employment, visa registration and renewal, renewal of health card and before resumption of duty from annual leave or leave of absence and for reporting of illness or symptoms of illness to their line managers and to the in-house clinic.

The EKFC in-house clinic is responsible for the diagnosis of employees of any communicable illness, for the declaration of exclusion of the particular employee in food handling areas and for communicating the results of the analysis to the HR team.

The Human Resource team is responsible for facilitating the pre-employment medical screening, ensuring the staff health fitness prior to deployment to work.

The Human Resource Department is responsible for facilitating the OHC renewal of food handlers and facilitating the testing of clinical samples (stool, blood, urine, etc.) at the in-house clinic or DHA and for communicating the results of the test to the employee, Food Safety team and the Head of respective departments.

The Head of respective Department is responsible for notifying the respective Line Managers on the medical screening results of the employee.

The Line Manager is responsible for the issuance of staff exclusion notification to the employee diagnosed with communicable or gastro-intestinal diseases.

The Food Safety Department is responsible for verifying the OHC status of the employees and the documents submitted on returning to work from leave (duty resumption).

The Food Safety team is responsible for verifying the compliance with this Code of Practice.

## V. Definition

- 5.1 **Communicable Disease** – also known as infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites, and fungi that can be spread, directly (touching a person who has the infection) or indirectly through bites from insects while others are caused by ingesting contaminated food or water. A variety of disease-producing bacteria and viruses are carried in the mouth, nose, throat, and respiratory tract. Conditions such as leprosy, tuberculosis (TB) and different strains of influenza (flu) can be spread by coughing, sneezing, and saliva or mucus on unwashed hands.
- 5.2 **Food-borne disease** – disease, usually gastrointestinal, caused by organisms or their toxins carried in ingested food. Also commonly known as "food poisoning".
- 5.3 **Food-borne illness** – any illness, the cause of which - whether bacteria, viruses, toxins, or other contaminants - is passed to victims through the food they eat.
- 5.4 **Food Handler** – refers to people who directly or indirectly handle food as part of their work. It also includes anyone who may touch food contact surface, equipment, utensils or food storage equipment where the food is prepared, stored or transported.
- 5.5 **Symptomatic Illness** – considered as an illness or condition with a specific symptom. Symptoms are signs of disease or injury. The person notices them, e.g. diarrhea, vomiting, fever, boils, stomachache, etc.
- 5.6 **Asymptomatic Illness** – a disease is considered asymptomatic if a person is a carrier for a disease or infection but experiences no symptoms. A condition might be asymptomatic if it fails to show the noticeable symptoms with which it is usually associated. Asymptomatic infections are also called subclinical infections.
- 5.7 **Stool test**- a test that detects and identifies microorganisms that cause infections of the lower digestive tract. The test distinguishes between the types of bacteria that cause disease and the types that are normally found in the digestive tract (normal flora). The test helps to determine if pathogenic microorganisms are the cause of a person's gastrointestinal symptoms (gastroenteritis).

## VI. Procedure

### 6.1 Requirements for all food handlers

- 6.1.1 All staff engaged in food handling must be free from any symptoms of illnesses or communicable diseases such as diarrhea, vomiting, fever, sore throat, abdominal pain and jaundice.
- 6.1.2 All food handlers must not be carriers of food-borne diseases e.g., typhoid or paratyphoid, cholera, and hepatitis type A.
- 6.1.3 All food handlers must not be suffering from discharging wounds or sores on any exposed part of their bodies; or from discharge from their eyes or noses.

### 6.2 Medical Screening for New Employees

- 6.2.1 All new recruited staff from overseas should undergo medical examination and have a fit to work clearance from their designated clinic to confirm employment with EKFC.
- 6.2.2 All new staff (local and overseas confirmed staff) designated as food handlers should undergo medical examination carried out by Dubai Health Authority (DHA). A check consisting of stool analysis and a chest x-ray is mandatory (changes as per regulatory requirement). Only upon clearing the mandatory medical screening a food handler should be allowed to start duty within EKFC.
- 6.2.3 All employees should accomplish FS-COP-PRP-004-FRM-01 upon employment for the agreement to notify future medical status.
- 6.2.4 All food handlers should be instructed to report to their supervisor or line managers and staff clinic if they are suffering from a communicable disease that can contaminate food (refer to 6.5).

### 6.3 Occupational Health Card or Visa Registration and Renewal Medical Screening

- 6.3.1 All employees should have a valid visa and occupational health card (OHC) to work at EKFC business units.
- 6.3.2 For new employees, OHCs should be registered by the HR- Government Relations team (GRD).
- 6.3.3 All food handlers are required to undergo the medical screening mandated by the Dubai Health Authority for processing the OHCs. The medical screening tests include stool test, chest x-ray and blood test.
- 6.3.4 The renewal of OHCs should be carried out annually by the HR- Government Relations team.
- 6.3.5 The expiration dates of the OHCs should be verified monthly based on the master data *by the HR-GRD team*.
- 6.3.6 Those OHCs that will expire the following month will be registered online for the schedule of the medical screening.
- 6.3.7 After completing the registration, the schedules of medical screening are coordinated with the departments concerned to notify the staff for medical screening.

6.3.8 When the results of medical screening are available, the DHA sends the medical report through email to the HR team.

6.3.9 Whenever an employee is unfit to work or diagnosed with food borne illnesses or communicable disease by DHA, the food handler should be excluded from working in the food handling and food contact surface handling areas until the test results showed fit to work status of the food handler.

#### 6.4 Illness Reporting

6.4.1 Food handlers should report to the supervisor and staff clinic if they are suffering from a communicable disease in the following situations:

6.4.1.1 They have symptoms associated with an acute gastro-intestinal illness, such as diarrhea, fever, and/or vomiting.

6.4.1.2 They are suspected of causing or being exposed to a confirmed communicable disease outbreak.

6.4.1.3 They live in the same household as a person who is diagnosed with a communicable disease.

#### 6.4.2 Staff Exclusion

6.4.2.1 The food handlers *who are diagnosed with communicable diseases which are specified in FS-COP-PRP-004-FRM-01 Agreement to Notify Health Status for EKFC Employees*, intestinal infection or flu-like symptoms must be excluded from the catering unit and should visit the in-house clinic for medical consultation.

6.4.2.2 When returning to work after medical leave or illness, food handlers should have written clearance from the treating physician, particularly in the case of diagnosed, reportable communicable diseases.

6.4.2.3 *Line manager should acknowledge the form FS-COP-PRP-004-FRM-03 Staff Exclusion Notification and Authorization Form*

6.4.2.4 Food handlers suffering from any food borne illness should not return to work until 48 hours after the disease symptoms have completely cleared and they have finished using any medication.

6.4.2.5 Food handlers with open infected lesions, cuts or wounds on their exposed part of the body must not be allowed to handle food or to come into contact with food utensils, equipment and food contact surfaces. Adequate first aid utilities should be provided for this purpose.

6.4.2.6 Minor cuts or abrasions on exposed parts of the body should be covered with a blue colored bandage containing a metal strip (*detectable in metal detector*) or an alternative suitable waterproof and blue colored dressing. Gloves or other appropriate PPE should be used if cut or wound affected hands.

#### 6.5 Employee Duty Resumption

6.5.1 Once the food handler reports to EKFC from *leave of more than 21 days*, the food handler should proceed to the Food Safety Administration Office to obtain and fill out the Employee Return to Work

Health Questionnaire Form (FS-COP-PRP-004-FRM-02).

- 6.5.2 After filling out the forms, the Food Safety staff signs and stamps *FS-COP-PRP-004-FRM-02* and advises the food handler to proceed with the stool test in the in-house clinic.
- 6.5.3 The food handler takes the stool container from the in-house clinic and submits the stool sample to the in-house clinic on the same day *or within the grace period of 3 days*.
- 6.5.4 Once the in-house clinic staff stamps and signs the Employee Return to Work Health Questionnaire then the food handler submits the completed form FS-COP-PRP-004-FRM-02 to the Food Safety Administration Office.
- 6.5.5 The food handler reports to the respective department after completing the above-mentioned process.
- 6.5.6 If the food handler test result was detected of communicable disease (e.g., symptomatic bacterial and protozoal infection, and asymptomatic bacterial infection), the food handler should be excluded from food and food-contact surface handling areas *as advised by the physician* and test should be repeated as per physician's advice until the clearance is provided by the in-house clinic.

#### 6.5.7 In-house Stool Test

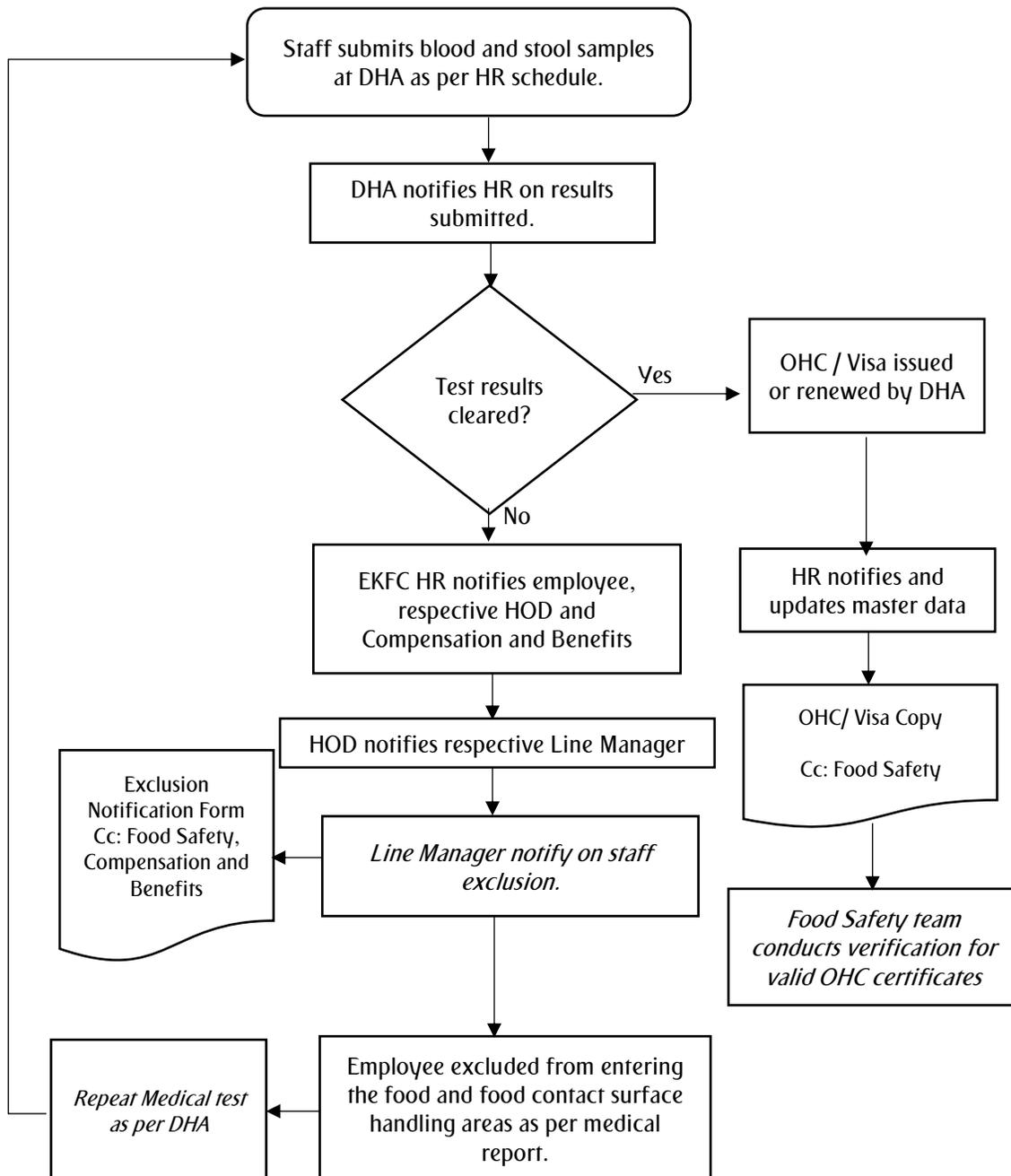
- 6.5.7.1 The food handler who has gone for *leave of 21 days or more*, whether local leave or outside of the United Arab Emirates, must undergo the in-house stool test prior to duty resumption or within 1-3 days of duty resumption. Failure to complete the duty resumption medical within 3 days of duty resumption will lead to the issue of *Food Safety Violation Notification (HVN)* to the employee and NCR to the respective department.
- 6.5.7.2 The food handler is provided with a grace period of maximum 3 days to complete the in-house stool test from the day of reporting to the company from *leave of more than 21 days*.
- 6.5.7.3 The stool analysis routine includes test for color, consistency, presence of blood, mucus, RBC's (red blood cells), WBC's (white blood cells), yeast cells and parasites/OVA. The stool sample is also tested for culture and sensitivity.
- 6.5.7.4 In case the food handler is diagnosed with communicable disease or carrier of communicable disease (bacterial, viral or parasitic) after returning from annual leave through the in-house stool test, then the employee should be advised to take medication as per prescription and the medical test should be repeated as per physician's advice. During this time, the food handler should be excluded from working in food handling and food contact surface handling areas.
- 6.5.7.5 Compliance with the in-house stool test policy is the responsibility of the food handler and the line managers of the respective department. Failure to comply with the said policy is subject to disciplinary action described in Food Safety and Hygiene Management Guidelines.

## 6.6 Process Flow of Employee Exclusion

6.6.1 Staff diagnosed with communicable diseases or carriers of communicable diseases (bacterial, viral, and parasitic) during **Occupational Health Card** registration or **Visa** registration or renewal process.

Process Owner: HR

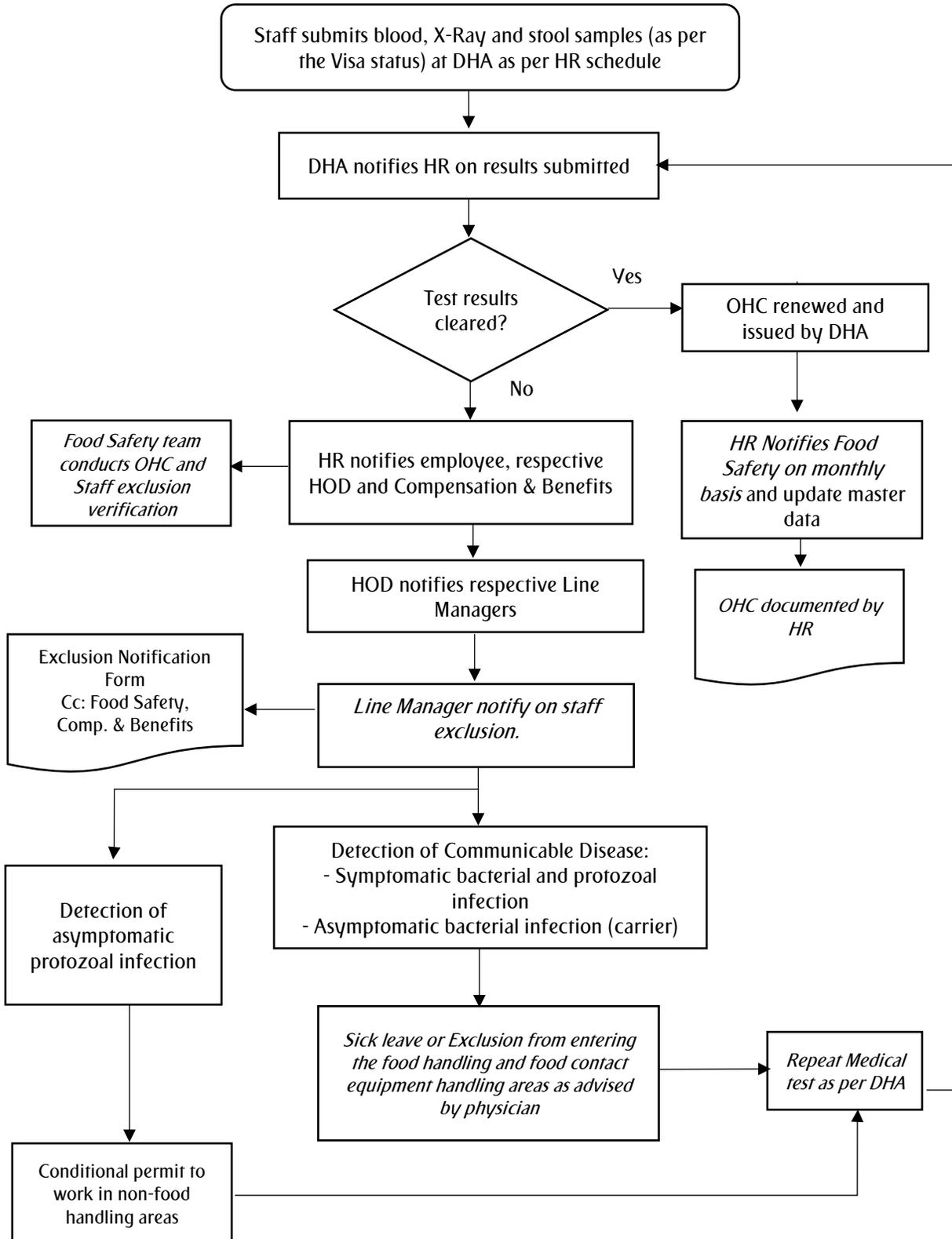
When: Pre-Employment, Visa Renewal



6.6.2 Staff diagnosed with communicable diseases or carriers of communicable diseases (bacterial, viral, and parasitic) during Occupational Health Card annual renewal process.

Process Owner: HR

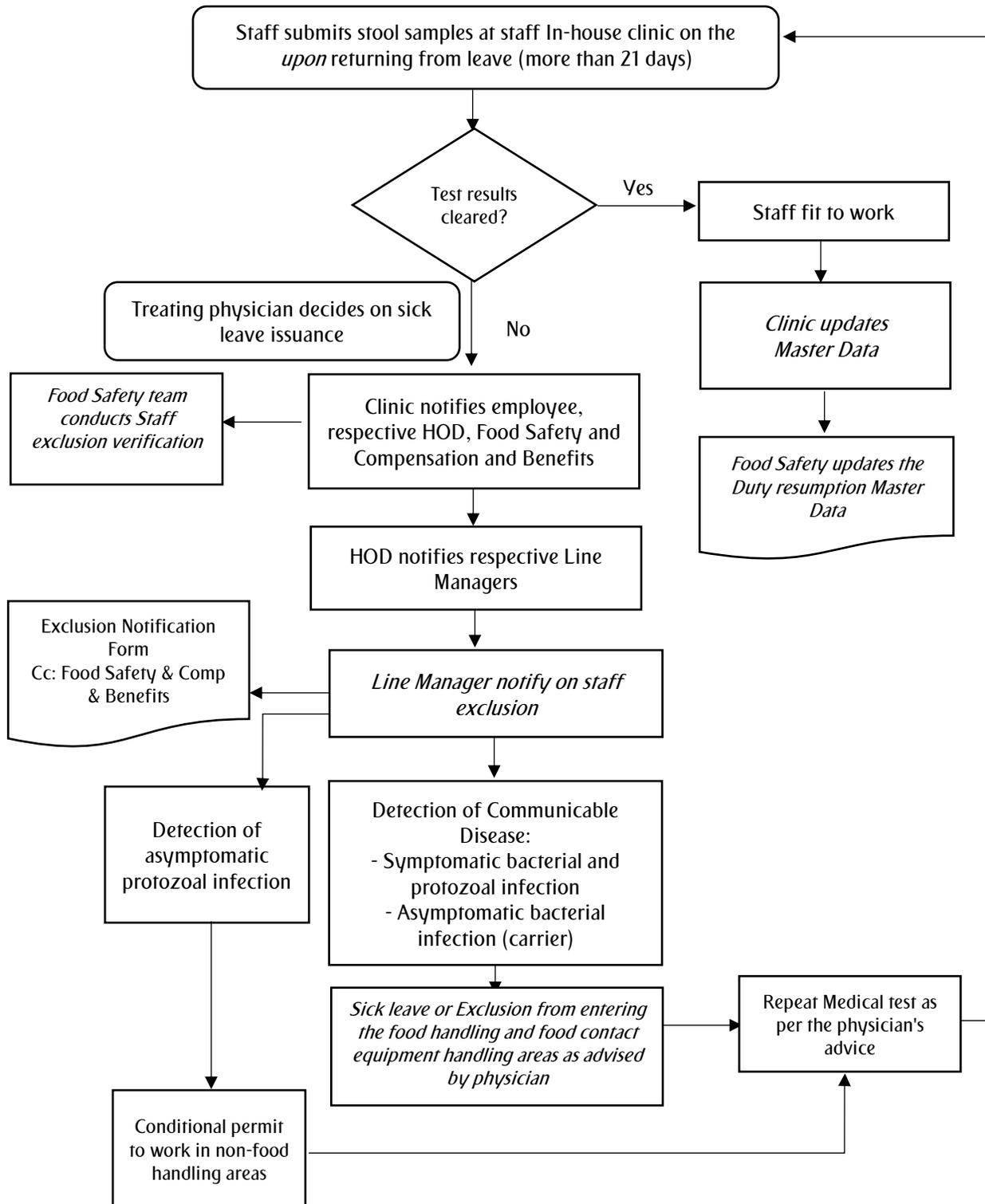
When: OHC Annual Renewal



6.6.3 Staff diagnosed with communicable diseases or carriers of communicable diseases (bacterial, viral, and parasitic) during screening **after returning from annual leave (21 days or more)**.

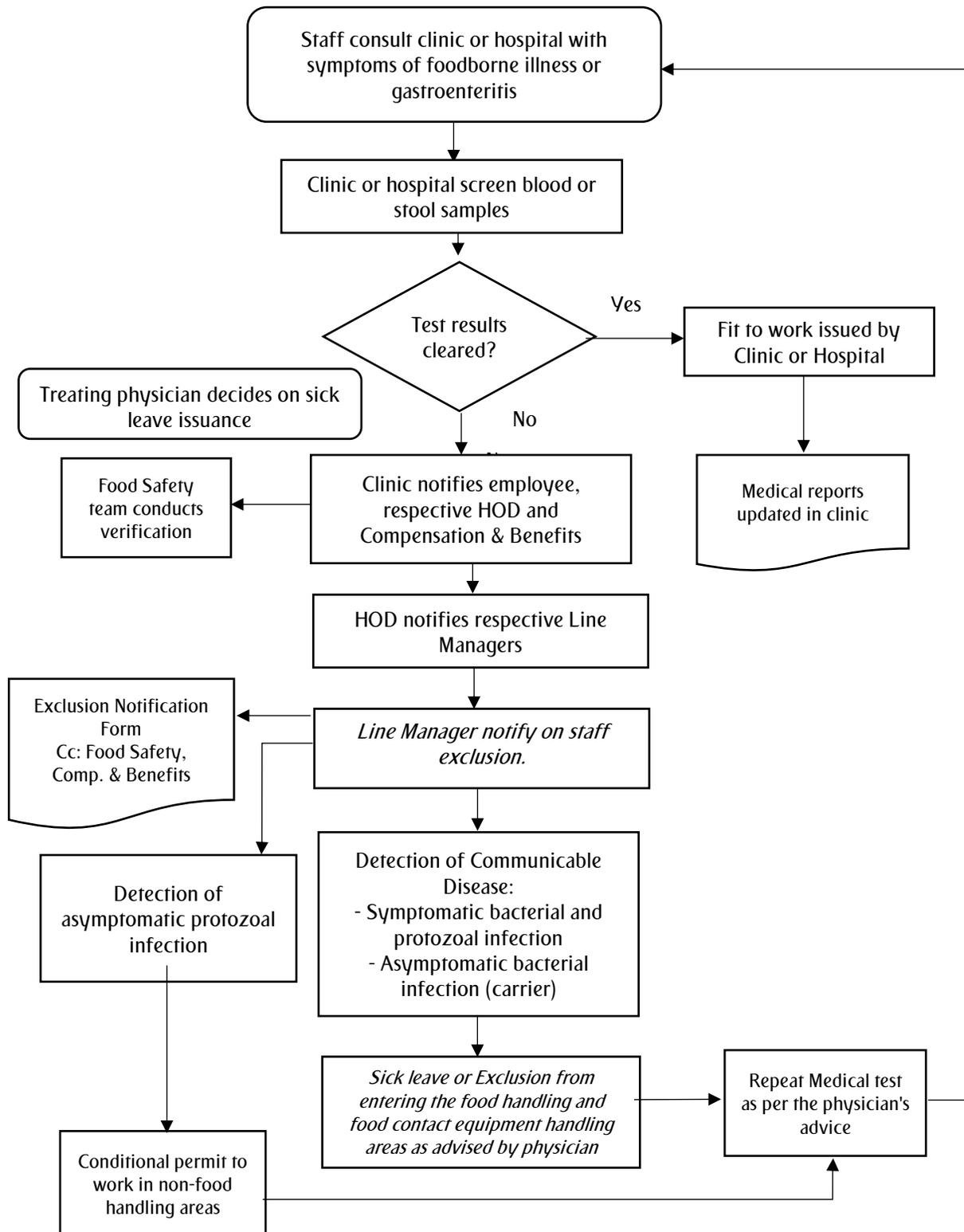
Process Owner: Food Safety/ Employee/ Staff Clinic

When: within 3 days from return to work



6.6.4 Staff diagnosed with communicable diseases or carriers of communicable diseases (bacterial, viral, and parasitic) when symptoms of suspected foodborne illness or gastro-enteritis are reported to the clinic or hospitals.

Process Owner: Employee  
When: Voluntary Illness Reporting



## 6.7 Verification

- 6.7.1 The respective Line Managers should ensure that staff with reported illness is excluded from the open food handling areas, equipment and food contact surfaces, and issue Staff Exclusion Notification and Authorization Form (FS-COP-PRP-004-FRM-03).
- 6.7.2 The Food Safety team should conduct verification of personnel exhibiting communicable disease symptoms working in the open food handling areas. Non-compliances observed should be raised through the Food Safety Spot Checks Report via Hygiene Management System (HMS) and respective department should take necessary actions.
- 6.7.3 The *Food Safety team* should ensure that the Occupational Health Card status of all food handlers are valid and all food handlers returning to work from vacation have undergone necessary medical screening (e.g., stool test). A monthly report on compliance on OHC renewal, return from *leave of more than 21 days* should be forwarded to the Heads of respective Department.

## VII. Documents

- 7.1 FS-COP-PRP-004-FRM-01 Agreement to Notify Health Status For Emirates Flight Catering Employee
- 7.2 FS-COP-PRP-004-FRM-02 Employee Return to Work Health Questionnaire Form
- 7.3 FS-COP-PRP-004-FRM-03 Staff Exclusion Notification and Authorization Form
- 7.4 FS-COP-MP-001-FRM-01 Food Safety Spot Check Report

## VIII. References

- 8.1 British Airways, Global Technical Standards for Inflight Caterers and Airport Lounges, Version 1.2, 12 April 2023.
- 8.2 Dubai Municipality Food Code 2.0, Final Draft 12 July 2023.
- 8.3 IFSA World Food Safety Guidelines for Airlines Catering, Version 5, 2022.
- 8.4 ISO TS 22002-2. First Edition 2013-01-15. Prerequisite Programmes on Food Safety – Part 2: Catering
- 8.5 QSAI Catering Quality Assurance Programme, Food Processing Safety and Interpretation Guidelines, Version 10.0, 01 Jan 2019
- 8.6 QSAI Memo: MQ TO QSAI Programmed Participants & QSAI Catering Organizations – Risk Assessment and Response Plan to Sars-CoV-2 & Covid-19
- 8.7 SQF Institute, 2019
- 8.8 FS-COP-MP-009 Communicable Disease Response Program

## IX. Attachments

Nil

## X. Document Control

This is a controlled document. The copy of this document is issued according to the distribution list in FSSC 22000 Masterlist of Controlled Documents (MCD).

## XI. Appendix

### 11.1 Hazard Identification and Risk Analysis

SN	HAZARD TYPE	HAZARD IDENTIFIED	RISK IMPACT
1	Microbiological	Detection of communicable diseases on symptomatic and asymptomatic carriers (food handlers and non-food handlers)	Transfer of pathogenic microorganism (e.g. Salmonella, protozoa, Hepatitis A, etc.) from food handler to food, food contact surfaces and to colleagues
2	Physical	NA	NA
3	Chemical	NA	NA
4	Allergen	NA	NA