

Guidelines for the Control of Norovirus in Hotels and Casinos



The Southern Nevada Health District has developed these guidelines to offer direction for hotels and casinos in the prevention and control of norovirus outbreaks. The recommendations are made in addition to the Health District's "Regulations Governing the Health and Safety of Public Accommodation Facilities."

While these guidelines are specific to norovirus, the controls detailed in this document are effective against a variety of gastrointestinal outbreaks. Therefore, even if the cause is unknown, these guidelines should be put in place as soon as a gastrointestinal outbreak is suspected. Rapidly implementing control measures can prevent additional illnesses.

Because each outbreak is unique to the circumstances and the property, it is not possible to predict which of the environmental controls would be most important in preventing the spread of disease. However, following as many of the recommendations as possible will reduce the chances of illness spreading in your facility. During an outbreak, some of these recommendations, as well as other items not on this list, may be required by the Health District.

Representatives from the Health District are available to help answer any questions about norovirus, these guidelines, or the process of outbreak investigation and control. If an outbreak is suspected at your facility, it is important to contact the Health District immediately so that staff can work with you to quickly minimize and end the spread of illness. For more information, contact your assigned inspector assigned to your facility, or the Health District's Office of Epidemiology and Disease Surveillance at (702) 759-1300. Additional resources are included at the end of this document and at www.snhd.info.

How to Use This Document

This document is intended to be used as a checklist. Review all of the control measures listed below. For each item, identify if it is already a part of your Standard Operating Procedures. If so, check the box under "SOP." If not, and you plan to implement the item, fill in the date your facility plans to implement that control measure under "Starting Date." If the outbreak is ongoing, continue to refer to this document and update responses as needed.

Section 1: General Recommendations

	SOP	Starting Date
<p>1.1 Increase employee handwashing in all employees to:</p> <ul style="list-style-type: none"> • At least once per hour • Upon entering a kitchen • After using the restroom • After shaking hands or other physical contact with peers and guests • After sneezing • After touching the face • After blowing the nose • After rubbing hands on clothing and similar activities • After handling raw foods • After handling dirty kitchen utensils and kitchenware • After cleaning, sweeping, or mopping • After a break • After smoking, eating, or drinking • Before handling any food, especially ready-to-eat foods and ice • After handling money (tips) • When entering and leaving the gaming floor • Before going on break • Before starting a shift • After ending a shift • After using a common-use telephone 	<input type="checkbox"/>	_____
1.2 Retrain staff on the importance of handwashing, when handwashing is required and how to wash hands properly. Handwashing resources available at www.snhd.info .	<input type="checkbox"/>	_____
1.3 Supervise staff and monitor for handwashing compliance. Provide corrections as needed.	<input type="checkbox"/>	_____
1.4 Implement strict glove use policy for all food preparation. Make sure that gloves are worn properly, changed frequently, and that hands are washed between glove changes.	<input type="checkbox"/>	_____
1.5 Discontinue the practice of having cocktail servers handle ashtrays and drink cups. Have a designated person, who is not a server, perform this task.	<input type="checkbox"/>	_____
1.6 Contact transportation companies affiliated with your property to advise them to start similar clean-up and sanitizing/disinfecting procedures as those started in the hotel properties.	<input type="checkbox"/>	_____

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| 1.7 | Regularly inspect all areas of the property (including, but not limited to, elevators, restroom, walkways, garages and parking lots, casino floor, and employee break rooms) for evidence of biohazard events, such as vomiting or diarrhea, which should be cleaned up following the procedures in Section 8. | <input type="checkbox"/> | _____ |
| 1.8 | Use single-use ticket system for automobile valet check-in and pick up. | <input type="checkbox"/> | _____ |
| 1.9 | Switch to auto-dispensing paper towel dispensers throughout the hotel including all patron restrooms, employee restrooms, kitchen and locker rooms. | <input type="checkbox"/> | _____ |
| 1.10 | Use disposable ice buckets and drink cups in all guest rooms, and discard when visibly soiled and between guests. | <input type="checkbox"/> | _____ |
| 1.11 | Make sure that existing SOPs are being properly carried out by staff through management's observation and trainings. | <input type="checkbox"/> | _____ |
| 1.12 | Install hand sanitizer stations and or provide ethanol towelettes in all dining facilities, restaurants, restrooms, break areas, and on casino floor. | <input type="checkbox"/> | _____ |
| 1.13 | Install signs in all restrooms on the need for proper hand washing. | <input type="checkbox"/> | _____ |

Section 2: Basic Clean-up and Disinfection Recommendations

SOP Starting Date

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| 2.1 | Review the labels of all chemicals used for cleaning, sanitizing, and disinfecting. During a norovirus outbreak, all chemical labels must state that they are effective against norovirus and provide specific instructions such as contact time required to kill norovirus. Follow chemical label recommendations for proper usage. | <input type="checkbox"/> | _____ |
| 2.2 | Use disposable cleaning cloths and mop heads for all cleaning and sanitizing/disinfecting. | <input type="checkbox"/> | _____ |
| 2.3 | <p>Modify ware washing of food contact surfaces in the following ways. Refer to Table 1 in Appendix C.</p> <ul style="list-style-type: none"> • Non-contaminated food contact surfaces to be sanitized with a 200ppm chlorine bleach solution for 5 minutes and then air dried. • Contaminated food contact surfaces to be disinfected with a 1000ppm chlorine bleach solution for 5 minutes, air dried, and then rinsed with clear water or passed through a ware wash machine to remove any residual chemical. | <input type="checkbox"/> | _____ |

- 2.4 Restrict the use of ware washing machines on food contact surfaces to only be used after a disinfection step. Norovirus is heat-resistant so high-temp machines may not be effective, and the sanitizers used in chemical machines are not effective against norovirus. ☐ _____
- 2.5 Discard the ice in all ice machines once per week throughout all kitchen facilities and clean and disinfect according to section 2.3. Any other equipment used to store ice, including bins, sinks, and buckets should be emptied, cleaned, and disinfected at least daily. ☐ _____
- 2.6 Frequently clean and disinfect high touch surfaces such as (but not limited to): ☐ _____
- a. Casino floor and guest areas
 - Slot and video machine buttons and handles
 - ATM machines
 - Coin cups
 - Self-serve coin redemption kiosks
 - Door handles and push plates
 - Elevator buttons and panels
 - Balcony rails
 - Public telephones, courtesy phones
 - Restaurant menus
 - Gaming chair backs
 - Table game cup holders
 - Counters and pens in public areas (e.g., registration, bell desk, concierge)
 - Bar and pool patio games such as bean bag toss game and Jenga
 - Coin trays
 - Ash trays
 - Drinking fountains
 - Escalator roller bars
 - Stair rails
 - Bar rails
 - Light switches
 - Casino cage counters
 - Contact areas of gaming tables
 - Beer buckets
 - b. Employee areas
 - Counters and pens in staff areas (e.g., assignment desks, uniform counters)
 - Door handles and push plates (both in public and staff areas)
 - Service elevators
 - Common use phones in employee areas
 - c. Bathrooms
 - Sink faucet handles
 - Bathroom door handles and push plates
 - Toilet handles
 - Paper towel dispenser handles
 - Bathroom stall locks
 - Floors

Section 3: Routine Guest Room Cleaning Procedure

SOP Starting Date

- 3.1 Use disposable cleaning cloths. ☐ _____
- 3.2 Use one cloth for cleaning and a new cloth for sanitizing/disinfecting surfaces. ☐ _____

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| 3.3 | Use separate colored cloths in toilet areas. | <input type="checkbox"/> | _____ |
| 3.4 | Use a new set of cleaning cloths for each guest room. | <input type="checkbox"/> | _____ |
| 3.5 | Clean and disinfect high touch areas such as taps, faucets, door and drawer handles, door latches, toilet or bath rails, telephones, rails on balconies, light and lamp switches, thermostats, remote controls, curtain pulls and wands, covers on guest information books, alarm clocks, hair dryers, irons, and pens. | <input type="checkbox"/> | _____ |

Section 4: Guest Room Cleaning Procedures for Rooms with Known Ill Guests

SOP Starting Date

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|-----|--|--------------------------|-------|
| 4.1 | Treat all areas of rooms with known ill guests as if they are contaminated with a highly infectious organism. | <input type="checkbox"/> | _____ |
| 4.2 | Staff entering the room should wear the correct personal protection equipment (PPE), including a disposable mask, gloves, eye shield, disposable shoe covers, and plastic disposable apron/gown. | <input type="checkbox"/> | _____ |
| 4.3 | Vomiting or diarrheal events should be reported and cleaned as per Section 8. | <input type="checkbox"/> | _____ |
| 4.4 | <p>Once the ill guests have checked out, treat the room as “hot room” and deep clean to make sure, that any contamination has been removed.</p> <ul style="list-style-type: none"> • Consideration should be given to a specifically trained team available for cleaning of the rooms with known ill guests. • Discard all disposable paper products (e.g., tissues and toilet papers) • Remove all towels, linens, pillows, bedspreads and blankets, and launder per directions in Section 9.1. • Examine the mattress for biohazard events, and discard per directions in Section 9.3 if visibly soiled. • Clean and disinfect all high touch surfaces throughout the room as per directions in Section 3.5. • Clean the carpet per directions in Section 9.4. • Use an aerosol or fogging device to sanitize/disinfect all surfaces in the room. | <input type="checkbox"/> | _____ |

NOTE: A sample response plan can be found in the Southern Nevada Health District regulations entitled “[Regulations Governing the Sanitation and Safety of Public Accommodations Facilities 2006 Appendix G. Example Guest Room Clean Up Standard Operating Procedure.](#)”

Section 5: Monitoring Employee and Guest Illness

	SOP	Starting Date
5.1 Have employer look for obvious signs of employee illness such as increase of restroom use. Send ill employees home as per the recommendations in Section 7.	<input type="checkbox"/>	_____
5.2 Monitor employee illness logs and interview employees to find potential cases of illness. Refer to Appendix C for an employee health log to track employee illness.	<input type="checkbox"/>	_____
5.3 Use a standardized illness questionnaire to collect information on guest and employee illness symptoms.	<input type="checkbox"/>	_____
5.4 Review room service orders to find potentially ill guests. Provide an illness questionnaire to any guests ordering items indicative of stomach upset such as ginger ale, dry toast, chicken broth, etc.	<input type="checkbox"/>	_____
5.5 Review gift shop sales to find potentially ill guests. Provide an illness questionnaire to any guests purchasing medications for gastroenteritis (e.g., anti-diarrheal, antacids, upset stomach relief) at gift shops.	<input type="checkbox"/>	_____

Section 6: Working with Guests During Outbreaks

	SOP	Starting Date
6.1 Provide information to guests upon check in, in guest rooms, and through signs on: <ul style="list-style-type: none"> • Symptoms and transmission of norovirus • Prevention of norovirus, including handwashing • The procedure of reporting illness to hotel and or health district • How to obtain medical help, if necessary <p>Southern Nevada Health District staff are available to work with the hotel management to develop appropriate messages for the guests.</p>	<input type="checkbox"/>	_____
6.2 Encourage ill guests to stay in rooms through the following methods: <ul style="list-style-type: none"> • Staff taking illness reports should ask guests stay in their rooms while experiencing symptoms • Send a room service tray containing fluids (hot tea, water, electrolyte maintaining solutions such as Pedialyte®) and foods such as crackers, dry toast, and broth to any person reporting an ongoing illness. • Provide a method by which ill guests can get items from the gift shop (newspaper, magazines, light snacks, over the counter medications, etc.,) without leaving their rooms. 	<input type="checkbox"/>	_____

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| 6.3 | When needed, and if space allows, move non-ill guests sharing a room with ill guests to a different room. | <input type="checkbox"/> | _____ |
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Section 7: Communicating with Employees During Outbreaks

SOP Starting Date

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| 7.1 | During an outbreak, give regular updates to employees, to include: <ul style="list-style-type: none"> • The status of the outbreak • Talking points to be used in dealing with guests • Reminders on proper handwashing • Procedures for reporting illness | <input type="checkbox"/> | _____ |
| 7.2 | Require all employees who report having experienced vomiting, diarrhea, or “stomach flu” symptoms to stay off duty for 72 hours after their symptoms end without the aid of medications. This applies to all staff regardless of their job duty. | <input type="checkbox"/> | _____ |
| 7.3 | Evaluate policies for the compensation and medical evaluation of ill employees. | <input type="checkbox"/> | _____ |
| 7.4 | Remove obstacles to calling out sick. For example, if points are usually applied to an employee’s record for calling out, suspend that practice until the end of the outbreak. | <input type="checkbox"/> | _____ |
| 7.5 | When reviewing employee illness numbers, have directors of all departments share and discuss their information. An outbreak can be spread across the entire property’s staff and it might not be evident until all the numbers are reviewed together. | <input type="checkbox"/> | _____ |
| 7.6 | Prohibit employee potlucks, and do not allow employees to bring in food (either prepared at home or commercially) to share with others for the duration of the outbreak. Temporarily remove candy dishes and fruit baskets at individual desks or common areas. | <input type="checkbox"/> | _____ |

Section 8: Biohazard Events: Removal, Clean-up, and Disinfection

SOP Starting Date

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| 8.1 | Treat all vomiting and diarrhea events as if they are contaminated with a highly infectious organism. | <input type="checkbox"/> | _____ |
| 8.2 | Always consider having a specially trained cleaning team available. | <input type="checkbox"/> | _____ |
| 8.3 | Make sure that all biohazard events are only remediated by staff that is trained and properly protected for such clean-up activities. | <input type="checkbox"/> | _____ |

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| 8.4 | Have staff report all biohazard events to management. Document all biohazard events in a log including date, time, location, persons affected (if known), the names of responders, the names of persons reporting the incident, the name of responders and a short description of the response of the incident. | <input type="checkbox"/> | |
| 8.5 | In an event of a vomiting or diarrhea events, the area must be cleaned as a matter of emergency. Because of the potential for the aerosolization of the virus, the area must be closed or cordoned off in a 25-foot radius from the site of the incident. Guests and non-essential staff should be excluded from these areas for the duration of clean-up. | <input type="checkbox"/> | |
| 8.6 | Individuals who clean-up vomit and diarrhea should use the following procedures: <ul style="list-style-type: none"> • Wear proper Personal Protective Equipment (PPE) including a disposable mask, gloves, eye shield, disposable shoe covers and disposable plastic apron. • Use disposable cleaning cloths or proper towels to soak up the excess liquid. Transfer these and any solid matter directly into a biohazard waste bag. • To remove gross debris, clean the soiled area with detergent and hot water, using a disposable cloth. • Disinfect the contaminated area. • Dispose the mop heads, cleaning cloths, other materials used in clean-up and the PPE in a biohazard waste bag. • Wash hands thoroughly, after completing the clean-up procedures and again after completing the disposal procedure. | <input type="checkbox"/> | |

NOTE: A sample response plan can be found in the Southern Nevada Health District regulations entitled [“Regulations Governing the Sanitation and Safety of Public Accommodations Facilities 2006 Appendix I: Biohazard Event Response Plan for Public Areas.”](#)

Section 9: Treatment of Contaminated Materials

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| 9.1 | Contaminated linen and other fabric materials should be placed carefully into laundry bags separate from other non-contaminated linens. They should be washed separately in hot wash and dried separately at 170 °F. If an outside laundry is used, they should be informed that the laundry is potentially infectious. | <input type="checkbox"/> | |
| 9.2 | Soft furnishings should be removed for proper disinfection. | <input type="checkbox"/> | |
| 9.3 | Soiled mattresses should be wrapped in heavy gauge plastic and discarded via normal solid waste disposal procedure. | <input type="checkbox"/> | |

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| 9.4 | Contaminated carpets should be cleaned in a three-step process. First, carpets should be cleaned with carpet detergent and hot water. Second, carpets must be disinfected by applying the correct disinfectant. Third, carpets should be steam cleaned (158 °F for 5 minutes or 212 °F for 1 minute is needed for complete inactivation). | <input type="checkbox"/> | _____ |
| 9.5 | Contaminated hard surfaces should be washed with detergent with hot water, using a disposable cloth, and then disinfected. Cleaning cloths should be disposed of as biohazardous waste. Mop heads should be discarded after use. | <input type="checkbox"/> | _____ |

Section 10: Responding to Vomiting Events in Food Preparation Areas**SOP Starting Date**

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| 10.1 | Stop all food preparation and service until clean-up is completed. | <input type="checkbox"/> | _____ |
| 10.2 | Follow the procedures outlined in Section 8.6 for cleaning. | <input type="checkbox"/> | _____ |
| 10.3 | Discard all exposed foods, food that may have been contaminated, and food that has been handled by the ill employee. | <input type="checkbox"/> | _____ |

Several commercially available products have been approved by the Environmental Protection Agency (EPA) for use against norovirus. Because norovirus is difficult to grow in laboratory conditions, these products have been tested against Feline Calicivirus (FCV), a surrogate for norovirus.

This list is provided solely as a courtesy. The Health District does not recommend any product or manufacturer. This list is based on products known to the Health District at the time this document was created and should not be assumed to be comprehensive. If you have questions or concerns about a product, please contact the manufacturer or the assigned inspector for your facility. The EPA has produced a list of recommended disinfectants that can be found at the following link: www.epa.gov/sites/production/files/2020-03/documents/list_g_disinfectant_list_003.pdf

Method/Chemical	Product	Manufacturer
Bleach (Sodium hypochlorite)*	Generic – 1000ppm	
Ethanol	Generic – 75% Ethanol	
Heat	> 170°F	
Hydrogen peroxide	Peroxide Multi Surface Cleaner Disinfectant	Ecolab
Hypochlorous acid	Envirocleanse A	Envirocleanse LLC
Potassium peroxomonosulphate	Virkon®	Laxness Corporation
Quaternary Ammonia (hospital grade)	MIKRO-QUAT	Ecolab

* More information on bleach provided in Appendix B.

** Note: regular quaternary ammonia is not effective against norovirus.

The main ingredient in bleach is chlorine in the form of sodium hypochlorite. Chlorine percentages in commercially available bleaches may range from 3.5% to 12.5%. Always check the labels.

- Chlorine bleach concentrations in this Appendix are based on a 5.25% sodium hypochlorite concentrated chlorine bleach and may not be appropriate for other concentrations.
- Obtain new, unopened bottles of concentrated chlorine bleach every 30 days. Open bottles of concentrated chlorine bleach lose strength after opening.
- Ventilate areas during mixing and application.
- Ensure clean up and disinfection of biohazard incidents are conducted by trained staff.
- Wear non-latex disposable gloves and any other necessary personal protective equipment.
- Prepare dilutions daily and discard unused portions of diluted bleach.
- Leave bleach on surfaces for 5 minutes.
- Food contact surfaces that may have been contaminated can be disinfected using the concentration listed below for hard surfaces followed by a clear water rinse or a pass through the ware wash machine to remove residual chemical.
- Change in-use bleach solution every 30 minutes and always use a new clean wiping cloth.
- Avoid spray bottle application to reduce inhalation and respiratory irritation.
- Other disinfectants approved by the Environmental Protection Agency (EPA) to be effective against norovirus can be found at www.epa.gov in List G.

Table 1. Recommended Bleach Solutions for Norovirus

Food contact surfaces , stainless steel, food/mouth contact items NOT contaminated by vomit or diarrhea that have been cleaned with hot water and detergent	200 ppm or 1 Tbsp bleach/gallon water (1:250 dilution). Ensure the surface stays wet for a full 5-minute contact time. Air dry.
Food contact surfaces , stainless steel, food/mouth contact items contaminated by vomit or diarrhea that have been cleaned with hot water and detergent	1,000 ppm or 1/3 cup bleach/gallon water (1:50 dilution). Ensure the surface stays wet for a full 5-minute contact time. Air dry. Follow with a clear water rinse or a cycle through a ware washing machine before use.
Hard surfaces , non-porous surfaces, tile floor, counter-tops, sinks, toilets and other areas contaminated by vomit or diarrhea that have been cleaned with hot water and detergent	1,000 ppm or 1/3 cup bleach/gallon water (1:50 dilution). Ensure the surface stays wet for a full 5-minute contact time. Air dry.
Porous surfaces , wooden floors, contaminated by vomit or diarrhea that have been cleaned with hot water and detergent	5,000 ppm or 1 2/3 cups bleach/gallon water (1:10 dilution). Ensure the surface stays wet for a full 5-minute contact time. Air dry.

Instructions: Use this log to monitor employee absences due to illness. Tracking absences will enable your establishment to better control the spread of foodborne illnesses. Please review and refer to your establishment's Employee Health Policy. If undiagnosed, refer to the **Foodborne Illness Restriction and Exclusion Guidelines**.

Symptoms Reported to Manager by Employee			Manager/Employee Response						
Date Reported	Employee Name	Symptoms* Vomiting (V), Diarrhea, (D), Jaundice (J), Sore Throat with Fever (ST), Infected Wounds (IW)	Other Symptoms	Date Excluded or Restricted from Work*	Date Returned to Normal Work Duties	Consulted with Doctor?	Diagnosed? ** If yes, name the illness.	Contacted the Health District?	Restricted Duties
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> V <input type="checkbox"/> D <input type="checkbox"/> J <input type="checkbox"/> ST <input type="checkbox"/> IW				YES / NO	YES / NO	YES / NO	

* If symptoms of vomiting and diarrhea, exclude food employee from work until 24 hours after symptoms end.
** If a food employee is diagnosed with Norovirus, E. coli O157:H7, Shigella spp., Hepatitis A, Salmonella Typhi, AND/OR if jaundiced, then exclude and contact the Health District at (702) 759-1300.



Foodborne Illness Restriction and Exclusion Guidelines without an Illness Diagnosis

Symptom	Restrict/ Exclude Not a HSP facility	Restrict/ Exclude Facility Serves HSP	Lifting Restriction or Exclusion status
Vomiting	Exclude	Exclude	When the food employee has been symptom free for at least 24 hours without the aid of medication or provides a written medical release/ fitness for duty.
Diarrhea	Exclude	Exclude	When the food employee has been symptom free for at least 24 hours without the aid of medication or provides a written medical release/ fitness for duty.
Jaundice	Exclude	Exclude	When the food employee has been jaundiced for more than 7 calendar days or provides a written medical release/ fitness for duty.
Sore throat with fever	Restrict	Exclude	When the food employee provides a written medical release/ fitness for duty.
Exposed infected wounds or boils	Restrict	Restrict	When the infected wound or boil is properly covered.

HSP – Highly Susceptible Population – Those who are immunocompromised, preschool-age children, older adults, and individuals who obtain food at a facility that provides services such as custodial care, health care, or assisted living, or in a child or adult day care center, kidney dialysis center, hospital, nursing home, or nutritional or senior center.

Exclusion – a food employee is not permitted to work in or enter a food establishment as a food employee. This requirement applies to areas where food is received, prepared, stored, packaged, served, vended, transported, or purchased.

Restriction – a food employee's activities are limited to prevent the risk of transmitting disease that is transmissible through food. A restricted employee cannot work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

Demographic Information	Name			List all hotels and restaurants visited in the 72 hours before the illness started	
	Address				
	City	State	ZIP		
	Date of Birth/Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
	Home Phone	Occupation			
Travel Information	Arrival Date		Departure Date		Hotels and Restaurants Visited
	Travel Method <input type="checkbox"/> Plane <input type="checkbox"/> Car <input type="checkbox"/> Bus		Travel Method <input type="checkbox"/> Plane <input type="checkbox"/> Car <input type="checkbox"/> Bus		
	If Plane, Airline Name		If Plane, Airline Name		
	Flight/Bus Number		Flight/Bus Number		
	Hotel Name		Room Number		
	Events Attended (with Dates) <i>Conferences, Meetings, Weddings, etc.</i>				
Medical History	Did you seek medical care for your illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, when and where was care sought?				
	Do you have any underlying medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please list.				
	Did any of your travel companions have a similar illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, provide names and phone numbers.				

Illness Information												
Have you recently had any of the following symptoms?				If yes, when did they begin?				If yes, how long did they last?				
	Yes	No	Don't Know	Before Arrival	In Las Vegas	After Departing	Date	< 1 Day	1 Day	2 Days	3 or More Days	Ongoing
General												
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal												
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloody Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Skin or Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatologic												
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itchy Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itchy Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic												
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory												
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itchy/Watery Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>