

CHAPTER 04 / LEARNER STUDY GUIDE

The Safe Food Handler



Protect the next plate.

Match the condition to the correct action.

Employee health, handwashing and food-contact barriers work together. A glove cannot make an excluded employee eligible to work. Learn the controlling fact before choosing the action.

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Use this guide: review the lesson, compare the similar-looking rules, then take the separate interactive quiz. All questions and examples are original. Explanations point back to the teaching; practice scores do not provide certification or guarantee a future exam result.

LESSON SLIDES 3-8

Report early. Apply the correct control.

Term or role	What it means
PIC	Person in charge of the operation at that time. Applies employee-health controls and required notifications.
Employee	Reports required symptoms, diagnoses and qualifying exposures to the PIC, including relevant dates.
Permit holder	Requires employee and conditional-employee health reporting.
Conditional employee	Person offered a job whose employment depends on responses to permitted health questions or examinations.
Regulatory authority	Government agency responsible for the establishment; not an owner, district manager or corporate office.

Restriction is not exclusion

Restrict: limit work so there is no risk of disease transmission through food. No work with exposed food, clean equipment, utensils, linens, or unwrapped single-service/single-use items. Wrapping clean silverware is not an acceptable workaround.

Exclude: do not permit the person to work in or enter the establishment as an employee. Moving an excluded employee from food prep to the dish area does not satisfy exclusion.

HSP includes the person AND the setting

Highly susceptible population: preschool-age children, older adults or immunocompromised people obtaining food in qualifying care or service settings. Examples include nursing-home and child-care food operations. One older guest in an ordinary restaurant does not change its category.

Carrier: a person who harbors a pathogen and can transmit it, sometimes without noticeable symptoms. The term alone is not a diagnosis or an automatic exclusion rule.

LESSON SLIDES 5, 9-11 AND 16

Symptoms: choose the immediate response

Condition	Model-Code control
Vomiting or diarrhea	Exclude unless from a noninfectious condition. Do not wait for a diagnosis. The noninfectious reinstatement route requires written medical documentation.
Jaundice	Notify the regulatory authority. Exclude when onset was within the last 7 calendar days, unless the specified written medical exception applies.
Sore throat WITH fever	Restrict in a non-HSP restaurant; exclude in an HSP operation.
Open/draining pus-containing wound	Restrict if not properly protected. Covering requirements vary by location; see page 6.

Understand the vocabulary

Jaundice is yellowing of skin or the whites of the eyes. A **lesion** is an affected area of skin, such as an infected wound. A **noninfectious** condition is not caused by an infection; an employee's guess is not the required written medical documentation.

Two restaurant decisions

A cook reports diarrhea this morning: exclude under the stated facts, even if the cook offers to wear gloves. A nursing-home cook reports sore throat and fever: exclude because of the HSP setting. At an ordinary non-HSP restaurant, the latter condition calls for restriction.

Do not confuse: the 7-day jaundice-onset provision limits that exclusion trigger, not the notification duty. Jaundice still requires authority notification outside that window; evaluate diagnoses and applicable criteria.

LESSON SLIDES 6, 12-13

Diagnosis and exposure are different

Six reportable diagnoses: norovirus; hepatitis A virus; Shigella species; Shiga toxin-producing Escherichia coli (STEC); typhoid fever caused by Salmonella Typhi; nontyphoidal Salmonella. Employees report to the PIC; the PIC notifies the regulatory authority. The two Salmonella entries do not have identical controls.

Diagnosed, never symptomatic	Control by setting
Norovirus, Shigella, STEC	HSP: exclude. Non-HSP: restrict.
Nontyphoidal Salmonella	Restrict in both settings.
Hepatitis A; typhoid fever	Exclusion provisions apply.

Asymptomatic means without symptoms. The chart is not a shortcut for an employee whose symptoms recently resolved: use the existing exclusion's return or adjustment criteria. Also report typhoid fever diagnosed within the past 3 months without antibiotic therapy, as determined by a health practitioner.

Qualifying exposure reporting window	After last exposure
Norovirus	Past 48 hours
Shigella or STEC	Past 3 days
Salmonella Typhi	Past 14 days
Hepatitis A virus	Past 30 days

Qualifying exposures include specified implicated-food, confirmed-outbreak and household connections in the Code. They are not every casual contact with an unwell person. A listed exposure without symptoms or diagnosis requires restriction in an HSP operation; its release criteria are separate. **These reporting windows are not return-to-work timers.**

LESSON SLIDES 10-15

Return is a separate decision

Authority / condition	What to remember
Code: undiagnosed vomiting or diarrhea	At least 24 hours without those symptoms OR written medical documentation of a noninfectious cause under the specified pathway.
Code: diagnosed norovirus	Full release requires regulatory approval plus specified medical or time criteria. The time route is more than 48 hours after becoming asymptomatic, or after diagnosis if never symptomatic.
CDC norovirus guidance	Food workers stay home while sick and for at least 48 hours after symptoms stop. This is guidance, not a replacement quotation for the Code.

Do not use one number for every illness

A diagnosed infection has disease-specific requirements. Required authority approval is separate from medical documentation. Some non-HSP cases can move from exclusion to restriction before unrestricted return; **restriction is not full clearance**. Jaundice, hepatitis A and typhoid fever also require the applicable authority-led return pathway.

For sore throat with fever, reinstatement requires written medical documentation of a specified pathway: more than 24 hours of antibiotic therapy for *Streptococcus pyogenes*, a negative throat specimen culture, or a practitioner's determination that the employee is free of that infection. Do not self-prescribe treatment.

A clock is not an approval

A diagnosed employee saying "I feel better" is not enough. Verify the diagnosis, symptom history, operation type, required medical evidence, regulatory approval and locally adopted requirements. Restaurant policy may be stricter; identify it as policy.

LESSON SLIDES 16-17 AND 29-30

Wounds, nails, jewelry and clothing

Open/draining infected wound	Required protection
Hand or wrist	Impermeable cover AND a single-use glove over it.
Exposed arm	Impermeable cover.
Other body area	Dry, durable, tight-fitting bandage.

Impermeable means liquid cannot pass through. A glove alone does not replace the cover on an infected hand wound. A properly covered wound can remove that wound-related restriction; it does not remove an unrelated illness exclusion.

A separate provision requires a single-use glove over an impermeable bandage, finger cot or finger stall on the wrist, hand or finger when working with exposed food. This applies even when the cut is not infected.

Personal hygiene	Objective rule
Fingernails	Trimmed, filed, cleanable and not rough. Polish/artificial nails require intact gloves when working with exposed food.
Jewelry during prep	No hand/arm jewelry except a plain ring, such as a wedding band. Gloves do not create a watch or bracelet exception.
Hair and clothing	Effective hair/beard restraints and clean outer clothing. Limited hair-restraint exception for roles presenting minimal contamination risk.

Practice versus rule: a uniform color, designated apron routine or stricter no-ring policy may be restaurant policy. Do not confuse it with the Code's specific exceptions.

LESSON SLIDES 18-20

Wash completely at the correct sink

Step	Understand the action
Wet and apply soap	Clean, running warm water; apply cleaning compound.
Rub	Vigorously rub 10-15 seconds, including nails and between fingers.
Rinse	Thoroughly rinse under clean, running warm water.
Dry	Use an approved method, such as individual disposable towels or a suitable hand-drying device.

Two different measurements

At least 20 seconds: complete hand-cleaning procedure.

85 F minimum: 2022 model-Code hand sink water-supply capability through a mixing valve or combination faucet. It is not a hand-sterilizing temperature. Older/local editions may differ.

The sink has to work as a hand sink

Keep it accessible and supplied with cleaning compound and an approved drying method. Provide the required visible handwashing reminder sign. Where disposable towels are used, provide a waste receptacle. Do not store utensils in the sink or block it with a cart.

Use the designated handwashing sink, not a food-preparation or warewashing sink. Avoid recontaminating washed hands at the faucet or door; a disposable towel can help where needed. Restoring access and supplies is part of the correction when a station cannot support the required wash.

LESSON SLIDES 21-23

Wash when the risk changes

Trigger	Why it matters
Before preparing food	Includes before donning gloves to initiate food work.
After using the toilet	Potential fecal contamination requires the full wash.
After touching body parts	Includes hair or face; clean hands/arms have a limited exception.
After contaminated objects	Examples: soiled equipment, phone contact or other contaminating activity.
From raw to RTE tasks	Interrupt transfer to food that will receive no further safety step.

Worked transition: chicken prep to salad assembly

Remove the raw-task gloves. Wash hands. Use a clean, sanitized work surface and suitable clean tools. Protect the ready-to-eat salad with a new glove or appropriate utensil. A new glove on a dirty hand, or clean hands at a dirty board, leaves a transfer route open.

Hand antiseptic is supplemental

A hand antiseptic, often called hand sanitizer, is used only on already-cleaned hands under its approved conditions. It does not replace washing after a contaminating task. CDC warns that hand sanitizer alone does not work well against norovirus. Surface sanitizer is not a substitute hand product.

Additional triggers: coughing, sneezing, tissue or handkerchief use; handling service animals or aquatic animals; eating, drinking, tobacco use; and other activities that contaminate hands. Visible dirt or coughing onto a hand is not required. The closed-beverage exception applies only when its handling conditions prevent contamination. Animal-handling permission is a separate rule.

LESSON SLIDES 24-28

Ready-to-eat protection and gloves

RTE means ready-to-eat: no further preparation is needed for food safety. It is not a temperature category. Cooked foods, washed produce intended for raw consumption, bread, garnishes and drinking ice can be RTE.

Ordinary rule	Apply it correctly
No bare-hand contact with exposed RTE food	Use suitable tongs, deli tissue, spatulas, dispensing equipment or single-use gloves.
Single-use gloves	One task only. Discard when soiled, damaged or an interruption occurs. Do not wash or reuse.
Contamination before a timer expires	Change immediately as required. No fixed glove timer excuses a contaminated glove.

Narrow exceptions are not manager discretion

The Code allows contact during produce washing. A specific exception covers an RTE ingredient added before on-premises cooking: with raw animal food, reach the required animal-food cook; without raw animal food, all parts reach at least **145 F**. This does not cover an uncooked garnish added afterward.

Other bare-hand RTE procedures require prior regulatory-authority approval and all specified safeguards, and are not permitted for HSP operations. A manager's permission or an employee's clean hands alone is not this approval.

Correct the next task AND the exposed food

Phone contact while making sandwiches: remove contaminated gloves, wash, and use a clean suitable barrier. Discard food contaminated through employee hands under the specific disposition rule. Changing gloves does not repair food already contaminated.

LESSON SLIDES 31-32

Personal habits and personal storage

Situation	Food Code distinction
Eating, drinking and tobacco	Use designated areas where contamination cannot result.
Closed beverage	May be used under conditions preventing contamination of hands, container and protected food-related items.
Persistent discharges	No work with exposed food, clean equipment/utensils/linens or unwrapped single-use items when persistent cough, sneezing or runny nose causes discharges.
Medicines	Keep legible identifying manufacturer labels; locate to prevent contamination.
Refrigerated medicine	In a food refrigerator: keep its package inside a covered, leakproof outer container identified for medicine storage, inaccessible to children. Prevent contamination of food and related items.

A lid is not the whole beverage rule

An employee touches the mouth-contact area of a cup and returns to handling a garnish. The issue is the contaminated hand route, even if the cup has a lid. Wash when contamination occurs. A designated drink shelf or required cup style can be a restaurant procedure implementing the rule, rather than the Code's exact universal requirement.

Do not combine unrelated controls

Properly storing medicine does not prove the employee is eligible to work. Employee-health reporting and restriction/exclusion decisions still apply. Similarly, not every cough is the vomiting-and-diarrhea exclusion rule; identify the actual condition and protected tasks.

LESSON SLIDES 33-35

Respond to contamination, then restore

The establishment needs **written procedures** for vomiting or diarrheal events involving discharge onto surfaces. The procedure must minimize spread and exposure of employees, guests, food and surfaces. Protect the area, notify the PIC, and use the specified responder protection, equipment and disposal steps. This is not routine table wiping.

Restoration step	Key distinction
Clean	Remove soil through the required process.
Disinfect	Use an appropriate EPA-registered product under its label directions. EPA means Environmental Protection Agency.
Observe conditions	Follow dilution, contact time, surface suitability and any required testing. Do not invent a universal bleach recipe.
Food-contact rinse	After disinfection, rinse with potable water unless the EPA-registered label specifies otherwise. Potable means safe for drinking.

The December 2024 Supplement adds Part 4-10 disinfection provisions. A routine sanitizer bucket is not automatically adequate for the event. Complete required restoration before reuse. Managing the sick employee is a separate employee-health decision.

The chapter in four decisions

Report relevant symptoms, diagnoses and exposures.

Control work with the correct restriction or exclusion.

Prevent transfer using handwashing and suitable barriers.

Return correctly with applicable criteria, documentation and approval.

LESSON SLIDE 36 / SOURCE MAP

Primary sources and an efficient review

This chapter uses objective model-Code provisions and explicitly labeled public-health guidance. The model Code does not automatically become the law in every jurisdiction. Verify the adopted version, local requirements and public-health directions for your operation.

1. Corrected FDA Food Code 2022

[Open the corrected FDA Food Code 2022](#)

Definitions: 1-201.10. Responsibilities and employee health: 2-103 and 2-201. Hygiene: 2-301 through 2-402. Written event response: 2-501.11. Hand contact and gloves: 3-301.11 and 3-304.15. Contaminated food: 3-701.11. Hand sinks: 5-202.12, 5-205.11 and 6-301. Medicines: 7-207.

2. December 2024 Food Code Supplement

[Open the December 2024 Supplement](#)

Part 4-10 adds disinfection provisions. Read amendments together with the base Code rather than treating the Supplement as a complete replacement.

3. CDC norovirus food-worker guidance

[Open the CDC food-worker fact sheet](#)

Supports norovirus prevention and the guidance to stay home while sick and at least 48 hours after symptoms stop. It is identified as guidance, not substituted for disease-specific Code clearance criteria.

Use missed answers to find the missing distinction

For each missed question, name the condition, the population/setting, the authority and the action. Return to the slide and guide page in its explanation. Explain why each alternative fails before retrying. Do not memorize only the letter.

Original Peak Shift study material. Public primary-source references checked during preparation on September 23, 2026. Questions are not reproduced examination items and do not predict any individual exam.