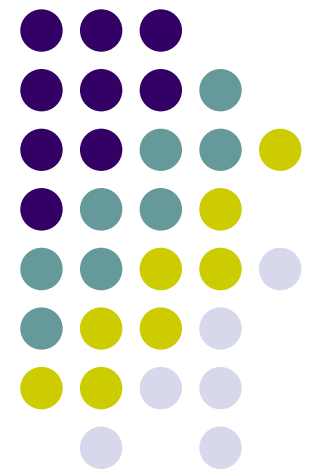


# Food-borne Illness Outbreak Investigation – A recipe for Departmental Inclusion

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# Project Goal

- Enhance food-borne illness surveillance and response effectiveness among environmental health, disease prevention, nursing, and epidemiology
- Established time parameters for each phase of response.
- Minimize/reduce future outbreaks.



# Health Problems

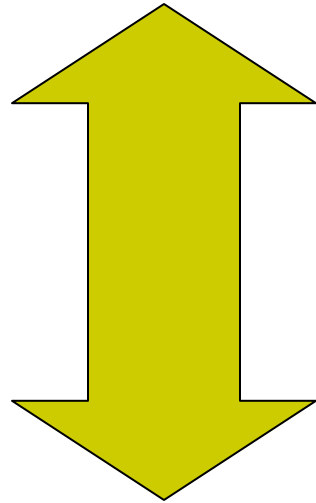
- CDC estimates 76 million people get sick, 300,000 hospitalized, and 5,000 die each year from food-borne illnesses
- Locally, uncoordinated internal FBO processes and training, department is disjointed and lacks ability to respond aggressively and as a connected unity.
- Not isolated to Cerro Gordo County.

# Food-borne Outbreak Investigation: Creative Tension



Desired Purpose/Vision

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Creative Tension

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Current Reality/State  
of Stuck

# Mental Models – Current State of “Stuck”



- Departmental exclusion is happening unintentionally – we “all” do our part separately. Project has helped to define this issue
- Everyone is too busy to notice
- Resources are strapped – too much to do, too little time to do it.
- Food-borne outbreaks don’t occur often enough to keep issue on priority list

# Mental Models – Desired Vision: “The Summit”



- A comprehensive response unit that is tested bi-annually (formally/informally)
- Revised food-borne outbreak plan: new forms, defined teams, protocols, timelines for completion, after action requirements, daily debriefings, final reporting specifications.
- Training/education plan: cross-training activities, bi-annual table-top exercises, software inclusion on all computers.



## Goals – Steps to be taken

- By July 1, 2006, complete a draft of the “Epidemiologic Investigation, Surveillance, and Control Plan’s (Annex C) - Outbreak Investigation Manual” to include:
  - defined roles/responsibilities,
  - timelines,
  - training/education,
  - sample collection, and
  - reporting requirements

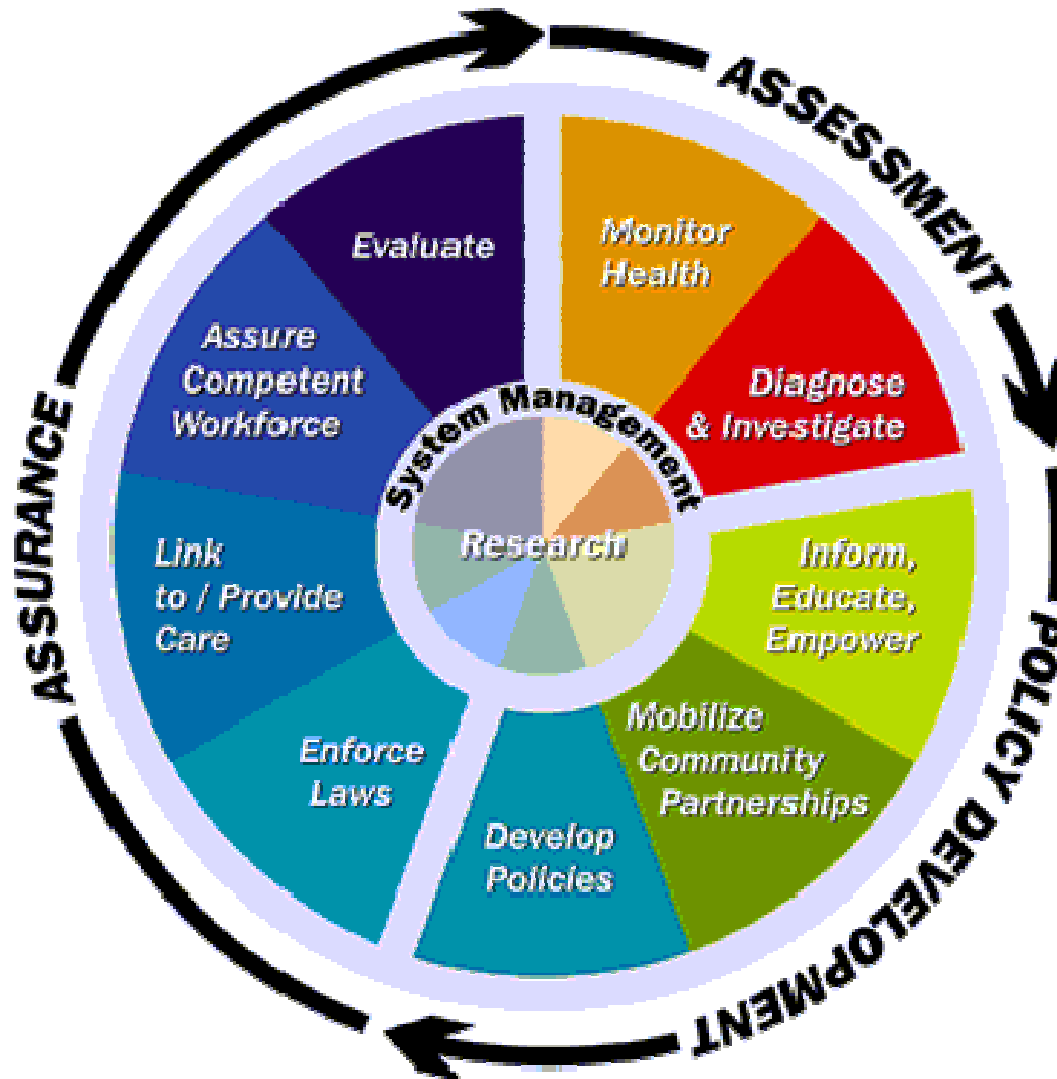


# Mental Models to avoid

- “Hey, THEY don’t have time to help us.”
- “We can handle it without them.”
- “This is my turf.” “This is part of my job description.”
- “It’s not my problem anymore. I did my part...”



# 10 Essential Environmental Health Services – How do they relate?



# 10 Essential Services - Assessment



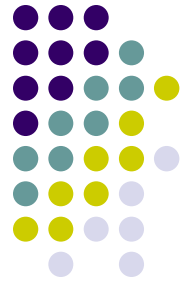
## Diagnose and Investigate

- Investigate and diagnose future food-borne illnesses using revised plan will increase efficiency and effectiveness of the department.

## Evaluate Effectiveness, Accessibility, and Quality

- Using after-action assessment process to determine effectiveness and quality of each food-borne outbreak event and areas of improvement. Revise plan accordingly.

# 10 Essential Environmental Health Services – Policy Development



## Develop Policies and Plans

- Revise current Food-borne Outbreak Investigation manual to include key components identified from research and experience.
- Establish time parameters for each of the critical tasks associated with a FBO – case definition, menu identified/food history form, ill/non-ill contacted, report completion, etc.

## Research New Insights and Innovative Solutions

- Review best practices/model programs of other jurisdictions for food-borne outbreak investigations.
- Research FDA's guidelines for required knowledge/skills/abilities (KSA) of food inspectors during events.

# 10 Essential Environmental Health Services - Assurance



## Link People to Needed Services

- Develop food-borne outbreak complaint reporting system on the County's website. Include the "who to call" information.

## Ensure a Competent Workforce

- Identify KSA of existing staff to identify best fit for each of the critical roles for FBO.
- Develop a staff training plan
- Install inspection related software on staff computers other than those who regularly use it and provide training on proper usage.
- Create an internal web-reference list/mail distribution network to ensure that all staff involved with FBO investigations are kept current on emerging food related issues.
- Develop bi-annual tabletop exercise plan

# National Standards Supported...



- Health People 2010, Focus Area 10 – Food Safety emphasized:
  - New challenges related to microbiological contaminants/hazardous chemicals.
  - Small scale producers in U.S. account for only 10% of the food supply but 90% of the FBO.
  - HACCP protocols are leading to a safer food supply.
  - Education/outreach is a critical component for all food safety.
- Therefore, our enhanced local food-borne illness surveillance will be better equipped to deal with large-scale outbreaks, emerging infections, new technologies, and advancements in the food delivery systems.

# National Standards Supported...



- National Strategy to Revitalize Environmental Public Health: Revising our internal departmental processes to enhance local food-borne illness surveillance, we:
  - Build Capacity
  - Support Research
  - Develop our workforce
  - Create strategic partnerships – internally, leading to better external partnerships.

# Where do we go from here...



- Finish revising the draft and present to staff.
- Implement changes
- Refine staff training/education plan
- Test/drill staff bi-annually.
- Review plan annually for needed changes.