

2020 - Cascade City-County Health Dept

F5 Notes

Recalls

- a. Program management has an established procedure to address the recall of foods implicated in an illness, outbreak or intentional food contamination. Pdf pg 13 – Appendix C: CCHD Recall Procedure for Foodborne Illness Investigation
- b. When the jurisdiction has the responsibility to request or monitor recall, written procedures equivalent to 21 CFR, Part 7 are followed. Pdf. pg 15 – referenced in “Recalls initiated by the Local Regulatory Agency”
- c. Written policies and procedures exist for verifying the effectiveness of recall actions by firms (effectiveness checks) when requested by another agency. Pdf. pg 15 – referenced in “Recall Effectiveness”

Media Management

The program has a written policy or procedure that defines a protocol for providing information to the public regarding a foodborne illness outbreak or food safety emergency. The policy/procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol. Pdf. pg 7 – referenced in Media Management

Documentation

3. Investigation reports of alleged food-related illness, food-related injury*, or incidents. Reports are retrievable by implicated establishment name. Pdf. pg 5 “Reports/complaints will be saved as a .pdf document and named with the date, name of person taking the report/complaint, and establishment (example: 2018.06.06_kbrewer_establishment name or 2018.06.06_kbrewer_unknown).”
4. Written procedures, contracts or MOU with supporting laboratories Pdf pg 40 Coop Agreement
5. Procedure addressing the trace-back of food products implicated in an illness outbreak, or contamination event Pdf. pg 10 – Appendix B CCHD Trace-back Procedure for Foodborne Illness Investigation
6. Written procedure for recalls Pdf. pg 13 Appendix C: CCHD Recall Procedure for Foodborne Illness Investigation
8. Current media policy procedure with contact person Pdf. pg 51 Communications and Media Relations Protocol
10. Portions of any emergency response relevant to food safety and security – Pdf. pg 7 - Communication and Surveillance

2019 - Cascade City-County Health Dept

F5 Notes

Required Documentation:

1. Logs or databases of alleged food-related illness and food-related injury* complaints maintained and current. – “Database” is described on pg. 4 of the .pdf – Our confidential, secure folder is our complaint “database”
2. Collection forms specified in the operating procedures – on page 26 of the .pdf –referenced on page 18, Section 8 of EH’s Procedure
9. The contact list for communicating with all relevant agencies. – Appendix A: Contact List (pg. 7 of .pdf)

Reporting Procedures

- a. Possible contributing factors to the food-related illness, food-related injury* or intentional food contamination are identified in each on-site investigation report. .pdf pg. 17/18, Sections 2-7 of EH Procedure
- b. The program shares final reports of investigations with the state epidemiologist and reports of confirmed foodborne disease outbreaks* with CDC. . pdf pg. 18, Section 11 of EH Procedure

Laboratory Support Documentation

- a. The program has a letter of understanding, written procedures, contract or MOU acknowledging, that a laboratory(s) is willing and able to provide analytical support to the jurisdiction’s food program. The documentation describes the type of biological, chemical, radiological contaminants or other food adulterants that can be identified by the laboratory. The laboratory support available includes the ability to conduct environmental sample analysis, food sample analysis and clinical sample analysis. .pdf pg. 18, Section 8 of EH Procedure (Coop agreement is attached to ERP Plan – pg 34)
- b. The program maintains a list of alternative laboratory contacts from which assistance could be sought in the event that a food-related emergency exceeds the capability of the primary support lab(s) listed in paragraph 3.a. This list should also identify potential sources of laboratory support such as FDA, USDA, CDC, or environmental laboratories for specific analysis that cannot be performed by the jurisdiction’s primary laboratory(s). same as above

Traceback Procedures

- a. Program management has an established procedure to address the trace-back of foods implicated in an illness, outbreak or intentional food contamination. The trace-back procedure provides for the coordinated involvement of all appropriate agencies and identifies a coordinator to guide the investigation. Trace-back reports are shared with all agencies involved and with CDC. Referenced on .pdf pg. 18, Section 9 of EH Procedure – Traceback Procedure – Appendix B (pg 8 of .pdf)

Annex N-1

FOODBORNE OUTBREAK INVESTIGATION

PRIMARY AGENCY

Cascade City-County Health Department (CCHD)
Montana DPHHS
Great Falls Police Department
Cascade County Sheriff's Office

INTRODUCTION

"During production, harvesting, processing, packaging, transportation, preparation, storage and service, any food may be exposed to contamination with poisonous substances or infectious toxigenic microorganisms. Processing or preparation failure may lead to survival of microorganisms or toxins, and time-temperature abuse can allow proliferation of pathogenic bacteria and mold. In addition, some plants are intrinsically toxic. Animals may acquire toxins from their food or metabolize them, or they become infected. If a product contaminated with sufficient quantities of poisonous substances or pathogenic microorganisms is eaten, susceptible persons may develop foodborne illness." *-Procedures to Investigate Foodborne Illness, 6th Edition*¹

Definitions

The Centers for Disease Control and Prevention (CDC) defines a foodborne outbreak event as "when two or more people get the same illness from the same contaminated food or drink."²

Purpose

This annex provides guidance, establishes clear lines of communication and improves the efficiency and effectiveness of the response to a suspected foodborne outbreak.

This annex serves as a reference tool as *no two outbreaks are alike*. Although there are basic steps for conducting investigations, each investigation must be conducted objectively while considering all the variables of that outbreak. Steps taken may vary depending on the agent, population(s) affected, number exposed, establishment staff, availability of resources and training/experience of investigators.

¹ August 26, 2011 Procedures to Investigate Foodborne Illness, Sixth Edition, by The International Association for Food Protection

² <https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/size-extent.html>

This annex shall be activated when:

- Two or more reports of illness resulting from the ingestion of a common food; or
- When a single case of suspected botulism, mushroom poisoning, paralytic shellfish poisoning, or other rare disease is received.

SCOPE

Situation(s)

A foodborne outbreak or illness is suspected.

Assumptions

CCHD will be the lead authority for the investigation of foodborne outbreaks in Cascade County.

CONCEPT OF OPERATIONS

Roles and Responsibilities

The Health Officer will remain current regarding foodborne outbreak investigations, ensuring resources are available for the prompt and effective conduct of investigations as well as communication of the results.

The Prevention Services Division Manager (PSDM) will guide and assist Public Health Nurses (PHNs) in the conduct of the epidemiologic investigation to help identify the cause(s) of the outbreak, conduct surveillance, determine the spread of disease, identify appropriate control measures, and ensure guidance from MT DPHHS is executed.

The Environmental Health Division Manager (EHDM) will guide and assist Sanitarians in the conduct of their investigation involving food services facilities, evaluation of possible causes of the foodborne illness outbreak, obtaining relevant specimens for testing, determining appropriate interventions, monitoring interventions, and ensuring guidance from MT DPHHS is executed.

ACTIONS: IMMEDIATE ACTIONS

Contact Staff and Coordinate Efforts

CCHD PHNs or Sanitarians may receive a report or complaint of a foodborne illness from an individual or individuals, healthcare provider, food service establishment, hospital, laboratory, MT DPHHS or any other member of the public. Reports may be delivered in person, by telephone, email, or other appropriate methods. The PHN or Sanitarian receiving the report/complaint will complete the *CCHD Investigation of Diarrhea, Nausea, &/or Vomiting Illness Case History Questionnaire* (See Attachment 1).

The PHN/Sanitarian receiving the initial report/complaint will follow up to determine if there is any substance to the issue. Follow up of each report/complaint alleging food-related illness will occur within 1 business day and may include but is not limited to: contacting the individual making the report/complaint for further information; contacting the establishment; conducting an inspection, other.

Once additional information is obtained, the PHN/Sanitarian will determine if a foodborne outbreak investigation is warranted. The following will prompt an investigation:

- A single case of suspected botulism, mushroom poisoning, paralytic shellfish poisoning, or a case that can definitively related to food ingestion of a food, or a very rare disease with a strong suspicion of being related to food ingestion; or
- Two or more people having ingested a common food and have similar disease, similar symptoms or excrete the same pathogens, and there is a time, place or person associated among these people.

The original, completed Foodborne Illness Questionnaire will be scanned into a confidential, secure folder located at:

Z:HealthDepartmentAdministration_PHEP_EH.PS.PHEP, only accessible to approved personnel. A notifying email will be sent to chd_food_water@cascadecountymt.gov. The email is received by the Health Officer, PHNs, Sanitarians and Preparedness & Community Planner to streamline communication and eliminate redundancy of efforts.

Additional follow up information may include: onset of symptoms, recent travel history, recently visited food establishments or grocery stores, recent events attended and nature of the illness. Reports/complaints will be saved as a .pdf document and named with the date, name of person taking the report/complaint, and establishment (example: [2018.06.06_kbrewer_establishment_name](#) or [2018.06.06_kbrewer_unknown](#)).

If a report/complaint involves a product originating outside Cascade County or has been shipped interstate, a Sanitarian will notify Food and Consumer Safety (FCS) and MT DPHHS Epi. See *Appendix A: Contact Information*. An updated notification and any instructions will be emailed to FCS, MT DPHHS Epi and chd_food_water@cascadecountymt.gov.

If an outbreak does not appear to have manifested and based upon follow up information collected, the complaint will be considered isolated and closed. However, the Foodborne Illness Questionnaire and communication will be kept in the confidential, secure folder on the Z: Drive for 6 months in the event the information becomes relevant in the future. After 6 months, the complaint will be placed in the “Archive” subfolder for that particular year.

When the decision is made to conduct a foodborne outbreak investigation, the investigating PHN/Sanitarian will alert their department manager. The EHDM or PSDM will assemble the Epi-Response Team to determine the necessary actions to respond to the current threat. *See Annex H-1: Epi-Team Protocol.* The Epi-Team consists of CCHD Health Officer, PSDM, EHDM, Preparedness and Community Planner.

If the Health Officer, PSDM, and EHDM are unavailable, the preidentified lead will serve in their place. If the Preparedness and Community Planner is unavailable, the Health Officer will designate another CCHD staff member to serve in his/her place. Additional PHNs, Sanitarians and support staff will be assigned to the team as needed, based on demands.

During the Epi Team meeting, a PHN will be assigned to notify MT DPHHS Epidemiology and a Sanitarian will be assigned to notify MT Food and Consumer Safety of the outbreak investigation. MT DPHHS will also report any they find necessary information to the Centers for Disease Control and Prevention (CDC).

If at any time intentional food contamination is suspected, a PHN or Sanitarian will be directed by the Health Officer or designee to contact law enforcement immediately. *See Appendix A: Contact Information*

Correspondence via chd_food_water@cascadecountymt.gov will continue, ensuring that all CCHD staff involved in the investigation have the most updated information regarding the outbreak investigation.

ACTIONS: INTERMEDIATE ACTIONS

Investigation

Environmental Health Sanitarians

The assigned Sanitarian will refer to the Environmental Health Foodborne Procedure for guidance to conduct food source investigations. *See ADM-PHEP-2.2 EH Foodborne Illness Outbreak Investigation (Attachment 3).*

Public Health Nurses

The assigned Public Health Nurse will refer to the Prevention Services Foodborne Procedure for guidance to conduct epidemiological investigation. *See ADM-PHEP-2.3 PS Foodborne Illness Outbreak Investigation (Attachment 4).*

Sanitarians and PHNs will educate all clients about the disease process, emphasizing hygiene, particularly proper hand washing techniques.

Traceback

Cascade City-County Health Department
Annex N-1 Foodborne Outbreak Investigation
Drafted: June 2018
Updated: December 2018, March 2019, February 2020

See Appendix B: Cascade City-County Health Department Trace-back Procedure for Foodborne Illness Investigation

Recalls

See Appendix B: Cascade City-County Health Department Recall Procedure for Foodborne Illness Investigation.

Communication and Surveillance

CCHD will work to ensure release of timely and accurate information to the public and partners throughout the investigation. See *Annex A: Risk Communication* for information regarding public information and communication efforts.

Health Alert Network (HAN) Messages

HAN messages regarding the situation may be sent to local healthcare providers, responders, licensed establishments, and others as needed. Messages will be processed and forwarded to appropriate community partners based on the how the HAN message is classified and categorized. See *Annex E: 24/7 Emergency Contact Protocol*.

Surveillance

Enhanced surveillance measures will be used to detect illness activity throughout Cascade County, facilitate investigation and implement mitigation strategies. See *Annex H: Communicable Disease Surveillance* for CCHD surveillance actions.

Media Management

In the event of a foodborne illness outbreak or food safety emergency, CCHD will refer to *Annex A: Risk Communication* and *ADM-COM-1.0 Communication and Media Relations Protocol* to provide public notifications and education; designate a Public Information Officer; coordinate and cooperate with other agencies involved in the investigation and respond to inquiries from the media.

ACTIONS: CONTINUING ACTIONS

De-Escalation

The Health Officer or designee will use information from continued surveillance to determine when and if the de-escalation of surveillance and mitigation may take place. As the situation allows, the Health Officer or designee will gradually move staff and resources back to normal working conditions to ensure a smooth transition from response to regular operations.

The Preparedness and Community Planner, with the assistance of PHNs and Sanitarians, will complete an After-Action Report detailing the investigation and identifying opportunities for improvement/change. This report will be utilized as an educational tool in preparation for future investigations.

Training and Exercises

Periodic exercises will be coordinated by the Preparedness and Community Planner or designee to evaluate plan effectiveness and identify opportunities for improvement. CCHD Sanitarians, PHNs and PHEP staff will take advantage of other training opportunities related to foodborne or waterborne outbreak investigations.

ADDITIONAL RESPONSIBILITIES

Primary Agency

- *Annex Development and Maintenance*

The development and maintenance of this annex is the responsibility of the CCHD Preparedness & Community Planner.

Appendix A: Contact Information

Cascade City-County Health Department

- Business Hours: 406-454-6950
- After Hours: 406-454-6955
- Fax: 406-791-9284

Cascade County Sheriff's Office

- 406-454-6820

Great Falls Police Department

- 911 (Emergency)
- 406-727-7688 Ext 5 (Non-emergency)

Montana Dept. of Public Health & Human Services (DPHHS)

- Food & Consumer Safety (FCS): 406-444-2837
- MT DPHHS Epidemiology: 406-444-0273 (24/7 line)
- DPHHS Duty Officer (24/7): 406-444-3075

MT Dept. of Livestock

- Meat and Poultry Inspection Bureau: 406-444-5202
- Milk & Eggs Bureau 406-444-9761

USDA

- District Office (District 15): 303-236-9800

Montana Department of Environmental

- DEQ Main Line 406-444-2544
- Emergencies 406-324-4777

Montana Public Health Lab

- 1-800-821-7284
- Environmental Laboratory 406-444-3444
406-444-2617 (fax)

Appendix B:
Cascade City-County Health Department
Trace-back Procedure for Foodborne Illness Investigation

INTRODUCTION

A product investigation begins when a food is suspected or implicated in a foodborne illness outbreak and can include facility inspections, food preparation reviews, sample collections, and trace-back. A food can be implicated or associated with a foodborne illness outbreak through one or more of the following methods: epidemiological or statistical, laboratory, and/or a thorough food preparation review.

A trace-back investigation may be conducted for several reasons:

- 1) to identify the source and distribution of the implicated food and remove the contaminated product from the marketplace;
- 2) to distinguish between two or more implicated food products; and
- 3) to determine potential routes and/or sources of contamination in order to prevent future illnesses.

This process involves a thorough interview, complete record review, and timely reporting to meet its intended purpose. A subsequent source investigation may be conducted to determine possible routes or points of contamination by inspecting common distribution sites, and/or processors identified in the trace-back investigation.

CDC or state/local health or regulatory agencies may conduct limited trace-backs and/or trace-forward investigations in order to strengthen an epidemiological association by comparing of illness distribution with the distribution of the product. This is often referred to as an “epi” trace-back.

TRACE-BACK PROCEDURES

INITIATING A TRACEBACK INVESTIGATION

Initiation of a trace-back investigation usually begins when 1) epidemiological evidence implicates a food product **and** 2) hazard analyses indicate that other contributing factors (e.g., cross-contamination, ill food workers, other on-site sources of infectious agent) were unlikely to be the source of the contamination. Other factors considered prior to initiating a trace-back investigation include disease severity, the risk of ongoing exposure, the availability of shipping records, reliable exposure data, the size and scope of the outbreak(s), and the availability of resources to conduct the investigations.

When the Cascade City-County Health Department (CCHD) determines that a foodborne illness outbreak has occurred, the department will follow the

Foodborne Outbreak Investigation procedures outlined in Annex N-1. During a foodborne illness outbreak, CCHD will consult with the Montana Department of Public Health (DPHHS) to determine if a trace-back investigation is needed if a trace-back is initiated, the FDA will also be notified.

Information need to conduct the trace-back will include a written epidemiologic summary, a hazard analysis and inspection reports (including a food preparation review), laboratory results, and copies of any invoices and distribution information.

All information from the trace-back investigation will be forwarded to the DPHHS, FDA and CDC.

TRACE-BACK COORDINATION

CCHD will coordinate with the DPHHS and FDA on all trace-back investigations. The majority of trace-back investigations are in response to a multi-state foodborne illness outbreak which are usually occurring simultaneously in multiple Districts. When it is a multi-state outbreak, the FDA will ask for assistance from state/local agencies.

The CCHD Environmental Health Division Manager will assign the trace-back investigation to one of the Registered Sanitarians and activate the CCHD Epi Team if it has not already been activated.

PRODUCT SAMPLING

If food from the implicated meal(s) or product from an implicated shipment is available, it should be collected. Follow instructions detailed in the DPHHS Public Health Laboratory's "Food Sample Collection and Handling" which are found in the CCHD foodborne illness sampling kit located in the Environmental Health Lab.

TRACE-BACK REPORTS

The Epi Team is responsible for generating a report for the duties assigned to CCHD during the trace-back investigation. The trace-back report should consist of a cover sheet, statement, timeline, and the product flow diagram(s). The following items should also be included for each establishment that was inspected:

- Invoices, inventory records, shipping/receiving records.
- A memo summarizing the information gathered from the observations and interviews at the establishment, including explanations of the data analysis (i.e., how receipt dates were determined).

TRACE-BACK RESPONSIBILITIES

The investigating Sanitarian is responsible for completing the following tasks:

1. Review background information on the outbreak and establishment(s) prior to visiting the establishment.
2. Conduct an investigation and record collection at the implicated establishment(s). The investigation must include the following information.
 - a. Epidemiologic data
 - i. Exposure dates
 - ii. Exposure locations
 - b. Environmental inspection
 - i. Food service employee health
 - ii. Cross-contamination issues
 - c. Preliminary trace-back and distribution information
 - d. Implicated product name, any available packaging and labeling
3. Analyze the data, discuss analyses and the next steps with the CCHD Epi Team.
4. Write trace-back report and submit for review to the CCHD Epi Team.

The Epi Response Team is responsible for completing the following tasks.

1. Coordinate with DPHHS and FDA on a trace-back investigation.
2. Update the CCHD Health Officer on the trace-back investigation.
3. Maintain regular contact with the investigating Sanitarian(s).
4. Review trace-back records and data analyses.
5. Compile a final trace-back report.
6. Submit final trace-back report to all agencies involved in the investigation and the CDC.

Appendix C:
Cascade City-County Health Department
Recall Procedure for Foodborne Illness Investigation

INTRODUCTION

The U.S. Food and Drug Administration (FDA) defines a recall as actions taken by a firm to remove a product from the market.

Recall is an effective method for removing or correcting consumer products that are in violation of laws administered by the FDA or other regulatory agencies. Recall is a voluntary action that takes place because manufacturers and distributors carry out their responsibility to protect public health and well-being from products that present a risk of injury, gross deception or are otherwise defective.

A food recall notice may be initiated when there is a suspected or confirmed presence of physical, bacterial, or chemical contaminants in a distributed food product that could cause illness or injury. Examples may include: bacterial pathogens, metal filings, or a major food allergen that is not disclosed on the label. A recall may also be initiated when a food product has been deemed misbranded, adulterated or determined to pose harm to the health and safety of the consumer.

Food recall notices are often initiated by the FDA and the United States Department of Agriculture (USDA). Less frequently, food recall notices are initiated by the Montana Department of Public Health and Human Services (DPHHS), the Montana Department of Livestock (DOL), or local regulatory authorities. DPHHS monitors FDA and USDA food recall notices and forwards these notices to the local health authority, providing the most actionable information possible. It is the responsibility of the local health authorities to act on the information provided in a timely fashion to reduce risk to public health.

PURPOSE

The purpose of this procedure is to guide City-County Health Department (CCHD) staff in addressing the recall of foods implicated in an illness, outbreak or intentional food contamination.

FOOD RECALL PROCEDURES

NOTIFICATION: DPHHS monitors FDA and USDA food recall notices during regular business hours throughout the year. Notices that potentially affect Montana are investigated further by DPHHS with the goal of providing local health authorities with timely and actionable information. DPHHS classifies food

recall notices into one of three Alert Level Categories according to the relative degree of health hazard of the product being recalled.

DPHHS ALERT LEVELS



Recall Level 3 - Advisory

Advisory recalls means no information is known whether the food product is in Montana



Recall Level 2 - Discretionary

Discretionary recalls means the food product may be or is in Montana, but exact information is not known



Recall Level 1 - Action Needed

Action needed recalls means the food product is in Montana, or the action is warranted

DPHHS sends recall notices to Environmental Health Staff/Sanitarians at the City-County Health Department with the subject line showing the name of the food product, followed by the word “recall” and the alert level.

The body of the email includes:

- Alert level and recommended action;
- List of Montana counties affected;
- Description of food product, its distribution and reason for the recall;
- Product photos;
- Product brand and name, package, weight, item numbers and lot information/code; and
- Information on distribution outlets.

ENVIRONMENTAL HEALTH STAFF/SANITARIAN ACTIONS

Recall Level 1:

1. Identify distributors and retailers in affected area.
2. Contact all distributors and retailers that may have received the recalled product.
 - a. Verify the distributor or retailer is aware of the recall.
 - b. Confirm if product is currently or has been in stock.
 - c. Advise retailer to remove product and return to distributor.
3. Notify DPHHS where product was located and its disposition.

Recall Level 2:

1. Identify distributors in affected area.
2. Contact all distributors and retailers that serve high-risk populations, such as schools or hospitals, and smaller retailers that may not be aware of the recall.
 - a. Verify the distributor or retailer is aware of recall.
 - b. Confirm if product is currently or has been in stock.
 - c. Advise retailer to remove product and return to distributor.
3. Notify DPHHS where product was located and its disposition.

Recall Level 3:

1. No action needs to be taken.
2. Be alert for additional updates.

Recalls initiated by the Local Regulatory Agency: CCHD's Epi Response Team (See *Annex H-1, Epi-Team Protocol*) may initiate a recall as part of the response to a complaint or event. The Epi Response Team will determine the recommended action and direct the Sanitarian staff accordingly. The Environmental Health Division Manager will notify DPHHS of the reason for the recall, the food product being recalled, the location(s) and its disposition. A summary of the recall will be included in a written after-action report and shared with DPHHS who will report to partnering agencies, such as FDA and USDA.

Recall Effectiveness

For recalls that originated outside Cascade County, follow-through is determined by the risk level of the product. If the risk level is high, such as with a nationwide outbreak or recall due to Botulinum toxin/Botulism risk, in-person visits are needed to ensure retailers have pulled the product(s) and disposal has occurred in the manner outlined in the recall. If product is still on store shelves and a recall has been issued, the Sanitarian visiting the retail establishment will instruct the retailer to pull the product. If the retailer is not cooperative, CCHD will inform the Health Officer and contact the Cascade County Attorney for direction on the appropriate measure(s), which may include an Order requiring disposition or seizure of the product.

If the recall originated in Cascade County, Sanitarians will determine how much product was served or distributed. If the product was sold to restaurants and retailers, the assigned Sanitarian will obtain a list of vendors and contact those establishments following the procedures outlined above. If the product was served for immediate consumption at a retailer or sold as a retail manufactured product to the end consumer, the Sanitarian will ensure no additional product is available at the retailer and collaborate with the Environmental Health Division Manager, Health Officer and Communications & Community Planner to ensure appropriate messaging goes out to the public.

CCHD ERP Annex N-1: Attachment 1

CCHD Investigation of Diarrhea, Nausea, &/or Vomiting Illness CASE HISTORY QUESTIONNAIRE

NAME OF PERSON: _____ DOB: _____ AGE: _____ SEX: _____
 ADDRESS: _____ HOME PHONE: _____
 CITY: _____ STATE: _____ WORK/CELL PHONE: _____

72 -Hour Food History

*DATE & TIME of ONSET	DATE:	DATE:	DATE:
	Breakfast	Breakfast	Breakfast
	Lunch	Lunch	Lunch
	Dinner	Dinner	Dinner
Still ill?			
Date well?			

SYMPTOMS:

☐ Nausea ☐ Vomiting ☐ Fever Other? _____
☐ Diarrhea-watery ☐ Fatigue ☐ Headache _____
☐ Diarrhea-bloody ☐ Joint Pain ☐ Cramps _____

*Physician/ER consulted? Y/N Diagnosis? _____
 Physician's name: _____ Stool sample taken? Y/N

Your Occupation? _____
 Do you have children in daycare? Y/N Name/Address of Daycare: _____
 Are any family members ill? Y/N Name? _____

Did you eat suspect meal? Y/N Date/Time: _____ Did anyone else eat that meal? Y/N
 Name of person sharing meal? _____ Phone Number? _____

DATE: _____ INVESTIGATOR: _____

Effective Date: 06/26/2018**ADM-PHEP-2.0**

Protocol

See Also: ADM-PHEP-2.1: Foodborne Illness Complaint Investigation
ADM-PHEP-2.2: EH Foodborne Illness Outbreak Investigation
ADM-PHEP-2.3: PS Foodborne Illness Outbreak Investigation
CCHD ERP Annex N-1 Foodborne Outbreak Investigation

ADM-PHEP-2.0 – Response to Foodborne Illness Outbreak

Montana requires minimal control measures to prevent the spread of disease as stated in ARM 37.114.501, ARM 37.114.315 and MCA § 50-2-116(1)(g)

1. The Health Officer Delegates Authority

Specific duties required of employees, in order to respond to and prevent communicable diseases will be delegated by the Health Officer. It will be the Health Officer's responsibility to ensure that these duties are carried out as assigned.

2. Employees Will Use Designated Manuals and References when Determining Actions

Manuals and references are approved sources to refer to when responding to or preventing Foodborne Outbreaks. These resources should be used whenever action is to be taken, to ensure the response is legal, following best practice guidelines and in accordance with County Policy:

- Administrative Rules of Montana, Title 37: Department of Public Health and Human Services, Chapter 114: Communicable Disease Control.
- Montana Code Annotated, Title 50: Health and Safety, Chapter 2: Local Boards of Health
- Centers for Disease Control and Prevention Guidelines
- FDA Food Code
- Voluntary National Retail Food Regulatory Program Standards; Standard 5 – Foodborne Illness and Food Defense Preparedness and Response
- "Control of Communicable Disease" Manual

3. Responding Employees Must Meet Minimum Qualifications

Employees responding to a Foodborne Complaint must be a Public Health Nurse or Sanitarian.

- In the event of a foodborne outbreak, other public health emergency, just-in-time training will be provided to employees.

4. After-Action Reports Will be Completed for All Events/Investigations Requiring Epi-Team Response

The investigating Public Health Nurse or Sanitarian will notify the Epi-team to complete investigation whenever there are two or more related cases, a case of an uncommon rare illness, or if the responder deems the case an immediate public health threat. Public Health Nurses, Sanitarians and Preparedness and Community Planner will complete an AAR identifying strengths and opportunities for improvement to utilize for future events.

Refer to CCHD Emergency Response Plan,
Annex N-1: Foodborne Outbreak Investigation

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Effective Date: 06/26/2018

ADM-PHEP-2.1

PROCEDURE

See Also: Annex N-1 Foodborne Outbreak Investigation
 ADM-PHEP-2.0 Response to Foodborne Illness
 ADM-PHEP-2.2 EH Foodborne Illness Outbreak Investigation
 ADM-PHEP-2.3 PS Foodborne Illness Outbreak Investigation

Approved by:



ADM-PHEP-2.1 – Foodborne Illness Complaint Investigation

Action by:

EH Administrative Assistant,
 Sanitarian or Public Health Nurse

EH Administrative Assistant

Sanitarian or Public Health Nurse

Action:

1. Receives a call, email, or in person complaint regarding a suspected food borne illness.
2. Takes the complaint contact information and forwards to the Sanitarian assigned to the establishment if applicable or takes the complaint themselves.
3. Contacts the complainant within (1) business day of receiving the complaint to gather information using the CCHD Case History Questionnaire.
4. The sanitarian or Public Health Nurse (PHN) will make inquiry after each complaint to determine whether there appears to be any substance to the issue. The sanitarian or PHN will determine whether to trigger a foodborne illness outbreak investigation with the agency Epi-team. The sanitarian or PHN will do so if: (a) there is a single case of suspected botulism, mushroom poisoning, paralytic shellfish poisoning, or a case of a disease that can be definitely related to ingestion of a food, or a very rare disease with strong suspicion of being related to food ingestion, or (b) two or more people who have ingested a common food and have similar disease, similar symptoms or excrete the same pathogens, and there is a time, place or



person associated among these people. Any member of the Epi-team may decide whether to trigger an investigation

Sanitarian

5. If the complaint appears to be an isolated incident, the Sanitarian will either contact the establishment by phone and/or conduct a complaint investigation inspection of the suspected establishment depending on the information gathered from the complainant. The standard food inspection form will be used and entered into the EH database.

Sanitarian/Public Health Nurse

6. In all illness investigation complaints, forms used, or email correspondence will be shared via the CCHD illness investigation internal email food_water@cascadecountymt.gov and also placed in the shared folder on the network drive located at:

Sanitarian

Z: Health Department/Administration/PHEP/EH.PS.PHEP.

- a. If the complaint is linked to a licensed facility, a complaint record will be added to that facility in the Envision Connect Database. All documents related to the complaint will be saved as attachments to the Complaint Record.

Sanitarian/Public Health Nurse

7. If an outbreak does not appear to have manifested based upon the investigation and information gathered, the case will be considered isolated and closed, but the information retained as described above in item #6 in the event it leads to additional related complaints.
8. If the complaint appears to meet the criteria in item #4, the Sanitarian or PHN will either notify a member of the Epi-team, or if they are a member of the Epi-team, they will send out a notification to the shared email to request activation of the Epi-team.

EH Division Manager (EHDM)

9. When the decision is made to activate the Epi-team, the EHDM will notify the Health Officer and assign one or more Sanitarians to the investigation. The Environmental Health staff will then proceed to *ADM-PHEP-2.2 EH Foodborne Illness Outbreak Investigation*.



Prevention Services Division
Manager (PSDM)

10. When the decision is made to activate the Epi-Team, the PSDM will notify the Health Officer and assign one or more PHNs to the investigation. The Prevention Services Staff will then proceed to *ADM-PHEP-2.3 PS Foodborne Illness Outbreak Investigation*

Epi-Team

11. The Epi-Team will collaborate through investigation and determine when formal and informal meetings of the investigation team are needed.

###

Effective Date: 06/26/2018

ADM-PHEP-2.2

PROCEDURE

See Also: Annex N-1 of CCHD ERP

ADM-PHEP-2.0: Response to Foodborne Illness Outbreak

ADM-PHEP-2.1: Foodborne Illness Complaint Investigation

ADM-PHEP-2.3: PS Foodborne Illness Outbreak Investigation

Approved by:

ADM-PHEP-2.2 – EH Foodborne Illness Outbreak Investigation

Action by:

Assigned Sanitarian(s)

Action:

1. **Contacts** the initial suspect and completes the Food Related Alert/Complaint form.
2. **Conducts** an illness investigation of the suspected establishment and meets with the owner or manager to obtain an itemized list of people and phone numbers exposed to the suspect meal, ill and well contacts alike. This may include an attendance list, credit card receipts, or roster of customers. These individuals will also be contacted and interviewed in order to complete the case histories.
3. **Obtains** a complete menu, including side dishes, desserts, and beverages of the suspect meal to assist in more accurate interviewing of people exposed.
4. **Completes** the Food Preparation Review Form (Form H), including a review of each step of the preparation process (i.e., thawing, cooking, cooling, re-heating, cross-contamination of foods, etc.).
5. **Enters** all food from the suspect meal(s) into the Food Attack rate table (Form K1) and compiles data for each food regarding the number of ill and well people who ate the food, as well as the numbers of ill and well people who did not eat the food (Form K2). The state Food and Consumer Safety Section and state Epidemiologist will be consulted as necessary.
6. **Calculates** the specific attack rates and exposures for each food using Forms K1 and K2. From this data, hypotheses for possible pathogen(s) and

Assigned Sanitarian(s), Public Health Nurse, and/or other Epi Team Members

Assigned Sanitarian(s)

Assigned Sanitarian(s), Public Health Nurse, and/or other Epi Team Members

Epi Team

- implicated food(s) can be formed.
7. **Conducts** a thorough inspection of the establishment and interviews all food service personnel regarding food sources, food preparation techniques, storage and display, and transportation procedures used at the time of the suspect meal.
 8. **Consults** Prevention Services to collect necessary food samples. Food samples will be collected using the foodborne illness outbreak kit and Montana Public Health Laboratory (MTPHL) Food Testing Request Form. MTPHL will be contacted as necessary for proper procedures regarding transportation of specimens to the lab (phone number 406-444-3444). All samples must be submitted to the MTPHL. The Laboratory will determine if other laboratory support is required. See Cooperative Agreement between DPHHS and BOH.
 9. **Implements** traceback procedures or recall procedures if necessary, in consultation with state Food and Consumer Safety Section and state Epidemiologist. See ERP N-1 Foodborne Outbreak Investigation Appendix B: CCHD Traceback Procedures.
 10. **Conducts** supportive tests for the outbreak (i.e., chi-square and Fishers exact tests) and handles computer printouts, attack rates, and symptom summaries of ill and well (Form D1 and D2). The state Food and Consumer Safety Section and state Epidemiologist will be consulted.
 11. **Creates** a final report of the foodborne illness outbreak investigation for submission to DPHHS. The team will complete CDC Form 52.13 to summarize the foodborne illness outbreak investigation results. Team members will compile a cover letter describing any components of the investigation that were not adequately summarized in CDC Form 52.13. This cover letter, along with CDC Form 52.13, will be submitted to DPHHS as a final report of the investigation.

###

FORM H

148

IAFP Procedures

FOOD PROCESSING/PREPARATION HISTORY

Form H

Complaint no.

Place under investigation _____ Address _____					
Owner _____		Plant/Store manager _____		Phone _____	
Food being investigated _____		Operation(s) being investigated _____			
Date _____ and time _____ of suspect meal		Date _____ and time _____ of food preparation, as applicable			
Food source/brand _____		Manufacturer _____		Distributor _____	
Significant/suspect ingredients _____					
Date of delivery _____		Lot code _____		Addresses of source(s) _____	

Food characteristics:	Upon arrival	Before heating	After heating	During holding	Final product	Time of measurements
Temp F/C						
pH						
a _w						
Redox						

SOURCES OF CONTAMINATION (cite or select operations of concern from flow diagram)

	Operation/source	Potential (code) ^a	Observed yes/no	Laboratory confirmed (list pathogen: enter count)
Raw product/Significant ingredient				
Other ingredients of concern				
Condiments/Spices/Additives				
Cross contamination (raw to cooked)				
Workers				
Equipment/Utensils				
Cleaning cloths				

Workers:

Diarrhea or other gastrointestinal sign/symptom or absence from work prior to or during outbreak

Worker's name	Date/time of illness/absence	Illness lab confirmed	Ate suspect food	Job assignment
	/			
	/			
	/			

	Observed	Reported	Name of worker(s)
Touching foods that are not subsequently heated			
Disposable gloves not worn			
Skin infections			
Poor personal hygiene			

Equipment cleaning and sanitizing methods for operation of concern:

Operation _____	Methods _____
Operation _____	Methods _____
Operation _____	Methods _____

Describe other modes of contamination:

^aPotential codes: — Potential but unlikely; — Potential and sometimes observed or related; 3 — Potential and commonly observed or related; 4 — Potential and almost always observed/found/related

FOOD PROCESSING/PREPARATION HISTORY REPORT (continued)

	Name, model, location, settings volume, dimensions (as applicable)	Date and time of operation	Time/Temperature exposure records (chart/log data) reported	Time/Temperature exposures during investigation (enter data)
SURVIVAL				
Retorting				
Responsible person(s)	_____	____/____/____		
Equipment used/can size	_____/____		____/____	____/____
Food/can	_____		____/____	____/____
Heat process/Cooking				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
Reheating				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
Other (specify)	_____	____/____/____	____/____	____/____
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
PROLIFERATION				
During refrigerated/frozen transport/delivery/storage				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
After thawing				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
While outdoors				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
While in kitchen				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
During bot/warm holding				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____

FOOD PROCESSING/PREPARATION HISTORY REPORT (continued)

PROLIFERATION (continued)	Name, model, location, settings volume, dimensions (as applicable)	Date and time of operation	Time/Temperature exposure records (chart/log data) reported	Time/Temperature exposures during investigation (enter data)
During chilling				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
During cold storage				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food	_____		____/____	____/____
While on cold display				
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food exposure	_____		____/____	____/____
Other contributory situations (specify)	_____	____/____/____	____/____	____/____
Responsible person(s)	_____	____/____/____		
Equipment used	_____		____/____	____/____
Food exposure	_____		____/____	____/____

Verification of calibration of establishment time-temperature measuring devices. Test using an ice-bath. Record findings below (if temperatures vary from 32°F/0°C, calibrate)

Item _____ Temperature in ice bath _____
 Item _____ Temperature in ice bath _____
 Item _____ Temperature in ice bath _____

Other calibration procedures _____

FACTORS CONTRIBUTING TO OUTBREAK (Check all appropriate boxes and describe on back of form)

CONTAMINATION	PROLIFERATION/AMPLIFICATION	SURVIVAL (lack of inactivation)
<input type="checkbox"/> Toxic substance part of tissue <input type="checkbox"/> Poisonous substance intentionally added <input type="checkbox"/> Poisonous or physical substance accidentally/ incidentally added <input type="checkbox"/> Addition of excess quantities of ingredients under these situations are toxic <input type="checkbox"/> Toxic container or pipelines <input type="checkbox"/> Raw product/ingredient contaminated by pathogens from animal or environment <input type="checkbox"/> Prolonged cold storage for several weeks <input type="checkbox"/> Contaminated raw products eaten <input type="checkbox"/> Obtaining foods from polluted sources <input type="checkbox"/> Cross contamination from raw Ingredient of animal origin <input type="checkbox"/> Bare-hand contact by handler/worker/preparer <input type="checkbox"/> Handling by intestinal carrier <input type="checkbox"/> Inadequate cleaning or processing/preparation equipment/utensils <input type="checkbox"/> Storage in contaminated environment <input type="checkbox"/> Other source of contamination (Specify) _____	<input type="checkbox"/> Allowing foods to remain at room/ warm outdoor temperature _____ for _____ (several) hours <input type="checkbox"/> Slow cooling; depth _____ <input type="checkbox"/> Inadequate cold-holding temperature _____ <input type="checkbox"/> Preparing foods a half day or more before serving; _____ hours <input type="checkbox"/> Insufficient thawing procedure followed by insufficient cooking <input type="checkbox"/> Insufficient time and/or temperature during hot holding _____ time _____ temp _____ <input type="checkbox"/> Insufficient acidification; pH _____ <input type="checkbox"/> Insufficiently low water activity; a_w _____ <input type="checkbox"/> Inadequate thawing of frozen products <input type="checkbox"/> Anaerobic packing/modified atmosphere <input type="checkbox"/> Inadequate fermentation <input type="checkbox"/> Other situations that promoted or allowed microbial growth or toxin production (specify) _____	<input type="checkbox"/> Insufficient time _____ and/ or temperature _____ during cooking/heat processing <input type="checkbox"/> Insufficient time _____ and/ or temperature during reheating <input type="checkbox"/> Inadequate acidification; pH _____ <input type="checkbox"/> Other process failure (specify) _____

Form D

[illegible]

**Montana Department of Public Health and Human Services
Public Health Laboratory**

PO Box 4369
Helena, MT 59604

406-444-3444 or 800-821-7284

Food Testing Request Form

Please completely fill out one form for each sample

Sample Type and Description:

Exact Collection Site:

Date of Collection:

Collectors Name:

Test Requested:

For PH Laboratory Use Only

Establishment Name, Address, County:

Owner/Mgr:

Notes:

Report will be sent to:



National Outbreak Reporting System

Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact

This form is used to report enteric foodborne, person-to-person, and animal contact-related disease outbreak investigations. This form has 5 sections: General, Etiology, Settings, Animal Contact, and Food, as indicated by tabs at the top of each page. **Complete the General and Etiology tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission.** Please complete as much of all sections as possible.

CDC USE ONLY

CDC Report ID

State Report ID

Form Approved
OMB No. 0920-0004**General Section** – complete for all modes of transmission except Water**Primary Mode of Transmission** (check one)

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Food (complete General, Etiology, and Food tabs) | <input type="checkbox"/> Person-to-person (complete General, Etiology, and Settings tabs) |
| <input type="checkbox"/> Water (complete CDC 52.12) | <input type="checkbox"/> Environmental contamination other than food/water
(complete General, Etiology, and Settings tabs) |
| <input type="checkbox"/> Animal contact (complete General, Etiology, and Animal Contact tabs) | <input type="checkbox"/> Other/Unknown (complete General, Etiology, and Settings tabs) |

Investigation Methods (check all that apply)

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Interviews only of ill persons | <input type="checkbox"/> Treated or untreated recreational water venue assessment |
| <input type="checkbox"/> Case-control study | <input type="checkbox"/> Investigation at factory/production/treatment plant |
| <input type="checkbox"/> Cohort study | <input type="checkbox"/> Investigation at original source (e.g., farm, water source, etc.) |
| <input type="checkbox"/> Food preparation review | <input type="checkbox"/> Food product or bottled water traceback |
| <input type="checkbox"/> Water system assessment: Drinking water | <input type="checkbox"/> Environment/food/water sample testing |
| <input type="checkbox"/> Water system assessment: Nonpotable water | <input type="checkbox"/> Other |

Comments**Dates** (mm/dd/yyyy)

Date first case became ill (required)	Date last case became ill
Date of initial exposure	Date of last exposure
Date of report to CDC (other than this form)	
Date of notification to State/Territory or Local/Tribal Health Authorities	

Geographic Location

Reporting state:

- ☐ Exposure occurred in multiple states
☐ Exposure occurred in a single state, but cases resided in multiple states
Other states: _____

Reporting county:

- ☐ Exposure occurred in multiple counties in reporting state
☐ Exposure occurred in a single county, but cases resided in multiple counties in reporting state
Other counties: _____

City/Town/Place of exposure:

(Do not include proprietary or private facility names)

Primary Cases

Number of primary cases		Sex (number or percent of the primary cases)			
Lab-confirmed primary cases		# Male	#		%
Probable primary cases		# Female	#		%
Estimated total primary cases		# Unknown	#		%
Primary Case Outcomes		Age (number or percent of the primary cases)			
	# Cases	Total # of cases for whom info is available			
Died	#	# <1 year	#	%	20–49 years # %
Hospitalized	#	# 1–4 years	#	%	50–74 years # %
Visited Emergency Room	#	# 5–9 years	#	%	≥ 75 years # %
Visited health care provider (excluding ER visits)	#	# 10–19 years	#	%	Unknown # %

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only**Incubation Period** (circle appropriate units)

Shortest	Min.	Hours	Days	Shortest	Min.	Hours	Days
Median	Min.	Hours	Days	Median	Min.	Hours	Days
Longest	Min.	Hours	Days	Longest	Min.	Hours	Days

Total # of cases for whom info is available

Total # of cases for whom info is available

Unknown incubation period

Unknown duration of illness

Signs or Symptoms (*Refer to terms from appendix, if appropriate, to describe other common characteristics of cases.)

Feature	# Cases with signs or symptoms	Total # of cases for whom info is available
Vomiting		
Diarrhea		
Bloody stools		
Fever		
Abdominal cramps		
HUS		
Asymptomatic		
*		
*		
*		

Secondary Cases**Mode of secondary transmission** (check all that apply)**Number of secondary cases**

<input type="checkbox"/> Food	Lab-confirmed secondary cases	#
<input type="checkbox"/> Water	Probable secondary cases	#
<input type="checkbox"/> Animal contact	Estimated total secondary cases	#
<input type="checkbox"/> Person-to-person	Estimated total cases (Primary + Secondary)	#
<input type="checkbox"/> Environmental contamination other than food/water		
<input type="checkbox"/> Other/Unknown		

Environmental Health Specialists Network (if applicable)

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Traceback (for food and bottled water only, not public water)

Please check if traceback conducted

Source name (if publicly available)	Source type (e.g., poultry farm, tomato processing plant, bottled water factory)	Location of source State Country	Traceback Comments

Recall

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Agency name: _____ E-mail: _____

Contact name: _____ Phone no.: _____

Contact title: _____ Fax no.: _____

General Remarks Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons.)

Etiology Section – complete for all modes of transmission except WaterEtiology known? ☐ Yes ☐ NoIf etiology is *unknown*, were patient specimens collected? ☐ Yes ☐ No ☐ Unknown

If yes, how many specimens collected? (provide numeric value)

What were they tested for? (check all that apply) ☐ Bacteria ☐ Chemicals/Toxins ☐ Viruses ☐ Parasites**Etiology** (Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile. Confirmation criteria available at http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html or MMWR2000/Vol. 49/SS-1/App. B)

Genus	Species	Serotype/Genotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Of Lab-Confirmed cases
			<input type="checkbox"/> yes			
			<input type="checkbox"/> yes			
			<input type="checkbox"/> yes			
			<input type="checkbox"/> yes			

*Detected in (choose all that apply): 1 - patient specimen 2 - food specimen 3 - environment specimen 4 - food worker specimen

Isolates/Strains (For bacterial pathogens, provide a representative for each distinct pattern. For viral pathogens, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)

State Lab ID/ CaliciNet Key	CDC PulseNet or CaliciNet Outbreak Number	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2	CaliciNet Sequenced Region/Other Molecular Designation 1	CaliciNet Genotype/ Other Molecular Designation 2
--------------------------------	-------------------------------------------------	-----------------------------------------------------	-----------------------------------------------------	----------------------------------------------------------------	---------------------------------------------------------

Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission**Major setting of exposure** (choose one)

- | | | | |
|-----------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hotel | <input type="checkbox"/> Private setting (residential home) | <input type="checkbox"/> School |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Nursing home | <input type="checkbox"/> Religious facility | <input type="checkbox"/> Ship |
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Prison or detention facility | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other, please specify: _____ | | |

Attack rates for major setting of exposure

Group (based on setting)	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate [(estimated ill / estimated exposed) x 100]
--------------------------	-------------------------------------	--------------------------------	---------------------------------------------------------------

residents, guests, passengers, patients, etc.

staff, crew, etc.

*e.g., number of persons on ship, number of residents in nursing home or affected ward

Other settings of exposure (choose all that apply)

- | | | | |
|-----------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hotel | <input type="checkbox"/> Private setting (residential home) | <input type="checkbox"/> School |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Nursing home | <input type="checkbox"/> Religious facility | <input type="checkbox"/> Ship |
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Prison or detention facility | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other, please specify: _____ | | |

Animal Contact Section – complete for animal contact primary mode of transmission

Setting of exposure	Type of animal	Animal Contact Remarks

Food Section – complete for foodborne primary mode of transmission

Food vehicle undetermined

Food	1	2	3
Name of food (excluding any preparation)			
Ingredient(s) (enter all that apply)			
Contaminated ingredient(s) (enter all that apply)			
Total # of cases exposed to implicated food			
Reason(s) suspected (enter all that apply from list in appendix)			
Method of processing (enter all that apply from list in appendix)			
Method of preparation (select one from list in appendix)			
Level of preparation (select one from list in appendix)			
Contaminated food imported to US?	<input type="checkbox"/> Yes, Country <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No	<input type="checkbox"/> Yes, Country <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No	<input type="checkbox"/> Yes, Country <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No
Was product <i>both</i> produced under domestic regulatory oversight <i>and</i> sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Location where food was prepared (check all that apply)	Location of exposure (where food was eaten) (check all that apply)		
<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter) <input type="checkbox"/> Restaurant – Sit-down dining <input type="checkbox"/> Restaurant – Other or unknown type <input type="checkbox"/> Private home <input type="checkbox"/> Banquet Facility (food prepared and served on-site) <input type="checkbox"/> Caterer (food prepared off-site from where served) <input type="checkbox"/> Fair, festival, other temporary or mobile services <input type="checkbox"/> Grocery store <input type="checkbox"/> Workplace, not cafeteria <input type="checkbox"/> Workplace cafeteria Where Prepared Remarks:	<input type="checkbox"/> Nursing home, assisted living facility, home care <input type="checkbox"/> Hospital <input type="checkbox"/> Child day care center <input type="checkbox"/> School <input type="checkbox"/> Prison, jail <input type="checkbox"/> Church, temple, religious location <input type="checkbox"/> Camp <input type="checkbox"/> Picnic <input type="checkbox"/> Other (describe in Where Prepared Remarks) <input type="checkbox"/> Unknown	<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter) <input type="checkbox"/> Restaurant – Sit-down dining <input type="checkbox"/> Restaurant – Other or unknown type <input type="checkbox"/> Private home <input type="checkbox"/> Banquet Facility (food prepared and served on-site) <input type="checkbox"/> Caterer (food prepared off-site from where served) <input type="checkbox"/> Fair, festival, other temporary or mobile services <input type="checkbox"/> Grocery store <input type="checkbox"/> Workplace, not cafeteria <input type="checkbox"/> Workplace cafeteria Where Eaten Remarks:	<input type="checkbox"/> Nursing home, assisted living facility, home care <input type="checkbox"/> Hospital <input type="checkbox"/> Child day care center <input type="checkbox"/> School <input type="checkbox"/> Prison, jail <input type="checkbox"/> Church, temple, religious location <input type="checkbox"/> Camp <input type="checkbox"/> Picnic <input type="checkbox"/> Other (describe in Where Eaten Remarks) <input type="checkbox"/> Unknown

Contributing Factors (check all that contributed to this outbreak)

Contributing factors unknown

Contamination Factor

C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C-N/A

Proliferation/Amplification Factor (bacterial outbreaks only)

P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11 P12 P-N/A

Survival Factor

S1 S2 S3 S4 S5 S-N/A

The confirmed or suspected point of contamination (check one)☐ Before preparation ☐ PreparationIf 'Before Preparation': ☐ Pre-Harvest ☐ Processing ☐ Unknown**Reason suspected** (check all that apply)☐ Environmental evidence☐ Laboratory evidence☐ Epidemiologic evidence☐ Prior experience makes this a likely source**Was food-worker implicated as the source of contamination?** ☐ Yes ☐ No

If yes, please check only one of the following:

- ☐ Laboratory **and** epidemiologic evidence
- ☐ Epidemiologic evidence
- ☐ Laboratory evidence
- ☐ Prior experience makes this a likely source

School Questions

(Complete this section only if "school" is checked in either sections "Location where food was prepared" or "Location of exposure (where food was eaten)").

1. Did the outbreak involve a single or multiple schools?

- ☐ Single
- ☐ Multiple (number of schools ____)

2. School characteristics (for all involved students in all involved schools)a. Total approximate enrollment
(number of students)

Unknown or undetermined

b. Grade level(s)

- ☐ Preschool
- ☐ Grade school (grades K-12)

Please check all grades affected:

- ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th
- ☐ College/university/technical school
- ☐ Unknown or Undetermined

c. Primary funding of involved schools

- ☐ Public
- ☐ Private
- ☐ Unknown

3. Describe the preparation of the implicated item:
(check all that apply)

- ☐ Heat and serve (item mostly prepared or cooked off-site, reheated on-site)
- ☐ Served a-la-carte
- ☐ Serve only (preheated or served cold)
- ☐ Cooked on-site using primary ingredients
- ☐ Provided by a food service management company
- ☐ Provided by a fast-food vendor
- ☐ Provided by a pre-plate company
- ☐ Part of a club or fundraising event
- ☐ Made in the classroom
- ☐ Brought by a student/teacher/parent
- ☐ Other (describe in General Remarks)
- ☐ Unknown or Undetermined

4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*

- ☐ Once
- ☐ Twice
- ☐ More than two times
- ☐ Not inspected
- ☐ Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

5. Does the school have a HACCP plan in place for the school feeding program?*

- ☐ Yes
- ☐ No
- ☐ Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?

- ☐ Yes
☐ No
☐ Unknown or Undetermined

If yes, was the implicated food item donated/purchased by:

- ☐ USDA through the Commodity Distribution Program
☐ The state/school authority
☐ Other (describe in General Remarks)
☐ Unknown or Undetermined

Ground Beef

1. What percentage of ill persons (for whom information is available) ate ground beef raw or undercooked? _____ %
2. Was ground beef case-ready? ☐ Yes ☐ No ☐ Unknown
 (Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)
3. Was the beef ground or reground by the retailer?
☐ Yes ☐ No ☐ Unknown
- If yes, was anything added to the beef during grinding (such as shop trim or any product to alter the fat content)?:

Additional Salmonella Questions

(Complete this section for Salmonella outbreaks)

1. Phage type(s) of patient isolates:

if RDNC* then include #

if RDNC* then include #

if RDNC* then include #

if RDNC* then include #

* Reacts, Does Not Conform

Eggs

1. Were eggs (check all that apply)

- ☐ in shell, unpasteurized?
☐ in shell, pasteurized?
☐ packaged liquid or dry?
☐ stored with inadequate refrigeration during or after sale?
☐ consumed raw?
☐ consumed undercooked?
☐ pooled?

2. Was Salmonella enteritidis found on the farm? ☐ Yes ☐ No ☐ Unknown

Egg Comment (e.g., eggs and patients isolates matched by phage type):

Effective Date: 06/26/2018

ADM-PHEP-2.3

PROCEDURE

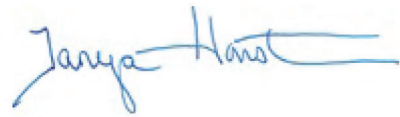
See Also: Annex N-1 of CCHD ERP

ADM-PHEP-2.0: Response to Foodborne Illness Outbreak

ADM-PHEP-2.1: Foodborne Illness Complaint Investigation

ADM-PHEP-2.2: EH Foodborne Illness Outbreak Investigation

Approved by:



ADM-PHEP-2.3 – PS Foodborne Illness Outbreak Investigation

Action by:

Public Health Nurse will

Action:

1. **Locate** completed complaint forms at the following location:
Z:/HealthDepartment/Administration/PHEP/
EH.PS.PHEP
2. **Review** information on complaint form to conduct interview.
3. **Contact** the individual on the complaint form for telephone interview.
 - a. Interview will determine what was ingested, the time period the individual got sick, the occupation of the individual and if any friends or family ingested any similar items or are experiencing similar symptoms.
 - b. Enter individual as a patient into the Electronic Health Record (EHR) and include interview information in case notes

If no friends or family are identified go to step 3(d).
 - c. If additional individuals are identified as potentially exposed during the interview, contact those individuals to conduct similar

interviews.

- d. Each person will be entered individually into the EHR with case notes containing interview information.
 - e. Refer the interviewed individual to their primary care provider or an urgent care center for appropriate testing.
4. **Contact** the healthcare provider to advise of possible outbreak and inform them of the referral to ensure the provider will obtain specimen for testing.

If funds are not available for the individual to see a provider go to Step 6

5. **Email** update to chd_food_water@cascadecountymt.gov omitting any personal health information for updated communication between Prevention Services and Environmental Health.
6. **Refer** contact to a provider for appropriate testing.
If a provider is not available for the individual to see go to Step 7, otherwise go to Step 9.
7. **Schedule** a time for individual to come to CCHD for specimen testing.
8. **Update** Prevention Services Division Manager that patient will be tested by PHN.
9. **Contact** the MT Public Health Laboratory for proper procedures regarding transporting specimens to the lab. (406)444-3444
10. **Monitor** MIDIS for results of specimen testing.
11. **Complete** Outbreak Investigation form located on the CDCP Bureau Resources webpage and fax to State DPHHS at 1-(800)-616-7460 within 24 hours of identifying the outbreak.

###

Cooperative Agreement

Between
Montana Department of Public Health and Human Services
And
Board of Health

DPHHS
DEC 17 2019
FOOD & CONSUMER
SAFETY SECTION

Identity of Parties and Purpose Statement

This **Cooperative Agreement** (Agreement) is between the **Montana Department of Public Health and Human Services** (DPHHS), and the Cascade County **Board of Health** (BOH).

The purpose of this Agreement is to establish a payment schedule for maximizing the disbursement of funds to the BOH to support inspections of licensed establishments and to determine which optional programs the BOH will conduct

A failure to sign this agreement may result in the inability of a local health jurisdiction to maximize funding. Each completed inspection will result in a payment equal to the license fee or the portion of that fee designated in the applicable statute.

Period of Performance and Termination of this Cooperative Agreement

This Cooperative Agreement is effective from **January 1, 2019 through December 31, 2019** and cannot be terminated except by written notification from one of the parties with a minimum of 30-day notice. This agreement may not be extended.

Sole Agreement

This is the only Agreement between the parties with respect to payments for inspections for licensed establishments. This Agreement replaces any previous Cooperative Agreement(s) entered into by the parties with respect to payments and responsibilities for inspections of public establishments as defined in this agreement.

Alterations or Amendments

The parties may amend this Cooperative Agreement by mutual agreement. Any amendment is effective only when in writing and signed by both parties.

Responsibilities of the parties:**The BOH agrees:**

1. To inspect the following types of licensed establishments within its jurisdiction on an annual basis:
 - a) Inspections required to be performed by local health jurisdictions
 - i. Retail Food Establishments

- ii. Wholesale Food Establishments
- iii. Trailer Courts & Campgrounds
- iv. Public Accommodation (see 2a for exceptions)

b) The BOH agrees to conduct the following activities (please check all that apply):

i. Pools, Spas and Other Water Feature Inspections

☒ Yes

☐ No

ii. Body Art Establishment Inspections

☒ Yes

☐ No

iii. Body Art Establishment Plan Review

☒ Yes

☐ No

iv. Peer to Peer Inspector Training (see Appendix B and Table 2)

☒ Yes

☐ No

c) If the BOH chooses not to perform inspections of pools, spas, and other water features, and body art facilities, they will be conducted by the Department or its designee. A designee may include a neighboring county under contract with the Department.

d) If the BOH opts out of Pool and Body Art inspections, the BOH gives DPHHS the authority to sign Pool, Spa, and Body Art licenses for the county.

e) If the BOH opts into Peer to Peer Retail Food Inspector Training, they agree to have Trainers host a trainee, travel to the trainee's county, or a combination of the two, to perform routine inspections of retail food establishments (See Appendix B and Table 3). Only DPHHS-standardized or FDA-standardized inspectors may provide the peer to peer inspections. Opting into this program means that you are only obligated to assist counties as time allows. It does not mean that you are expected to prioritize neighboring county trainings over your own.

2. To inspect public sleeping accommodations within its jurisdiction as follows:

- a) Inspect each hotel, motel, rooming house/boarding house/hostel before initial license validation, upon complaint, and routinely inspect at least once annually;
- b) Inspect each bed & breakfast and tourist/vacation home/condominium before initial license validation and upon complaint;
- c) Complete follow-up inspections as determined necessary by the sanitarian; and
- d) Make a reasonable effort to license all operating establishments, including tourist homes.

3. Inspections of licensed establishments must be performed by the local health

officer, sanitarian, or sanitarian-in-training;

4. To enter inspection dates into the Department's database, within two weeks after the end of each quarter;
5. A minimum of one person in the County will obtain access to the Department's licensing database, receive training, and enter the date and name of person performing each inspection;
6. On a minimum of a quarterly basis, to notify the Department of any status changes to establishment licenses (i.e. out of business; change of ownership)
7. To provide copies of inspection reports to the Department for auditing purposes, upon request;
8. To notify the Department when a sanitarian or the BOH takes enforcement action that may impact a license; and
9. To be eligible for payment from the Local Board Inspection Fund (LBIF), the County must maintain a functioning local board of health as required by Title 50 of the Montana Code Annotated.

The Department agrees:

1. To pay the percentage required by statute of each licensing fee received by the Department into a Local Board Inspection Fund. Fees paid into the fund will be collected from licensees of retail food establishments, wholesale food establishments, public accommodations, trailer courts and campgrounds, and, if applicable, body art establishments (see Table 2), pools, spas, and other water features;
2. To pay the BOH the license fee or fees associated with an establishment from the local board inspection fund, so long as the licensed establishment is inspected or reported as permanently closed and the license fee or fees have been paid by the establishment;
3. If the BOH inspects licensed establishments in program categories covered by this agreement before the end of the licensure year, payment from the Local Board Inspection Fund will be made at the rates according to statute using the payment schedule in Table 1. Payment rules to be applied to the percentages can be found in Appendix A;
4. To provide copies of plan review correspondence to the county sanitarian;
5. The amount available from the local board inspection fund is solely dependent upon fees paid by licensed establishments within the relevant jurisdiction. The percentage paid to the BOH under the schedule is intended to be a percentage of the actual

amount available in that fund based on amounts paid in from licensees. Under no circumstances will the Department be obligated to pay an amount larger than has been paid into the Local Board Inspection Fund. Payment is also dependent on statutory authority available to the State to make payments from the Local Board Inspection Fund;

6. To provide training, education, technical assistance and information to staff of local board of health;
7. To maintain a record of inspections submitted by the staff of the local board of health as required in rule; and
8. To provide analytical support through the Laboratory Services Bureau to the BOH's environmental health program regarding food safety. When necessary, support to environmental health programs may include food and environmental sampling for *Salmonella*, *Listeria*, and Shiga-toxin producing *E.coli*, along with clinical (human) testing for the analytes listed in the public health laboratory manual.

The laboratory maintains and provides sample collection kits and technical support when food or water samples need to be collected and tested for contamination. This includes food sampling kits and drinking water emergency sampling supplies. Examples include assisting with *Listeria* swabbing or collecting and shipping samples of food for *Salmonella* or *E.coli* analysis.

The Laboratory Services Bureau is certified by Region 8 of the EPA and can provide water analysis for pesticides, herbicides, volatile organics, industrial chemicals, nutrients, enteric bacteria, oxygen demand, metals, mercury, as well as lead in paint and dust wipes. The laboratory not only tests drinking water, but also wastewater, groundwater, sediment, solid wastes, and plant and fish tissues.

In an outbreak or emergency where the Department cannot provide laboratory support through the Laboratory Services Bureau, it will work closely with relevant regulatory agencies and their laboratories including the CDC, FDA, and USDA.

Table 1: Payment Schedule- Applies to Retail Food Establishments; Wholesale Food Establishments; Public Accommodations (except Tourist Homes and Bed & Breakfasts *see note) Trailer Courts/Campgrounds; Body Art Establishments; Pools, Spas and Other Water Features (if applicable):

Percent of Licensed Establishments Inspected by the County during the licensure year	LBIF Disbursement by Percentage
90% -100%	100% (of paid licenses)
< 90%	1 Payment per Paid License per Inspection

* Note: All license fees for Tourist Homes and Bed & Breakfast will be paid annually to the county and are not subject to Table 1

Table 2: License fees reimbursed to counties performing inspections of Body Art Establishments:

License type	License fee	Reimbursement per inspection
Tattooing	\$135	\$121.50 (90%)
Body Piercing	\$135	\$121.50 (90%)
Ear lobe piercing only	\$75	\$67.50 (90%)

Table 3: Peer to Peer Retail Food Inspector training: Counties will be reimbursed for mileage, meals and lodging for their employees who may be either trainers or trainees and travel outside of their home counties for the purpose of peer to peer training. Counties who host a trainee will also be given an additional \$50 per training inspection. Please note that opting into this portion of the cooperative agreement does not obligate you to provide this service. Peer to peer trainings will only be done when both counties have time (See Appendix B).

Lodging*	State Rate (Approx \$93/Night)
Meals	\$23.00 Per day
Mileage	\$0.262 Per mile
Additional Inspection Reimbursement	\$50.00 Per Inspection

* Note: Lodging will be reimbursed at the state rate unless preauthorization is granted by DPHHS; every attempt should be made to obtain state rates.

Both parties agree that:

1. The responsibilities of the parties are governed by the Montana Code Annotated and the Administrative Rules of Montana and nothing in this agreement is intended to contradict or supplant relevant provisions of the laws of Montana; and
2. The following process is to be used in the event of a disagreement between the BOH and the Food & Consumer Safety Section (FCSS) about the terms of this agreement.
 - a. If the BOH is unable to resolve their disagreement with FCSS, a written notification from the BOH must be provided to the Communicable Disease Control and Prevention Bureau Chief. The BOH shall provide in writing specific details about the remaining issues that are in dispute. The Bureau Chief shall attempt to resolve the dispute. If unable to resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the BOH in writing.
 - b. If resolution of the disagreement is not obtained, the BOH may request a review and written determination to be made by the Public Health and Safety Division

Administrator.

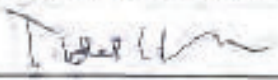
- The decision of the Division Administrator may be appealed to the Department Director, whose decision is final.

Liaisons:


These persons serve as the primary contacts between the parties regarding the performance of the task order.

1. Ed Evanson is the liaison for DPHHS (phone: 406-444-6309)
2. Liaison for the BOH: Tanya Houston, Health Officer
(Print name and title)

For: Montana Department of Public Health and Human Services

Signature: 
Printed name and title: Todd Harwell, Division Administrator
Date: 12.18.15

For: CASCADE County Board of Health

Signature: 
Printed name and title: PETER G. GONY
Date: 5 DEC 2015

Please mail signed Agreement to:

Ed Evanson, Supervisor
DPHHS-Food & Consumer Safety Section
P.O. Box 202951
Helena MT 59620-2951

DPHHS
DEC 17 2015
FOOD & CONSUMER
SAFETY SECTION

Appendix A – Payment Rules for Licensed Establishments

The following scenarios describe how credit for an inspection will be applied to the percentage described in Table 1 of this Agreement. Any scenarios not covered by these business rules will be evaluated on a case by case basis.

Scenario	License Fee(s) paid	Inspection(s) completed	Credit(s) toward percentage
1	License fee paid	1 or more inspection(s) completed	1 credit toward percentage
2	License fee paid	0 inspections completed	0 credit toward percentage
3	License fee paid	0 inspection completed due to business closing	1 credit toward percentage
4	0 fees paid	0 inspections completed	0 credit toward percentage
5	2 license fees paid on 1 establishment due to change in ownership	2 inspections performed because of change in ownership	2 credits toward percentage
6	2 license fees paid on 1 establishment due to change in ownership	1 inspection performed	1 credit toward percentage
7	License fee paid for pool or spa operated throughout the year	1 full facility and 1 critical point inspection performed	1 credit toward percentage
8	License fee paid for seasonal pool or spa	1 full facility inspection performed	1 credit toward percentage

Appendix B:

Peer to Peer Inspector Training

One of the tasks of Food and Consumer Safety is to provide or facilitate training to ensure consistent, high quality inspections across the state. Joint inspections with experienced county inspectors are one way to accomplish that. To minimize the impact to county budgets, Food and Consumer Safety will fund peer to peer inspection training up to \$10,000 per year (allocated total for the entire state).

These funds are available on a first-come, first-serve basis for counties with a new inspector, or an inspector needing additional training in a certain type of inspection or inspection components outside of previous training. This may be someone who is a Sanitarian in Training (SIT) or is a sanitarian that is moving into inspection types with which they have limited experience with.

Training will be provided at the discretion of the counties. If a county opts into this program but time and/or resources change the county is not obligated to host training or send a trainer to a neighboring county.

Minimum requirements for trainers:

1. Currently employed by a county and determined by FCS to be qualified to provide training;

The following applies to food inspections:

- a. Trainers must be a FDA or State Standard
- b. Minimum Facility Requirements
 1. Risk Level 2, 3, or 4
- c. Inspections by Risk Level (see Annex 5, Table 1 of the 2013 Food Code)
 1. Risk Level 2 - no more than 3 inspections
 2. Risk Level 3 or 4 - up to 12 inspections
 3. If possible, facilities should include
 - a. retail processing,
 - b. HACCP, and
 - c. Molluscan shellfish sales or service
 4. FCS currently does not have plans to approve more than 15 peer to peer inspections at a time.

Reimbursement:

1. Trainers may host the trainee and/or travel to the trainee's county to perform inspections.
2. Reimbursement to the county for mileage, meals and lodging for either trainers or trainees who travel outside of their jurisdiction.
3. An additional \$50 per inspection for a county hosting a trainee, due to the additional amount of time required for training.

Projected Reimbursement per training:

Lodging	State Rate (Currently \$93/night)	x5 nights	\$465.00
Meals	\$23.00/day	x5 days	\$115.00
Mileage	\$0.262/mile	x400 miles	<u>\$104.80</u>
		Total travel	\$684.80
Additional inspection reimbursement			
	\$50.00/inspection	x15	<u>\$750.00</u>
Total per sanitarian trained			\$1434.80

All peer to peer training must be pre-approved by FCS. To receive pre-approval, send the section the following information:

- 1) The training inspector
- 2) The trainee
- 3) The establishments to be visited with the risk categories
- 4) The number of days and nights spent training
- 5) The projected lodging cost
- 6) The projected mileage cost

CONTRACT

18-204

PASSED AND ADOPTED THIS 11th DAY OF Dec 2018

BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA

Jane Weber
Jane Weber, Chairman

excused
Joe Briggs, Commissioner

James L. Larson
James L. Larson, Commissioner

Attest

Rina Fontana Moore by deputy K Baker
Rina Fontana Moore,
Cascade County Clerk and Recorder



DPHHS

DEC 17 2018

FOOD & CONSUMER
SAFETY SECTION

Effective Date: 04/08/2013

ADM-COM-1.0

PROTOCOL

See Also: ADM-COM-1.1 Responding to Media Inquiries
ADM-COM-1.2 – Developing a Press Release

Approved by:



ADM-COM-1.0 – Communication and Media Relations

It is the policy of CCHD to communicate effectively utilizing various methods to disseminate information. The main goal of this policy is to help improve the community's health through education, but it will also assist in establishing CCHD as an accurate, credible, and timely source of information in the community and will help promote public understanding of CCHD's services, activities, and issues.

1. The Communications & Community Planner will be the Primary Media Contact

If deemed necessary for any reason, the Health Officer can assume the duties outlined herein, or may appoint a designee to do so.

The Communications & Community Planner serves as CCHD's primary spokesperson and contact for the media, although the Health Officer or designee must approve all information before it is released.

All inquiries to the Health Department from the media, regardless of subject, will be directed to the Communications & Community Planner, who will work with staff and Leadership to develop an appropriate response. Statements are not to be made and information is not to be released until proper approval has been given.

2. Communication will be Accomplished Both Responsively and Proactively

Within the scope of their ability, CCHD will respond to news media questions/inquiries effectively, accurately and on a timely basis to help promote public understanding of CCHD's services, activities, and issues.

The Communications & Community Planner will work cooperatively with staff of CCHD Divisions to respond to inquiries and to develop proactive messaging through methods such as press releases, the CCHD website, television interviews,

radio broadcasts, etc. The goal is to increase public understanding and knowledge of CCHD. In order to ensure that their program is represented in these efforts, CCHD staff, with the knowledge of their supervisor, should notify the Communications & Community Planner when their program has an upcoming activity or topic that may be suitable for a press release or other public information outreach. Then the applicable individuals will work collaboratively to produce the messaging to be distributed.

3. Approval of Press Releases and Public Service Announcements

All press releases and public service announcements must be reviewed and approved by the Communications & Community Planner, or designee, prior to submitting to the media.

- If the press release or public service announcement is of public health significance, it must be approved by the Health Officer before submitting to the media. Certain grants may require grantor approval for releases.

4. Approval of Marketing Materials

All marketing materials (flyers, brochures, pamphlets, etc.) must be reviewed and approved by the Communications & Community Planner, or designee, prior to submitting to the Print Shop and/or release to the community. Certain grants may require grantor approval for marketing materials.

5. Confidentiality will be Maintained at All Times

CCHD will ensure that confidentiality is maintained as outlined in HIPAA, Agency Protocol (FACILITY-HIPAA-1.0-Respecting Patient Confidentiality), County Policy, and any other applicable restrictions.

Should an individual's picture be taken by CCHD, or the news media, for public information purposes, a CCHD Photo Release Form (attached) will be completed and signed by the individual, prior to the picture being taken. Signed photo releases will be scanned and stored electronically in the folder with the photo.

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