



Oklahoma State Department of Health Consumer Protection Division Procedures Manual

Title: **Outbreak – Local Inspector Investigation**
CPDP#: ER-01
Adopted: September 2017
Last Reviewed: NEW
Responsible Areas:

Protective Health Services

- Consumer Health Service (CHS)
 - Consumer Protection Division (CPD)
- Long Term Care (LTC) Service

Community and Family Health Services

Office of the State Epidemiologist

- Acute Disease Service (ADS)
- Public Health Lab (PHL)

Office of Communications

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I. PURPOSE

To implement an internal policy to define and describe the investigative response of local inspectors during a possible outbreak related to a food-, air- or water-borne illness or some other communicable disease. These procedures may be referenced in regards to an outbreak at a food establishment, lodging establishment, public bathing facility, child care center or long-term care facility.

II. AUTHORITY

[Oklahoma Statute \(O.S.\) Title 63](#)

III. JURISDICTION

The Oklahoma State Department of Health (OSDH) has jurisdiction statewide except on tribal trust property and Federal land. In the Oklahoma City-County and Tulsa Health Departments' jurisdictions, OSDH contracts annually to conduct food-borne outbreak inspections, specifically related to the sampling and investigation of the food, lodging or pool areas.

While local inspectors may be requested to assist in an outbreak investigation at a child care center, the licensure authority will be under Department of Human Services.

If the establishment is a long term care facility (that is, nursing facility, intermediate care facility for individuals with intellectual disabilities, residential care home, assisted living center, or adult day care center), the OSDH Long Term Care Service is responsible for conducting onsite investigations and inspections relating to state licensure and/or Medicare and Medicaid certification. The OSDH Health Resources Development Service administers the license applications for long term care facilities and may be able to provide assistance in identifying facility owners, operators, managers and contact information.

The Acute Disease Service is the lead on any outbreak investigative process on state lands. The State Epidemiologist or designee will ensure a coordinated Incident Response in the event an outbreak stems from a tribal trust property, or in the event an outbreak affects tribal trust property.

IV. FREQUENCY OF TASK(S)

As needed.

V. PROTOCOLS

An outbreak notification may come from medical reporting through the Acute Disease Service, a complaint call, either directly to the county health department or forwarded by Consumer Protection Division, or notice from the local Communicable Disease Nurse (CDN). Additionally, information on a possible outbreak may also be received by the OSDH Long Term Care Service as a complaint or a facility incident report.

a. Definitions and Descriptions

- i. Possible Outbreak Illness (Food or Public Bathing Place Related) – An illness outbreak is defined as the occurrence of two (2) or more cases among persons in different households of a similar illness resulting from the ingestion of a common food or in association with a common event or an establishment.
- ii. Shellfish Outbreak – In the event the suspected food-borne illness is related to raw shellfish, only one (1) case or one (1) occurrence is needed to recognize an outbreak investigation.

b. Receipt of Complaint Call

- i. A county health department may receive a single call reporting multiple cases of illness within a family, or multiple calls from separate families.
- ii. All complaints should be recorded following normal complaint tracking procedures.

- iii. If two or more cases are determined to have stemmed from the same establishment, the inspector must ensure all the following information is collected, depending on the type of complaint: (NOTE: The inspector may be required to call-back previous complainants if an outbreak was not determined based on a single call and all the information below was not originally captured.)

Food-borne Illness	Water-borne Illness
The facility where food was prepared	The facility of the public bathing place
Determine what food was consumed	
	Determine type: pool, spa, indoor, outdoor, etc.
Time/date facility was visited	Time/date facility was visited
Symptoms experienced	Symptoms experienced
Symptom onset time	Symptom onset time
Duration of symptoms	Duration of symptoms
Was a health care provider consulted?	Was a health care provider consulted?
Were laboratory samples taken (stool, blood, etc.)?	Were laboratory samples taken (urine, blood, etc.)?

- iv. If a possible outbreak is suspected or identified, the inspector will send notice to the Regional Health Director and Quadrant Sanitarian Manager.
- v. The inspector will contact the Acute Disease Service and forward all documentation for further investigation.
1. If not already involved, ensure the CDN in the county is updated on the complaint(s).
 2. Include the Consumer Health Service on the notification for communication purposes only (email: ConsumerHealth@health.ok.gov).
 - a. If the incident is related to raw shellfish, the Consumer Protection Division Program Manager will contact the FDA Shellfish representative.
- vi. If the complaint involves situations outside of the scope of authority of OSDH, the Acute Disease Service will research and refer the issue to the appropriate resources/contacts.
- vii. At the time of the notification from the local inspector to Acute Disease Service, the epidemiological investigation procedures will be enacted and all future actions will be coordinated through their office.

c. **Sampling**

- i. The Acute Disease Service will coordinate the necessary samples needed for the investigation and who should be collecting the samples to avoid duplication of effort.
- ii. Depending on the outbreak, there are different types of samples that may be collected by the local inspector which may include, but are not limited to:
 1. Food
 2. Swabs of food preparation or storage surfaces
 3. Water - drinking (in coordination with the Department of Environmental Quality)
 4. Water – public bathing place
 5. Air or water filters; biofilms
 6. Documentation, invoices, shellfish tags or other paperwork
 7. Overall routine inspection of the establishment
 - a. This may include interviews with employees or others affected

NOTE: Any bodily fluid samples should be acquired by the local CDN.

- iii. Official vs. Unofficial - It is not appropriate to accept unsealed samples that the public may bring into the health department. Due to chain of custody concerns, the sample would be considered unofficial and may not be appropriate for analysis.
 - 1. Official Samples - Official Samples shall be maintained in the same condition as they are received. Frozen or refrigerated products should be transported in an insulated container with ice or cold-packs.
 - 2. Unofficial Samples –The Acute Disease Service may request collection of unofficial samples from an outbreak-associated case for laboratory testing. Examples include food products or nutritional supplements where implicated in multistate outbreak investigations.
- iv. The Public Health Lab (PHL) has created sampling kits that include sample collection procedures and necessary equipment to conduct official sampling techniques.
 - 1. The PHL is responsible for ensuring supplies are up to date and re-supply after use.
 - 2. As of January 2017, sample kits are stored at the following county health departments:
 - a. NE - Pryor
 - b. NE - Stillwater
 - c. SE - McAlester
 - d. SE - Ada
 - e. SW - Norman
 - f. SW - Lawton
 - g. NW - Elk City
 - h. NW - Woodward
- v. For food – the inspector should make an effort to acquire an official (unopened) sample from the establishment in question or produce that may have been purchased from the same distributor.
 - 1. Unopened samples should have the same lot, packaging, or date codes as the item in question.
 - 2. If no unopened samples are available, contact Acute Disease Service to determine if an opened sample is needed.
- vi. The inspector should send copies of all investigation documents to Acute Disease Service at central office unless otherwise instructed. The epidemiologist who is leading the investigation will provide coordination and direction to the local inspector where to submit collected samples.
- vii. The OSDH PHL and Acute Disease Service are responsible for ensuring which lab is most appropriate to send samples to if the sample cannot be tested in the Public Health Lab.
 - 1. Department of Environmental Quality (DEQ) – typically used for water samples
 - 2. Oklahoma Department of Agriculture, Food & Forestry (ODAFF) – typically used for food samples
 - 3. Centers for Disease Control and Prevention (CDC) – for testing not conducted by the PHL.
 - 4. Other state public health laboratory – Designated regional response laboratory for testing not conducted by the PHL.

d. **Traceback Investigation**

- i. The Acute Disease Service may request records needed by the Food and Drug Administration or United States Department of Agriculture to complete a traceback investigation of a product implicated in a communicable disease outbreak event.
- ii. The Acute Disease Service will coordinate traceback activities with the Consumer Protection Division and the local inspector.

e. **Child care Investigation**

- i. In the event the local county health department is notified of a *Shigella* or possible food-borne illness outbreak at a child care center, the CDN will coordinate the investigation. An Acute Disease Service epidemiologist will be the backup for coordination.
- ii. The local inspector may be asked to assist in the onsite investigation. NOTE: This is not considered a DHS requested investigation.
- iii. The local inspector should use the OSDH 542 form to record observations during the investigation.
- iv. The following issues should be focused on by the inspector:
 1. Kitchen / Food (similar to a requested DHS child care inspection)
 2. Observation of illness of food handler(s); review of employee absenteeism records, if available
 3. Location and adequacy of handwashing sinks and personal hygiene areas
- v. All other areas of the child care establishment should be inspected by the CDN.
- vi. The CDN may request an inspector to make observations in certain areas though not common; include all observations on the 542.
- vii. The CDN may request the inspector to ask questions from the template investigation questionnaire.
- viii. The inspector shall submit all investigative documentation to the CDN to coordinate with the appropriate personnel.

f. **Long Term Care (LTC) – Food Outbreak**

- i. In the event an outbreak investigation is conducted at a LTC facility possibly involving food or food handlers, the CDN may request assistance from the local inspector.
- ii. The local inspector should use the OSDH 542 to record observations during the investigation.
- iii. The following issues should be focused on by the inspector:
 1. Kitchen / Food
 2. Observation of illness of food handler(s); review of recent absenteeism records of food handler(s), if available
- iv. The CDN may request the inspector to ask questions from the template investigation questionnaire.
- v. The inspector shall submit all investigative documentation to the CDN to coordinate with the appropriate personnel.

g. **Coordinated Tribal Investigation**

An outbreak may occur on a tribal property accessed by the general public (i.e. resort, hotel, restaurant, casino, etc.) or may be in an area on state lands where there is a large population of tribal members. *In an effort to coordinate a large scale outbreak, the Department has been in discussions and signed MOU's with the Chickasaw & Cherokee Nations with the expectation to extend this process to all willing Tribes within the state (9/2017).*

- i. The Department may become aware of a possible outbreak stemming from a tribal property or affecting a large population of tribal members either by:
 1. Communication directly from the Tribal Nation,
 2. Multiple calls with similar illnesses possibly stemming from a Tribal property reported by a citizen to either the state or local county health department as a general complaint (follow b. Receipt of Complaint Call above), or
 3. Multiple medical reports made to the Acute Disease Service.
- ii. The State Epidemiologist or designee will be responsible for contacting the tribe's liaison (assistance may be required from the agency's Tribal Liaison to identify the appropriate contact).
- iii. The State Epidemiologist and Acute Disease Service will coordinate an investigative response.
- iv. Local Inspectors may be asked to conduct a coordinated investigation following the sampling procedures above or following tribal procedures (depending on jurisdiction). Effort of the local inspector may include:
 1. Shadowing or being shadowed by tribal investigators,
 2. Conducting the full investigation (with tribal escort if necessary on tribal property), or
 3. Splitting efforts of the investigation.

NOTE: The Acute Disease Service (or agency Operations Chief) will direct the exact actions necessary.

VI. RESOURCES

- a. Camera - Each county has been issued a camera that may be utilized for this response; however, public health specialists or environmental technicians may utilize agency issued cell phones to also take pictures as needed.
- b. Flashlight - All public health specialists or environmental technicians have been issued a flashlight for use during inspections.
- c. Probe Thermometer - All public health specialists and environmental technicians have been issued a probe thermometer.
- d. Thermolabels - All public health specialists and environmental technicians have been issued thermolabels.
- e. Chemical Test Strips - All public health specialists have been issued chemical test strips.
- f. Pool Test Kits - All public health specialists and environmental technicians have been issued a pool sampling kit.
- g. Lab sample kits - Located in strategic counties statewide. Location can be identified by CPD or Quadrant Sanitarian Manager.

VII. FORMS

The following forms are available for use during this process:

- a. ODH Form #475A - Consumer Health Service Complaint Form
- b. ODH Forms 541 & 542 - Food Inspection Forms
- c. ODH Form #537 - Public Bathing Place Inspection Report

VIII. STAKEHOLDERS/PARTNERS

- a. OSDH – Consumer Protection Division
- b. OSDH – Consumer Health Service
- c. OSDH – Acute Disease Service
- d. OSDH – Long Term Care Service

- e. OSDH – Public Health Lab
- f. OSDH – Community & Family Health Services / Local County Health Departments
- g. Oklahoma City-County Health Department
- h. Tulsa Health Department
- i. OK Department of Environmental Quality (lab testing - water)
- j. OK Department of Agriculture, Food & Forestry (lab testing - food)

IX. COMMUNICATIONS

E-mail communication shall be used to refer complaints from central office to the local county health departments.

The local inspectors may communicate with the epi-on-call by phone or by email to share information and coordinate a response.

The Office of the State Epidemiologist and Acute Disease Service will be responsible for coordinating all media releases through the Office of Communications relating to a possible or confirmed illness outbreak. The Regional Health Director will be responsible for coordinating a response on local actions taken in response to an event through a Joint Information Center (JIC).

To ensure Department coordination relating to outbreaks at Department regulated/partner facilities outlined below, CHS staff receiving notifications will forward them accordingly to the PHS Deputy Commissioner, Acute Disease Service and the appropriate service area:

- Medical centers, hospitals, surgical centers, etc. (which may also be licensed food establishments) → MedicalFacilities@health.ok.gov
- Long Term Care centers, including assisted living and other nursing centers → LongTermCare@health.ok.gov
- Child care establishments → DHS contract contact

Proposed updates or corrections to this Procedure shall be e-mailed to ConsumerHealth@health.ok.gov.

Official updates to this Procedure shall be e-mailed annually (if any) to Regional Health Directors and Supervisors for distribution to staff and will be sent for approval upon final updates.

X. REFERENCES

- Acute Disease Service – website on foodborne diseases and safety - https://ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/Food_Safety_and_Foodborne_Diseases/index.html
- Public Health Lab - website for sampling and response to a foodborne disease - <https://www.ok.gov/health2/documents/General%20Collection%20Instructions%20Dec-15.pdf>
- Acute Disease Service – website on legionellosis - https://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/Legionellosis.html
- [*Epidemiologic Follow-up of Communicable Diseases in Oklahoma Manual \(Epi Manual\) – outbreak investigation and enteric disease sections, investigation resources located in appendices.*](#)
- Interstate Shellfish Sanitation Conference (ISSC) website – www.issc.org.

XI. ACTION

The director of the Consumer Health Service is responsible for ensuring the review of this procedure at least once every 36 months.

The director of Consumer Health Service is responsible for developing an annual report of the results of implementation of this procedure. The report must summarize complaints, enforcement activities, and compliance with the procedure. The report must include patterns, trends and compliance with law and rules. The report must include documentation of debriefings or other methods to evaluate what worked well, problems that arose, issues and recommendations in investigation/response procedures, and other process improvement to this procedure. The information must be shared with the stakeholders involved in the enforcement of this procedure. The director of the Consumer Health Service will ensure that other stakeholders inform the Oklahoma State Department of Health about patterns, trends and compliance in enforcement actions taken under the stakeholders' authority.

Any exceptions to this procedure must be requested in writing to the director of Consumer Health Service via the ConsumerHealth@health.ok.gov inbox and require final written approval of the Deputy Commissioners prior to change.

XII. RECORD OF CHANGES

Section Updates	Notes	Date
Initial	New written procedure	Routed for approval & finalized Sept 2017