

FOODBORNE ILLNESS DATABASE POLICY AND PROCEDURE

INTRODUCTION:

Currently the Oregon Department of Agriculture (ODA) Food illness complaints and general non-food illness facility sanitation complaints are both entered into our Multnomah County EH Food borne illness database. All information retrieved on the manual form (FORM # 1) titled "Multnomah County Environmental Health Food Illness Complaint" should be entered into the FBI database. In addition, information about swimming pools, medical providers, children in diapers and follow-up should be included. After information is entered in the database, all necessary follow-up procedures should be followed as indicated by this policy and/or Foodborne Illness Complaint Flow Diagram (non ODA or USDA) and Complaint Investigation Flow Chart FBI Database.

DATA ENTRY:

BOX # 1: START NEW BUTTON: Press the "START NEW BUTTON" to make a new FBI entry

BOX # 2: LOG NUMBER: This will automatically assign log # as the data fields are entered. Cross check with the manual log # assigned.

BOX # 3: LOOK-UP LOG NUMBER: The forwarded drop down list is only used to retrieve past records. It is not used with a new data entry.

BOX # 4: FORWARDED: After all the data is entered and a score is given (if applicable), the person entering data will decide where to send reports using this drop down list.

BOX # 5: REPORT DATE TIME: The current date and time will automatically appear.

BOX # 6: DATE FORWARDED: Enter the date complaint/report is forwarded to the appropriate investigation unit.

BOX # 7: TAKEN BY: Enter the person's name who took the complaint.

BOX # 8: TOTAL # ILL: Enter the total number of people ill associated with the complaint.

BOX # 9: COMPLAINANT: Enter the person's name who is making the complaint.

BOX # 10: # OF HOUSEHOLDS: Enter the number of households that are affected.

BOX # 11: COMPLAINANT'S PHONE #: Enter the phone # of the person making the complaint and choose from the drop down list whether it is a home, work, cell or message #.

BOX #12: CASE STATUS: Choose whether the case is still pending or closed.

BOX # 13: METHOD REFERRED: Select from the drop down list how the complainant learned of MC EH via Communicable Disease Unit, ODHS, other, phone book or website.

BOX #14: FACILITY NAME: Facility establishment will be shown with FBI rating after all the FBI rating is entered.

BOX # 15: PEOPLE ILL VITAL STATISTICS: Enter the vital statistics of all the people ill associated with the complaint including the following:

- Name
- Age
- Household ID (Identify the household where the ill person resides)
- Relationship (choose from the drop down list). The first entry ID choose primary
- Phone number (choose from the drop down list what type of phone it is)
- Address
- City
- Zip code
- Occupation

BOX # 16: FACILITIES: Enter all the pertinent information about each facility where ill people ate. **If there are multiple entries of facilities (a person ate at more than one establishment, press the START NEW button in between each record.)**

16 – A: FACILITY NAME: From the drop down list choose the name for the facility associated with the complaint.

If the foods were eaten at home, enter “home 04-xxxx” (04-xxxx = log number assigned.) Do not add home to the master list. If the foods eaten were eaten at a different event/location then type in a description of event/location (i.e. wedding, birthday party).

16 – B: FACILITY #: Automatically assigns facility # if matched with first star,

16 – C: FACILITY ADDRESS: Database will automatically assign address if matched with First Star. If entry is an ODA facility or house you will need to enter address.

16 – D: FACILITY PHONE #: Database will automatically assign phone # if matched with First Star. If entry is an ODA facility or house, manually add phone number.

16 – E: ADD TO FACILITY MASTER LIST: Check this box if you would like to add the facility to the master list if it isn't already there (include ODA facilities). If the person ate at home, **DO NOT** add to the master list.

16 – F: FOLLOW-UP FORM BUTTON (see directions listed in “Additional Steps” section)

BOX # 17: SYMPTOMS: Enter all the pertinent information associated with the symptoms of the illness including the following:

17 - A: SYMPTOM: From the scroll down list select all the symptoms of each ill person associated with the complaint.

17 - B: ONSET DATE: Enter the date the person first experienced the symptom.

17 - C: ONSET TIME: Enter the time the person first experienced symptoms.

17 - D: DURATION: Enter the number of days the symptoms lasted.

17 – E: PERSON(S) ID: Enter the ID # associated in the complainant's vital statistic's section Box # 15. Separate by commas, multiple ID's with same symptom incubation times. If different onset times and dates, re-enter symptom for person.

BOX # 18: FOODS EATEN: Enter all the pertinent information about the food(s) eaten which may caused illness. **Press the START NEW button in between each meal eaten.)**

18 – A: LOCATION: Enter the location where the person that is ill ate. If this information was already entered under facility, it will automatically pop into the screen when you begin to type the first few letters or use the drop down list.

18 – B: DATE/TIME: Enter the date and time the person ate at this location.

18 – C: CUISINE: From the drop down box choose the type of food eaten at this location.

18 – D: FOOD GROUP: From the drop down box, choose the most appropriate food group related to the food eaten by the ill person.

18 – E: FOOD EATEN: From the drop down box, choose the specific food eaten by the ill person, or enter food(s) eaten.

18 – F: PERSON ID: Enter the ID number of the person that is ill who ate the food. This number is listed in Box # 14. Separate by commas if multiple ID's.

18 – G: COMMENTS: If you need to describe the particular food in more detail enter this info in the comments section. Example: "pizza with Pepperoni."

18 – H: SUSPECT: Check the box to identify suspect food(s) eaten

BOX # 19: MISCELLANEOUS: Enter information about swimming locations, children in diapers, and health care.

19 – A: HEALTH CARE PROVIDER: If the person ill sought medical attention, enter the health care provider they went to.

19 – B: HEALTH CARE FACILITY: If the person ill went to a medical facility due to their illness, enter the name of the facility.

19 – C: SPECIMEN RESULT: Enter the name of the implicated specimen associated with the illness.

19 – D: HOSPITALIZED: Check the box if the person was hospitalized due to the illness.

19 – E: FAMILY ILLNESS HISTORY PRIOR TO ONSET: Check the box if there was family illness prior to this current illness identified in the complaint.

19 – F: HAVE YOU OR OTHERS BEEN SWIMMING IN THE LAST TWO WEEKS? Check the box if the person ill or anyone in the household has been swimming in the past two weeks.

19 – G: POOL OR SPA FACILITY: From the drop down list select the name of the pool or spa facility attended.

19 – H: RIVER OR LAKE: From the drop down list select the name of the river or lake attended.

19 – I: CHILDREN IN HOUSEHOLD: Check the box if there are children in the household.

19 – J: IN CHILD CARE: Check the box if the children in the household are in child care

19 – K: IN DIAPERS: Check the box if the child(ren) is in diapers.

19 – L: NOTES: Enter any further notes or pertinent details (include onsite follow-up summary).

19 – M: LEAD EH INVESTIGATOR: From the drop down list, choose the lead EH investigator associated with the complaint.

BOX # 20: AGENT RANKING: Based on the information entered, the computer will automatically identify agents, usual incubation period and rank agents when you press the “CALCULATE RANK” button.

BOX # 21: CD INVESTIGATION: If complaint is a group event, the report must be forwarded to CD and an action plan will be pending upon epidemiologist review. Advise the EH/CD Lead if this is the case.

21 – A: SUSPECTED AGENT: From the drop down list, select the appropriate suspected agent of the illness or leave blank until investigation is complete.

21 – B: DIAGNOSIS: From the drop down list select whether the diagnosis is suspected or confirmed.

21 – C: TOTAL # ILL: Enter the total number ill in the complaint.

21 – D: OUTBREAK NAME: Enter the name of the outbreak illness.

21 – E: NOTES: Summarize any further important outbreak information, including possible pathogens or causation.

21 – F: LEAD CD INVESTIGATOR: From the drop down list, select the name of the Lead CD investigator.

BOX # 22: ODA COMPLAINT:

22 – A: ODA STAFF PERSON: Leave blank until follow-up information received by ODA.

22 – B: RESPONSE DATE / TIME: Enter the date and time that ODA Responds to complaints.

22 – C: ODA FILE #: Enter the ODA file number assigned the complaint.

22 – D: EH STAFF: From the drop down list, choose the EH staff person entering the follow-up data.

22 – E: COMMENTS: Cut and paste any comments used on the ODA form and/or input any ODA follow-up information into this section.

ADDITIONAL STEPS:

- After initial complaint is taken and information entered into the FBI database, a follow-up call should be made to the facility. Enter the following data in the Follow-up Form (as referenced in step 16F).

FOLLOW-UP FORM:

FACILITY CONTACT: Check box if facility contacted, enter date

PERSON CONTACTED: Enter name of person contacted and his/her position.

EMPLOYEES IN PRIOR TO COMPLAINT: Check box if employee(s) were ill within 1 week of incident.

CUSTOMER REPORTS OF ILLNESS: Check box if customer(s) called facility to report illness within 4 weeks of incident.

HANDWASHING PROCEDURES: Obtain information regarding Hand washing policy (when to wash, how often, how many times etc...)

SICK LEAVE PROCEDURES: Does operator have a sick leave policy? Are employees required to work when ill? Are they instructed to call in sick?

FOOD HANDLING COMMENTS: Focus on implicated food item(s), inquire about receiving, storage, temperatures (freezer, refrigerator, hot holding), prep, bare-hand contact, cooling temperature (probe thermometers used).

ACTION TAKEN: Enter information about actions taken.

COMMENTS: Enter miscellaneous information obtained during conversation.

FOOD SERVED: Enter food item and # of meals served during the day of incident

- Print and distribute FBI database complaint report to district EHS as an FYI if no field visit was necessary. ** District EHS will review and turn in to OA for restaurant filing.
- If a field visit was made, have district EHS provide you with information to be entered into the miscellaneous field.
- If unable to enter data into the database, advise next EHS/day. EHS/Day will then enter into the database.

- ODA reports can be placed directly in the HIPAA secure file cabinet, ODA folder with current year. File should be numerically sequenced. .
- EHS/Day will file the original complaint form or FBI data base print copy in HIPAA secure file cabinet
- For clarifications on follow-up steps refer to DIAGRAM # 1 FOODBORNE ILLNESS COMPLAINT FLOW DIAGRAM (NON ODA OR USDA) AND/OR COMPLAINT INVESTIGATION FLOWCHART DIAGRAM # 2.

**** Check anonymous box located on main page, to print report without personal information of ill persons.**

- Print follow-up form and distribute