Focus Area 4 Worksheet:

Complaint Systems

FOCUS AREA 4: COMPLAINT SYSTEMS

Complete this worksheet if "Complaint Systems" is a high priority Focus Area for efforts to improve foodborne disease outbreak response in your agency/jurisdiction. (NOTE: The term "agency/jurisdiction" refers to the entity for which your workgroup is making decisions. See your completed "Document D: Preliminaries" worksheet for a definition.)

List the individuals participating in the discussion of this Focus Area (and their affiliations).

To help you understand what is included in this Focus Area, review the following goals and keys to success.

GOALS FOR COMPLAINT SYSTEMS:

Agency/jurisdiction receives and processes individual reports of possible foodborne illness(es) from the public in a way that allows timely follow-up of possible food safety problems and the detection of clusters.

KEYS TO SUCCESS FOR COMPLAINT SYSTEMS:

"Keys to success" are activities, relationships, and resources that are critical to achieving success in a Focus Area. Determining whether an agency/jurisdiction has a particular key to success in place is somewhat subjective. Metrics, such as measures of time (e.g., rapidly, timely, and quickly), have not been defined. Your workgroup should provide its own definitions for these terms, as is appropriate for your agency/jurisdiction, and use its best judgment in deciding whether a particular key to success is fully or partially in place.

Soliciting and receiving reports

- Agency/jurisdiction has an established process for receiving reports about possible foodborne illness(es) from the public.
- Public knows how to report possible foodborne illnesses to the agency/jurisdiction.
- Agency/jurisdiction solicits reports of possible foodborne illness from other agencies and organizations likely to receive these reports (e.g., poison control center, industry) inside and outside the jurisdiction.
- Agency/jurisdiction works with the local media to solicit reports of possible foodborne illness from the public.

Detection of clusters/outbreaks

- Staff collect specified pieces of information about each foodborne illness report and record the information in an electronic data system.
- Staff regularly review reports of foodborne illness to identify cases with common characteristics or suspicious exposures that might represent a common source outbreak.

Responding to complaints

- Staff triage and respond to complaints in a manner consistent with the likely resulting public health intervention (e.g., investigate reports of group illnesses more aggressively than isolated illnesses).

Making changes

- Agency/jurisdiction has performance indicators related to complaint systems and routinely evaluates its performance in this Focus Area.

1. DESCRIBE YOUR CURRENT ACTIVITIES AND PROCEDURES IN THIS FOCUS AREA.

Considering the keys to success on the previous page, describe your agency's/jurisdiction's current activities and procedures in this Focus Area. Refer to written protocols, if available, and materials related to ongoing efforts in capacity development or quality improvement (e.g., FDA Retail and Manufactured Food Regulatory Program Standards). As you list current activities and procedures related to this Focus Area, indicate those which could be changed to improve your agency's/jurisdiction's response to foodborne disease outbreaks.

Activity/Procedure	Needs Improvement? ✓
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2. PRIORITIZE CIFOR RECOMMENDATIONS TO ADDRESS NEEDED IMPROVEMENTS.

Having identified activities and procedures in need of improvement, review the CIFOR recommendations related to this Focus Area (listed below). Rate the priority for implementing each recommendation based on its likely impact on foodborne outbreak response at your agency/jurisdiction and available resources. Use a scale of 1 to 5 to rate each recommendation (1=Low priority for implementation and 5=High priority for implementation). If a recommendation is already in place in your agency/jurisdiction, check the appropriate box. If a recommendation is not relevant to your agency/jurisdiction, select N/A. **Refer to the blue underlined section number following each recommendation to view the recommendation as it appears in the CIFOR Guidelines**.

	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction LOW HIGH
Soliciting and receiving reports		
Establish a formal system for receiving reports about possible foodborne illness from the public. (3.4) (4.3.9.1)	☐	1 2 3 4 5 N/A
To increase reporting from the public, make the reporting process as simple as possible. (4.3.9.9)	☐	1 2 3 4 5 N/A
Use one 24/7 toll-free telephone number or one website address that easily can be remembered or found in the telephone directory or by using an internet search engine. (4.3.9.9) (4.3.9.10)	☐	1 2 3 4 5 N/A
Routinely distribute press releases about food safety that include the telephone number or website address for reporting to encourage reporting by the public. (4.3.9.10)	☐	1 2 3 4 5 N/A
Identify and regularly communicate with agencies, organizations, and businesses that receive possible foodborne illness complaints (e.g., agriculture agencies, facility licensing agencies, poison control centers, restaurants) and ensure that they have current contact information for your staff. (4.3.9.7)	☐	1 2 3 4 5 N/A
Establish methods for sharing information with other agencies or organizations that receive possible foodborne illness complaints such as a database that public health agencies can access and review. (4.3.9.7)	☐	1 2 3 4 5 N/A
Train food managers and workers about the importance of reporting illnesses among workers or customers and food code requirements for disease reporting. (4.3.9.10)	☐	1 2 3 4 5 N/A
Additional ideas:	☐	○ ○ ○ ○ ○ ○
Detection of clusters/outbreaks		
Use a standard process to collect information from individuals reporting a possible foodborne illness, including use of a standard interview form that solicits information on both food and nonfood exposures. (3.4) (4.3.9.1)	☐	1 2 3 4 5 N/A
Collect as much information as possible during the initial report. Food histories and other exposures are critical to detecting clusters. (3.4)	☐	1 2 3 4 5 N/A

	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction LOW HIGH
Detection of clusters/outbreaks (cont'd)		
Set up the reporting process so all reports go through one person or one person routinely reviews all reports to increase the likelihood that patterns among individual complaints will be detected. (3.4) (4.3.9.11)	☐	1 2 3 4 5 N/A
Compile interview data in a log or database to facilitate examination of reports for exposure clustering, trends, or commonalities. A database with templates for rapid data entry and analysis will streamline the data-management process. (3.5.2.2) (4.3.9.6)	☐	1 2 3 4 5 N/A
Review complaints regularly (daily) to recognize multiple persons with a similar illness or a common exposure. (3.4) (4.3.9.6)	☐	1 2 3 4 5 N/A
Compare exposure information collected through the complaint system with data from pathogen-specific surveillance to reveal potential connections between cases and increase the likelihood of detecting an outbreak. (4.3.9.6) (3.4)	☐	1 2 3 4 5 N/A
Check complaint information against national databases (e.g., USDA/FSIS Consumer Complaint Monitoring System) to identify cases with similar characteristics or exposures. (4.3.9.8)	☐	1 2 3 4 5 N/A
Additional ideas:		
Responding to individual complaints		
For individual complaints, collect a detailed exposure history for the 5 days before onset of illness. If norovirus is highly suspected, collect an exposure history for the 24 to 48 hours before onset of illness. (4.3.9.1)	☐	1 2 3 4 5 N/A
Train staff to give appropriate instructions to persons reporting a possible foodborne illness about prevention of secondary spread and seeking health care. (3.4)	☐	1 2 3 4 5 N/A
Guide staff on how to respond to and communicate with upset members of the public. (3.6.2.5)	☐	1 2 3 4 5 N/A
Decide whether to routinely collect clinical specimens from independent complaints or encourage patients to seek health care. (4.3.9.1)	☐	1 2 3 4 5 N/A
Prioritize the investigation of establishments named in individual complaints based on whether the complainant's illness is consistent with foods eaten at the establishment, whether a food preparation or serving problem was reported, and the number of persons (with no other shared food history) implicating the establishment. (4.3.9.2)	☐	1 2 3 4 5 N/A
Additional ideas:		

	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction
Responding to group complaints		LOW HIGH
Investigate more aggressively reports of illness among groups who ate together than complaints involving only one ill individual or ill individuals all from the same household. (4.3.9.3)	☐	1 2 3 4 5 N/A
Investigate cases of serious illness that are likely to result in a public health intervention (e.g., bloody diarrhea, neurological symptoms) more aggressively than cases of illness. (4.3.9)	☐	1 2 3 4 5 N/A
Focus interviews associated with group complaints on the event shared by members of the group. Be sure to determine whether the group might have had other exposures in common. (4.3.9.3)	☐	1 2 3 4 5 N/A
Obtain and test clinical specimens from members of the ill group. Establishment of an etiology will help investigators understand the outbreak and establish links to other outbreaks or sporadic cases. (4.3.9.4) (4.3.9.5)	☐	1 2 3 4 5 N/A
While awaiting confirmation of the etiologic agent, use predominant signs and symptoms, incubation period, illness duration, and suspect food item to provide clues about the agent and better focus investigation activities. (2.4.3.2)	☐	1 2 3 4 5 N/A
If the presumed exposure involves food, collect and store—but do not test—food from the implicated event. Test only after epidemiologic or environmental investigations implicate the food. (4.3.9.4)	☐	1 2 3 4 5 N/A
Store food specimens as appropriate to the sample. Refrigerate perishable food samples but keep foods that are frozen when collected frozen until examined. In general, if perishable food samples cannot be analyzed within 48 hours after receipt, freeze them (–40 to –80^{o} C). (4.3.9.4)	☐	1 2 3 4 5 N/A
Test foods for outbreaks thought to involve preformed toxins (e.g., enterotoxins of *Staphylococcus aureus* or *Bacillus cereus*), because detection of toxin or toxin-producing organisms in clinical specimens can be problematic. (4.3.9.4)	☐	1 2 3 4 5 N/A

Additional ideas:

3. MAKE PLANS TO IMPLEMENT SELECTED CIFOR RECOMMENDATIONS.

For each CIFOR recommendation selected in the previous step (or idea formulated by the workgroup), identify who will take the lead in implementing the recommendation and the timeframe for implementation (e.g., a specific completion date or whether the change is likely to require short, mid- or long-term efforts). If certain actions must precede others, make a note of this and adjust the timeframe. In addition, consider factors that could positively or negatively influence implementation of the recommendation and ways to incorporate the recommendation into your agency's/jurisdiction's standard operating procedures.

One person should be given responsibility for monitoring progress in implementing the above CIFOR recommendations. Follow-up should occur at specified checkpoints (e.g., 3, 6, 9, and 12 months after the start of the Toolkit process) and results should be shared with the entire workgroup.

CIFOR recommendations or other ideas from previous step	Lead person	Timeframe for implementation	Notes (e.g., necessary antecedents, factors that might influence implementation, ways to incorporate the recommendation into standard operating procedures)

DATE WORKSHEET COMPLETED: _____

NEXT DATE FOR FOLLOW-UP ON PROGRESS: _____