



CIFOR Guidelines And Tool Kit Update: Moving from Recommendations to Implementation

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- Association of Food and Drug Officials (AFDO)
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- U.S. Centers for Disease Control and Prevention (CDC)
- Council for State and Territorial Epidemiologists (CSTE)*
- U.S. Food and Drug Administration (FDA)
- National Assoc. of County and City Health Officials (NACCHO)*
- National Environmental Health Association (NEHA)
- U.S. Department of Agriculture (USDA)



Guidelines Purpose and Intent

- Aid governmental agencies that are responsible for preventing and managing foodborne disease
- Foundational resource for anyone involved in food safety programs
- To harmonize foodborne disease investigation work across all agencies
- Not intended to replace existing procedure manuals



CIFOR Guidelines Challenge

- *Lengthy document - almost 200 pages*
- *In-depth discussions, no 1-2-3 steps.*
- *Implementation of any recommendation depends a host of factors*
 - Legal authorities/regulations
 - Agency-specific factors, e.g., usual roles and responsibilities, resources (\$\$\$/people), staff expertise
 - Outbreak-specific factors (e.g., etiology, number and distribution of cases).



CIFOR Toolkit (**NOW AVAILABLE!!!**)

A **process (and supporting materials)** to help agencies and jurisdictions:

- Better understand their current foodborne disease outbreak response activities,
- Become more familiar with the CIFOR *Guidelines* and recommended practices,
- Identify appropriate activities to improve performance, and
- Make plans to implement those activities.



CIFOR Toolkit Target Audience

- Interdisciplinary groups within a jurisdiction that work together to respond to outbreaks,
- Agency staff focused on specific elements of outbreak response,
- Professional groups providing guidance or training to their members, and
- Individuals (“champions”) who can get the process started for an agency or jurisdiction.



CIFOR Toolkit Focus Areas

- **Focus Area 1:** Relationships with relevant agencies and organizations
- **Focus Area 2:** Necessary resources
- **Focus Area 3:** Communication
- **Focus Area 4:** Notification/complaint systems
- **Focus Area 5:** Pathogen-specific surveillance
- **Focus Area 6:** Initial steps of an investigation
- **Focus Area 7:** Epidemiology investigation
- **Focus Area 8:** Environmental health investigation
- **Focus Area 9:** Laboratory investigation
- **Focus Area 10:** Control of source at implicated facility
- **Focus Area 11:** Food recall
- **Focus Area 12:** Control of secondary spread



CIFOR Toolkit Approach

1. Prepare for the process-assemble team, protocols, etc. (Include decision-makers)
2. Work methodically through Focus Areas.
3. Describe current activities/procedures in each Focus Area and identify targets for needed improvement.
4. Prioritize CIFOR recommendations to address needed improvements
5. Outline steps to implement high priority CIFOR recommendations.



Focus Area 3: Communications

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

GOALS FOR COMMUNICATIONS:

Agency/jurisdiction lays groundwork for good communication with key persons both internal and external to the agency before an outbreak occurs.

KEYS TO SUCCESS FOR COMMUNICATIONS:

“Keys to success” are activities, relationships, and resources that are believed to be 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.

Contact lists

- Agency/jurisdiction identifies key persons and organizations related to outbreak response before an outbreak occurs including members of the outbreak response team, officials inside the agency, contacts at external agencies (i.e., other local, state, and federal agencies), and the media.
- Agency/jurisdiction establishes and frequently updates contact lists for key persons and organizations.

Communication practices

- Agency/jurisdiction has procedures for communicating with key persons and organizations. Procedures are

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 that might need work to improve your agency’s/jurisdiction’s response to foodborne disease outbreaks.

Activity/Procedure	Needs Improvement?
Primary partners in foodborne outbreak response include PHSKC epidemiology investigation team, PHSKC Environmental Health Division, WA DOH Public Health Laboratory and Communicable Disease Epidemiology Section, PHSKC Communications Team, PHSKC Preparedness Section, FDA, Washington Department of Agriculture, Washington Shellfish Program. Secondary partners: local health-care system, other Washington regulatory agencies and CDC.	✓
CD section staff have good relationships/communications with primary partners; section staff cross-trained in foodborne illness investigations and outbreak investigation so all have a good understanding of the response.	
Recent transfer of confirmatory laboratory testing of enteric pathogens from PHSKC to WA DOH PHL has resulted in PHSKC CD not receiving preliminary results for high-priority organisms (to allow early action by CD team if necessary); communication/collaboration with WA DOH laboratory might benefit from more frequent meetings.	✓
Staff less familiar with WA Department of Agriculture and FDA	
Section maintains contact list for key persons /organizations but list is not updated at specified intervals.	✓
Criteria for engagement/notification of partners outside CD Section determined by Section staff based on “non-written protocol” as indicated on a case-by-case basis.	✓? (Not sure written protocols)

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 hyperlinked section number following each recommendation to view the recommendation as it appears in the CIFOR Guidelines.

	Already in place	Priority for Implementation or Improvement					
		LOW			HIGH		
Contact lists							
Prepare contact information (including after-hours telephone numbers) for persons in the agency who should be contacted in the event of an outbreak, including backups. (3.6.2.1)	<input checked="" type="checkbox"/>	1	2	3	4	5	N/A
Prepare contact information (including after-hours telephone numbers) for contact persons in external agencies (e.g., other local, state, and federal agencies). (3.6.2.1)	<input checked="" type="checkbox"/>	1	2	3	4	5	N/A
Prepare contact information (including after-hours telephone numbers) for important food industry contacts, including trade associations. (3.6.2.1)	<input checked="" type="checkbox"/>	1	2	3	4	5	N/A
Ensure all contact lists are updated at least twice yearly and, when feasible, made available to all stakeholders in both electronic and hard copy formats. (3.6.2.1)	<input type="checkbox"/>	1	2	3	4	5	N/A
Distribute a list of your agency's contacts to other agencies and obtain a							

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 might 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 might positively or negatively influence implementation of the recommendation and ways to incorporate the recommendation into your agency's/jurisdiction's standard operating procedures.

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)
Ensure all contact lists are updated at least twice yearly and, when feasible, made available to all stakeholders in both electronic and hard copy formats.	Jenny & Laurie	September 30, 2010	
Conduct a debriefing following each outbreak response with all members of the outbreak response team to identify lessons learned.	Tao	As needed	
Identify and regularly communicate with agencies or organizations that receive illness complaints (e.g., agriculture agencies, facility licensing agencies, poison control centers) and ensure they have current contact information for your staff.	Craig	September 30, 2010	
Develop a checklist of key agencies and communication considerations during outbreaks.	Laurie	October 31, 2010	

CSTE grant for Toolkit implementation

CSTE grants awarded to 19 state and local jurisdictions for implementing the CIFOR Guidelines for Foodborne Outbreak Response

Michigan held a 1.5-day CIFOR workshop April 7–8, 2011 for State and local partners from Environmental Health, Lab and Epidemiology

- MI Dept of Agriculture and Rural Development
- MI Dept of Community Health
- Regional lab representatives

Decided to focus on:

- **Focus Area 1:** Relationships with relevant agencies and Organizations
- **Focus Area 3:** Communication

Collectively, State agencies came up with a total of eight targets for improvement and developed an action plan for implementation over next 6-12 mos.



What did we learn from this activity?

- Many participants appreciated the opportunity to get together face-to-face to work on state-level interagency collaboration and communication issues.
- Everyone had a sense that we were on the right track when the breakout tables simultaneously put forward several recommendations for the action plan that were the same or similar.
- The action plan contains many recommendations that have been discussed informally among ourselves in the past
- This workshop provided the impetus and buy-in from all participants to proceed.



- What was central was how we began to think of the outbreak response in more collective terms not simply as “Your” or “My” agency’s responses, but as ‘our’ responses

For More Information

- <http://www.cifor.us/index.cfm>
- <http://www.cifor.us/toolkit.cfm>