

## Crosswalk - Requirements for Foodborne Illness Training Programs Based on Standard 5

### Introduction:

The 2012 – 2014 Interdisciplinary Foodborne Illness Training Committee (IFITC) obtained the FSMA 205 C(1) Phases of a Food Incident Response (CIFOR/RRT/MFRPS/VNRFPS Crosswalk) and used this Crosswalk as the response to the Charge to identify essential education content of foodborne disease outbreak training programs.

The 2014 – 2016 Interdisciplinary Foodborne Illness Training Committee (IFITC) was now charged with developing a Crosswalk that would identify areas where training programs could be compared to Standard 5 of the Voluntary National Retail Food Regulatory Program Standards. Using the CIFOR/RRT/MFRPS/VNRFPS Crosswalk as a base, the Committee revised the Crosswalk to compare additional training programs that were identified. In addition to the training programs identified in the CIFOR/RRT/MFRPS/VNRFPS Crosswalk, the IFITC also reviewed:

1. National Environmental Health Association (NEHA) course “I-FITT-RR”
2. National Environmental Health Association (NEHA) Epi-Ready – Foodborne Illness Response Strategies, June 2006

The resulting Crosswalk now identified the content of all the training programs and indicated, using a table format, how these compared to Standard 5. This Crosswalk is called Crosswalk – Requirements for Foodborne Illness Training Programs Based on Standard 5.

The Committee also recognized that in the process of determining gaps the Crosswalk could now have an expanded purpose of (1) identifying available resources related to Foodborne Illness Training; (2) setting a content baseline for the development of Foodborne Illness Training Programs; (3) establishing some consistency for training programs as a whole. The Committee considered this a more powerful interpretation of the first Charge and as such did not include any references to best practices.

The Committee also agreed that this document will be useful to regulators, academics and NGO's when new training programs are being considered especially as it would introduce consistency, a much needed component in Foodborne Illness Training Programs.

In 2016-2018, the Program Standards Committee (PSC) was now charged with maintaining the document. The chart below is an updated version with current references for the training materials.

Acronyms Used:

RRT: Rapid Response Team

CIFOR: Council to Improve Foodborne Outbreak Response

MFRPS: Manufactured Food Regulatory Program Standards

IAFP: International Association of Food Protection

NASDA: National Association of State Departments of Agriculture – Food Emergency Response Plan Template

<http://www.nasda.org/File.aspx?id=4065>

NEHA Epi-Ready: National Environmental Health Association

NEHA I-FITT-RR: Industry-Foodborne Illness Investigation Training and Recall Response

CDC – Center for Disease Control

VNRFPS: Voluntary National Retail Food Regulatory Program Standards – Standard 5

**STANDARD 5 - Voluntary National Retail Food Regulatory Program Standards**

**1. Investigative procedures.**

Standard 5	RRT	CIFOR	MFRPS	IAFP Procedures To Investigate Foodborne Illness Sixth ed.	NASDA Version 4.0. August 2011	NEHA Epi- Ready. Foodborne Illness Response Strategies. Edition 2012	NEHA I-FITT-RR	CDC Foodborne Illness Outbreak Environmental Assessments
a. The program has written operating procedures for responding to and /or conducting investigations of foodborne illness and food-related injury*. The procedures clearly identify the roles, duties and responsibilities of program staff and how the program interacts with other relevant departments and agencies. The procedures may be contained in a single source document or in multiple documents.	II. A. Chapter 1	3.1	5.3	Page 3-4	III, V, VI, VII, IX, X,	Modules 1, 2, 3, 4,5, 6, 7	Module 1 Building a Partnership: Who and Why?	
b. The program maintains contact lists for individuals, departments, and agencies that may be involved in the investigation of foodborne illness, food-related injury* or contamination of food.	II.B. Chapters 2&3	3.6.2.1	5.3.1.2.6	Page3-4	VI, XIV	Module 1	Module 1 Building a Partnership: Who and Why?	

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c. The program maintains a written operating procedure or a Memorandum of Understanding (MOU) with the appropriate epidemiological investigation program/department to conduct foodborne illness investigations and to report findings. The operating procedure or MOU clearly identifies the roles, duties and responsibilities of each party.	II.A. Chapter 1	3.1	5.3.1.1		V, VI, IX, XIII		Module 1 Building a Partnership: Who and Why?  Module 4 Epidemiologic Investigation	
d. The program maintains logs or databases for all complaints or referral reports from other sources alleging food-related illness, food-related injury* or intentional food contamination. The final disposition for each complaint is recorded in the log or database and is filed in or linked to the establishment record for retrieval purposes.	II. E. Chapter 11	4.3.4.9	5.5	Page 2,3,4 Example logs: page 139-140		Module 2	Module 2 How Do You Recognize a Foodborne Illness?	

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e. Program procedures describe the disposition, action or follow-up and reporting required for each type of complaint or referral report.	Chapter 9,10,11 & 13	Chapter 4, 4.3, Chapter 5	5.5	Page3-11	VI, IX	Module 2	Module 2 How Do You Recognize a Foodborne Illness?	
f. Program procedures require disposition, action or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours.	Chapters 9, 10, 11 & 13 (pg.212) Subsection D	Chapter 4,5	5.5					
g. The program has established procedures and guidance for collecting information on the suspect food's preparation, storage or handling during on-site investigations of food-related illness, food-related injury*, or outbreak investigations.	Chapters 9,10, 11 & 13 (Page 212) Subsection D	Chapter 4, 5	5.5	Pages 41-45		Module 3,5, 8	Module 3 Environmental Assessment Exercise	Lesson 4, 5
h. Program procedures provide guidance for immediate notification of appropriate law enforcement agencies if at any time intentional food contamination is suspected.	Chapter 6, 10	3.1, 3.10, 6.3	5.5	Pages 99-103	, V, VI, IX,	Module 7		

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i. Program procedures provide guidance for the notification of appropriate state and/or federal agencies when a complaint involves a product that originated outside the agency's jurisdiction or has been shipped interstate.	Chapter 6, 10	3.1, 3.10, 7.3	5.3.1.2.2	Pages 6-7	IV, V, VI, IX, XII, XV	Module 7		Lesson 7
<b>2. Reporting Procedures</b>								
a. Possible contributing factors to the food-related illness, food-related injury* or intentional food contamination are identified in each on-site investigation report.	Chapters 9, 10, 11	5.2	5.3	Pages 34-41		Modules 5, 8	Module 3 Environmental Assessment Exercise	Lesson 2
b. The program shares final reports of investigations with the state epidemiologist and reports of confirmed foodborne disease outbreaks* with CDC.	Chapter 3, 6, 13	4.2, 4.3, 4.4, 7.5, 9.1	5.5	Page 75		Module 8	Module 7 Final Report & Recovery	Lesson 8

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<b>3. Laboratory Support Documentation</b>								
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.		4.2, 4.3, 4.4, 9.1,	5.3.3.4		VI	Modules 4, 5	Module 5 Collecting Samples and Laboratory Testing	
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,		4.2, 4.3, 4.4, 9.1	5.5		VI			

USDA, CDC, or environmental laboratories for specific analysis that cannot be performed by the jurisdiction's primary laboratory(s).								
<b>4. Trace-back Procedures</b>								
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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.	Chapter 9	5.2	5.3.3.3	Forms J 1, 2 & 3 (pg. 152 – 154)	VI, IX	Module 5	Module 8 Food Recalls	Lesson 7



5. Recalls								
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a. Program management has an established procedure to address the recall of foods implicated in an illness, outbreak or intentional food contamination.	Chapter 12	5.2.4.1.1	5.3.2.2		VI, IX	Module 5	Module 8 Food Recalls	
b. When the jurisdiction has the responsibility to request or monitor a product recall, written procedures equivalent to 21 CFR, Part 7 are followed.	Chapter 12	5.2			VI, IX		Module 8 Food Recalls	
c. Written policies and procedures exist for verifying the effectiveness of recall actions by firms (effectiveness checks) when requested by another agency.	Chapter 12	5.2					Module 8 Food Recalls	
6. Media Management								
a. 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	Chapter 3, 6	3.6	5.3.4.2	Page 73 and 105	VI, IX, XI	Module 8	Module 6 Control Measures  Module 8	

policy/procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol.							Food Recalls	
<b>7. Data Review and Analysis</b>								
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a. At least once per year, the program conducts a review of the data in the complaint log or database and the foodborne illness and food-related injury* investigations to identify trends and possible contributing factors that are most likely to cause foodborne illness or food-related injury*. These periodic reviews of foodborne illnesses may suggest a need for further investigations and may suggest steps for illness prevention.	Chapter 13, 14	4.3, Chapter 8 5.2.9		2&3	XIV	Module 2		
b. The review is conducted with prevention in mind and focuses on, but is not limited to, the following: 1) Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks*	Chapter 13, 14	4.3, Chapter 8						

<p>in a single establishment;  2) Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Disease Outbreaks* in the same establishment type;  3) Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* implicating the same food;  4) Foodborne Disease outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* associated with similar food preparation processes;  5) Number of confirmed foodborne disease outbreaks*;  6) Number of foodborne disease outbreaks* and suspect foodborne disease outbreaks*;  7) Contributing factors most often identified;  8) Number of complaints involving real and alleged threats of intentional food contamination; and  9) Number of complaints involving the same agent and any complaints involving unusual agents when agents are identified.</p>								
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c. In the event that there have been no food-related illness or food-related injury* outbreak investigations conducted during the twelve months prior to the data review and analysis, program management will plan and conduct a mock foodborne illness investigation to test program readiness. The mock investigation should simulate response to an actual confirmed foodborne disease outbreak* and include on-site inspection, sample collection and analysis. A mock investigation must be completed at least once per year when no foodborne disease outbreak* investigations occur.	Chapter 8							