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Tennessee Department of Health Complaint System Management Standard Operating Procedure (SOP)

Purpose and Scope

The purpose of this document is to provide guidance on the management of foodborne illness complaints that are received by the Tennessee Department of Health's (TDH) online foodborne illness complaint system. This SOP provides guidance to address areas of complaint monitoring, evaluation, triage, quarantine, and dissemination. The evaluation criteria and triage steps outlined in this document may be subject to change as new foodborne illness events are identified and investigated.

Definitions

CO Complaint Team – Persons working within the Central Office (CO) FED Team who are responsible for monitoring the REDCap compliant database.

Epi – Epidemiological team responsible for investigating a potential foodborne outbreak.

FED Team – Persons working within the Foodborne and Enteric Diseases (FED) Program at Central Office who are responsible for outbreak response.

Location Association Report – a report created in REDCap that facilitates the identification of multiple complaints sharing a common food source.

Partnering Agencies – Any regulatory agency outside TDH that may have jurisdiction or investigation authority over a given complaint.

Pushing Out – The process of sending a complaint to the appropriate stakeholder(s) by way of email, virtual meeting, and/or telephone.

Quarantine – The process of holding a complaint in the REDCap database and not disseminating to a stakeholder. Complaints under quarantine are maintained at central office and routinely evaluated with all other complaints.

REDCap – A digital data management platform used to collect and evaluate complaints as received to the TDH.

Triage – The process of determining the priority of a complaint as related to public health risk and ability to be properly investigated.

Complaint Monitoring

Complaints reported to the TDH online foodborne illness complaint system will be monitored daily by Central Office (CO) staff. Each responsible staff member will be assigned weekly complaint monitoring. During assigned monitoring periods, each received complaint will be evaluated daily, during normal working hours. Complaints received after hours, weekends, or during holidays will be monitored on or before the next working business day by the individual assigned to that respective week. Each received complaint will undergo the following evaluation:

- Content review
- Location association review
- Triage evaluation
- Complaint status coding
- PDF creation for export (only complaints that are pushed to regions)

Upon review, complaints that meet push criteria after triage will be sent to the appropriate region or county via email. Complaints with strong outbreak signals suggesting potential high public health risks will be immediately communicated with the Foodborne and Enteric Diseases (FED) team prior to, or in conjunction with, regional communications. Complaints that are not necessary to push out after triage will be held (“quarantined”).

Content Review

Upon receipt, content within each complaint will be reviewed by CO staff. Notes will be made for missing or incomplete data. Any unusual or alarming details that include

illness severity or potential outbreak magnitude will be noted and communicated to the FED team immediately. Details provided that are unrelated to illness (sanitation, poor hygiene, etc.) will be noted and shared with the region or county when appropriate.

Location Association Review

During the initial review process, the reported location will be cross-referenced with recent historical data to identify common locations. Any location(s) provided in the meal history should also be evaluated for common associations among past complaints. This process may be accomplished by running an “Location Association Report” in redcap, then searching the report for the given location. Any locations identified on two or more complaints within a 4-week period will be immediately communicated to the FED team.

Triage Evaluation

Each complaint will be evaluated based on the triage model below. While most criteria in this model are objective, it may be appropriate to consult the CO complaint team prior to quarantine if a complaint has concerning information that does not meet the triage criteria to push to the region. In these instances, the CO complaint team can evaluate all available data before making a final determination. For example, if an establishment name is provided but is missing an address, the location may be accurately identified by other investigatory means. In addition, the illness severity or number of reported illnesses may warrant notifying the region, regardless of missing data provided.

Triage Criteria

Criteria 1. Complete Data - Complaints *missing* the following data will be considered for quarantine:

- Complainants contact information – phone or email.
- Reported food establishment name and location.
- Foods consumed at the reported food establishment.
- Date of meal
- Date of illness onset
- Illness symptoms

Criteria 2. Sought Medical Care - Complaints who report receiving medical care for their illness will not be quarantined, unless there are significant data missing under Criteria 1. Prior to quarantine, team consensus must occur prior to the quarantine of any complaint reporting medical treatment.

Criteria 3. Associated With Other Complaints - Complaints that are associated with other complaints by time and location will not be quarantined, *unless* those complaints are of the same household *and* there are significant data missing on all complaints (Criteria 1). Prior to quarantine, team consensus must occur prior to the quarantine of any complaint connected to another complaint by time and location.

Criteria 4. Multiple Illnesses, Different Households – Single complaints that report multiple illnesses from different households will not be quarantined, unless there are significant missing data (Criteria 1) that would prevent further investigation into the matter. Prior to quarantine, team consensus must occur prior to the quarantine of any complaint reporting multiple households.

Criteria 5. Consistent Onset/Symptom Profiles– Isolated complaints that do not meet the Criteria 1-4 may be quarantined if reported onsets and symptom profiles are inconsistent with expected standards. These standards are based on published onset/symptom profiles of enteric intoxications and infections. The baseline criteria for quarantine consideration are:

- Reported illness onsets < 6 hours with all or predominate lower GI symptoms reported, or
- Reported illness onsets < 6 hours with first symptom reported as diarrhea, abdominal cramps, or fever.

Criteria 6. Reported Exposures <30 Days – Complaints that are received $\geq$ 30 days following the reported meal date and do not meet Criteria 1-5 may be considered for quarantine.

Complaint Status Coding

All complaints received and evaluated will be coded as to the appropriate course of actions taken. The reviewer will document if the complaint was quarantined, pushed out, or if an epi team was notified. This includes identifying all stakeholders notified (regions, counties, FED, Epi or partnering agencies) and the status of the complaint

as related to an outbreak investigation. Additionally, any final comments and other complaint associations will be indicated.

PDF Creation and Communications

All complaints requiring dissemination to stakeholders will be saved in REDCap, exported in a PDF report with all data included, and saved to the TDH shared network [REG_RestaurantName_DDMMYY]. An email used to communicate the complaint to the appropriate stakeholders will be generated and include the following:

- Nature of the complaint
- Connections with other complaints (if any)
- Immediate steps or response (if needed)