

2017

Alberta Foodborne Illness and Risk Investigation Protocol (FIRIP) 2017

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Acknowledgements

This Foodborne Illness and Risk Investigation Protocol (FIRIP) is based in part on Canada's *Foodborne Illness Outbreak Response Protocol* (FIORP): To guide a multi-jurisdictional enteric outbreak response, which was developed through a partnership among Provincial/Territorial Governments, the Public Health Agency of Canada, Health Canada and the Canadian Food Inspection Agency. The FIRIP has also included some components of the Ontario *Foodborne Illness Outbreak Response Protocol* (ON-FIORP) 2013 and the British Columbia *Foodborne Illness Outbreak Response Protocol* (BC-FIORP) 2012 as a guide to improving the existing protocol.

The FIRIP was developed by: Canada-Alberta Partners in Food Safety (CAPIFS) with participants from:

Alberta Agriculture and Forestry

Alberta Health

Alberta Health Services-Environmental Public Health

Alberta Health Services-Provincial Laboratory for Public Health - Microbiology (ProvLab)

Canadian Food Inspection Agency

Health Canada

Health Canada-First Nations and Inuit Health Branch (Alberta Region)

List of Initialisms and Acronyms

AAF: Alberta Agriculture and Forestry
AH: Alberta Health
AHS: Alberta Health Services
CAPIFS: Canada-Alberta Partners in Food Safety
CC: Coordinating Committee
CFIA: Canadian Food Inspection Agency
EOC: Emergency Operations Centre
PHAC: Public Health Agency of Canada
FIORP: Foodborne Illness Outbreak Response Protocol
FNIHB: First Nations and Inuit Health Branch (Alberta Region)
HC: Health Canada
HRA: Health Risk Assessment
ICS: Incident Command System
MOH: Medical Officer of Health
MOU: Memorandum of Understanding
NML: National Microbiological Laboratory
OFSR: Office of Food Safety and Recall
PHI: Public Health Inspector
PL: ProvLab Alberta
PMRA: Pest Management Regulatory Agency
RCMP: Royal Canadian Mounted Police
WHO: World Health Organization

Definitions

Closed (Intact) Food Sample: Food product remains protected from the external environment and therefore is protected from environmental microbial and/or other external contamination (i.e. integrity of food and food package are uncompromised).

Cluster: An unusual aggregation of similar health events, generally grouped together as they appear over a particular period or geographical area. A cluster may be seen as the occurrence of cases of disease (human illnesses) in excess of what is usually expected for a given period. A cluster may or may not reach the status of an “outbreak.”

Emergency Operations Centre: The physical location where an organization comes together during an emergency or significant event to coordinate response and recovery actions, and resources.

Enteric illness: A disease of the gastrointestinal tract caused by an infection or intoxication resulting from the ingestion of bacteria, viruses, parasites, or toxins transmitted through food, water, animals or person-to-person contact.

Epidemiological Evidence: Data demonstrating an association between a source of exposure and human illness.

Epidemiological Investigation: Investigation made to determine the existence of an outbreak, to characterize it over a specific time period, geographical area and describe personal characteristics of cases, and to develop and test a hypothesis explaining the specific exposure(s) that caused disease. The investigation may result in recommendations towards the implementation of appropriate prevention and mitigation measures.

Evidence: That which demonstrates or shows an association between a source of exposure and an illness. Evidence of an association between a consumed food and human illness may be epidemiological and/or based on the results of food safety investigations or laboratory analysis.

FIRIP Coordinating Committee: A committee with representation from the FIRIP partners, created to coordinate a multi-jurisdictional response to a foodborne hazard or illness outbreak in Alberta.

Food: Includes any article manufactured, sold, or represented for use as food or drink for human consumption. This includes chewing gum and any ingredient that may be mixed with food for any purpose whatsoever.

Foodborne Hazard: A biological, chemical, or physical agent in, or condition of, food with the potential to cause an adverse health effect.

Foodborne Illness: A human illness, with evidence indicating a food was the source of exposure to the contaminant causing illness. Foodborne illness occurs when a person consumes food contaminated with a biological or chemical hazard/contaminant.

Foodborne Illness Investigation: An investigation of a possible association between human illnesses and a food that includes epidemiological, laboratory, and food safety/risk investigations.

Foodborne Illness Outbreak: An outbreak of human illness with confirming evidence (either epidemiological or laboratory) indicating a food was the common source of exposure to the contaminant causing illness.

Food Safety Risk: The exposure of the public, or a population at risk, to a foodborne hazard classified under Health Canada's definition of Health Risk 1 and Health Risk 2 hazard related to food.

Food Safety/Risk Investigation: Inspection and related activities undertaken by regulatory or related officials to verify whether or not a foodborne hazard which could cause human illness to exist, and to determine the nature and extent of the risk.

Health Risk Assessment: A scientifically based process to determine the likelihood that a specific health effect will occur in an individual or a population following exposure to a hazardous agent. The following steps are used in the development of an HRA: hazard identification, hazard characterization, exposure assessment and risk characterization. In the context of a foodborne illness investigation, if a potential health risk has been identified, a formal request for an HRA is submitted to Health Canada.

Health Risk 1: The health risk identified represents a situation where there is a reasonable probability that the consumption/exposure to a food will lead to adverse health consequences which are serious or life threatening, or that the probability of a foodborne outbreak situation is considered high or is already occurring.

Health Risk 2: The health risk identified represents a situation where there is a reasonable probability that the consumption/exposure to a food will lead to temporary or non-life threatening health consequences, or that the probability of a serious adverse consequence is considered remote.

Incident Command System: A standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.

Laboratory Evidence: The demonstration of an association between cases of human illness or between cases of human illness and the suspect source, through the isolation/identification of the same pathogen, toxin, or contaminant from both sources.

Laboratory Investigation: Laboratory analysis to determine the presence of a microbiological or chemical hazard in a food or environmental sample. This can either confirm the presence of the hazard in the food or environment, or identify a common source related to human illness.

Jurisdiction: For the purpose of this document, the area of geography and primary responsibility of one of the partners.

Multi-jurisdictional Foodborne Illness Outbreak: A foodborne illness outbreak where a coordinated response among partners is required to carry out an investigation

Open (Non-Intact) Food Sample: A food sample that was taken from an unpackaged lot, a previously opened or a torn package, or from a package that due to design (air holes, etc.) could allow pathogens or other to contaminate the food product (i.e. integrity of the food or food packaging is compromised).

Outbreak: A distribution of cases of a communicable disease that is unusual in terms of time, place or persons affected.

Partner: Any agency with a responsibility to investigate or respond to foodborne illness outbreaks/food safety risk in Alberta; including both provincial and federal agencies that share food safety and public health responsibilities.

Ready-to-Eat Food: Food not requiring any further preparation to achieve food safety before consumption.

Recall: Denotes the process of removing affected product(s) from further sale, or use of a marketed product that poses a risk and/or contravenes legislation.

Response: In the context of foodborne illness outbreaks or food safety risks, response includes activities related to the determination, investigation, mitigation, and containment of such outbreaks/risks, as well as, related communication activities.

Spokesperson: Representative identified by each partner to communicate with the public, other stakeholders, and answer enquiries, as required. The spokesperson represents the face of his or her organization.

Tampering, Sabotage, or Terrorism: Actual or suspected deliberate contamination of food.

Trace back: A method used to determine and document with a high degree of confidence, the origin of a particular food that has been contaminated or associated with foodborne illness/food safety risk.

Trace forward: A method used to determine and document with a high degree of confidence the distribution and destinations of a particular food that has been contaminated or associated with foodborne illness/food safety risk.

1. Introduction

The investigation of and response to multi-jurisdictional foodborne illness outbreaks in Alberta involves multiple government agencies with complementary responsibilities. To enhance the collaboration and overall effectiveness of government response during these events, Canada-Alberta Partners in Food Safety (CAPIFS) developed the Alberta Foodborne Illness and Risk Investigation Protocol (FIRIP). This FIRIP (2017) replaces the previous FIRIP (2013).

The purpose of CAPIFS is to improve the efficiency and effectiveness of food safety efforts in the food production continuum in Alberta by undertaking initiatives that will result in a more integrated approach to food safety. CAPIFS is a partnership agreement between the Government of Canada, represented by the Canadian Food Inspection Agency (CFIA), Health Canada (HC), and the Government of Alberta, represented by Alberta Health (AH), Alberta Health Services (AHS), and Alberta Agriculture and Forestry (AAF) (the partners).

The FIRIP provides the framework for a coordinated response to outbreaks linked to food in Alberta, should a coordinated response be deemed necessary, as indicated in the scope and operating procedures sections. It is based in part on Canada's Foodborne Illness Outbreak Response Protocol (FIORP): "To guide a multi-jurisdictional response", and also some components of ON FIORP (2013) and BC FIORP (2012). The FIORP will provide guidance in response to outbreaks linked to food products traded interprovincially, exported from Alberta or imported and distributed within Alberta.

The FIRIP is a voluntary arrangement to help protect public health through effective and efficient response to foodborne hazards and illness outbreaks in Alberta. The partners understand and acknowledge that the FIRIP has no legal force or effect, and that notwithstanding the definitions above, the terminology used herein shall generally be construed by its informal meaning.

Collaboration among these partners and across jurisdictions is of utmost importance to effectively manage multi-jurisdictional foodborne illness outbreaks. The partners recognize that formalized approaches will facilitate such collaboration and cooperation, thereby protecting the health and safety of Albertans.

2. Purpose

The purpose of the FIRIP is to provide the framework for an effective coordinated response to outbreaks linked to food in Alberta, should a coordinated response be deemed necessary, in order to:

- Initiate and enhance collaboration and coordination among partners;
- Establish clear lines of communication and information sharing among partners; and
- Improve the efficiency and effectiveness of response, protecting the health and safety of Albertans.

It is designed to be used in response to suspected or confirmed multi-jurisdictional foodborne illness outbreaks/food safety risks in Alberta.

The FIRIP is not intended to provide detailed instruction on how to conduct investigation and response. Rather, it serves to guide the collaboration of partners in the identification and response to foodborne illness outbreaks/food safety risks.

3. Scope

The FIRIP covers activities involved in the confirmation of a potential multi-jurisdictional foodborne illness outbreak/food safety risk, and the containment of the risk that triggered the outbreak, including resolution of the issue. It also includes the post-outbreak debrief process.

This protocol addresses potential foodborne illness outbreaks/food safety risks resulting from natural, accidental, or intentional contamination of foods by microbiological, chemical, physical, or other hazardous substances (e.g., radiological hazards).

The FIRIP may be used by any CAPIFS partner to ensure a coordinated response whenever a food is linked, suspected to be involved in or has the increased potential to cause a foodborne illness outbreak in Alberta. The protocol does not specifically address the broader risk assessment process that contributes to policy development and standard setting to reduce the risk of future outbreaks. However, there is the opportunity, during the post-outbreak debrief, to raise the need for future policy development to manage risk(s).

For outbreaks related to *Clostridium botulinum* refer to Annex 4 of the FIORP. All botulism testing is to be referred to the Botulism Reference Services (BRS) in Ottawa.

In the event that a foodborne illness outbreak (or the potential for one) has multi-jurisdictional implications, an ad hoc Foodborne Illness and Risk Investigation Coordinating Committee (FIRIP CC) may be established within Alberta to determine if a coordinated response among the partners is deemed necessary.

When an outbreak expands to or involves more than one province, Canada's FIORP is activated. Further to this, a FIRIP CC may be activated/remain activated if a multi-jurisdictional response is needed within Alberta.

4. Roles and Responsibilities

In Alberta, the response to foodborne illness outbreaks is often shared between local, provincial and federal jurisdictions and requires cooperation and teamwork among all agencies involved. Detailed descriptions of partner roles and responsibilities are provided in the *Annexes to Alberta Foodborne Illness and Risk Investigation Protocol (2017)*.

5. Guiding Principles

The partners are encouraged to raise awareness of the FIRIP within their own organizations, including circulating the document to senior management. Partners are also encouraged to participate in simulation exercises and training.

The FIRIP will serve as the reference document to guide a coordinated response to foodborne illness outbreaks and unacceptable food risks occurring in the province, when warranted.

CAPiFS will act as the custodian of the FIRIP and will be responsible for its maintenance and regular review.

Subject to applicable laws governing sharing of information, the partners recognize that information (which could include sharing of personal information) required to investigate, control, and resolve a foodborne hazard or illness outbreak may be exchanged in confidence and in a timely fashion between the partners. The partners also recognize that public disclosure of confidential third party and personal information may be required when an outbreak that could pose a risk to public health is identified, and it is important to make this information public.

When the FIRIP CC is established in accordance with this FIRIP, it will serve as the main forum for information sharing, interpretation, clarification of roles and responsibilities, determination of response priorities and activities, and the development of communication strategies among FIRIP partners.

When a FIRIP CC member is bringing in others from their organization later into an investigation it is the responsibility of that member to brief the new participant on activities to date, in order to facilitate efficient CC meetings. Only one representative should be speaking for the organization, as much as possible, to avoid confusion.

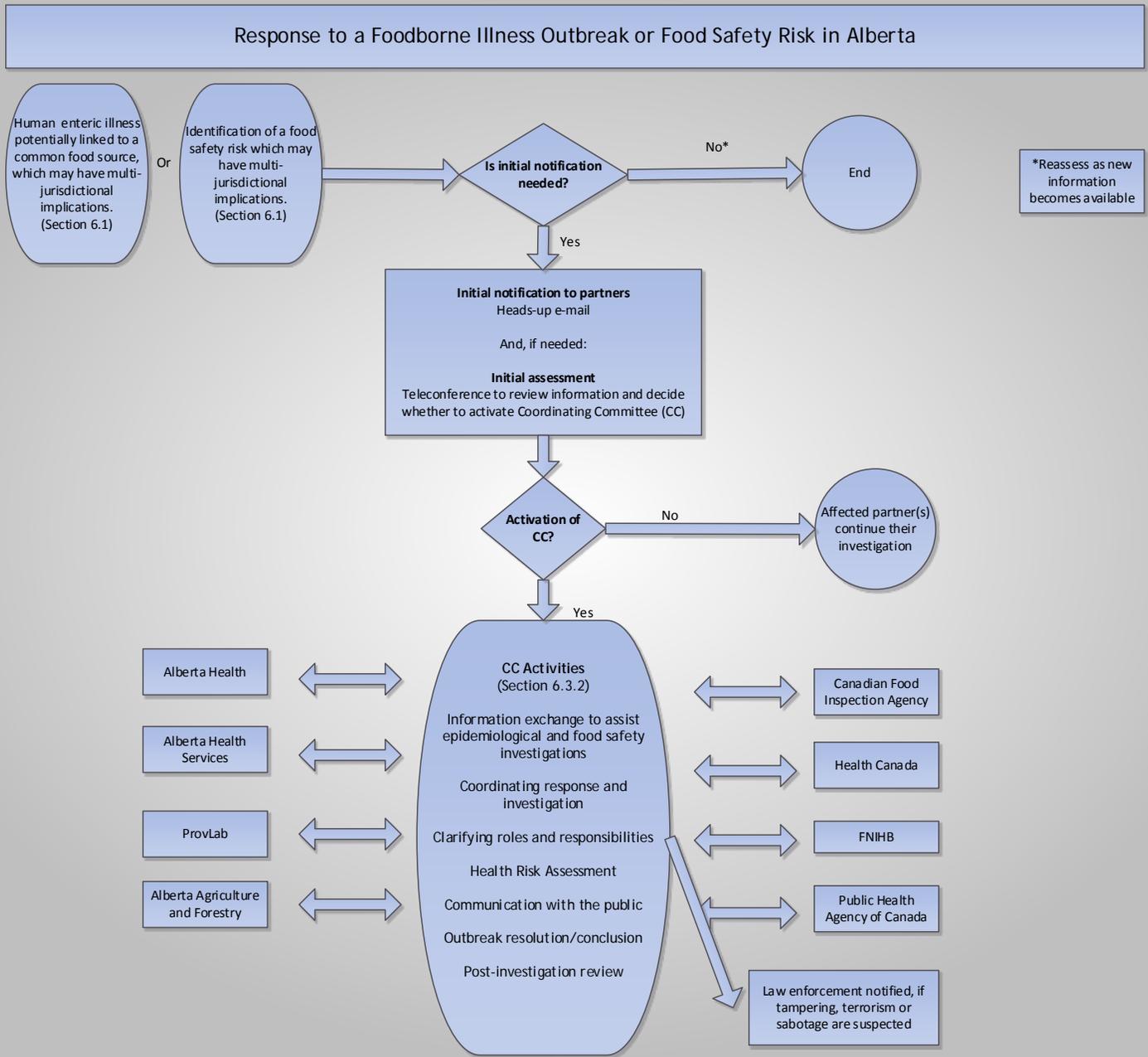
Evidence from laboratory, epidemiological, or food safety investigations are used for establishing the association between a particular food or hazard and human illness. When necessary, the partners implement the FIRIP to provide assistance, as requested, including laboratory support.

Partners collecting food or environmental samples during an investigation should share the sampling plan (including intent and rationale) with the CC, prior to conducting the sampling (where possible), to facilitate a common understanding of the direction of the investigation and interventions.

The FIRIP is intended to complement arrangements and procedures already established among the partners. Where a memorandum of understanding (MOU) or other arrangements between the partners regarding food safety surveillance, investigation, or control may exist, they will be shared and respected.

6. Response Framework

Illustration of Information Flow during a Foodborne Illness Outbreak and/or Risk Investigation



6.1 Foodborne Illness Outbreak/Food Risk Identification

A potential foodborne illness outbreak may be determined by the partners through the following routes:

1. Identification of Human Enteric Illness Potentially Linked to a Common Food Source

- The outbreak is the result of a contaminated food which is sold or distributed intraprovincially, interprovincially or internationally.
- Partner(s) may identify an unusual increase in the number of enteric illness cases as a result of routine surveillance activities at the local, provincial or national level. They may follow up with a food safety investigation that demonstrates that a specific food may be implicated in a foodborne illness.

2. Identification of a Food Safety Risk

The bullets below are examples of how food safety risks could be identified.

- Consumer complaints concerning a food, which may involve reports of illness.
- Process deviations identified during inspection activities could result in the production of foods that may pose a health risk to the consumer if the foods are distributed.
- Notification from a manufacturer/processor/importer that uncovers a problem that may pose a health risk to the consumer.
- Information from other countries that indicate one of their exported foods has the potential to cause illness.
- Information may be identified by partners as a result of a food safety investigation, sample monitoring, surveillance, or information provided by other provincial, federal or foreign governments.

6.2 Notification to Partners, Initial Assessment and FIRIP Coordinating Committee Activation

6.2.1 Notification to Partners

Upon the identification of a foodborne illness outbreak, or food safety risk associated with a food in Alberta, partner staff are responsible to personally advise the CC initial contact within their organization. This initial organizational contact/designate will assess to determine if the outbreak or risk has multi-jurisdictional implications and if it does, will notify FIRIP initial contacts.

However, if a partner is not sure if the risk is unacceptable, or whether the outbreak has multi-jurisdictional implications, the partner will notify the other designated contacts on the FIRIP CC

Contact List (see Annex 2). Initial notification is normally via e-mail to the CC contacts. After this notification, any partner may request a teleconference to discuss the issue further.

6.2.2 Initial Assessment Call

A timely teleconference call will be held among the FIRIP CC Contacts to review the available information and decide whether a FIRIP CC should be activated.

If a CC is activated, it is at this time a chairperson will be chosen for the CC.

If the partners agree that a FIRIP CC is not required at that time, further FIRIP CC assessment calls can be held if new information warranting collaborative assessment becomes available.

Additional partners may be included as required.

6.2.3 FIRIP Coordinating Committee Activation

The CC may be activated when a foodborne illness outbreak/food safety risk requires a coordinated partner response and considers the following:

- a reasonable probability that the outbreak/food safety risk is associated with food (i.e. other potential explanations, such as travel, have been ruled out)
- a confirmed or suspected foodborne illness outbreak has been identified

6.3 Foodborne Illness and Risk Investigation Coordinating Committee

6.3.1 Composition of the Foodborne Illness and Risk Investigation Coordinating Committee

The CC will be comprised of representatives from each of the partners involved in the foodborne illness outbreak investigation. It is the responsibility of each partner to designate a representative for the CC. One representative from each partner will be identified at the beginning of each CC call, to report on his or her organization's activities. The representative can also involve colleagues from their organization to provide additional support. However, to keep call traffic to a minimum, only one representative should be speaking for the agency, as much as possible.

The composition of the CC will depend on the nature of the foodborne illness outbreak/food safety risk, and may evolve as knowledge related to the source of the outbreak is generated. The CC should, at minimum, have representatives that provide epidemiological, food safety, laboratory, and communication expertise from the different levels of government. Other agencies, such as the Public Health Agency of Canada (PHAC), RCMP and emergency response agencies, may be invited to participate as required.

6.3.2 Purpose of the Coordinating Committee

The initial purpose of the CC will be communication, sharing information on a potential outbreak or food risk. If further action is deemed necessary, the CC is responsible for:

- coordinating a provincial outbreak response and investigation;
- clarifying roles and responsibilities specific to the incident at hand;
- facilitating communications among participating organizations;
- serving as a central point to share information from all sources and discuss findings;
- communicating outbreak response strategies and coordinating investigations among the partners, such as follow-up and corrective actions;
- identifying resource needs and opportunities for sharing resources;
- establishing priorities for response where critical resources are limited or constrained;
- gain consensus in resolving issues that emerge;
- harmonizing external communications, ensuring the release of consistent and complementary messages to the public and other stakeholders; and
- deactivating of CC once the outbreak is resolved and prepare for the CC to conduct a post-outbreak review session

6.3.3 Decision-Making and Resolving Differences of Opinion

The CC is to enhance collaboration and coordination among partners during a foodborne illness outbreak/food safety risk. This requires the CC to make consensus-based decisions to develop coordinated strategies. While the CC will strive to reach consensus to guide response actions, the CC partners recognize that each partner has unique legal obligations, policies, and mandates that must be respected. Decisions made by one of the partners pursuant to its obligations, but related to the purpose of the CC, should be communicated to all CC members.

The CC will attempt to resolve all differences of opinion during the course of an outbreak. However, when consensus cannot be reached, the partners should seek guidance from senior officials in their respective agencies through their identified CC contact person. Any decision made by senior officials in resolving the issue should be communicated to all CC partners in a timely manner.

6.3.4 Contacts for the Initiation of the Coordinating Committee

The list of initial contacts for the CC is provided as a separate document, described in Annex 2. The list will be updated twice annually, and distributed to FIRIP CC contacts and CAPiFS members. The initial contacts may delegate the appropriate people to be members of the CC.

6.3.5 Purpose of Initial Meeting of the Coordinating Committee

The initial meeting should occur within one to two calendar days upon activation of the CC. At the initial meeting, CC members will share information regarding facts, investigative information and potential events to determine if there is a need to develop and/or enact the following:

- ensure CC chairperson is adequately resourced to document meetings;
- identify or confirm the lead investigation partner(s);
- develop an action plan and designate working groups as needed;
- determine what further investigation is required;
- make recommendations for further investigation and assignment of responsibilities;
- clarify communication lead(s), as per Section 6.4; and
- confirm how urgent issues identified outside of business hours will be managed.

6.4 Communications

The CC members will gather and discuss information via conference calls, electronically, or via in person meetings, as required.

6.4.1 General

Communications staff from the partner organizations involved in the outbreak will be integrated into the CC when it is established, to develop a communications strategy and share information about the outbreak/food safety risk. When there is a need to plan public communication, communications staff from the lead organizations may convene a teleconference with their counterparts in other involved organizations to establish an outbreak communications team and key messaging.

The communications team will usually be chaired (or co-chaired) by communications from the lead response organization(s). The team will develop, in collaboration with the CC, a coordinated approach and messaging for communicating with the public and those at greater risk. The CC will also provide input and be a forum for discussion and planning for the communications approach.

Approval of the approach and tactics will be required from senior management of the partner organizations as appropriate.

Where necessary, each partner organization will designate a spokesperson(s) to communicate with the general public, including those at greater risk, and other external stakeholders within its respective jurisdiction.

6.4.2 Public Communications

In an outbreak/food safety risk situation, there may be a need to provide information and regular updates to the media, public, and other stakeholders, including those at greater risk. There will also be a need for communication among the partners to ensure consistency of messaging and to draft and share messages in a coordinated manner.

The lead response organization(s), in consultation with the communications team, will assess the need, content, timing, and appropriate activities for communicating about the outbreak. Communications team members will discuss and make recommendations to senior management of each organization.

The communications team will share final public communications products with the partners involved prior to release wherever possible.

Organizations may choose to provide public information independently with respect to their individual expertise and legislative responsibilities. Should any organization decide to do so, it should advise members of both the communications team and the CC and share draft messaging prior to releasing the information, if possible. Public messaging must respect the confidentiality of information shared within the CC.

6.4.3 Information Exchange with Industry

During an investigation, all implicated companies will be kept informed of relevant developments and available support by the responsible inspection authority, as necessary. These companies will be provided with a single point of contact for the inspection authority, if possible.

The CFIA is the responsible inspection authority and primary contact for processors and importers operating under federal registration. However, for processors operating under provincial jurisdiction the primary industry contact will be AAF for processors under the *Meat Inspection Act* and Regulation, and the *Dairy Industry Act* and Regulation; and AHS for any processors under the *Public Health Act* Food Regulation. During an investigation, the CFIA conducts inspections at both registered and non-registered facilities and may contact facilities directly to obtain information and communicate decisions.

Some investigations may require communication with industry representatives beyond the implicated facility. In this case, the CC will identify the lead communicator according to the partners' mandates and jurisdictions. Messaging must respect the confidentiality of information shared within the CC.

6.5 Investigation Activities

The CC will coordinate the epidemiological, food safety, laboratory and health risk assessment investigative activities.

6.5.1 Epidemiological Investigation

An epidemiological investigation by one or more partners may already be underway at the time a CC is activated. The CC will work to coordinate the investigations and share findings among partners in a timely manner. The CC may request the epidemiological assistance of other agencies (e.g., PHAC).

6.5.2 Food Safety Investigation

The CC will work to coordinate the food safety investigation and response among partners, and will share food safety investigation findings among partners in a timely manner. The food safety investigation activities should respect the mandate and roles/responsibilities of each partner.

6.5.3 Laboratory Investigation

The laboratory investigation should be coordinated by the CC to avoid gaps, prevent duplication, and ensure standard methodology/consistent processes, when available. There are also existing arrangements among public health laboratories and food laboratories (i.e., PL, AF, CFIA, NML) for results confirmation, isolate subtyping and other analyses. The submitting agency that receives a laboratory result will share the result with the CC.

*If *Clostridium botulinum* is suspected, clinical, food and environmental samples should be sent directly to the BRS in Ottawa following standard procedures outlined in Annex 4 of the FIORP. In the case of samples submitted by AHS or FNIHB, the PL will continue to receive their samples and will coordinate referrals to the BRS in Ottawa according to the developed protocol.

6.5.4 Health Risk Assessment

It is within the mandate of Health Canada's Food Directorate to conduct food-related Health Risk Assessments (HRA). HRAs may be requested by CFIA's Office of Food Safety and Recall (OFSR) and/or by provincial partners.

In foodborne illness outbreaks, HC uses the approach described in the "[Weight of Evidence: Factors to Consider for Appropriate and Timely Action in a Foodborne Illness Outbreak Investigation \[Health Canada, 2011\]](#)".

When the CFIA requests a HRA, Health Canada will provide the results back to CFIA. All CC partners will be informed through regular CC communications, once an HRA has been initiated, and when

results are obtained. Informed by the results of the HRA, the CFIA will determine whether a food recall will be initiated (see Section 6.6.1).

It is recognized that AH/AHS/AAF may conduct an assessment of health risk based on available information, to inform possible actions to prevent the spread of a foodborne illness outbreak or to limit a food hazard, in addition to/or in parallel to HC's HRA.

The partners should seek guidance regarding Health Risk Assessments from senior officials in their respective agencies through their identified CC contact person. Any decision made by senior officials in resolving the issue should be communicated to all CC partners.

6.6 Public Health and Food Safety Actions

Actions undertaken during a foodborne illness outbreak/food safety risk to address the source of the outbreak and prevent further cases of human illness may include a wide range of activities by one or more of the partners. Examples include:

- recalling a manufactured food;
- detaining a product;
- disposing of contaminated or suspected foods;
- developing public communication messages outlining recommended prevention and control measures and raising awareness through communication with vulnerable populations;
- conducting case and contact management; and
- recommending/implementing prevention and corrective actions at implicated facilities.

Each partner will conduct the necessary response actions under its respective mandate. While the CC will strive to reach consensus to guide response actions, the CC partners recognize that each partner has unique legal obligations, policies, and mandates that must be respected. Decisions made by one of the partners pursuant to its obligations, but related to the purpose of the CC, should be communicated to all CC members.

Where possible, existing provincial/federal guidelines for pathogen specific issues should be followed. In the absence of specific policies, the CC will help to determine the best course of action to take. Provincial coordination may be necessary at the Executive level to determine the course of action in the absence of a policy, or when an existing policy either is not to be applied or applicable.

6.6.1 Food Recalls

The CFIA is responsible for the enforcement of the *Food and Drugs Act* as it relates to food. When a health risk has been established by Health Canada through an HRA, the CFIA determines the most appropriate risk management action, including whether or not to recall product.

The CC will coordinate the collection of all pertinent information needed to recall an implicated product by the appropriate agencies. Basic information required to initiate a recall is provided in the CFIA's Food Investigation Response Manual and is available on the CFIA website:

<http://www.inspection.gc.ca/food/safe-food-production-systems/food-recall-and-emergency-response/food-manual/eng/1378402475724/1378403080658>

For food or food by-products prepared outside of the federal registered/licensed inspection system, the CC will coordinate enforcement and responsibilities, as required. Recall effectiveness checks are also the responsibility of the CFIA, who, when necessary, can request assistance through the CC. Each partner is responsible to communicate all recall actions to the CC in a timely manner.

6.7 Tampering and Terrorism

If the lead investigation partner(s) suspects that an incident may be related to tampering or terrorism, the local/regional law enforcement agency shall be immediately notified as they have the responsibility for law enforcement response and criminal investigations. Regardless of the police jurisdiction, the RCMP National Operations Center should be contacted at 613-993-4460.

6.8 Outbreak /Risk Resolution

After reviewing the containment status of a foodborne illness outbreak or resolution of the food risk, the CC will declare the outbreak and/or investigation closed when deemed appropriate by all partners. The CC will communicate the decision and will then hold a timely post outbreak/investigation review.

6.9 Post-Investigation Review

The CC will conduct a post-investigation review. The post-investigation review should be completed within three (3) months of the declaration that the outbreak/investigation is closed. Unless otherwise agreed upon by the partners, the CC lead partner will chair the post-investigation review.

The CC will coordinate this review and information gathered shall be reported back to all members of CAPIFS. The chair of the CC will forward the results of the review to the chair of CAPIFS, within one month of the post-investigation review. Once the review has been completed the CC is deactivated.

For a large investigation involving multiple partners, a formal debriefing meeting is recommended and should be organized by the CC chair. The goals of the post-investigation review should include, but are not limited to:

- Obtaining CC consensus of the source of the outbreak/food risk.
- Assessment of the effectiveness of public health and food safety actions, and any difficulties met in their implementation.

- Identification of the immediate and long-term measures to prevent reoccurrence, such as recommending new or revised policies and/or standards.
- Evaluation of the collaborative response efforts, including communication and coordination between jurisdictions.
- Clarification of resources, organizational changes, or training needs to optimize future responses.
- Identification of the necessary improvements or adjustments to the FIRIP. Any recommendations for the purpose of updating the FIRIP should be provided to CAPIFS. Changes will only be made with the agreement of all partners.
- Discussion of any privacy and/or legal issues which may have arisen.
- Discussion on joint publication of outbreak findings in journals and/or presentations at conferences.

7. Review of the Protocol

Endorsement of the protocol was by the CAPIFS members. The protocol will be reviewed periodically by CAPIFS who may amend the protocol to keep it current and effective. The CC Contact List will be updated twice per year. The protocol should go through a full review every five years.

8. Emergency Operations Centre Activation and Incident Command System

Most multi-jurisdictional foodborne illness outbreak/food safety risk investigations do not require the use of an Incident Command System (ICS) and/or activation of Emergency Operations Centres (EOCs).

The CC is not intended to be a unified ICS. However, partners may consider using such an approach for some public health emergencies, including foodborne illness outbreaks/food safety risk investigations, to help coordinate the response. Partners that are implementing an ICS will determine the types of events or outbreaks that will trigger the use of such a system.

If an ICS is to be used, it should be incorporated into the partner's foodborne illness outbreak/risk investigation response protocol. In relation to foodborne illness events, all the partners are responsible for notifying other partners of their intent to utilize an ICS and activate their respective EOC(s).