

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.60.11	<b>Page</b> 1 of 5
	<b>Original Effective Date:</b> 07/19/07	<b>New Effective Date:</b> 04/08/19
	<b>Supersedes:</b> 500.60.11	<b>Dated:</b> 09/01/16
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Food-Borne and Water-Borne Illness Outbreak		

## POLICY

The Division of Adult Institutions shall report and investigate all suspected food-borne or water-borne illness according to the Centers for Disease Control and Prevention and in consultation with local and state public health officials.

## REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018 P-B-02, Infectious Disease Prevention and Control.

Wisconsin Statutes Ch. 252 – Communicable Diseases

Wisconsin Administrative Code Ch. HFS 145 – Control of Communicable Diseases

<http://www.cdc.gov/ncezid/dfwed/>

## DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BCD -- Division of Public Health, Bureau of Communicable Diseases.

Cluster – Two or more patients/staff with sudden onset of acute gastroenteritis or other symptoms which are similar to each other.

DAI Policy 500.60.10—External Reporting of Communicable Disease

DHS – Department of Health Services

DOC – Department of Corrections

DPH-4151 – Acute and Communicable Diseases Case Report

HSU – Health Services Unit

Local Health Department – Agency of local government that takes any of the forms specified in Wisconsin Statutes s. 250.01 94. LHD formerly called local public health agency which is the term used in DPH forms.

Outbreak – A food-borne disease outbreak occurs when two or more people get the same illness from the same contaminated food or drink at the same time as each other.

RHA – Responsible Health Authority

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RN – Registered Nurse

SLH – State Laboratory of Hygiene

[www.dhs.wisconsin.gov/disease/diseasereporting](http://www.dhs.wisconsin.gov/disease/diseasereporting)

## **PROCEDURES**

### **I. Initial Observation of Illness**

#### **A. Index of Suspicion**

1. Outbreaks occurring in a variety of locations shall be considered for possibility of a main source of contamination.
  2. Outbreaks in individual locations are suspect for a local source of contamination.
  3. Any outbreak of patients/staff with sudden onset of acute gastroenteritis or other symptoms which are similar to each other shall be suspect for food-borne or water-borne illness.
- B. The RN on-site or on-call shall be alerted if-patients/staff develop acute gastrointestinal and/or other symptoms.

### **II. Notifications**

#### **A. The RN shall do the following upon becoming aware of a reported or suspected outbreak:**

1. Immediately notify facility management, including HSM/designee, ACP, Warden/designee.
  2. Immediately notify the facility Food Services Department that a possible food-borne outbreak is suspected.
  3. Notify additional facility staff as necessary, depending on the source of contamination.
- B. RHA/designee shall:
1. Immediately notify the BHS Director
  2. Immediately notify the Central Office Dietetic Services Director.
  3. Immediately notify the Local Public Health Department
  4. Complete the DPH-4151 within 24 hours and route as directed on the form.
- C. The Warden/Superintendent and/or the BHS Director shall notify the Division Administrator/designee and Dietetic Services Director.

### **III. Investigation**

- A. The investigation shall be completed over time and involve a variety of facility disciplines in coordination with DHS BCD.

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- B. As directed by BCD, samples of stool and/or vomit from at least four and up to 10 ill patients shall be collected immediately and preserved until able to be shipped for testing at the State Lab of Hygiene.
  - 1. The SLH shall be consulted on preservation methods.
  - 2. Ship by overnight delivery.

**IV. Facility Responsibilities:**

- A. Food Services shall send a copy of the menu for the past 72 hours and provide samples from all meals served in the past 72 hours (3 days are kept by Food Services) to DHS BCD. Samples shall be refrigerated until shipped and kept cold during shipping. Ship by overnight delivery.
- B. Notify DHS BCD that the samples have been shipped.
- C. The facility may be directed by the DHS investigator to send the food samples to the Department of Agriculture, Trade and Consumer Protection- Bureau of Lab Services 2601 Agricultural Dr. Suite 150 Madison, WI 53718.
  - 1. Bureau of Communicable Diseases, Epidemiology Section shall use the menu to prepare an incident specific questionnaire to use when interviewing ill patients.
  - 2. The facility staff shall ensure involved patients complete the questionnaire.
  - 3. The DHS staff directing the investigation of the outbreak shall follow up and be in contact with the HSM/designee involved with the case to give test results and offer advice, etc. Written lab results shall also follow in the usual fashion.
  - 4. Afflicted patients shall be informed and educated by licensed Health Care Professionals.
  - 5. The HSM shall work with the ACP, local and state health officials and facility staff such as the Food Service Administrator or Safety Officer to investigate any suspected outbreak.
  - 6. A report, including findings and any recommendations shall be prepared by DHS BCD and given to the Warden/designee, facility Health and Safety Committee, DOC Health and Safety Committee, the DOC Infection Prevention Committee and Dietetic Services Director.

**V. Patient Care**

- A. The ACP shall direct the care and treatment of patients.
- B. Symptomatic staff shall be referred to their personal health care provider.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Makda Fessahaye, Administrator

## DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.60.11	<b>Page</b> 5 of 5
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Food-Borne and Water-Borne Illness Outbreak		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

### REFERENCES

### DEFINITIONS, ACRONYMS AND FORMS

### FACILITY PROCEDURE

I.

- A.
  - 1.
    - a.
- B.
- C.

II.

- A.
- B.
- C.