

# **Chapter 2: Roles and Responsibilities**

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# Overview of Roles and Responsibilities

## Introduction

Successful investigation and resolution of an outbreak depends on the communication and collaboration of a multi-disciplinary team. The identification of key stakeholders is the initial step to take before an outbreak occurs. Members of an investigation team should be identified, trained and familiar with investigation protocols to ensure that various tasks are fulfilled. Choosing team members who are familiar with the day-to-day activities of the local health department will facilitate a rapid, efficient response. Depending on the disease, some or all of these individuals will be crucial in executing the Local Health Department's (LHD's) response. All government agencies will utilize an Incident Command System (ICS) structure when investigations and response exceed the capacity of the office(s) that would usually handle this sort of investigation, or if multiple agencies are involved in an investigation or response.

**All investigation team members should be informed of the epidemiology of the causative agent or suspected agents, and should be instructed on how to complete investigation forms and collect and submit specimens for laboratory testing.** Suggested investigation team members include persons who can provide clinical and diagnostic advice, epidemiological support, nursing services, public information, environmental health consultation and inspections, and information technology support. One of the team members should be designated as the TEAM LEADER, who will coordinate all the response activities of the team, and who will be the primary point-of-contact (POC) for the Kentucky Department for Public Health (KDPH) and the Local Health Department. This individual should have knowledge of communicable diseases and experience in investigating an outbreak.

This chapter lists the roles and responsibilities of those job positions and agencies that could be involved in an outbreak investigation. For some positions and agencies, flowcharts are presented at the end of the chapter for a different type of visual representation of roles and responsibilities.

### **2.1 Physicians and Health Care Providers**

1. Collect specimens and order lab testing on suspect cases of foodborne or waterborne illness (as well as any other reportable disease).
2. Report to LHD by telephone immediately upon recognition of a suspected outbreak. Although not required by law, the physician should consider contacting the LHD regarding any person with a communicable enteric disease that they know works as a food worker.
3. Cooperate with LHD in the investigation and control of an outbreak, including collecting specimens if requested.
4. Encourage patients to adhere to the prevention and control recommendations of the LHD.

### **2.2 Local Health Department Director**

1. Assure a competent workforce. Mobilize Epi Rapid Response Team (ERRT) when necessary, allowing staff to leave clinic to work on a field investigation as needed.
2. Serve as the spokesperson for the LHD with the support, cooperation, and notification of the KDPH in regards to the mutual approval of messages relating to foodborne/waterborne transmission and food/water safety measures.
3. Determine if preventive treatment is needed for those exposed to a foodborne or waterborne illness.

### **2.3 Epidemiology Rapid Response Team (ERRT)/ESF-8 Epidemiology Response Team**

1. Initiate investigation and collect case and exposure verification as quickly as possible.
2. Work toward rapid specimen collection of known cases and retention of suspect food and water sources.
3. Inform local hospital infection control staff, emergency room staff, primary care physicians, and other potentially affected entities of a possible outbreak so they can test and report similar cases to a designated member of the ERRT.
4. Develop a hypothesis based on the questionnaire information, the case definition, the environmentalist's inspection, and the laboratory results as how the illness was transmitted, through what food(s), and by what organism or agent.
5. Describe and implement control measures to prevent further illness.

## 2.4 Regional Epidemiologist

**Note: During each outbreak investigation the Regional Epidemiologist should coordinate the following steps with the Regional or LHD Nurse, the LHD Sanitarian or Environmentalist, and/or Epi Rapid Response Team**

1. Receive initial report that includes the needed demographics (name, address, phone number, etc.) and report illness complaint to other team members including the LHD nurse and local environmentalist.
2. Determine suspected organism(s) to be tested based upon diagnostic tests, symptoms, and the onset and duration of illness.
3. Confirm diagnosis with the medical provider.
4. Contact the case(s) after conferring with the medical provider to obtain additional related information.
5. **Alert KDPH Division of Epidemiology and Health Planning - Reportable Disease Section (502-564-3261) of investigation.**
6. Notify appropriate LHD administration/Public Health Director.
7. Enter case(s) into the Kentucky electronic surveillance system used for reporting disease.
8. Contact and encourage private labs to send laboratory isolates to the Division of Laboratory Services for serotyping and Whole Genome Sequencing (WGS).
9. Look for additional associated cases by informing the local medical community of a possible outbreak and encouraging ill persons to seek medical attention. This would include coordinating the **collection of clinical samples**.
10. Collaborate with ERRT on developing a working case definition and a line listing.
11. Administer questionnaire/investigation form. (See Appendix I for the KDPH Enteric Disease-Specific Investigation Forms).
12. Conduct meal history (72 hours).
13. Create line list in Excel or other database for tracking cases.
14. Analyze data collected from questionnaires, surveys, etc.
15. Describe data: epi curve, attack rate, etc.
16. Create map as required and available (GIS).
17. Formulate a tentative hypothesis and share hypothesis with ERRT.
18. Determine study design if necessary.
19. Coordinate/implement control measures; this may occur early in the investigation. (Refer to Red Book or Control of Communicable Disease Manual (CCDM).)
20. Create, with the joint input of the team members, and submit the final report that includes recommendations to prevent future foodborne and waterborne illnesses from occurring.
21. Enter outbreak information into the National Outbreak Reporting System (NORS). See Appendix K for the NORS report form.

## 2.5 Regional or LHD Nurse

**Note: During each outbreak investigation the Regional or LHD Nurse should coordinate the following steps with the Regional Epidemiologist, LHD Sanitarian or Environmentalist, and/or Epi Rapid Response Team**

1. Receive initial report that includes the needed demographics (name, address, phone number, etc.) and report illness complaint to other team members including the regional epidemiologist and local environmentalist.
2. Determine suspected organism(s) to be tested based upon diagnostic tests, symptoms, and the onset and duration of illness.
3. Confirm/verify the diagnosis with the medical provider.
4. Contact the case(s) after conferring with the medical provider to obtain additional related information.
5. **Alert KDPH Division of Epidemiology and Health Planning – Reportable Disease Section (502) 564-3261 of investigation and the Division of Public Health Protection and Safety – Food Safety Branch (502)564-7181.**
6. Notify appropriate LHD administration/Public Health Director as necessary. The Public Health Director will notify the appropriate federal agencies and Divisions within the KDPH and the Kentucky State Police.
7. Enter case(s) into the Kentucky electronic surveillance system used for reporting disease.
8. Encourage private labs to send laboratory isolates to the Division of Laboratory Services for serotyping and Whole Genome Sequencing (WGS).
9. Look for additional associated cases by informing the local medical community of a possible outbreak and encouraging ill persons to seek medical attention. This would include **coordinating the collection of clinical samples.**
10. Collect and ship clinical laboratory specimens as instructed by laboratory/or state personnel to the Division of Laboratory Services or local hospital/reference lab as needed.
11. Collaborate with ERRT on developing a working case definition and a line listing.
12. Administer questionnaire/investigation form. (See Appendix I for the KDPH Enteric Disease-Specific Investigation Forms.)
13. Conduct meal history (72 hours).
14. Discuss ill person and non-ill person case findings with the epidemiologist and/or other team members.
15. Coordinate/implement control measures; this may occur early in the investigation. (Refer to Red Book or Control of Communicable Disease Manual (CCDM).)
16. Prepare nursing write-up for inclusion in final report.

## 2.6 Regional or LHD Sanitarian or Environmentalist

**Note: During each outbreak investigation the Regional or LHD Sanitarian or Environmentalist should coordinate the following steps with the Regional Epidemiologist, the Regional or LHD Nurse, and/or Epi Rapid Response Team**

1. Receive initial illness report that includes the needed demographics (name, address, phone number, etc.).
2. Refer report to public health nurse and epidemiologist to confirm diagnosis, and determine the need for further investigation.
3. Investigate two or more isolated foodborne/waterborne illness complaints without a confirmed case as a complaint inspection of the food establishment. During the inspection, food managers should be made aware of the complaint and asked about any complaints they may have received.
4. Conduct an inspection of the suspect food establishment if the definition of a foodborne/waterborne outbreak is met.
5. Interview all food preparation employees regarding the detailed preparation of the suspect food.
6. Interview the food manager regarding ill employees and any consumer complaints.
7. Share and coordinate interviews with other team members.
8. Collect and submit suspect food/water samples if available to the Kentucky Division of Laboratory Services. Food and/or water samples should be collected and submitted in accordance with the laboratory protocol (See collection sheet, Appendix E and Appendix F). Contact the Division of Public Health Protection and Safety - Food Safety Branch at 502-564-7181 before collection or submission of food samples. Food samples are generally submitted to determine the presence of a specific agent in the food that matches the agent found in the confirmed patient(s). **Food samples are not submitted to the lab for the purpose of diagnosis of the suspect case.**
9. Utilize tools as warranted by the ERRT to prevent the further spread of illness/injury from the food establishment. Examples:
  - Quarantine suspect foods,
  - Voluntary closure of the food establishment,
  - Removal of ill food handlers from the food establishment based on the Kentucky Retail Food Establishment Code and The Kentucky Food, Drug, and Cosmetic Act,
  - Elimination of improper food handling practices.
10. Contact the Food Safety Branch at 502-564-7181 if the suspect food is commercially manufactured. Complete in full a DFS-216 Record of Complaint and Investigation (See Appendix H). This will initiate a product trace back, trace forward and/or recall if warranted. The Food Safety Branch will also share and coordinate this information with the appropriate team members within the state.

11. Once the cause of the foodborne illness is determined, educate the food establishment manager on proper controls to prevent future illness, verify that the controls have been communicated to food handlers, and verify that the controls have been implemented.
12. Food samples must remain in the possession of the collector and be accounted for at all times until they are either directly released to a public health laboratory employee or packaged and shipped by a traceable courier. A chain of custody form is recommended and can be found in Appendix G.

### **2.7 Regional Child Care Consultant**

1. Alert the Regional Epidemiologist or the public health nurse of potential foodborne/waterborne disease outbreak in a child care center.
2. Alert the Early Childhood Mental Health Program Administrator at the KDPH of potential foodborne/waterborne disease outbreak in a child care center.
3. Collaborate with regional epidemiologist, nurse, and environmentalist to prepare and distribute information to local child care centers.
4. Assist regional epidemiologist and public health nurse with active surveillance measures such as screening for ill children at drop-off and assisting with phone calls to centers to determine how many children and staff are out sick with the illness of concern.
5. Accompany and assist the environmentalist during the inspection of the child care center.
6. Educate child care center staff on proper hand washing, diapering, and cleaning procedures. Distribute flyers to centers regarding these procedures. Collaborate with the STARS Quality Coordinator on education and observation of hand washing, diapering, and cleaning procedures. (STARS is a childcare facility rating program.)

### **2.8 KDPH State Epidemiologist/Deputy State Epidemiologist/Division of Epidemiology and Health Planning**

1. Alert Division of Public Health Protection and Safety - Food Safety Branch and/or Environmental Management Branch of investigation, and Division of Epidemiology and Health Planning - Preparedness Branch, when necessary.
2. Notify Commissioner, Deputy Commissioner of KDPH, and Cabinet for Health and Family Services (CHFS) Communications Office about situation when appropriate.
3. Consult with LHD/ERRT on investigation, media issues, and control measures.
4. Coordinate use of resources and personnel at KDPH.
5. Involve appropriate epidemiologic personnel at state level.
6. Consult with Preparedness Branch leadership about need to activate the State Health Operations Center.
7. Determine need for federal notification/assistance/Epi-Aid.



8. Initiate and coordinate contact with Centers for Disease Control and Prevention (CDC) to assist with investigation or as an information resource.
9. Coordinate collection and transportation of lab samples between local health departments and Division of Laboratory Services.
10. Follow-up with Regional Epidemiologist on NORS.

### **2.9 KDPH Division of Epidemiology and Health Planning – Infectious Disease Branch – Reportable Disease Section**

1. Provide consultation and technical assistance to LHD staff in the epidemiologic investigation of disease outbreaks.
2. Provide guidelines for the epidemiologic investigation and control of a specific outbreak consistent with state and national objectives, current policy, and current medical and scientific literature.
3. Determine whether a particular outbreak warrants further epidemiologic investigation and the nature and extent of additional epidemiologic or laboratory data required.
4. Alert State Epidemiologist/Deputy State Epidemiologist, Division of Laboratory Services, and Division of Public Health Protection and Safety – Food Safety Branch and Environmental Management Branch, when appropriate.
5. Keep LHDs informed of the progress of any outbreak investigation.
6. Identify and arrange for additional staff and material resources from the KDPH if an outbreak exceeds the resource capacity of the LHD and the regional office.
7. Provide advice on collection of food, water, or other specimens in coordination with Division of Laboratory Services as well as the Food Safety Branch and Environmental Management Branch of the Division of Public Health Protection and Safety.
8. Recommend and request implementation of control measures.
9. Distribute outbreak surveillance information and summary reports to LHDs, regional offices, physicians and other agencies.
10. Provide training materials instructive in the methods of outbreak investigations.
11. Will be notified by the KDPH Reportable Disease Section when a gastrointestinal illness is reported to the LHD by a correctional facility in the LHD district.

### **2.10 KDPH Division of Public Health Protection and Safety – Food Safety Branch**

1. Alert the State Division of Epidemiology and Health Planning that an investigation has been initiated.
2. Provide technical support and assistance as needed to LHD and/or Division of Epidemiology and Health Planning, Infectious Disease Branch, Reportable Disease Section.
3. The Food Safety Branch will review the epidemiological data for outbreaks reported to the Food Safety Branch.

4. Contact the Division of Laboratory Services for submission of food samples.
5. Contact the United States Department of Agriculture (USDA) Compliance Office if a meat or poultry product under federal inspection is suspected.
6. Contact the United States Food and Drug Administration (FDA) if the food product under their regulatory authority is suspected.
7. Contact appropriate regulatory authorities in sister states, as warranted.
8. Where warranted, conduct/coordinate recall effectiveness checks with FDA.
9. For suspected acts of terrorism or other suspected or threatened intentional acts of food contamination, contact the Kentucky State Police.
10. The Food Safety Branch may be designated by the KDPH Commissioner as the responsible Branch for coordinating the investigation into acts of terrorism or other suspected or threatened intentional acts of food contamination.
11. Develop a final report of illness or injury implicating food and distribute to relevant agencies.
12. Maintain copies of the final report of illness or injury implicating foods at KDPH following suggested records retention schedules.
13. If the food is manufactured within the Commonwealth of Kentucky or a Kentucky firm is suspected of being responsible for causing the violation, the Food Safety Branch will initiate an inspection of the suspect facility.
14. All questions regarding public media releases are to be referred to the CHFS Office of Communications.
15. All issues and questions regarding animal feeds are to be referred to the University of Kentucky Division of Regulatory Services.
16. All issues and questions regarding shell eggs are to be referred to the Kentucky Department of Agriculture.
17. See Appendix J for the Food Safety Branch Sampling Protocol.

### **2.11 KDPH Division of Public Health Protection and Safety – Milk Safety Branch**

1. Responsible for assuring that all permitted facilities are in compliance with the current Grade "A" Pasteurized Milk Ordinance.
2. Assist with and/or coordinate investigation of outbreaks involving milk; products where milk may be a source of infection; or milk production, processing, packaging, or shipping operations.

### **2.12 KDPH Division of Public Health Protection and Safety - Environmental Management Branch**

1. Alert the State Division of Epidemiology and Health Planning – Reportable Disease Section when the need for an investigation is identified.
2. Provide technical support and assistance as needed.

3. Contact the Division of Laboratory Services for submission of water sample for bacteriological examination, or contact other laboratory services when required.

### **2.13 KDPH Division of Laboratory Services**

1. Receive initial alert on the number and expected arrival time of food samples authorized to be collected and sent to the State Food Lab for suspected foodborne illness and disease cases.
2. Receive initial alert on the requested foodborne pathogen(s) to be tested on authorized collected food samples to be sent to the State Food Lab for suspected foodborne illness and disease cases.
3. Prepare or order specialized media, reagents, and materials needed to test each suspect food pathogen.
4. Receive preauthorized food samples collected by authorized food collectors such as registered sanitarians.
5. Analyze or refer food samples for suspect foodborne pathogen(s).
6. Provide a preliminary test report.
7. Call the Division of Public Health Protection and Safety - Food Safety Branch and Division of Epidemiology and Health Planning Reportable Disease Section with positive laboratory test results.
8. Alert Division of Laboratory Services Management with positive test results if a high alert foodborne illness or outbreak is suspected or confirmed.
9. Provide WGS testing on bacterial isolates in collaboration with the Division of Epidemiology and Health Planning and the CDC.
10. Dispose, retain, or ship and transfer suspect bacterial foodborne pathogen isolates as directed by CDC, FDA, Food Emergency Response Network (FERN), or federal authority managing a biological food terrorism or defense suspect case.
11. Provide a final lab test report to the Food Safety Branch and Reportable Disease Section.

### **2.14 KDPH Division of Maternal and Child Health - Early Childhood Development Branch – Early Childhood Promotion Section**

1. Alert the regional child care consultant and the KDPH Division of Epidemiology of potential foodborne/waterborne illness outbreaks.
2. Provide support and assistance to regional child care consultant as needed.

### **2.15 Cabinet for Health and Family Services (CHFS) Office of the Inspector General (OIG)**

1. Will be notified by the KDPH Reportable Disease Section of all gastrointestinal illnesses in healthcare facilities under OIG jurisdiction.
2. Investigate possible violations of state laws or regulations as needed based on OGI guidelines.

### **2.16 CHFS Office of Public Affairs**

1. Be aware of potential media interest, particularly location/areas affected by outbreak, number of cases and potential impact on the public at large.
2. Identify potential spokespeople to handle media interviews. In cases of disease outbreaks, physicians or health care providers are excellent spokespeople and often have a reassuring effect on the public.
3. Determine when public communications are necessary. This can vary. If the outbreak appears to be large in scale and other members of the public are at risk, draft and distribute a news release immediately. Similarly, if the outbreak is small but has the potential to produce significant public concern/panic, it is advisable to distribute a statement or possible release explaining the situation.
4. Assist in the creation, print and distribution of communications materials such as media statement, news releases, talking points, fact sheets, flyers or information pamphlets.
5. Be prepared to update web sites with new information and outbreak numbers.
6. Identify health or feature reporters (or other reporters in the local area who are familiar with public health and commonly cover the LHD – sometimes that is the government reporter) and compile a media contact sheet.
7. Determine when and how frequently communications will be distributed. If the outbreak is particularly large and there are daily updates, it might be necessary to send out daily communications.
8. Maintain ongoing communication with outbreak points-of-contact. Generally, this will be a representative(s) from epidemiology, food/health public safety and the laboratory.
9. Gain familiarity with the details of the outbreak, the nature of the disease and how it is spread.
10. Review media reports to determine accuracy of reporting (and possible need for clarification or correction), how media are using communications and the affect communications are having on public feedback.

### **2.17 Kentucky Department of Corrections (KYDOC)**

1. Notify KDPH Reportable Disease Section when a gastrointestinal illness is reported to the LHD by the correctional facility in the LHD district.
2. Coordinate with the LHD and KDPH as needed to conduct investigations based on the guidelines of KYDOC, LHD, and KDPH, respectively.

### **2.18 Kentucky Department of Agriculture**

1. Cooperate in the process of the control and eradication of foreign animal diseases that impact the food supply.
2. Cooperate and provide communications with other agencies and organizations; federal, state and local health departments; veterinarians; producers; and animal owners within Kentucky.
3. Exclude, detect, control or eradicate serious insect pests and plant diseases that may be contributing to morbidity and mortality in an outbreak.
4. Regulate the sale and the use of pesticides that could impact the food supply and human health.
5. Investigate incidents of pesticide misuse relative to a pesticide-based food contamination incident.
6. Review and interpret laboratory results and provide an appropriate response.
7. Embargo pre-harvest food ingredients to protect the food supply.
8. Mobilize expertise in support of the timely and accurate investigation of pesticide, heavy metals and other contamination incidents involving pre-harvest food that carry over to pre- and post-harvest food production.
9. Regulate the production, sale, and transportation of shell eggs.
10. Assist with or coordinate proper collection and shipping of specimens to DLS with LHDs.

### **2.19 Kentucky Department of Fish and Wildlife Resources**

1. Provide consultation, support and technical assistance to KDPH and local health departments concerning food and water contamination resulting from wildlife.

### **2.20 Kentucky Energy and Environment Cabinet**

1. Provide consultation, support, and technical assistance as needed regarding a contaminated water supply.
2. Advise in the disposal of hazardous waste materials.

### **2.21 Kentucky Emergency Management**

1. Provide a comprehensive and functional communications network between all general and command staff groups.
2. Coordinate with federal, state and local law enforcement.
3. Provide logistical support to the designated lead agency.
4. Coordinate resources.
5. Conduct or coordinate media briefs, if appropriate.
6. Coordinate the Emergency Operations Centers.

### **2.22 Centers for Disease Control and Prevention**

1. Provide epidemiologic consultation to KDPH and local health departments in determination of risk factors for illness and development of prevention and control strategies.
2. Make available on-site field assignees for assistance in epidemiologic investigations, if needed.
3. Detail additional CDC personnel (e.g., EIS Officers, program specific experts) to Kentucky for urgent epidemiological responses and investigations when requested and feasible.
4. Coordinate multi-state epidemiologic investigations needed to implicate foods or other sources of infection.
5. Provide reference diagnostic support to the state public health laboratory testing and confirmatory capability beyond the state
6. Notify KDPH of any suspected outbreak identified through national surveillance in which Kentucky residents are reported as cases.
7. Work closely with KDPH and local public health epidemiologists and laboratorians to identify illnesses and clusters of illness.

### **2.23 U.S. Food and Drug Administration**

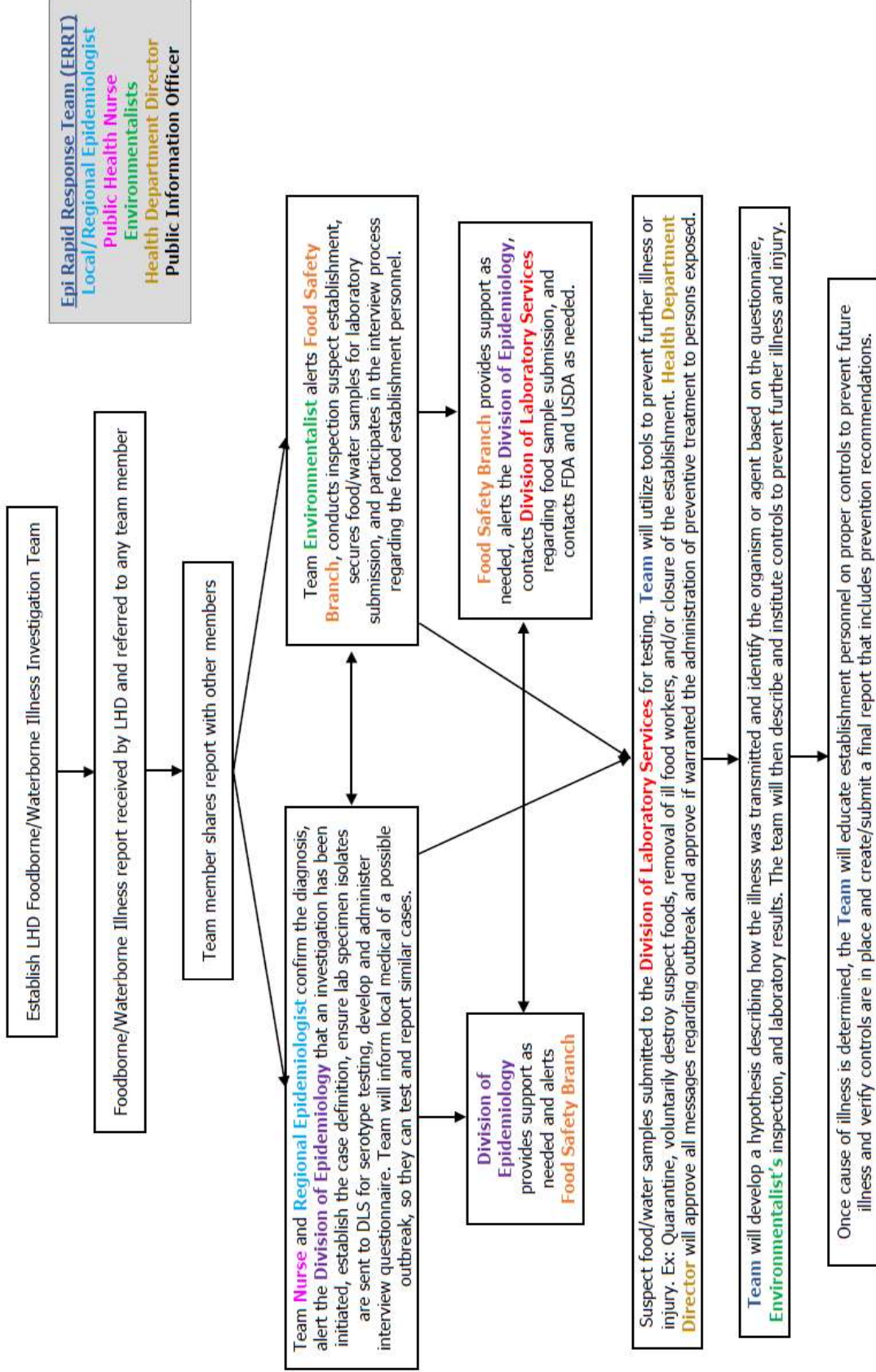
1. Coordinate a voluntary recall of FDA-regulated products that are linked to outbreaks of foodborne disease.
2. Conduct/coordinate recall audit checks with state food protection agencies.
3. Provide coordination, field investigators, laboratory support, technical consultation, regulatory support, and media relations to KDPH and local health departments.
4. Provide policy, technical, and scientific support to investigations.
5. Provide technical and scientific advice and support to field investigators during an outbreak investigation.
6. Notify the Food Safety Branch when there is a foodborne outbreak involving a Kentucky firm.

## **2.24 U.S. Department of Agriculture**

1. Provide coordination, laboratory support, technical consultation, regulatory support, and assistance with media relations.
2. Coordinate voluntary recalls of meat, poultry or egg products linked to outbreaks of foodborne disease.

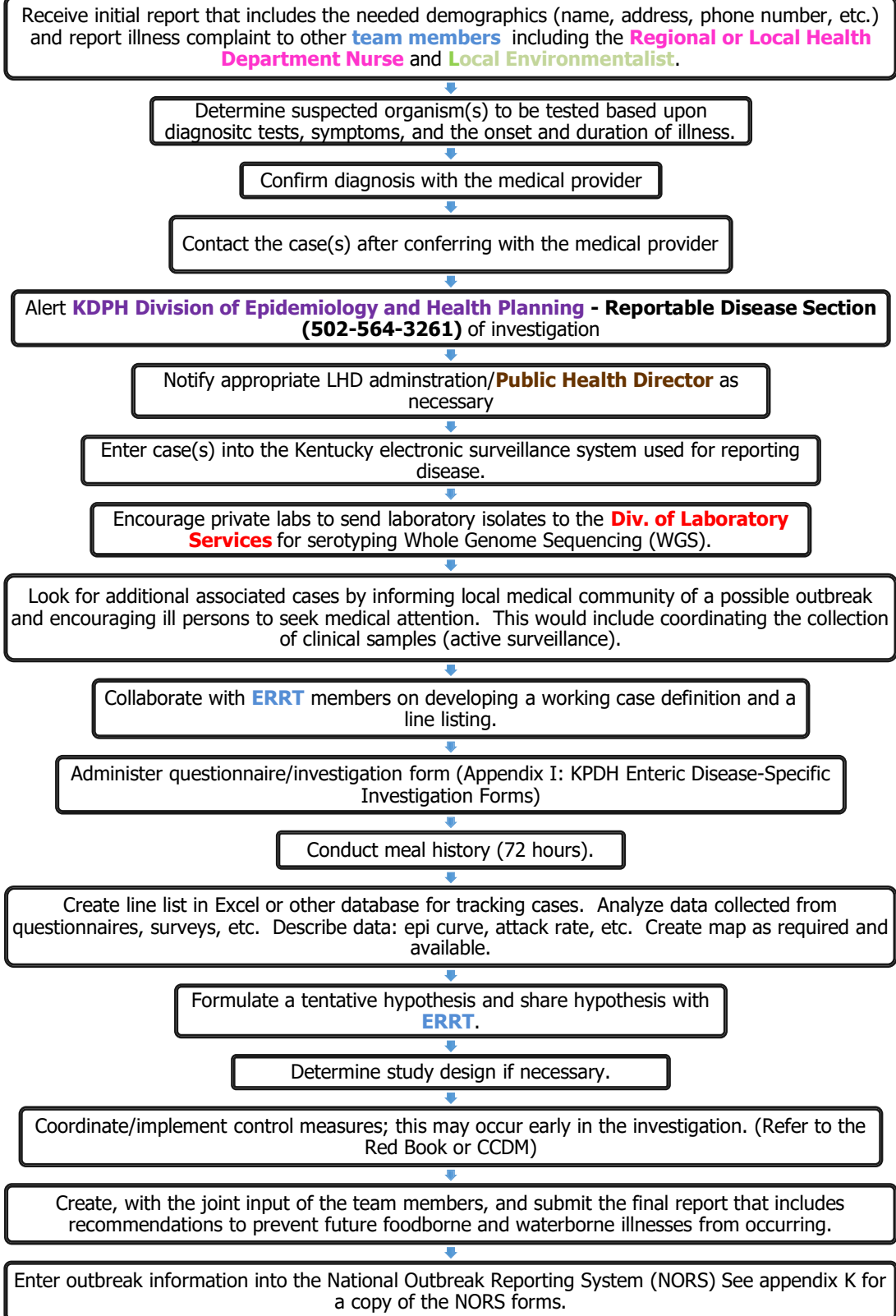
Figure 2: Flowcharts for certain job titles and programs

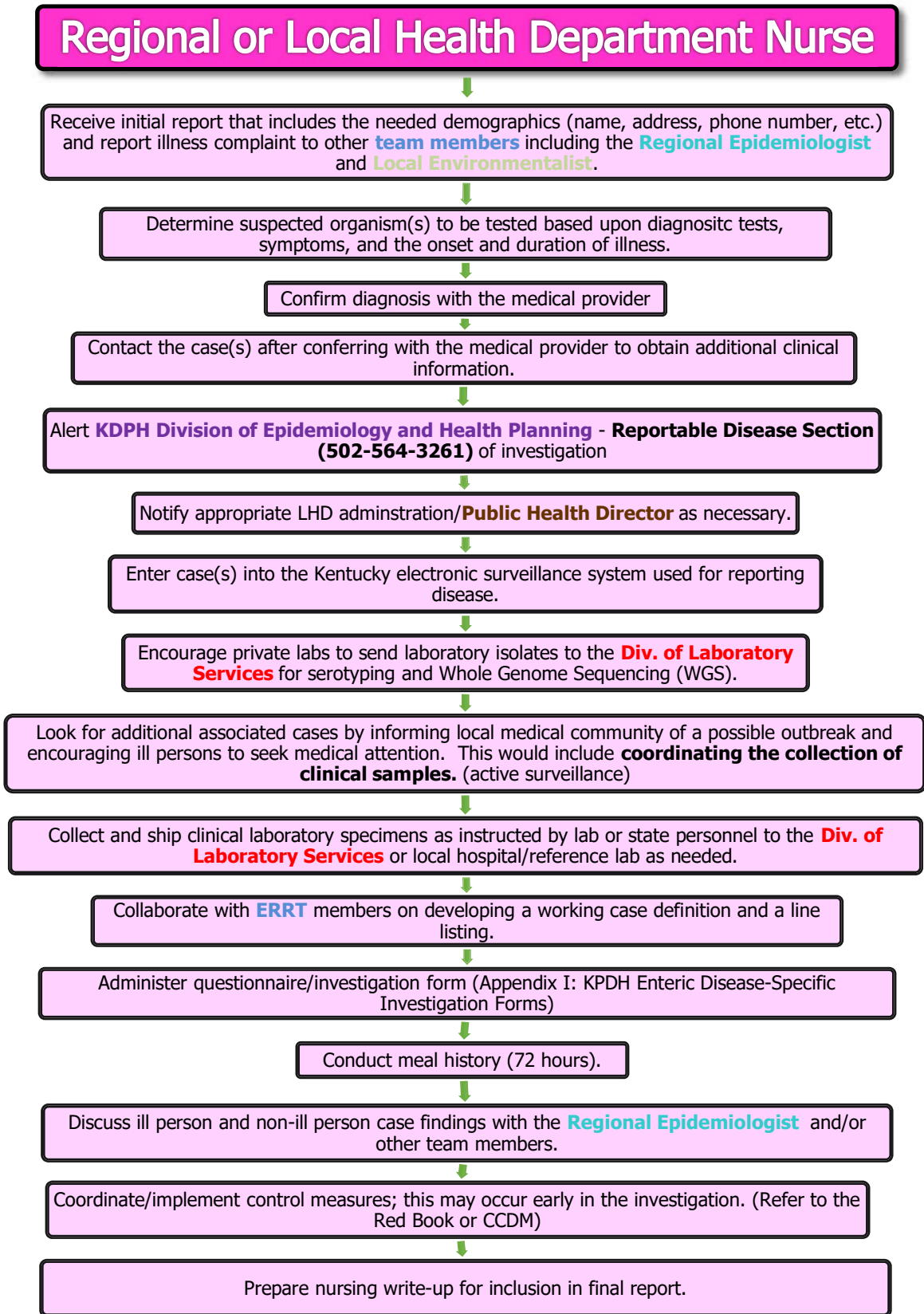
Kentucky Local Health Department Foodborne/Waterborne Illness Investigation Flow Chart





## Regional Epidemiologist





## Regional or Local Health Department Sanitarian or Environmentalist

Receive initial report that includes the needed demographics (name, address, phone number, etc.).

Refer report to **Regional or Local Health Department Nurse** and **Regional Epidemiologist** to confirm diagnosis, and determine the need for further investigation.

Investigate two or more isolated foodborne/waterborne illness complaints without a confirmed case as a complaint inspection of the food establishment. During the inspection, food managers should be made aware of the complaint and asked about any complaints they may have received.

Conduct an inspection of the suspect food establishment if the definition of a foodborne/waterborne outbreak is met.

Interview all food preparation employees regarding the detailed preparation of the suspect food.

Interview the food manager regarding ill employees and any consumer complaints.

Share and coordinate interviews with **team members**.

Collect and submit suspect food/water samples if available to the **Div. of Laboratory Services**. Food samples should be collected and submitted in accordance with the laboratory protocol (see collection sheet, Appendix E and Appendix F, as appropriate). Contact the **Division of Public Health Protection and Safety - Food Safety Branch** at 502-564-7178 before collection or submission of food samples. Food samples are generally submitted to determine the presence of a specific agent in the food that matches the agent found in the confirmed patient(s). **Food samples are not submitted to the lab for the purpose of diagnosis of the Suspect case.**

Utilize tools as warranted by the **Epi Rapid Response Team** to prevent the further spread of illness/injury from the food establishment. Examples: Quarantine suspect foods, voluntary closure of the food establishment, removal of ill food handler from the food establishment based upon the Kentucky Retail Food Establishment Code and the Kentucky Food, Drug, and Cosmetic Act, and elimination of improper food handling practices.

Contact the **Food Safety Branch** at 502-564-7181 if the suspect food is commercially manufactured. Complete in full a DFS-216 Record of Complaint and Investigation (see Appendix H). This will initiate a product traceback and/or recall if warranted.

Once the cause of the foodborne illness is determined, educate the food establishment manager on proper controls to prevent future illness, verify that the controls have been communicated to food handlers, and verify that the controls have been implemented.

Food samples must remain in the possession of the collector and be accounted for at all times until it is either directly released to a public health laboratory employee or packaged and shipped by a traceable courier. A Chain of Custody form is recommended and can be found in Appendix G.

## Local Health Department Director

Assure a competent workforce. Mobilize the **Epi Rapid Response Team (ERRT)** when necessary. Allow staff to leave clinic work to work on a field investigation as needed.

Serve as the spokesperson for the local health department with the support, cooperation, and notification of the Kentucky Department for Public Health regarding the mutual approval of messages relating to foodborne/waterborne transmission and food safety measures.

Determine if preventive treatment is needed for those exposed to a foodborne or waterborne illness.

