

OCHD Food Service Industry Forum

January 21, 2025

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HEALTH DIVISION
DAVID COULTER
OAKLAND COUNTY EXECUTIVE



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Agenda

- Welcome!
- Updates
- Vaccination Community Navigators – *Jolene Messer, OCHD VCN*
- Enteric Diseases in Oakland County - *Jarrold D'Valentine, Melissa Williams-Bowman, OCHD CD*
- How to Respond to an Illness Complaint - *Alyssa Pouliot, OCHD EH*
- Resource Sharing
- Follow-up Survey

Updates



StopFoodbornellness.org/the-fda-alliance-food-safety-culture-webinar-series

Michigan Food Law

- Several bills were proposed to modify the Michigan Food Law, but none passed.
 - MDARD may re-introduce in 2025.
- Additional changes in minimum wage and paid medical leave.

Michigan Laws

- Department of Labor and Economic Opportunity

Wage and Hour Division

It is the mission of the Wage and Hour Division to provide public service through the fair, effective and efficient administration of laws which protect the wages and fringe benefits of Michigan's workers and ensure compliance with the requirement that certain entities post notices related to human trafficking.

Director: Jennifer Fields	Hours Mon. - Fri. 8:00 a.m. - 5:00 p.m. EST Toll Free: 1-855-464-9243 (4MI-WAGE) Phone: 517-284-7800 NEW FAX NUMBER: 517-763-0110 Email: whinfo@michigan.gov	whinfo@michigan.gov
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www.michigan.gov/wagehour

License Renewals

- 2025/26 License Applications available
- Renewals due by April 30, 2025
 - Late fees if a complete application and payment is not received by April 30, 2025
- No outstanding fees? Renew online!
 - New Owners and STFUs not eligible to renew online

Spanish ServSafe

- OCHD will be offering the ServSafe Certified Manager training in Spanish in March and October of 2025.



CERTIFICACIÓN DE ADMINISTRADORES DE PROTECCIÓN DE ALIMENTOS CURSOS EN ESPAÑOL: 2024 - 2025

Instrucción, materiales de apoyo, libro de curso y examen en español.

Vaccination Community Navigators

Vaccination Community Navigator Program

Community Health Workers will focus on increasing COVID-19 and routine vaccine confidence through a variety of efforts.

WHAT WE OFFER:

- **One-On-One Patient Support** - Personalized vaccination education with trained Community Health Workers
- **Health Care Worker Training** - Preparation for teams to have sensitive conversations with patients and families
- **Community Partnerships** - Work together to host vaccine clinics that reach target populations

For more information, contact us at 248-830-9412 or ochd-chw@oakgov.com

NURSE ON CALL PUBLIC HEALTH INFORMATION
800.848.5533 NOC@OAKGOV.COM
OAKGOV.COM/HEALTH



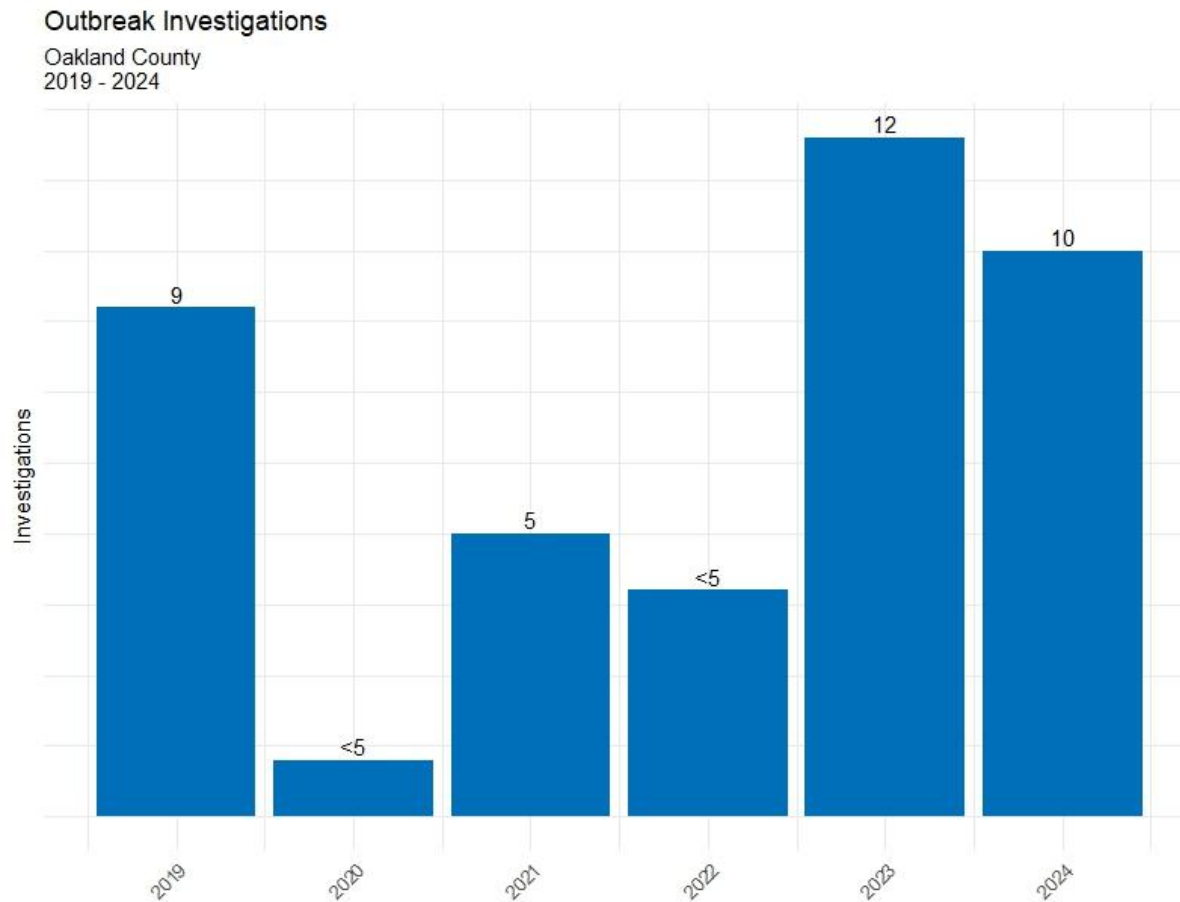
The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

23-399 / 11/15/23

What Constitutes a Foodborne Outbreak ???

- When 2+ complaints from non-household members for same facility, indicative of 'Potential Outbreak' and investigation initiated.
- *“Outbreak definition as found in Act 92, State of Michigan Food Law of 2000, Section 3103(b) defines a Foodborne Illness Outbreak as “(i) Two or more persons, not of the same household, have ingested a common food and have a similar disease or similar symptoms or excrete the same pathogens, and there is a time, place, or person association between these persons; (ii) There is a single case of suspected botulism, mushroom poisoning, paralytic shellfish poisoning, or other rare disease; (iii) There is a case of a disease or poisoning that can definitely be related to ingestion of a food”*

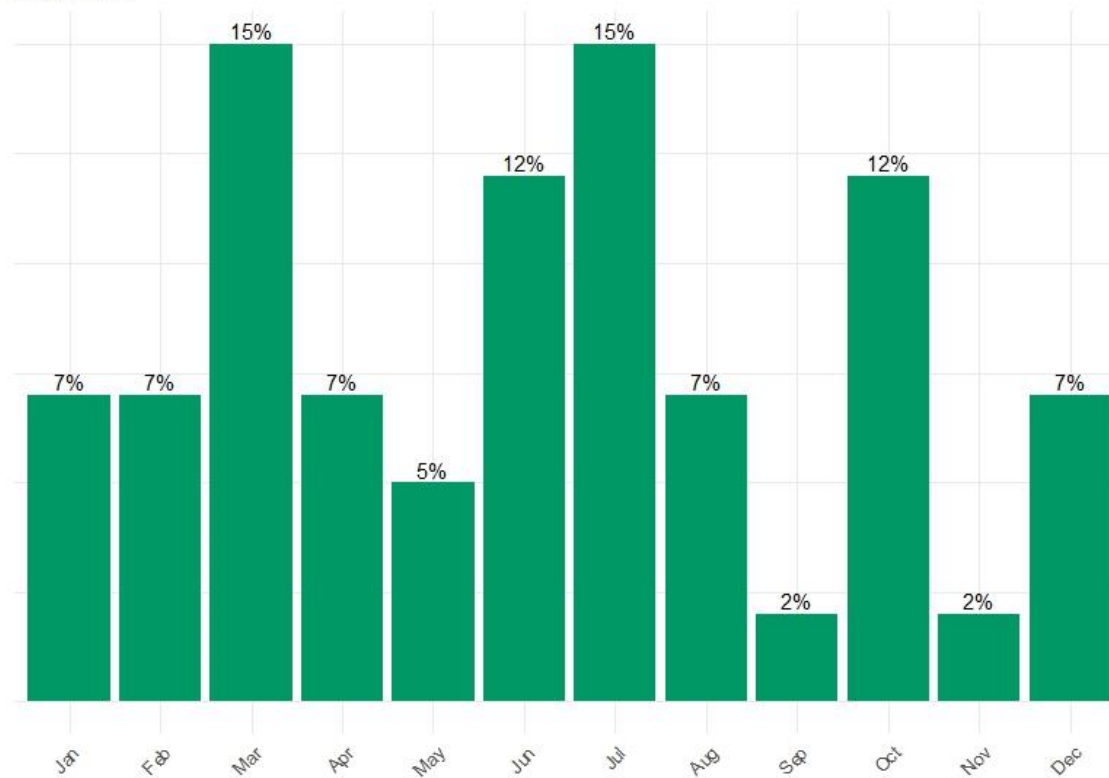
Oakland County Outbreak Investigation Data 2019-2024



Foodborne Outbreak Investigations by Month: Oakland County 2019-2024

Percent of Total Outbreak Investigations by Month

Oakland County
2019 - 2024



Outbreak Complaint Process: Role of CD

- Complaints comes in via phone or email
- CD Clerks add complaint to Complaint Log and makes 2 attempts to send Qualtrics survey to client (48-72 hours between emails)
- When survey is completed or no response after 2 attempts, CD Clerk enters complaint into E-Health and investigation is initiated or closed
- CD Epi reviews Qualtrics survey and reaches out to complainant to ask:
 - Illness onset/ still symptomatic?
 - Stool samples submission?
 - Anyone else who consumed meal in home is ill?
 - Leftovers?

Outbreak Complaint Process: Role of CD

- CD Epi reviews symptom onset against common foodborne illnesses to direct investigation
- CD Epi may request additional information from worksite:
 - If any employees reported illness
 - Schedule for all ill employees
 - Role of employee/ site of employee eg does this change?
 - Preparation of food in question
 - Available food for sampling
- EH does investigation within 24 hours

What Epi's Consider?

Foodborne Illness-Causing Organisms in the U.S.

ORGANISM	COMMON NAME OF ILLNESS	ONSET TIME AFTER INGESTING	SIGNS & SYMPTOMS	DURATION	FOOD SOURCES
<i>Bacillus cereus</i>	<i>B. cereus</i> food poisoning	10-16 hrs	Abdominal cramps, watery diarrhea, nausea	24-48 hours	Meats, stews, gravies, vanilla sauce
<i>Campylobacter jejuni</i>	Campylobacteriosis	2-5 days	Diarrhea, cramps, fever, and vomiting; diarrhea may be bloody	2-10 days	Raw and undercooked poultry, unpasteurized milk, contaminated water
<i>Clostridium botulinum</i>	Botulism	12-72 hours	Vomiting, diarrhea, blurred vision, double vision, difficulty in swallowing, muscle weakness. Can result in respiratory failure and death	Variable	Improperly canned foods, especially home-canned vegetables, fermented fish, baked potatoes in aluminum foil
<i>Clostridium perfringens</i>	Perfringens food poisoning	8-16 hours	Intense abdominal cramps, watery diarrhea	Usually 24 hours	Meats, poultry, gravy, dried or precooked foods, time and/or temperature-abused foods
<i>Cryptosporidium</i>	Intestinal cryptosporidiosis	2-10 days	Diarrhea (usually watery), stomach cramps, upset stomach, slight fever	May be remitting and relapsing over weeks to months	Uncooked food or food contaminated by an ill food handler after cooking, contaminated drinking water
<i>Cyclospora cayetanensis</i>	Cyclosporiasis	1-14 days, usually at least 1 week	Diarrhea (usually watery), loss of appetite, substantial loss of weight, stomach cramps, nausea, vomiting, fatigue	May be remitting and relapsing over weeks to months	Various types of fresh produce (imported berries, lettuce, basil)
<i>E. coli</i> (<i>Escherichia coli</i>) producing toxin	<i>E. coli</i> infection (common cause of "travelers' diarrhea")	1-3 days	Watery diarrhea, abdominal cramps, some vomiting	3-7 or more days	Water or food contaminated with human feces

What Epi's Consider?

<i>E. coli</i> O157:H7	Hemorrhagic colitis or <i>E. coli</i> O157:H7 infection	1-8 days	Severe (often bloody) diarrhea, abdominal pain and vomiting. Usually, little or no fever is present. More common in children 4 years or younger. Can lead to kidney failure	5-10 days	Undercooked beef (especially hamburger), unpasteurized milk and juice, raw fruits and vegetables (e.g. sprouts), and contaminated water
Hepatitis A	Hepatitis	28 days average (15-50 days)	Diarrhea, dark urine, jaundice, and flu-like symptoms, i.e., fever, headache, nausea, and abdominal pain	Variable, 2 weeks-3 months	Raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with an infected food handler; shellfish from contaminated waters
<i>Listeria monocytogenes</i>	Listeriosis	9-48 hrs for gastro-intestinal symptoms, 2-6 weeks for invasive disease	Fever, muscle aches, and nausea or diarrhea. Pregnant women may have mild flu-like illness, and infection can lead to premature delivery or stillbirth. The elderly or immunocompromised patients may develop bacteremia or meningitis	Variable	Unpasteurized milk, soft cheeses made with unpasteurized milk, ready-to-eat deli meats
Noroviruses	Variously called viral gastroenteritis, winter diarrhea, acute non-bacterial gastroenteritis, food poisoning, and food infection	12-48 hrs	Nausea, vomiting, abdominal cramping, diarrhea, fever, headache. Diarrhea is more prevalent in adults, vomiting more common in children	12-60 hrs	Raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with an infected food handler; shellfish from contaminated waters
<i>Salmonella</i>	Salmonellosis	6-48 hours	Diarrhea, fever, abdominal cramps, vomiting	4-7 days	Eggs, poultry, meat, unpasteurized milk or juice, cheese, contaminated raw fruits and vegetables
<i>Shigella</i>	Shigellosis or Bacillary dysentery	24-48 hrs	Abdominal cramps, fever, and diarrhea. Stools may contain blood and mucus	4-7 days	Raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with an infected food handler
<i>Staphylococcus aureus</i>	Staphylococcal food poisoning	1-6 hours	Sudden onset of severe nausea and vomiting. Abdominal cramps. Diarrhea and fever may be present	24-48 hours	Unrefrigerated or improperly refrigerated meats, potato and egg salads, cream pastries
<i>Vibrio parahaemolyticus</i>	<i>V. parahaemolyticus</i> infection	4-96 hours	Watery (occasionally bloody) diarrhea, abdominal cramps, nausea, vomiting, fever	2-5 days	Undercooked or raw seafood, such as shellfish

What Epi's Consider?

<i>Vibrio vulnificus</i>	<i>V. vulnificus</i> infection	1-7 days	Vomiting, diarrhea, abdominal pain, bloodborne infection. Fever, bleeding within the skin, ulcers requiring surgical removal. Can be fatal to persons with liver disease or weakened immune systems	2-8 days	Undercooked or raw seafood, such as shellfish (especially oysters)
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Feeling Ill? Your Manager Needs To Know!!!

FOOD WORKER FOODBORNE ILLNESS GUIDELINES

ILLNESS SYMPTOMS ACTION GUIDANCE (FOOD CODE SECTIONS 2-201.12. AND 2-201.13)

SYMPTOMS	ACTION	RETURN TO WORK CRITERIA FOR FOOD EMPLOYEES	LOCAL HEALTH DEPARTMENT (REGULATORY AUTHORITY) APPROVAL
Vomiting	Exclude from food establishment	Symptom free for at least 24 hours or provide medical documentation that states the symptom is from a noninfectious condition	No , if not diagnosed as one of the Big Six
Diarrhea	Exclude from food establishment	Symptom free for at least 24 hours or provide medical documentation that states the symptom is from a noninfectious condition	No , if not diagnosed as one of the Big Six
Jaundice	Exclude from food establishment; call manager; Notify Health Department	Medical documentation that food employee is free of Hepatitis A virus or other fecal-orally transmitted infection	Yes
Sore Throat with Fever	Restrict from food area of food establishment	Medical documentation stating received antibiotic therapy for >24 hours; one negative throat culture; or is free from infection from Streptococcus pyogenes	No
*Infected Wound or Pustular Boil	Restrict from food area of food establishment	*After the skin, infected wound, cut, or pustule boil is properly covered	No

*Note: Associates hands and wrists must be free of cuts or sores that are red or oozing, unless an impermeable cover is used over the sore and a single-use glove is worn over the impermeable cover. Cuts or sores on exposed portions of the arms and other body parts must be covered with an impermeable cover or tight-fitting bandage.

THE BIG SIX ARE:

- 1** Typhoid Fever caused by *Salmonella typhi*
- 2** Shigella
- 3** Shiga toxin-producing *Escherichia coli*
- 4** Hepatitis A
- 5** Norovirus
- 6** Nontyphoidal *Salmonella*

Environmental Health

- Discuss foodborne illness outbreaks and what do we do?
 - Notification
 - Investigation
 - Before
 - During
 - After
 - Prevention

Gather Information About the Illness

As a restaurant leader, you must first gather all available information about the situation in order to take corrective action, prevent further spread, and assess the business impact.

AFTER RECEIVING A CUSTOMER COMPLAINT

If you've been contacted by a guest about food poisoning from your establishment, your first instinct may be to apologize. While it's okay to be empathetic, because it is often difficult to ascertain the source of foodborne illness, avoid apologizing or accepting responsibility for the incident. Apologizing for causing the illness may be deemed to admit guilt in the eyes of the court, and we don't know where the illness came from yet.

INSTEAD, BE PROFESSIONAL AND COURTEOUS, BUT KEEP YOUR DISTANCE FROM THE CLAIM. YOU MIGHT SAY SOMETHING LIKE, **"I AM SORRY TO HEAR YOU AREN'T FEELING WELL,"** BUT DO NOT SAY, **"I AM SORRY OUR FOOD MADE YOU SICK."**

RATHER THAN TRYING TO FIX THE SITUATION, YOUR JOB IS TO COLLECT INFORMATION. DOCUMENT EVERYTHING YOU CAN AND SUBMIT ALL DETAILS TO YOUR LOCAL HEALTH DEPARTMENT.



QUESTIONS TO ASK

1

When did the customer dine at the restaurant? What dish(es) did they order? Did they make any substitutions or modifications?

2

Did the customer dine alone or in a group? If they dined with others, did anyone else consume the same food and experience the same symptoms?

3

What symptoms is the customer experiencing?

4

When did those symptoms begin, and how long did they last?

5

Did the customer seek medical advice? (If they haven't yet sought medical care, encourage them to do so).

First Steps of Foodborne Illness

- As a restaurant leader, gather as much information as possible in order to prevent the spread of illness.
- Restrict or exclude ill employees if working or scheduled to work and they are ill.
- If you are contacted by a customer reporting illness, ask and record the answers to the following questions:
 - When did you dine at the facility?
 - What did you eat?
 - Who did you eat with? Are they experiencing illness as well?
 - What symptoms are you having?
 - When did symptoms begin?
 - How long did the symptoms last?
 - Encourage customers to seek medical advice asap.

Foodborne Illness?

Notify the Proper Authorities

WHETHER YOU BELIEVE YOU, ONE OF YOUR CUSTOMERS, OR ONE OF YOUR EMPLOYEES MAY BE SICK OR HAVE HANDLED A POTENTIALLY CONTAMINATED FOOD ITEM, **CONTACT THE LOCAL HEALTH DEPARTMENT AS SOON AS POSSIBLE.**

If you're not sure which local office to contact, **your state's health department is a good place to start.**

When you call, make sure you provide any information you already have gathered. Your health department may instruct you to contact the FDA, USDA, or other federal offices to report the complaint. Otherwise, take the next steps given to you by your health inspector or other health offices.

Foodborne Illness Investigations

What happens next?

- An investigation team at OCHD is formed. This will include an epidemiologist and a team of environmental health sanitarians.
- Preliminary discussions take place to include what is known, what are the specific facts, and what to target or look for during the on-site investigation.

Foodborne Illness Investigations

- Once the investigation begins the team will maintain contact with others involved through out the investigation to modify actions as indicated.
- The team of sanitarians will arrange to complete an on-site investigation within 24 hours of the notification from the CD unit.

Foodborne Illness Investigations

- When onsite, the sanitarians will collect information related to the suspected food and illness.
 - This may include:
 - Employee schedules and contact information
 - Conduct confidential interviews of employees and person in charge
 - Food Invoices
 - Menu
 - Recipes and steps of preparation
 - Complete a focused inspection based on implicated food items
 - Collect food samples, if available or place hold orders
 - Provide direction and facilitate employee laboratory sample submission

Managing a Foodborne Illness

As a manager, what is your role in aiding a foodborne illness outbreak investigation?

- Notify the local health department of any new information
- Continue to monitor employee health
- Identify the suspected food remove it from sale immediately
- Separate any potentially contaminated food from other stock and clearly mark it as "Do Not Consume".
- Deep cleaning and sanitation
- Maintain records

After the Investigation

What do you do after the initial investigation?

- After the health department completes their investigation, it is important to follow all recommended corrective actions such as:
 - permanently correcting all violations cited
 - implementing employee training activities
 - revising and implementing an employee illness policy
 - possible voluntary closures for cleaning activities
 - Continue to communicate with your health department contacts



PREVENT THE SPREAD OF FOODBORNE ILLNESSES

THE 3-LEGGED APPROACH TO PREVENTING FOODBORNE ILLNESSES



PERSONAL HYGIENE

Wash Your Hands

Always wash your hands BEFORE you handle food or begin any food-related task and AFTER these activities: handling raw meat, poultry and seafood; using the restroom; touching your hair, face, body, clothes or apron; sneezing, coughing or using a tissue; smoking, eating, drinking or chewing gum; using chemicals that might affect the safety of food; emptying or taking out the garbage; clearing tables or washing dirty dishes; handling money and making change.



NO BARE HANDS

Wear Gloves

Always wear gloves when handling ready-to-eat foods (e.g. deli sandwiches, salads, baked goods, and other cooked foods). Change gloves when they become dirty or torn; before handling different ready-to-eat foods or beginning a new task; before preparing food for a guest with a known food allergy; after handling raw meat, seafood, or poultry; after touching potentially unclean surfaces such as a phone or door handle.



NO SICK EMPLOYEES

Tell Your Manager if You Feel Sick

Foodborne illnesses can easily spread from you to the food you handle. Always tell a manager if you are experiencing vomiting, diarrhea, fever, sore throat, coughing, or jaundice (yellowing of the skin and eyes) so you can recover safely at home.

WHEN ONE LEG OF THE STOOL IS MISSING,
the stool is not supported and you put your customers, fellow employees, and restaurant at risk of foodborne illness outbreaks.

FOR MORE FOODBORNE ILLNESS PREVENTION TIPS VISIT FOODSAFETYFOCUS.COM.

Preventing Foodborne Illness

- How can you prevent foodborne illnesses?
 - Prevent cross contamination
 - Cook foods thoroughly
 - Proper personal hygiene
 - Train staff properly
 - Have a working illness policy. Educate managers and staff of symptoms, reporting, and exclusion/restriction requirements

FDA- Employee Health Tool

- The Food and Drug Administration (FDA) developed an [Employee Health Policy Tool](#) to encourage practices that can help prevent the transmission of foodborne viruses and bacteria in food establishments from ill employees.
- Choose the best options based on the suspected foodborne illness, symptoms and or diagnosis.
- This interactive tool can assist the user with determining when to exclude or restrict sick employees, and when to remove the exclusion or restriction.

FDA- Employee Health Tool

- To familiarize yourself with using the tool, visit the following link and click on the option for “short demo”
- [FDA Employee Health Policy Tool](#)

Conclusion

- Questions?

Resource Sharing

Oakland County Community Resources Available for You

We're here to help you and your families find the support, assistance, and resources you may need.



For General Resources related to food assistance, household & utility support, legal aid, veteran services, and more.



To Speak with a Public Health Nurse about your health-related questions. Call **1-800-848-5533** or email **noc@oakgov.com**

OakGov.com/Health | Nurse On Call: 800.848.5533 | NDC@OakGov.com | @PublicHealthOC

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs. 11/20/18, 11/1/19

Information Provided by

FSIF Food Security
Initiative
Fund

Resource Sharing

- Oakland County Resource Infographic
- [Resource Flyer](#)

Additional Info

Meeting Agendas

+

Meeting Minutes

+

Meeting Schedule

+

Other Documents

-

- [Oakland County Community Resources](#)

Resource Sharing

- Anything to share or shoutout?
- Any questions or concerns?

What do you want to hear about next time?

- Thrive/Business Resources?
- Environmental Sustainability?
- Nutrition?
- Active Managerial Control?
- Reading Inspection Reports?
- Culture of Food Safety?
- HACCP/Challenge Studies?
- Pest Control?
- Emergency Response?

Follow-up Survey

Food Service Industry Forum -
January 2025 Meeting

