CHAPTER 7
BUILDING AND ENHANCING COMMUNICATION SOPS FOR INCIDENT RESPONSE

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1.0. PURPOSE

Effective communications among partners are critical for a multiagency, multi-jurisdictional incident response. This chapter provides RRTs with a mechanism to evaluate and improve existing communication Standard Operating Procedures

(SOPs) to be used during incident responses. It will also provide information to assist non-RRT states in building or evaluating their communication plans. This chapter provides examples of best practices for communication plans, which includes developing joint communication SOPs and multiagency communication strategies.

2.0. SCOPE

This chapter provides the basic central components of an effective communication SOP, including assessment criteria, worksheets, guidelines, and examples to assist in developing or improving communication SOPs.

The information in this chapter focuses on developing multiagency and multidisciplinary communication plans. The Working with Other Agencies (WWOA) chapter of this manual provides additional information on communication activities prior to and outside of emergency situations.

Because each state and RRT can vary in structure, it is important to remember that this chapter is neither all-inclusive nor specific enough to cover every situation. However, state, federal, and local agencies can use this chapter to assess and improve their incident response communication procedures.

3.0. RESPONSIBILITY

3.1. RRT Leadership (e.g., RRT Steering Committee or equivalent)

General note: this chapter uses broad terms to refer to various roles within a RRT or agency, such as "RRT Leadership", to allow each RRT to apply these best practices within their specific organizational structure or system.

"RRT Leadership," as it pertains to the best practices within this chapter, should include members from each applicable RRT member agency/partner, and may exist as one of many different forms, depending on the individual RRT (such as a Steering Committee or a Joint Management Team, etc.).

SOP Development

Leadership will develop or identify personnel responsible for development of a communication SOP, although it is highly recommended that SOP development should be a collaborative effort among those who communicate regularly (federal/state/local/tribal).

SOP Training

Leadership will ensure that personnel assigned to respond to human or animal food incidents have proper training to complete their assigned tasks in accordance with the communication SOP.

SOP Maintenance

Leadership will identify personnel responsible for scheduled updates and maintenance of the SOP. The SOP should be updated regularly (e.g., annually) and after an exercise or response to capture corrective actions. Implementing a document control system helps to ensure that SOPs are adequately reviewed, updated, approved, and distributed to all appropriate team members. If the RRT chooses to maintain communication SOPs at the individual RRT member agency level instead of developing joint procedures, the revision process should occur in a collaborative manner among applicable RRT member agencies (e.g., the State program(s) and the FDA inspectorate divisions) to ensure that all SOPs and documents are updated in a coordinated fashion.

3.2. RRT Members (Investigatory Team)

SOP Familiarization/training

Team members must be familiar with these SOPs (e.g., through orientation, training, exercises, etc.) and how they are to be implemented.

Skills Maintenance

Team members are each responsible for playing an active role in maintaining both their subject matter expertise and ability to work effectively in multidisciplinary and multiagency response teams.

4.0. DEFINITIONS

See Manual Section IV Reference Part B "Glossary of Key Terms" for definitions.

- **Business Process Review** – An evaluation or review of a RRT or organization's current practices, accomplished via a thorough analysis of the applicable people, processes, technologies, etc., involved in said practices. The main purpose is to assist organizations in becoming more efficient and effective as part of continuous process improvement. Examples include Kaizen[1] and Lean Process Improvement[2].
- **External Communication** – Communication that extends beyond one agency, to partnering agencies, public, industry, academia, the press, etc.
- **FDA Coordination Groups** – Office of Coordinated Outbreak Response, Evaluation, and Emergency Preparedness (OCORE+EP) Signals and Surveillance Teams, Office of Inspections and Investigations (OII)/Office of Field Operations (OFOR), CORE Network Staff, and Center for Veterinary Medicine (CVM).

[1] https://www.investopedia.com/terms/k/kaizen.asp
[2] https://www.atlassian.com/agile/project-management/lean-process-improvement

- **Federal Coordination Groups** – Federal Partners responsible for coordinating the Federal Agency's response with State and Local partners (FSIS, CDC, EPA, also see "FDA Coordination Groups").
- **Internal Communication** – Communication within a single agency; for the state, can involve regulatory, epidemiology, public health, and lab team members involved in an incident response depending on state structure.
- **Response Team** – The personnel assigned to conduct specific investigation activities and coordinate the RRT's response to an incident. These personnel will be selected from the subset of RRT member agencies or partners that will assume responsibility for the RRT response or activation. This response team may be in the form of an Incident Management Team (IMT) stood up under Incident Command System (ICS)/Unified Command, constituting a RRT activation, or could operate under a non-ICS structure that would constitute a RRT Response.
- **RRT Activation** – Agency Executives or designees approve activation of the RRT (e.g., stand up of an IMT). Actual definition and triggers for activation are determined by each RRT individually and must be properly documented in SOPs or other RRT agreements/plans. Triggers which may be considered prior to a potential RRT activation could include the number of ill persons or deaths, possibility of incident escalation, severity of the health hazard, etc.
- **RRT Auxiliary Member Agencies/Partners** – Other regulatory programs within the state (retail/restaurant inspections, raw molluscan shellfish, Grade A dairy, etc.), local health departments. This will vary and is defined by each RRT. See Chapter one of this RRT Manual (WWOA) for additional details.
- **RRT Core Member Agencies/Partners** – FDA Districts/Program Divisions, state food regulatory program, state feed regulatory program, state epidemiologist, and state laboratory. May include others, as defined by the RRT. See Chapter one of this RRT Manual (WWOA) for additional details.
- **RRT Response** – RRT response activities, other than RRT activations, to incidents with increased potential public health risk. These do not include routinely scheduled regulatory activities and may involve a broad range of incidents, including but not limited to, human illness clusters and outbreaks, human or animal food contamination incidents with no human illnesses, requests for emergency assistance from another agency, large-scale planned events, severe weather events, and other human or animal food emergencies. RRT responses are those requiring enhanced coordination, communication, subject matter expertise, and technical skills that RRT members have developed.

5.0. BACKGROUND

Effective communication is necessary for an effective and efficient response. Post-response evaluations (e.g., After Action Reports) frequently identify interagency and interpersonal communication as critical areas that need improvement for successful response. These communication challenges may prolong the time between initial notification of a human or animal food problem and implementation of effective control measures.

Communication's pivotal role in protecting public health during an incident response necessitates a pre-established communication plan to optimize use of available resources and provide for more streamlined response and recovery efforts. This chapter was developed to facilitate development and/or improvement of Communication SOPs utilized in response to human or animal food incidents. Execution of the communications model set forth in this chapter provides a coordinated, cohesive approach to communication during an incident response.

6.0. SAFETY

N/A

7.0. EQUIPMENT/MATERIALS

A communications system is comprised of a variety of communications devices. When compiling your communications equipment, consider including (or securing access to) a variety of communication methods:

- Telephones, smartphones, satellite phones, speaker microphones, portable or mobile radios
- Portable computers, mobile devices (for email and internet), fax machine, scanner
- Distribution lists, electronic alert networks, contact lists
- Document sharing sites like FoodSHIELD or SharePoint
- Secure webinar rooms and conference lines (approved for use by the specific agency/organization, and not publicly available, e.g., requiring use of a passcode or log in to access). Examples include WebEx, FoodSHIELD Adobe Connect.
- Internet connection via hotspot, local area network, etc.

8.0. PROCESS DESCRIPTION

8.1. Achievement Level 1 Assessment

To meet Achievement Level 1, your SOP should address the following basic criteria for intra-agency (internal) communication needs. It is recognized that each RRT may take a different approach to developing the SOP, and that the best practices are suggestions to allow for flexibility in the State Agency or FDA inspectorate divisions plan.

Achievement Level 1: Internal Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Approval	• Obtain approval and authority for developing communication procedures • Obtain approval of final document (e.g., leadership signature(s)) • Obtain approval for providing training on updated procedures

Achievement Level 1: Internal Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Collaboration	• Work with internal staff to ensure communication needs are addressed • Include a variety of managers, field, lab, PIO, administration, epidemiology, etc., as appropriate
Document Review	• Obtain and review relevant documents to ensure consistency with agency and national standards (e.g. routine communication procedures, RRT Best Practices Manual, CIFOR, Emergency Response Plans, NIMS/ICS sources) • Routinely (e.g., annually) review and update the SOP • Identify responsible individual(s) for reviewing and updating the SOP
Format	• Use a format (or outline) to develop a comprehensive SOP • Consider a Quality Management System format
General Techniques	• Address general communication techniques and expectations • Consider the need for group communication methods (e.g., routine conference calls, regular RRT meetings, divisional meetings) • Secure conference lines, webinar sites, document storage sites (i.e. FoodSHIELD, SharePoint) • Consider possible communication challenges during off-hours (evenings, weekends, holidays, etc.) • See attachments A, B, E, and J for more information
Legal Issues	• Ensure your SOP addresses how to store, share and protect confidential information (e.g., FOIA, HIPAA, or other protected information) • See Attachment C for more information

Notifications (Updates)	• Determine when each RRT member should be notified
	• Consider the triggers for notifications or escalated communications
	  ◦ Some RRTs have chosen to operate in a centralized manner and prefer to notify all core RRT members for all issues
	  ◦ Keeping key response partners informed on emerging issues can reduce “catch-up” time when a member becomes formally involved
	• Determine the preferred method of notification (e.g., teleconferences, phone calls, email, text, chat) based on the issue or response mode
	• See Attachments D and E

Achievement Level 1: Internal Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Notifications (or Updates) Content	• Identify basic information or documents to be included in notifications/updates • Share available information while still complying with information sharing restrictions • Consider a general notification without sensitive information, followed by an additional notification to appropriate RRT members who can receive confidential information • Include explanation if necessary (e.g., cannot rule out lab results are not confirmed and no action is required at this time) • List the next action steps, responsible entities, and timeframes • Highlight required follow-up action • Clearly identify new information • See Attachments F, G, and I
Timelines	• Establish reasonable timelines for notifications, updates, and responses • Suggested: Responses within 24 hours of notification, respond to emails/calls within one business day, etc. • The originating RRT member will notify applicable RRT members or other agency personnel of any events that could escalate, as soon as possible
Contact Lists	• Maintain contact lists that encompass core members and other agency officials • Include business and after hour contact information • Review, update, and disseminate routinely (e.g., annually) • Ensure that lists are accessible and that other internal partners know where to find them • Consider using an online platform (e.g., FoodSHIELD, SharePoint, or Outlook) for storing, updating, managing, and sharing • See Attachment H
Post-Response	• Identify procedures for conducting after action reviews and disseminating final after action reports (AARs) • After action reviews should be scheduled and conducted with response team members to summarize the incident. The RRT Manual AAR Chapter suggests that the AAR be completed within 45 days of the response. See the AAR Chapter for additional best practices on conducting after action reviews and writing AARs.

8.2. Assess to Achievement Level 2

To reach Achievement Level 2, the criteria from Level 1 should be met for intra-agency (internal) communication needs, plus additional criteria and/or best practices below for addressing inter-agency (external) communication procedures.

Achievement Level 2: External Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Level 1 Criteria	• Meet Level 1 criteria to address all internal communication needs.
Approval	• Same as Level 1
Collaboration	• Same as Level 1
Document Review	• Same as Level 1
Identification of Partners	• Identify external agencies that your agency interacts with during responses • Include epidemiology and laboratory partners (if not in the same agency) • Include other regulatory partners (e.g., local, state, tribal, and Federal) • Include non-regulatory partners like industry, academia, trade groups, etc. • Consider situations where you may need to reach out to another state • Consider grouping like agencies and communicate in a similar manner • Identify agency leads or a single point of contact to communicate with partners • Establish channels of communication and use them consistently • Utilize pre-established relationships; or develop and strengthen relationships between partners through interactions such as ongoing working groups (e.g., food safety task force), in-person trainings, and workshops
Format	• Same as Level 1
General Techniques	• Same as Level 1, plus • Secure conference lines, webinar sites, document storage sites (i.e. FoodSHIELD, SharePoint), group email boxes, video conferencing, etc. • See attachments A, B, E, J, and K for more information
Legal Issues	• Same as Level 1, plus: • Address sharing of confidential information from your agency to external partners (may include FDA information sharing agreements, see 'Legal Issues' under Achievement Level 3), or other agency-specific legal parameters.
Notifications (Updates)	• Same as Level 1, plus • Schedule routine meetings or conference calls involving State and FDA Inspectorate Division RRT members
Notifications (or Updates) Content	• Same as Level 1

Achievement Level 2: External Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Timelines	• Same as Level 1 • The originating RRT member will notify applicable RRT member agencies/partners as soon as possible of any events that could potentially escalate
Contact Lists	• Same as Level 1 • Maintain contact lists that encompass core members, partners, agencies, auxiliary member or agencies, subject matter expert (SME) agencies or partners • Include notations for numbers that cannot be further disseminated • For state contacts, include information on accessing the AFDO Directory of State and Local Officials (DSLO) (https://www.afdo.org/directories/dslo/), RRT contact lists; including a courtesy notification to the FDA Emergency Response Coordinator for awareness • See Attachment H
Alert Systems	• Identify who needs to be notified and when • Create and maintain standardized alert systems or distribution lists (e.g., local health departments, commodity groups, trade organizations, etc.) • Utilize sites that offer broad communications features (i.e. FoodSHIELD), which allow for creation of groups and automatic email/SMS texts to its members • See Attachment K
Post-Response	• Same as Level 1, plus • Consider additional reporting requirements (for example): • Foodborne illness outbreak response findings should be entered into CDC's National Outbreak Reporting System (NORS), and Environmental Assessment (EA) findings should be entered into the National Environmental Assessment Reporting System (NEARS)

Public Message	• Notify appropriate internal and external partners in advance of issuing public messages for situational awareness (e.g., internal agency partners, external agency partners [State/Local], Federal partners [e.g., public messages related to a multi-state outbreak])
	• Work with the Agency Public Information Officer (PIO), Public Affairs/Media Office or equivalent to review existing protocols and address the following:
	  • Establish standard channels of communication with media (i.e., website, telephone, etc.)
	  • Identify the steps needed to ensure timely release of information to the press or public, e.g., create press release templates or fact sheets
	  • Consider having an agency approved translation system
	  • Utilize pre-established relationships with consumer and community groups

8.3. Assess to Achievement Level 3

To obtain Achievement Level 3, the RRT should work to ensure their Communication SOP is coordinated between the state and the FDA inspectorate divisions (a similar process should be done for other RRT member agencies/partners as well). Once the RRT has a comprehensive SOP that covers internal and external communication needs, then the State and FDA inspectorate divisions should complete the following criteria jointly.

Achievement Level 3: RRT Joint Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Level 1 and 2 Criteria	• Meet Level 1 and 2 criteria to address all internal and external communication needs
Approval	• Same as Level 1 and 2, plus • Obtain permission and identify a responsible person from each agency to collaborate on a joint or coordinated communication SOP
Collaboration	• Same as Level 1 and 2, plus • Collaborate between agencies to ensure all communication needs will be addressed • Consider working through some recent incidents or plan an exercise to stimulate discussion regarding communication needs • Identify improvement areas to be addressed in the joint/coordinated SOP
Document Review	• Same as Level 1 and 2, plus • Each agency can provide a list of applicable agency documents that specifically address requirements for inter-agency communication
Identification of Partners	• Same as Level 2, plus • Identify specific divisions or groups within each agency that might be involved
Format	• Same as Level 1 and 2, plus • Decide whether your team prefers one joint set of SOPs or separate but coordinated SOPs
General Techniques	• Same as Level 1 and 2, plus • Secure conference lines, webinar sites, document storage sites (like FoodSHIELD), group email boxes, video conferencing, etc. • See attachments A, B, E, J, and K for more information
Legal Issues	• Same as Level 1 and 2, plus • Address sharing of confidential information from FDA to State agencies (Commissioning and Credentialing, 20.88 agreements) • Set schedules for maintaining, sharing, and reconciling credentialed and/or commissioned staff lists • Address confidentiality concerns and information sharing procedures relevant to other Federal agencies, such as FSIS Notice 45-16 ‘Sharing Information with State or Local Agencies, Foreign Government Officials ,and International Organizations’ • See Attachment C for more information

Achievement Level 3: RRT Joint Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Notifications (Updates)	• Same as Level 1 and 2, plus • Establish routine communication (e.g., monthly conference calls between State and FDA inspectorate divisions, quarterly Face-to Face meetings), notification methods, response communication methods, and post-response methods • Leverage routine conference calls between core RRT member agencies/ partners (or pre-determined subset) by adding standing agenda items for emerging issues • Identify a list of triggers that will require each agency to notify the other (i.e., RFR, presumptive/confirmed sample results, complaints, recall, etc.) • Use the worksheet Attachment D • Convene a special conference call with other RRT member agencies/partners to brief them on an emerging incident

Information Flow	• Identify appropriate communication chain, for example:
	  • State → FDA inspectorate divisions → Headquarters (e.g., OCORE+EP or other FDA Coordination Group) → FDA inspectorate divisions → State
	• Communications to and from FDA Coordination Groups and/or FDA representatives outside the RRT are typically made by the FDA Emergency Response Coordinators (ERC)
	  • Other Federal agencies may have similar policies in place (i.e. dedicated liaisons who serve as primary points of contact with State and Local agencies for a specific purpose) – these should be discussed in advance
	• Develop a process to notify your partners who they should contact when the primary contact is on leave or out of the office

Notifications (or Updates) Content	• Same as Level 1 and 2, plus • Identify when each Agency will need actual copies (e.g., sample reports, lab methodologies, Attachment B, and other) instead of just a summary of them • Identify when and how to alert Federal agencies (e.g., FDA, CDC, FSIS) of RRT involvement in an incident (e.g., to alert OCORE+EP about a potential multi-state outbreak investigation) for awareness and tracking purposes
Timelines	• Same as Level 1 and 2, • The originating RRT member will notify, as soon as possible, applicable RRT member, agencies, or partners of any events that could potentially escalate • Discuss response rates and limiting factors (e.g., how long does it usually take to get a response from one of the Centers, or the time needed to mobilize), to ensure reasonable expectations • Document these expectations in each agency's SOP
Contact Lists	• Same as Level 1 and 2, • See Attachment H

Achievement Level 3: RRT Joint Communication SOP	
Criteria	**Best Practices, suggestions, considerations**
Alert Systems	• Same as Level 2 • See Attachment K
Post-Response	• Same as Level 1 and 2, plus • Provide procedures for conducting joint after-action reviews and disseminating final After-Action Reports • Identify which agency will take the lead for conducting after-action reviews and disseminating final After-Action Reports
Public Message	• Same as Level 1 and 2, plus • Work towards common or coordinated press recalls (and other public messaging) to release consistent general safety messaging, participants, response details, etc., when appropriate • Consider what is necessary for joint press releases or statements. Consider messaging requirements for each agency involved • Identify agency leads to communicate with the media and serve as Public Information Officer • Consider setting up a joint information center (JIC) to streamline external communication • Consider making representatives from each of the pertinent RRT agencies available to media at designated times rather than answering media inquiries individually to ease spokesperson burdens

8.4. Assess to Achievement Level 4

Once the RRT has a joint (or collaborated) set of procedures, the RRT members must receive training and the SOPs must be utilized. This can also be conducted jointly by the applicable RRT member agencies/partners (e.g., state and FDA inspectorate divisions).

Achievement Level 4: Training and Utilization	
Criteria	**Best Practices, suggestions, considerations**
Training	• Identify RRT members who will require training • Develop role appropriate training materials to provide to team members • Conduct refresher training as needed or as new members join the team • Consider holding an exercise to reinforce the training material
Utilization	• The RRT should utilize the joint procedures during each investigation involving the RRT • Conduct After-Action Reports in accordance with the established agency's SOP • Update the SOP based on AAR findings (if necessary)

8.5. Assess to Achievement Level 5

Achievement Level 5 will ensure efficiency and continuous improvement.

Achievement Level 5: Process Improvement	
Criteria	**Best Practices, suggestions, considerations**
Review	• Review the SOP and compare it to applicable portions of National Standards (e.g., MFRPS, AFRPS, and Retail Standard 5) and Best Practices (e.g., RRT Manual, CIFOR, and others) • Conduct a Business Process Review to map the current process, identify inefficiencies, and identify possible improvements
Update	• Update as necessary based on the findings

9.0. DESIRED OUTCOMES (ACHIEVEMENT LEVELS)

9.1. Achievement Levels

The tool below is provided to help identify the status of communication SOP development and use along with its corresponding achievement level.

Do you have a Communication SOP that …				
Achievement Level 1	**Achievement Level 2**	**Achievement Level 3**	**Achievement Level 4**	**Achievement Level 5**
Is written to address internal communication needs?	Is written to address external communication needs?	Is a written collaboration or coordination with partner agencies (minimum: FDA inspectorate divisions & State)?	Is utilized in incidents or exercises regularly?	Has gone through a business process review?
___Yes or ___No	___Yes or ___No	___Yes or ___No	___Yes or ___No	___Yes or ___No

Achievement Level: Identify the status of your communication SOP. If you can check "Yes", then your Communication SOP is at the associated Achievement level. If you've checked "No", then that's where you can begin the improvement process as detailed in the following section. Further instruction, information, and criteria for each level are provided in section 8.0. of this chapter.

9.2. Process Overview

Use the criteria and best practice described in section 8.0. of this chapter and the attachments to assess and improve your RRT communication procedures. The RRT should identify everyone that may be involved in the response, what triggers would likely lead to notification of each person, and how each person will be notified. The RRTs should also select modes of communication best suited to the desired frequency and type of communication.

10.0. RELATED DOCUMENTS

Full citations are in the References Section, "List of Reference Documents," listed by author.

- Other RRT Manual Chapters: Related to most other chapters (Food Emergency Response Plan, Joint Investigations, Traceback, etc.)

11.0. REFERENCES AND OTHER RESOURCES

(Full citations are in the References Section, "List of Reference Documents," listed by author.)

- Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines for Foodborne Disease Outbreak Response (https://cifor.us/products/guidelines)
- FDA Investigations Operations Manual (IOM) (http://www.fda.gov/ICECI/Inspections/IOM/default.htm)
- Federal Emergency Management Agency (FEMA) NIMS/ICS Courses (e.g., 100, 200, 300, 400, 700, 800) https://training.fema.gov/nims/
- FSIS Directive 2620.5 'Sharing Information with State or Local Agencies, Foreign Government Officials ,and International Organizations' (https://www.fsis.usda.gov/policy/fsis-directives/2620.5)
- FSIS Webpage "Information Helpful to FSIS During Foodborne Illness Investigations" (https://www.fsis.usda.gov/wps/portal/fsis/topics/recalls-and-public-health-alerts/audience-public-health/info-for-fsis-investigations)
- FSIS Webpage "Resources for Public Health Partners: Foodborne Illness Investigation" (https://www.fsis.usda.gov/wps/portal/fsis/topics/recalls-and-public-health-alerts/audience-public-health/resources-for)
- International Association for Food Protection (IAFP) "Procedures to Investigate Foodborne Illness – 6th Edition" (http://www.foodprotection.org/publications/other-publications/)
- Multistate Foodborne Outbreak Investigations Guidelines for Improving Coordination and Communications (https://cifor.us/clearinghouse/multistate-foodborne-outbreak-investigations-guidelines-for-improving-coordination-and-communication)
- National Emergency Communications Plan (2014) (https://www.dhs.gov/national-emergency-communications-plan)
- Regulatory Procedures Manual (RPM): Chapter 8 (https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/compliance-manuals/regulatory-procedures-manual)

12.0. ATTACHMENTS

- Attachment A – Information Sharing Best Practices
- Attachment B – Meeting Etiquette and Best Practices
- Attachment C – Sharing Confidential Information Best Practices
- Attachment D – Notification Worksheet

- Attachment E – Response Modes and Associated Communication Best Practices
- Attachment F – Team Member Communication Roles
- Attachment G – Activities Conducted/Coordinated During a Response
- Attachment H – Contact List Example
- Attachment I – Early Notification Form
- Attachment J – FoodSHIELD Best Practices for States/Locals/FDA during Incidents (PFP surveillance, Response, and Post Response Workgroup)
- Attachment K – Alert Systems/System Testing

13.0. DOCUMENT HISTORY

Version #	Status*	Date	Author
1.0	I	9/26/2011	RRT Traceback WG (MI**, Minneapolis District**, MN, CA, Pacific Region, Los Angeles District, Florida District)
1.1	R	2/1/2012	ORA/OP
1.2	R	1/24/2013	ORA/OP
2.0	R	5/26/2017	MI**, IA**, ORA/OP
3.0	R	5/1/2023	ORA/OP-AFDO Compiled Revisions
4.0	R	12/1/2024	ODP-AFDO Compiled Revisions

*Status Options: Draft (D), Initial (I), Revision (R), or Cancel (C)
**Workgroup Lead

Change History

1.1 – Editorial revisions made by ORA for document clearance.
1.2 – Revisions to achievement levels (Section 3) based on recommendations from the RRT 2012 Face to Face Meeting (November, 2012).
2.0 – Revised for the 2017 Edition of the RRT Manual. Revisions to the chapter based on recommendations from RRTs.
3.0 – AFDO compilation for 2023 Edition of RRT Manual
4.0 - AFDO compilation for 2025 Edition of RRT manual. Updated FDA program names resulting from the 10/2024 FDA reorganization

Attachment A – Information Sharing Best Practices

Communication is most effective when a mutual understanding of expectations is identified during routine communications, prior to the occurrence of an incident. Below are some best practices for communication and sharing confidential information.

General Communication:

- Establish a point of contact and preferred communication method
- Use common language, including Incident Command System (ICS) terminology, and consider your audience before using acronyms to avoid frustration, especially in multi-agency communications
- Distinguish between formal and informal communication needs (e.g., written versus verbal, any communications or documents requiring a signature, etc.)
- Respond to emails, calls, and other notifications in a timely manner
- Ensure that communications reach all appropriate parties (e.g., include field level if they've been involved, include upper management as requested, etc.)

Conference calls: Conference calls are extremely helpful during investigations to ensure that accurate, timely information is shared among all agencies that need to know.

- Often initiated by a local, state or Federal agency, usually hosted by CDC, FDA or a state.
- Several calls may occur on any given day (traceback group, epidemiology group, etc.) to discuss various factors affecting or guiding the response.
- Conference call best practices include:
    - Remind participants of any confidentiality requirements, as needed.
    - Provide call in information to participants early enough to ensure they can attend and the meeting can start on time
    - Provide an agenda so participants can be prepared
    - Announce who you are before speaking (e.g., name, organization)
    - Mute phones to cut down on background noise
    - Leader or facilitator takes charge, explains the purpose of the call, reviews ground rules
    - Get everyone involved (call on those not speaking up)
    - Focus on the call and avoid distractions
    - Adhere to the agenda and redirect participants back to the focal subject when needed
    - Avoid longer-than-necessary calls
    - Provide time for questions and answers (usually 5 minutes at the end will suffice)
    - End the call, thank participants, provide information for the next meeting
    - Follow up phone call conversation with a summary email (e.g., incorporate conference call information into the next Situation Report (SitRep) to ensure awareness among appropriate response partners)

Effective Email: Provide a concise written summary of an emerging or existing incident to other RRT member(s).

- Establish Distribution List (groups)
- Include a meaningful and consistent subject line (include the incident name, pathogen name, or other identifying information).
- Keep the message focused and identify the purpose of the email to provide situational awareness (e.g., FYI vs. Action required).
- Identify the importance or level of urgency (flag email)
- Include a summary, don't just forward a long email chain to a new recipient
- Proofread and keep it simple
- Don't assume privacy, protect confidential information

Incident Communication:

- Set up a routine for communication during an incident so participants, leaders, press, and others know what and when to expect messaging and updates (e.g., tactical plans or SitRep meetings taking place at the same time each day). This is important to facilitate greater participation from agency leaders with decision-making authority.

Attachment B – Meeting Etiquette and Best Practices

Below are some details on factors to consider for conference calls. In general, it is best to ensure ground rules are clearly established (in writing when possible) among all those who may be participating in joint meetings.

A. General Approach

1) Ensure all participants are aware of meeting plans and receive all relevant call-in information ahead of time.
2) Provide an agenda in advance.
3) Notify all relevant parties of their possible involvement as soon as possible to allow time for preparation.
4) Discuss and establish allotted time with each speaker.
5) Identify who will provide a summary of key points (e.g., investigational directions) or details (e.g., sample results) for the meeting.
6) Ensure all participants are aware of what to expect and what is expected of them on the call (e.g., listening only, provide reports).

B. Meeting Order

1) Have a pre-identified moderator.
2) Follow established agenda. New topics raised may be added to the end of the agenda if time allows.
3) Preallocate an amount of time for each speaker based on topic relativity to the incident and duration of meeting.
4) Be flexible with amount of time allotted and speaker arrangements as situations may change with incident progression.
5) Limit time spent on roll call.

C. Discussion Etiquette

1) Don’t interrupt speakers.
2) Determine if information is pertinent to the group before speaking.
3) If the meeting turns into a discussion between a few participants centered on details that the rest of the participants do not need to hear, the moderator should quickly suggest they move their discussion offline to prevent taking up too much time on the agenda.

Attachment C – Sharing Confidential Information Best Practices

RRTs must be cognizant of information sharing regulations at the federal, state, and local levels and identify effective ways to work with the needs and restrictions of their partners. The following webpage provides details on information sharing under FDA commissioning and information sharing agreements: https://www.fda.gov/ForFederalStateandLocalOfficials/CommunicationsOutreach/default.htm.

- Information Sharing Agreements: RRTs must have the appropriate information sharing agreements (See federal regulations 21 CFR 20.88 and 20.91) in place prior to an incident, for example:
    - Memo of Understanding
    - Credentialing
    - Commissioning
    - Long term single-signature information sharing agreements (20.88s)
        - An emergency 20.88 (one time use) is obtained during an event and the proposed recipient of the information does not have the proper information sharing agreements in place (reach out to fdainfoshare@fda.hhs.gov, and the FDA inspectorate divisions may be able to assist in facilitating this process).
        - Information for long term and emergency 20.88s can be found by contacting the Division of Information Disclosure (DID) at fdainfoshare@fda.hhs.gov.

- Maintain Lists: Identify local and state level individuals and/or jurisdictions with information sharing agreements so FDA inspectorate divisions will know with whom they can share information.
    - Routinely reconcile the State list with the FDA list to ensure correct identification of those with commissioning, credentialing, or 20.88.
    - A database of agencies with current long term single signature 20.88s is publicly available: https://www.accessdata.fda.gov/scripts/sda/sdNavigation.cfm?sd=singlesignaturefood.
    - The FDA inspectorate divisions also maintains a real time database of commissioned officials and agencies under a 20.88 agreement (note: this is an internal FDA website and non-FDA personnel will not be able to open/access it): http://intranetappslb.fda.gov/scripts/SDA/sdNavigation.cfm?sd=commissionedpersonnel

- Disseminating Information:
    - Non-public information shared with State agency personnel under a 20.88 or FDA commission cannot be further disclosed without written permission from FDA (https://www.fda.gov/media/71888/download).

        - This should be taken into consideration during inter-RRT information sharing events (even if both state agencies have a 20.88 agreement in place).
- Questions:
    - Questions about commissioning: FDA ORA Office of Partnerships (Statecommissioning@fda.hhs.gov)
    - Questions about 20.88s: FDA OII/OFOR/Office of Field Regulatory Operations (OFRO) fdainfoshare@fda.hhs.gov

Attachment D – Notification Worksheet

Each RRT should jointly complete this worksheet to help determine when each participant should be notified during each situation.

Whom to Engage/Notify (for Situational Awareness, Coordination of Response Activities, etc.)				
Situation (use these examples below or add your own)	**RRT Core Member** (FDA inspectorate divisions, Food Program, Feed Program, epi, lab)	**RRT Auxiliary Member**	**FDA Coord. Groups** (OCORE+EP, OFOR/ORES, CVM); **Other Federal partners** (FSIS, CDC, EPA)	**Law Enforcement** (State or FBI)
Example: Local cluster(s) of suspected foodborne/waterborne illness detected	(A) *P N*	*A* (P) *N*	*A P* (N)	*A* (P) *N*
Local cluster(s) of suspected foodborne/waterborne illness detected	A P N	A P N	A P N	A P N
Clusters across multiple counties, cases dispersed throughout state, or cases with matching serotype/subtype/PFGE/WGS; Human or animal food product or water suspected or implicated	A P N	A P N	A P N	A P N
Clusters detected in multiple states; Human or animal food product or water suspected or implicated	A P N	A P N	A P N	A P N
An outbreak occurs on an international or interstate airplane, bus, train, or vessel	A P N	A P N	A P N	A P N
Emerging/unusual consumer complaint trends/investigations that may escalate	A P N	A P N	A P N	A P N
A pathogen, chemical, or pesticide is detected in a human or animal food product (especially if imported, previously implicated in multi-state outbreak, unusual/virulent contaminant, prepackaged,	A P N	A P N	A P N	A P N

interstate commerce, regulated by RRT core or auxiliary member agency/partner)				
Microbiological/Chemical/Other human or animal food testing by regulatory agency prompts recall	A P N	A P N	A P N	A P N
Illness or positive sample prompts major recalls requiring significant resources to effectuate	A P N	A P N	A P N	A P N
Intentional contamination of human or animal food item is suspected or implicated	A P N	A P N	A P N	A P N
Circle: **A**: for always notify; **P:** Possible notification based on likely involvement; **N:** Not for this situation.				

Attachment E – Response Modes and Associated Communication Best Practices

Each RRT may vary slightly and should decide jointly how heightened communication will best serve the team. Below are some best practices and suggestions.

Leadership deliberation for RRT response/activation:

- Determine involvement based on your RRT structure
- Convene heightened communications and information sharing to ascertain more information/monitor the situation
- Be transparent and engage lead representatives from core RRT member agencies/partners

Leadership decides to activate (or not):

- Hold a conference call (or meeting) for RRT leaders to determine whether RRT response is warranted
    - Use standard/dedicated conference call numbers. Send an Outlook e-invite, e-mail, or other notification of the meeting as soon as possible
    - Focus on discussing/assessing factors directly aligned with the RRT's triggers for response or activation
- Determine structure/form of response, based upon established triggers
- Assign RRT member agencies/partners responsibility for leading the RRT response/activation
    - Assess available resources and the scope of the response activities to determine the leadership and format of the response (e.g., full activation, joint response/non-ICS, or one RRT member agency/partner leading with assistance from other(s)

RRT Response/Activation is warranted (follows ICS chapter):

- RRT members (core and auxiliary) are notified of:
    - Impending response
    - Persons filling ICS Command and General Staff positions, if activated
    - How to obtain updates
    - Changes to the response status
    - Critical meetings/conferences
    - The need to continue normal operations with readiness for immediate response
    - The need to be prepared for travel, if needed
- RRT will provide information to the responsible FDA Coordination Group (through the FDA Emergency Response Coordinator), or other Federal agency, as applicable

Response or Activation Mode:

- Conduct a conference call to review: documented firm inspection history; nature of problem; summary of laboratory and/or epidemiological findings, source of information; and facility registration checks; and other information as applicable/available
- Provide a mechanism for centralized storage/sharing of documents and other communications among response team members (e.g., a FoodSHIELD Workgroup). See Attachment J (PFP FoodSHIELD Best Practices)
- Provide updates and share summaries of accomplishments with all relevant players on a routine, pre-established schedule throughout the response
    - If activated, follow the ICS "Planning P" for all operational periods

- Ensure key staff from RRT member agencies (especially those not actively/directly involved in the incident response team) are aware of RRT activities and know where to direct any questions they may receive regarding the incident. Keeping key response partners informed can reduce “catch-up” time when a member becomes formally involved

Demobilization and Post Response:

- After demobilization, the team will return to normal communication
- RRT will conduct hotwash/debrief/after action review and finalize after action reports or other final reports

Attachment F – Team Member Communication Roles

This attachment briefly describes the roles and responsibilities of various team members as it pertains to communication. Communication with each team member is essential to any multi-agency response.

- Epidemiologists:
  - Included when human illnesses are involved
  - Epidemiology ("Epi") variables: clinical specimen collection, food history, illness onset date/time, symptoms, incubation period, illness duration, epidemiologic data analysis
  - When applicable, designate an epi liaison to improve the efficiency and accuracy of communication, and to:
    - Coordinate collection of clinical specimens to be transported to the laboratory
    - Coordinate epi data collection and perform data analysis/interpretation
    - Disseminate epi data conclusions to guide the investigation and further sampling
    - Act as consultant for epi data collection and analysis procedures
- State Veterinarian:
  - Included when animal illnesses are involved
  - Responsible for conducting animal illness investigations
  - Veterinary variables: animal specimen collection, necropsy results, feed and environmental sample collection, illness onset date/time, clinical signs, incubation period, illness duration, knowledge of potential exposures and husbandry practices, epi data analysis
  - When applicable, designate a veterinary liaison to improve efficiency and accuracy of communication, and to:
    - Coordinate collection of specimens/samples to be transported to appropriate lab
    - Coordinate collection of data and lab results and perform analysis/interpretation
    - Disseminate conclusions as appropriate to guide the investigation
    - Act as consultant for specimen/sample collection and analysis procedures
- Laboratorians:
  - Included when laboratory testing is or may be required to respond to the incident; note that different laboratories may be required for different testing needs, depending on the capabilities and capacity of the laboratories within your State
  - Laboratory ("Lab") variables: lab capacity, type of analyses to be performed, timeframe (when to expect sample results), sample scheduling, and expertise
  - When applicable, designate a lab liaison (especially when the field investigatory team is working with multiple labs) to ensure effective communication of lab information to overall operations, and to:
    - Coordinate transport to the laboratory and receipt of samples upon arrival

    - Ensure that all laboratories have adequate resources to perform analyses
    - Act as consultant for sampling procedures
    - Interpret findings and/or testing results to guide the investigation and further sampling
- Liaison Officer: Centralize and streamline communications with agency representatives who require updates on response activities and assist in coordinating resource needs with the participating agencies.
    - Task a response team member with these duties in RRT Responses (short of IMT stand-up)
    - Note: The FDA Emergency Response Coordinator must serve as the liaison officer or equivalent for communications between FDA Coordination Groups and the response team.

Attachment G – Activities Conducted/Coordinated During a Response

Below are examples of investigation and response activities. Communication SOPs should address sharing findings and outcomes from these activities (e.g., to whom, when, and how are updates shared).

Regulatory	Epidemiology (Animal and Human Health)	Laboratory (public health or regulatory)
POTENTIAL HUMAN OR ANIMAL FOOD INVESTIGATION ACTIVITIES ~Provide incident reports/updates (within RRT and externally)		
• Conduct joint inspection, investigations, or environmental assessment ~Share significant findings • Conduct food, feed, and Env. Sampling ~Notify whether incoming samples are associated with an outbreak/incident, routine, or part of a special-project ~Share results of presumptive positive (cannot rule out) or confirmed positive samples tested at local, state, or federal labs. • Provide situational awareness to law enforcement officials • Conduct traceback/traceforward (informational or regulatory) ~Share notable progress. • Conduct Criminal investigation	• Detect clusters of notable epi interest indicating common human or animal food vehicle • Create case definition • Conduct Patient interviews ~Share specifics of the human or animal food vehicle: product info, purchase dates, consumption date, purchase locations, sell-by/best if used by dates. • Conduct data analysis & analytical studies as needed ~Share results of epi analysis • Coordinate clinical specimen collection ~Notify lab of incoming outbreak-associated specimens. • Contribute to or assist with criminal investigation	• Conduct Clinical sampling ~Share serotype, subtype, WGS or PFGE clusters (either in-state or matching in other states) • Conduct Food, Feed, Env. Sampling ~Share recommendations (e.g., volume, types) ~Share sample results (e.g., microbiological and PFGE/WGS or other subtyping, chemical, necropsy, tissue residue, other) • Contribute to/assist with criminal investigation
POTENTIAL CONTAINMENT AND CONTROL ACTIVITIES ~Provide incident reports/updates (within RRT and externally)		
~Provide public notification • Continue Food, Feed, Environmental Sampling • Recall products ~Provide product information for possible press release	~Public notification • Issue prophylaxis • Conduct ongoing surveillance and investigation of cases ~Share potential for ongoing exposure	• Continue Food, Feed, and Env. Sampling ~Share sample results

• Recall effectiveness assessment ~Share effectiveness determination of the recall • Seizure, embargo, withdrawal, stop sale • Issue Import alert • Close/limit facility • Conduct enforcement actions (other) • Enforce public health law/regulations • Control secondary spread	• Control secondary spread	

POTENTIAL DISPOSAL AND DECONTAMINATION ACTIVITIES ~Provide incident reports/updates (within RRT and externally)		
• Conduct Hazard assessment • Characterize waste • Select Disposal method • Conduct Environmental sampling ~Public notification (as appropriate)	~Public notification (as appropriate)	• Conduct Environmental sampling • Conduct Finished product sampling
~ Represents specific opportunities for information sharing between disciplines (regulatory, epi, lab)		

Attachment H – Contact List Example

It is vital to maintain a contact list for notification to staff in state, federal, and local agencies. It is important to keep this list updated so that it is accurate when needed. This information should be reviewed on a semi-annual basis by the State RRT Coordinator and the FDA Emergency Response Coordinator, with updated contact information disseminated to recipients of the RRT's Communications SOP.

An excel file template of such a contact list is available upon request to FDA Office of Domestic Partnerships (ODP.Feedback@fda.hhs.gov) and is posted in the RRT Workgroup in FoodSHIELD[3]. A screenshot of each tab of the excel file is provided within this attachment, as not all states are structured similarly. Modification of this template is likely needed to meet the needs of individual RRTs.

RRT Communications SOP Contact List Example -- Introduction

It is important to maintain a current list of contact information for notification to staff in state, federal, and local agencies. This is an example template for identifying and maintaining that information. However, a spreadsheet or document list may not be the sole or best way to store and updated this information. For example, several agencies publish their staff directories on web sites. Using these directory web site URLs may reduce redundant list creation.

Regardless of how the contact information is stored, this information should be reviewed on a semi-annual basis by the State RRT Coordinator and the FDA District Emergency Response Coordinator and updated contact information should be disseminated to recipients of the Communications SOP.

After Hours/Emergency Contact

Agency	Department	Emergency or 24/7 Phone	Notes/Instructions
State Agriculture	All		State Duty Officer
State Health			
FDA			
Local Health [City, County, etc.]			
FBI			

State Agriculture

Name	Title	Agency	Office Phone	Cell Phone	24/7 Contact	Email
	Rapid Response Team Supervisor					
	Food Program Manager					
	Food Supervisor					
	Dairy Program Manager					
	Meat, Poultry, & Eggs Program Manager					
	Feed Program Manager					
	Compliance Supervisor					
	Communications/Public Information Officer					
	Emergency Planning Director					
	Legal Advisor					
	IT Staff					
	Outreach/Community Relations Coordinator					

[3] Closed workgroup only accessible to RRTs: RRT Program Workgroup, Folder: Best Practices Manual, Subfolder: 2017 Edition FINAL, Subfolder: RRT BPM Supplemental Resources

	A	B	C	D	E	F	
1	**State Health**						
2	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3		Epidemiology Supervisor					
4		Environmental Health Supervisor					
5		Communications/Public Information Officer					
6		Legal Advisor					
7		IT Staff					
8		Outreach/Community Relations Coordinator					

	A	B	C	D	E	F	G
1	**Laboratory**						
2	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3		Food Laboratory Supervisor					
4		Clinical Laboratory Supervisor					
5		Laboratory Receiving					

	A	B	C	D	E	F	
1	**FDA**						
2	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3		FDA District Director					
4		FDA District Director of Investigations					
5		FDA Special Assistant to the District Director					
6		FDA District Emergency Response Coordinator					
7		FDA District Director of Compliance					
8		FDA District Recall Coordinator					
9		FDA District State Program Coordinator					
10		FDA Regional Office					
11		FDA HQ CFSAN					
12		FDA HQ DFSR					
13		FDA HQ Office of Emergency Management					

	A	B	C	D	E	F	
1	**USDA**						
2	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3		FSIS District Manager					
4		FSIS Public Health & Epi Liaison (AES)					
5		FSIS OIEA Investigator					
6		APHIS					
7		AMS (grading)					

	A	B	C	D	E	F	
1	**FBI & Law Enforcement**						
2	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3		FBI Regional Director					
4			State Highway Patrol				
5			[County/City] Law Enforcement				

	A	B	C	D	E	F	
1	**Local Health**						
2	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3			[County, City, Tribal] Public Health Dept.				

	A	B	C	D	E	F	
1	**Industry or Firm Contacts**						
2	**Name**	**Title**	**Company**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3							
4							

	A	B	C	D	E	F	G	
1	**Subject Matter Experts**							
2	**Subject**	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3	Dairy							
4	Dry Milk Processing							
5	Feed							
6	RTE Food							
7	Nuts							
8	Toxicology/Environmental Chemistry							
9	Environmental Sampling							
10	Meat and Poultry							
11	Eggs (in-shell, processed)							

	A	B	C	D	E	F	G	
1	**Commodity-Specific List for Information Sharing**							
2	**Subject**	**Name**	**Title**	**Agency**	**Office Phone**	**Cell Phone**	**24/7 Contact**	**Email**
3	**Dairy**		Division Director					
4			Dairy Association Contact	ADADC (Midwest)				
5			USDA-FSIS Contact					
6								
7	**Feed**		Feed Inspections Manager	Animal Health				
8			State Veterinarian					
9								
10	**etc...**							

Note some other useful directories:

1. Association of Food and Drug Officials Directory of State and Local Officials - Public directory of state and local regulatory officials involved with food, animal feed, animal health, and food defense functions. https://www.afdo.org/directories/dslo/
2. FoodSHIELD Contacts Directory (under “Apps”) – Secure directory (for FoodSHIELD account holders) of FoodSHIELD membership. https://www.foodshield.org

Attachment I – Early Notification Form

Consider using the template below or develop your own as an RRT to ensure consistent communication that meets the entire team's needs.

<table>
<tr><td colspan="4">State of _____
Multi-jurisdictional Illness Outbreak
Early Notification Fax/Email Template (DRAFT)</td></tr>
<tr><td rowspan="3">Date:</td><td>To:</td><td colspan="2">Fax:</td></tr>
<tr><td>cc:</td><td colspan="2">Fax:</td></tr>
<tr><td>cc:</td><td colspan="2">Fax:</td></tr>
<tr><td>Date LHD first notified:</td><td colspan="3" rowspan="2">State notifications sent to:
☐ Food & Dairy Division, FOODBORNE CONTACT Fax: XXX-XXX-XXXX
☐ Communicable Disease Division FOODBORNE CONTACT Fax: XXX-XXX-XXXX
☐ Other</td></tr>
<tr><td>County of Exposure:</td></tr>
<tr><td></td><td>From:</td><td colspan="2">Phone:</td></tr>
<tr><td colspan="4">This is an early warning/notification on an investigation we are conducting. The information contained in this notice should be considered preliminary and confidential. This information should not be shared or distributed without permission from the sender. If you have similar cases, please notify us and other appropriate agencies immediately.
The _____ Health Department is currently investigating an outbreak that is suspected to be
☐ Foodborne
☐ Waterborne
☐ Of unknown source/vehicle</td></tr>
<tr><td colspan="2">Number of cases: _____</td><td colspan="2">Number of clusters: _____</td></tr>
<tr><td colspan="2">Earliest onset time/date, if known: _____</td><td colspan="2">Latest onset time/date, if known: _____</td></tr>
<tr><td colspan="4">Incubation: _____ ☐ Hours ☐ Days</td></tr>
<tr><td>Main symptoms:</td><td>Pathogen/Agent:</td><td colspan="2">☐ suspected
☐ confirmed</td></tr>
<tr><td>Food/Water Product(s):
☐ Suspected
☐ Confirmed</td><td>Suspected Place(s) of Exposure:</td><td colspan="2">Date(s) of Exposure:</td></tr>
<tr><td colspan="4">Details:</td></tr>
</table>

Attachment J – Partnership for Food Protection Best Practices for Improving Communication (PFP Surveillance, Response, and Post Response Workgroup).

RRTs should jointly review this attachment to ensure that each RRT member understands proper communication procedures when FDA OCORE+EP is involved.
https://www.fda.gov/media/119166/download

Attachment K – Alert Systems/System Testing

1. Alert Systems
    1.1. General
        1.1.1. Purpose: Establishing an alert system (electronic, phone tree, etc.) beforehand ensures that needed information is shared to all appropriate parties as quickly as possible.
        1.1.2. Communication elements to consider:
            - Modes of communication: telephone (text or voice; landline, cell phone, satellite, etc.); fax; email (email in Outlook/other, email to a secure machine); web-based (instant message, websites, web portals), walkie talkie, HAM radio, etc.
            - Distribution process: call center, agency staff (management, field operators, etc.), volunteer program, and electronic system.
            - Distribution list: OCORE+EP/leadership, RRT staff, agency staff, partner agencies, community, and media.
            - Timing: Simultaneous blast or tiered/serial notification. (Need to determine frequency of notification.)
            - Content: Process for the development of the notification and clearance processes.
    1.2. Examples
        1.2.1. Health Alert Network (HAN):
            - The Health Alert Network (HAN) is a nationwide information and communication system that is available to any state or territory. The HAN is a platform for the distribution of health alerts and prevention guidelines, distance learning, national disease surveillance and electronic laboratory reporting, and other initiatives to strengthen state and local preparedness. (Contact your state HAN coordinator to access the HAN user guide for the state.)
        1.2.2. Local Area Networks (LAN)/Virtual Private Network (VPN):
            - These are computer networks with limited access (e.g., only internal state network, computer network at a single site (LAN)) that can be used during an incident when a certain response (e.g., state emergency operations center (EOC)) is activated. VPN serves a similar purpose as LAN, but it allows for internet connectivity and network access almost at any locations and serves as a more feasible option for those that work away from their duty stations. Both are secure systems for email communication and helps facilitate activities such as submitting daily reports to the EOC.
2. Systems Testing:
    2.1. Agencies should conduct periodic tests (e.g., quarterly) of the electronic system to:
        - Check for any technical glitches.
        - Test language development/approval process.
        - Test clearance process.
        - Ensure contact lists are updated.

- Document results of the tests and implement corrective measures, as appropriate.