

# RRT BEST PRACTICES MANUAL



*Key Components of Effective Rapid Response  
for Food and Feed Emergencies*

## Rapid Response Teams

2025 VERSION

# INTRODUCTION

## 1.0. Purpose of the RRT Best Practices Manual

The Rapid Response Teams (RRT) Best Practices Manual provides a set of concepts, definitions, tools, and examples that organizations can use to incrementally develop core emergency response capabilities<sup>1</sup>

Examples of uses of this RRT Manual include:

1. Identifying areas of achievement and improvement by comparing Manual-described practices to existing program elements.
2. Utilizing RRT Manual plans and procedures in actual emergency responses or exercises and sharing lessons learned to revise and improve the program and Manual.
3. Integrating these best practices into relevant initiatives and frameworks (e.g., Manufactured Food Regulatory Program Standards (MFRPS), Voluntary National Retail Food Regulatory Program Standards (VNRFRPS), Animal Feed Regulatory Program Standards (AFRPS), Produce Regulatory Programs, etc.).

## 2.0. Background

In 2008, the FDA initiated a cooperative agreement with nine states across the country to develop pilot food protection Rapid Response Teams (RRTs). These pilots worked to improve food program infrastructure; strengthen collaboration among local, state, and federal partners; and create fully integrated and sustained response capabilities for food emergencies. From the work of these pilots and successive RRT states that had joined the program over the years, the RRT Best Practices Manual was developed as a culmination of evolved response knowledge and experiences from a multitude of state and federal agencies, public health organizations, academia, and other key partners, past and present.

## 3.0. Audience of the RRT Manual

The RRT Best Practices Manual is a compilation of best practices, created by members of the RRT Program for use by state human and animal food regulatory programs wishing to develop and enhance existing integrated, multi-jurisdictional response capabilities.<sup>2</sup> This current volume more heavily reflects the cumulative experiences and perspectives of state food regulatory partners in a food emergency

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<sup>1</sup> This is a working document that will be updated over time based on feedback and other external changes (e.g., policy).

<sup>2</sup> This Manual is written with the assumption that readers have a basic understanding of human and animal food safety and defense and emergency response terminology and principles.

response, as the primary participants engaged in the RRT Program.<sup>3</sup> Representatives from participating organizations and agencies (e.g. national associations) have updated chapter content as it relates to recently finalized rules, newly released guidance, and experience gleaned from response work. Future editions of this manual will further incorporate perspectives of the many different partners in food emergency response.

The concepts in this manual can also be translated for application in other disciplines and jurisdictions (secondary audiences). Such secondary audiences include non-RRT state, local, and tribal agencies with responsibilities related to all-hazards human and animal food emergency response and/or environmental investigations as part of a response effort, as well as public health agencies involved in epidemiologic and laboratory investigations as part of a food contamination incident. These secondary audiences represent entities that should be part of the RRT, and thus would benefit from an understanding and implementation of the best practices described in this manual.

Though not the target audience, this manual offers transparency to industry and consumers on best practices for all-hazards human and animal food emergency response that may be adopted by RRTs. Additionally, industry may find this manual useful from a situational awareness standpoint as they interact with RRTs or other public health/regulatory agencies when a product they produce is found to be contaminated or linked to a foodborne illness or outbreak.

Membership in an RRT (funded through the FDA RRT Cooperative Agreement or otherwise) does not in any way obligate or otherwise indicate that an RRT or any of its member agencies/partners have implemented the entire contents of the RRT Best Practices Manual.

## **4.0. How to Use the RRT Manual**

### ***How to Approach Each Chapter***

Each chapter in this manual describes a key component in a food emergency response program, including both summary information (desired outcomes and steps needed) and detailed descriptions and tools. While these chapters can be reviewed as stand-alone topics, the RRT's have demonstrated that these best practice components are interrelated elements of a broader response program.

Each chapter begins with "Achievement Levels" that identify various capacity levels. These are included so that interested parties can work jointly with their food emergency response partners toward a targeted "Achievement Level" that is appropriate for their circumstances.

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<sup>3</sup> Although this focuses on one set of participants, other partners such as industry, federal groups (e.g. the Federal Emergency Management Agency), local jurisdictions, etc. are often involved in these responses.

### ***Which Chapter First?***

The first chapter of the manual, “Working with Other Agencies,” should be utilized before any other chapters because it identifies the foundational collaboration needed for effective response capabilities. Effectively working with partner agencies prevents the “silo effect” and duplication of efforts. Establishing strong partnerships early on ensures identification of priority needs, optimizes leveraging of resources, prevents future conflict, and benefits all parties involved.

Following application of the “Working with Other Agencies” chapter, readers can choose to assess their programs in all the chapters to identify a priority area of need. Alternatively, they may also simply select chapters of value for their programs.

### ***What are Some Key Considerations?***

Agencies working to enhance their human and animal food emergency response capabilities should do so within the context of all-hazards preparedness and response capability development. Some key national concepts for these are the following:

- The National Response Framework (NRF) presents the nation’s guiding principles for all-hazards preparedness and domestic incident response. The online NRF Resource Center provides extensive resources guidance. (<https://www.fema.gov/national-response-framework>)
- The National Preparedness Guidelines address how agencies nationwide should pursue risk-based capacity development. (<https://www.dhs.gov/national-preparedness-guidelines>)

This manual is most effective when used along with other tools for partnership-building (e.g. Food Protection Task Forces) and food program and process improvement (e.g. Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines and Toolkit).

### ***What are the “Achievement Levels”?***

Chapters of the RRT Manual identify “Achievement Levels,” which can be used to informally assess existing capacities and to identify tiered steps for improvement. Initial assessment is important and will help clarify which elements of the chapter are relevant to a program. (For example, “advanced components” of a capability would not be relevant to programs in early stages of their development.) Following the assessment, each program can then identify an improvement plan that focuses on the specific activities needed to achieve the (next) desired capacity level. State resources and food program risks vary significantly across the country, based on different types of commodities (e.g. fresh produce versus shellfish) or geographic factors (e.g. natural disasters, ports, food and agriculture infrastructure within each state). These Achievement Levels can improve the helpfulness of the information in the RRT Manual and inform a program’s risk-based capacity development efforts. In the future, the application of these capacity levels may help to characterize associations between response capabilities and public health outcome (e.g. illnesses averted).

## **5.0. Summary of Changes in the 2025 Edition**

The RRT Manual was first issued in 2012 and consisted of seven Chapters (Working with Other Agencies, Food Emergency Response Plans, Communication SOPs, Incident Command System, Training, Tracebacks, and Joint Inspections & Investigations). The 2<sup>nd</sup> Edition of the RRT Manual was issued in 2013 and added seven new Chapters (Cooperative Programs, Industry Relations, CIFOR, Environmental Sampling, Recalls, After Action Reviews, and Metrics). The 3<sup>rd</sup> Edition of the RRT Manual was issued in 2017 and added one new Chapter (Exercises). This 4<sup>th</sup> Edition of the RRT Manual, issued in 2025 will feature significant revision of the following Chapters to address changes in best practices since the original issuance: Working with Other Agencies, CIFOR, Industry Relations, ICS, Tracebacks, Food Recalls, and Cooperative Programs. Additionally, three new draft Chapters (RRT Coordinators, Go-Kits, and Environmental Assessments (EA)/Root-Cause Investigations (RCI)) will be made available to the RRT Program participants, upon completion and request.

## **6.0. Future Plans for the RRT Manual**

The RRT Manual will be updated periodically, as needed, with new chapters and revised content. The RRT Manual may also expand to better address different levels of government, different sectors, commodities, phases of response, communications, threats/hazards, etc., as deemed necessary and appropriate by the RRT Program.

## **7.0. Acknowledgement**

The development of the Rapid Response Team Best Practices Manual 4<sup>th</sup> edition was made possible through the collaborative efforts and expertise of numerous individuals and organizations committed to improving the integrated food safety system and food-related emergency responses. Each chapter was written by an RRT workgroup consisting of multiple RRT states and supporting FDA staff. Contributing members:

- State Rapid Response Teams
  - Arkansas Department of Health – Arkansas Rapid Response Team (AR RRT)
  - Arizona Department of Agriculture – Arizona Rapid Response Team (AZ RRT)
  - California Department of Public Health (CDPH) – California Rapid Response Team (CalFERT)
  - Georgia Department of Agriculture (GDA) – Georgia Human and Animal Food Rapid Response Team (GA RRT)
  - Connecticut Department Consumer Protection (DCP) – Connecticut Rapid Response Team (CT RRT)

- Iowa Department of Inspection & Appeals (DIAL) – Iowa Rapid Response Team (IA RRT)
- Indiana Department of Health – Indiana Rapid Response Team (IN RRT)
- Kansas Department of Agriculture (KDA) – Kansas Rapid Response Team (KS RRT)
- Kentucky’s Cabinet for Health Services – Kentucky Rapid Response Team (KY RRT)
- Massachusetts Department of Public Health – Massachusetts Rapid Response Team (MA RRT)
- Maryland Department of Health – State of Maryland Rapid Response Team (SMarRRT)
- Michigan Department of Agriculture and Rural Development (MDARD) – Michigan Rapid Response Team (MI RRT)
- Minnesota Department of Agriculture – Minnesota Rapid Response Team (MN RRT)
- Missouri Department of Health & Senior Services – Missouri Rapid Response Team (MRRT)
- Pennsylvania Department of Agriculture (PDA) – Pennsylvania Rapid Response Team (PA RRT)
- Rhode Island Department of Health – Rhode Island Rapid Response Team (RI RRT)
- South Carolina Department of Agriculture – South Carolina Rapid Response Team (SC RRT)
- Tennessee Department of Health – Tennessee Rapid Response Team (TN RRT)
- Texas Department of State Health Services (DSHS) – Texas Rapid Response Team (TRRT)
- Utah Department of Agriculture – Utah Rapid Response Team (UT RRT)
- Virginia Department of Agriculture and Consumer Services (VDACS) – Virginia Rapid Response Team (VA RRT)
- Washington Department of Agriculture – Washington Rapid Response Team (WA RRT)
- Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) – Wisconsin Rapid Response Team (WI RRT)
- West Virginia Department of Health and Human Resources – West Virginia Foodborne Illness Rapid Response Team (WV RRT)
- U.S. Food and Drug Administration
  - Human Food Programs
    - Office of Integrated Food Safety System Partnerships (OIFSSP)

- Office of Domestic Partnerships (ODP) – Division of Domestic Partnership and Integration (DDPCI) and Division of Domestic Partnership Investments (DDPI)
  - Office of Retail Food Protection (ORFP) – Division of Retail Food Protection Policy, Research & Risk Assessment, and Division of Retail Food Protection Implementation (RFPI)
- Office of Emergency Operations (OEO) – Office of Emergency Response (OER)
  - All Field Emergency Response Coordinators (FERCs)
  - All Senior Emergency Response Coordinators (SERCs)
- Office of Coordinated Outbreak Response, Evaluation & Emergency Preparedness (CORE+EP)
- Office of Inspections and Investigations (OII)
- Office of Training, Education and Development (OTED)
- Office of Imports Operations (OIO)
  - Office of Animal Food Inspectorate (OAFI) – all divisions
  - Office of Human Food Inspectorate (OHFI) – all divisions
- Center for Veterinary Medicine (CVM)
- Other divisions/positions of those who participated (State Liaisons, Human Foods Program Compliance, FDA Subject Matter Experts)
- U.S. Centers for Disease Control and Prevention (CDC)
  - Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) – Office of Program Support, Coordination, and Implementation (OPSCI)
- U.S. Department of Agriculture
  - Food Safety and Inspection Service (FSIS)
  - Animal and Plant Health Inspection Service (APHIS)
- Association of Food and Drug Officials (AFDO)

This is not, in any way, an all-inclusive list of all the contributors, and we sincerely appreciate the work and commitment of those who have made this possible.