**FOOD BORNE ILLNESS OUTBREAK NOTIFICATION PROCEDURES**

**Definition of a foodborne illness outbreak:-**

A suspected foodborne illness outbreak occurs when two, or more non-related, persons allegedly become ill from consuming food served during the same meal period, function, or event. When this illness is due to either an inadvertent food allergy or to botulism poisoning then only one person needs to get sick.

1 A situation in which an allergic response would not be considered inadvertent is if a guest who has experienced a reaction to a food ingredient, but chooses to order a meal identified as containing that ingredient and has an allergic reaction (i.e. a guest has an allergic reaction to shrimp scampi and acknowledges allergy to some shellfish). On the contrary, a guest who orders fried catfish and experiences an allergic reaction usually only caused by shellfish is to be considered an inadvertent allergic reaction.

**Possible causes of the suspected foodborne illness outbreak:-**

The causes are either a contamination in the food or beverage, which can be biological (bacteria, viruses or parasites), chemical or physical, or it can be an allergic reaction by the guest to a food ingredient.

**Actions to be taken immediately:-**

Actions to be taken on receiving the notification of a suspected foodborne illness outbreak from either the guest, or the health department, or the group's organizer, or a lawyer etc are as follows:-

- If the guest, who is still on property, is in medical distress and/or their health is rapidly deteriorating, immediately assist the guest. This could be a life-threatening allergic reaction.

- Then the Department Manager, hourly associate, supervisor, or General Manager should immediately notify the Director of Food and Beverage or, if unavailable, the Executive chef.

- The Director of Food and Beverage or General Manager then needs to notify their Regional Vice President of Operations, and SVP of Operations. When the property is notified about an alleged foodborne outbreak then it is extremely important to gather as much information as possible from the guest, or their representative, as to their symptoms, medical condition, where they ate, etc.

- The guest should be handled with care, concern and consideration but the purpose of this procedure is to gather information only. The alleged foodborne illness could have been caused by food consumed days or even weeks before the suspected meal period. The consumer always believes it is the last meal that they ate.

- During the entire notification process, use copies of these forms when collecting all information and fax copies of the completed forms to your Regional Vice President of Operations and SVP of Operations.
♦ Collect all remaining foods related to the suspected meal, either prepared or unprocessed, and store them in a secure and tamper-proof refrigerated area, until further instructions are received on how to handle the products.

♦ Your RVP of Operations will communicate “next step” information to the property after conferring with Risk Management & notifying Public Relations.

♦ Maintain a copy of this Suspected Food Borne Illness Outbreak Notification Procedure Questionnaire, and any other pertinent information concerning the outbreak, in the office of the director of Food & Beverage and Regional Vice President of Operations offices. Maintain these records for two years.

NOTE:

When a suspected outbreak occurs speed in gathering information, food samples, etc is essential. When you are unsure of the situation, take action, and call the home Office. **DO NOT** discuss anything regarding the investigation with guests or fellow associates involved in the case or with the media until you have and have spoken with a corporate representative. Misinformation to any of the above parties can place you, your associates and your operation in a compromised position.

**DO NOT** attempt to monetarily compensate anyone involved, until the situation has been discussed with corporate personnel. Complimentary meals and other gestures of hospitality, issued at the discretion of Executive Committee Members, are appropriate in most instances, since they do not constitute an admission of responsibility.

**DO NOT** report any claims to the insurance carrier unless food in question has been determined by health or other reliable authority as being the cause of illness or written correspondence is received from a lawyer representing guest or after consulting the risk management department you are advised to do so.

Do not assign blame to yourself, your associates, Prism Hotels and Resorts, or any involved parties or make mention of the situation being handled by an insurance carrier. Please cooperate with Prisms internal investigation team and allow them to assist in the hotel's decision-making process as you coordinate efforts with the local health officials.
DEPARTMENT CONTACTS

Food & Beverage
TBD

Risk Management
1-877-324-0891  Lockton

Corporate Communications
Your Regional VP of Operations - and Senior VP at Prism Hotels

Leave messages, but keep calling until you reach a person. If during business hours, ask the receptionist to page and specify that it is an emergency.

Please have as much of the following information as possible available for initial conversations:

1. Your name, position and direct phone number.
2. Number of persons allegedly involved in the suspected illness outbreak.
3. Date and type of event.
4. Date and time of initial notification from guest(s).
5. Property name and address.
6. List of all food items served.
7. Type of meal service (buffet, reception, plated dinner).
8. Has the Health Department been notified or become involved?
9. Has the media approached anyone from the hotel?
10. Symptoms associated with outbreak.
11. Onset of symptoms (How long after consumption of the food did the guest(s) become ill and how long have the symptoms persisted?)
12. Has anyone sought medical attention? Or been hospitalized?
13. Does your local health department require notification for this type of event when they occur? (If so, do not notify them until you have spoken with a Prism Corporate representative.)
Completed by: _______________________________ Date: ________________________

Property Director of Food & Beverage/Operations, General Manager: ______________________

Property name ________________________________

1. Name of complainant(s): ________________________________

________________________________________________________________________

Age: _______ Sex: _______

Address: __________________________________________ Telephone: (_______)__________

a. Caller’s attitude: ________________________________

Was reimbursement requested? Yes _____ No _____

b. Complainant’s description of problem verbatim. (Record comments on following page.)

It is essential that this information be gathered without any prompting.

2. How many guests allegedly reported being ill? _____
   How many people were served the suspect food? _____
   How many associates ate the same food? _____
   Of that number, how many of them became ill? _____

3. Date and hour suspected food was eaten: ________________________________

   Date and hour of onset of symptoms: ________________________________

   Duration of symptoms: ________________________________

   a. Food and beverage served to individual(s) at the function in question: _____________

   b. Food and beverage that the allegedly sick person(s) said they ate: _________________
Complainant’s Remarks:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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C. Is there any food remaining from the suspect meal(s)? Yes ____ No ____
If yes, list each item and indicate how it is presently stored.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
d. Manufacturing code of food consumed; manufacturer and distributor (name, address, and telephone number):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
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e. Name of associates(s) who served the guest(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

f. Name and address of all foodservice establishment(s) visited by the allegedly sick guests 72 hours preceding illness or other function(s) attended within that time frame:

0-24 hours
________________________________________________________________________
________________________________________________________________________

24-48 hours
________________________________________________________________________
________________________________________________________________________

48-72 hours
________________________________________________________________________

4. Which of the following symptoms did the individual have, and how long did symptoms last (in hours and/or minutes)?

Nausea __________________________ Weakness __________________________
Vomiting _________________________ Headache _________________________
Abdominal cramps/pain _________ Paralysis __________________________
Diarrhea _________________________ Allergic reaction __________________
Fever __________________________ Other (Specify) __________________
Chills __________________________ ________________________________
Dizziness ________________________ ________________________________

5. Was a physician consulted? Yes _____ No _____

a. Name, address, and telephone number of physician: __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b. Physician’s diagnosis: __________________________ __________________________
________________________________________________________________________
Source of information: __________________________ __________________________
c. Was the diagnosis confirmed by laboratory test(s)?  Yes _____ No _____

(1) Name of test(s) used: _____________________________________________

(2) If test results are not yet available, when will they be available? __________

(3) Did a hospital or a private laboratory do the test(s)? (Provide name, addresses, and telephone number.) _____________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

d. Hospital information; if hospitalized:

Name: ______________________________________________________________

Address: ___________________________________________________________

_____________________________________________________________________

Telephone: (     ) ______________________

6. List members of household or others eating at the same time, including name, age, sex, if they ate the suspected food, and whether or not they became ill.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>FOOD EATEN</th>
<th>ILL YES/NO</th>
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</table>
7. Was the illness reported to the health authority? Yes ____ No ____ Was an inspection conducted? Yes ____ No ____ If yes, what were the results? ____________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

Health Authority:  
Name: _____________________________________________________________  
Address: ___________________________________________________________  
Telephone number: (    ) _______________________________  

a. Did the health authority collect food samples? Yes ____ No ____ If yes, list the food(s) obtained, date collected, and expected date of laboratory results.  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

b. Were stool and/or vomitus samples collected? Stool: Yes ____ No ____  
If yes, list the food(s) obtained, date collected, and expected date of laboratory results.  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

8. Has there been any adverse publicity from the news media? Yes ____ No ____