Chapter 4: Overview of Documenting the Investigation

1) **Investigation Documentation**
2) **Purpose of Documenting the Investigation**
3) **After-Action Report**
4) **Example of After-Action Report**

Overview of Documenting the Investigation

Introduction

When an investigation is complete, the final responsibility is to provide written documentation of events (e.g. line list, epi curve, lab results, etc.). This is necessary not only for large outbreaks involving many people but also for complaints of possible foodborne or waterborne illness. An after-action report template is also included as a guide.

While this chapter focuses on documenting a more complex outbreak, even single complaints should be documented as completely as possible (on a complaint form). The single complaint must always be regarded as the possible first indication of a larger problem.

4.1 Investigation Documentation

When closing an investigation, it is important to document what happened in the foodborne or waterborne illness investigation. It is public record and must be objective, accurate, clear and timely.

Details in the documentation should reflect the complexity of the incident under investigation. A single complaint might result in a "complaint form" being completed with a list of action steps and any follow-up. A more complicated occurrence (i.e., a large outbreak) might involve people outside your local jurisdiction and require additional supporting documentation.

4.2 Purpose of Documenting the Investigation

Whether the investigation was initiated in response to an outbreak or a single complaint, complete documentation is important for the following reasons:

A document for action
As part of an investigation, it is important to document the "official" findings. In some cases, control and prevention measures will only be instituted in response to a written report. Until an outbreak is documented and summarized in a formally, it is easy for the implicated establishment operator to shift responsibility.

A record of performance
A well-documented investigation reflects the magnitude of health problems and justifies program activities. Sufficient documentation clearly states events that occurred and the process that was followed. It should include all steps undertaken by everyone involved and should reflect the complexity of the investigation. This accurately documents events and clearly illustrates staffing resources required to undertake the investigations.

A document for potential legal issues
Investigation documents must be written objectively, honestly and fairly. Do not include opinions as to causes that are not supported by evidence or subjective assessment of the situation or case-patients involved. Information in these investigations is frequently used in legal actions. Thus, it is very important that a record exists that accurately documents events in a timely manner to aid in any legal investigations that might ensue.

An instrument to present control and preventive measures
The primary reason to undertake an investigation is to control and prevent disease. The written documentation is an official medium to present control and preventive measures and perform needs assessments. One may identify new trends, introduce new regulations or policies, identify training needs and reinforce existing regulations. When documentation is presented to the owners and managers, encourage them to use it as a catalyst for change. Additionally, documentation is an educational tool and may help to prevent the same problems from reoccurring.

4.3 Outbreak Report Format

There are a variety of ways to compile the information obtained during an investigation into a professional, understandable, and usable document. Below is an after-action report (AAR) template. For large outbreak investigations an AAR is necessary to document the activities of multiple agencies/stakeholders, as well as to meet HSEEP (Homeland Security Exercise and Evaluation Program) requirements.

4.4 After-Action Report (AAR)

After-Action Report outbreak report should include the following sections:

Handling Instructions
Contents
Executive Summary
Section 1: Event Overview
- **Event Details**
- **Event Leadership**
- **Participating Organizations**

Section 2: Event Summary
- **Event Purpose**
- **Objectives, Capabilities and Activities**
- **Scenario Summary**
- **Supporting Events or Event**

Section 3: Analysis of Capabilities
Section 4: Conclusion
Appendix A: Improvement Plan
Appendix B: Lessons Learned (optional)

Appendix C: Participant Feedback Summary (optional)
Appendix D: Event Summary Table (optional)
Appendix E: Performance Ratings (optional)
Appendix F: Acronyms

Administrative Handling Instructions
This is a basic description of the document, which includes the title of the document, information handling instructions, and points of contact for the report.

Executive Summary
This includes an overall summary of the event and response, to include Major Strengths and Primary Areas for Improvement identified during the outbreak investigation process. In addition, this section provides a description of whether the response was successful or unsuccessful and should state areas where agencies or jurisdictions should focus to improve future outbreak investigation responses.

Section 1: Event Overview
This is a listing of pertinent event details: Event Name, Type of Event, Start Date, End Date, Duration, Location, Mission, Capabilities Scenario, Event Leadership (name, agency, and contact information), Participating Organizations, and Number of Participants.

Section 2: Event Summary
This is a detailed description of the Event Purpose and Design; Event Objectives, Capabilities, and Activities; a Scenario Summary: Supporting Event or Events.

Event Purpose and Design
This is a summation of why the event occurred, what participants hoped to learn, and a brief history of how/why the event was organized, designed, funded, etc.

Event Objectives, Capabilities, and Activities
This section should list the event objectives, which should be aligned with associated capabilities from the Target Capabilities List (TCL). For each TCL, there is an Event Evaluation Guide (EEG) which lists specific activities which must be performed to demonstrate a capability. In addition to the TCL capabilities, the EEG activities relevant to each objective should also be included in this section.

Scenario Summary
This is a basic summation of the scenario or situation as it was initially presented to participants, along with any subsequent key events during the outbreak investigation and the time in which they occurred.

Supporting Event and Events
This is the section where any previous events that supported the current response are listed.

Section 3: Analysis of Capabilities
This section is where the agency may review the performance of event capabilities, activities, and tasks. This section is organized by Capability, then Activity. This section should include the TCL Capability description and a description of how the capability was performed during the event. The specific activities selected from the EEG should be identified below its associated capability. For each Activity, an Observation, References, Analysis, and Recommendations should be recorded. Observations may be either a "strength" or "area for improvement" and should be organized by capability and associated activities. References are a listing of plans, policies, procedures, laws, and/or regulations which may

apply to each observation. The Analysis section should include a description of the behavior or action at the core of the observation, as well as a brief description of what happened and the consequences of the action or behavior. Recommendations apply to areas identified for improvement and are generally ways that the response may be improved in the future (agency specific or multiple agencies).

Section 4: Conclusion
This is an overall summary of the report, which includes demonstrated capabilities, lessons learned, major recommendations, and a summary of what steps should be taken to address areas of improvement.

Appendix A: Improvement Plan
This appendix should include key recommendations and corrective actions identified in Section 3: Analysis of Capabilities, the After-Action Conference, and the EEGs. These should be uploaded into the Corrective Action Program System (CAP) on the HSEEP website so that progress may be measured.

Appendix B: Lessons Learned (optional)
This appendix provides jurisdictions and organizations with an opportunity to nominate lessons learned from exercises for sharing on *LLIS.gov*. This includes Lessons Learned, Best Practices, Good Stories, and/or Practice Notes.

Appendix C: Participant Feedback Summary (optional)
This section provides a summary of the Participant Feedback Survey, if administered after the event is over.

Appendix D: Event Summary Table (optional)
This section should summarize what actually happened during the outbreak investigation in a timeline table format. Focus of this section is on what events occurred during the outbreak and what actions the investigation team took during the outbreak. Successful development of this section is aided by using a log or other method to record key events occurring during the outbreak investigation.

Appendix E: Performance Ratings (optional)
This section is used when a jurisdiction/organization elects to use performance ratings, or when initiatives require a rating within the AAR/IP. A qualitative performance rating is assigned to each activity demonstrated within its capability area. The performance rating is based on a systemic review by the investigation leader of outbreak investigation performance based on leader/team analysis of how well the participants demonstrated the capability outcome. The performance rating categories refer to how well each activity was performed during the event. The results should be summarized within this appendix and should be based on the supporting narrative contained within the body of the AAR/IP.

Appendix F: Acronyms
Any acronym used in the AAR/IP should be recorded in this section, listed alphabetically and spelled out.

When compiling material, be aware of confidentiality issues.

Information that can lead to the identification of individual cases (e.g., test results that include personal identifiers), should not be included in the outbreak report or AAR/IP. The name of the facility or establishment under question is part of the public record and can be disclosed. Data that *cannot* be

used to identify individuals can be presented. People cooperate in investigations on the basis of protected confidentiality, and this should be respected.

Distributing the Report
Copies of the report should be made available to all parties involved in the investigation. This would include, but not be limited to, the owner and/or managers of the establishment, the KDPH, and any other local or state agencies affected by or involved in the outbreak or the investigation.

Example 4.4 Outbreak After-Action Report

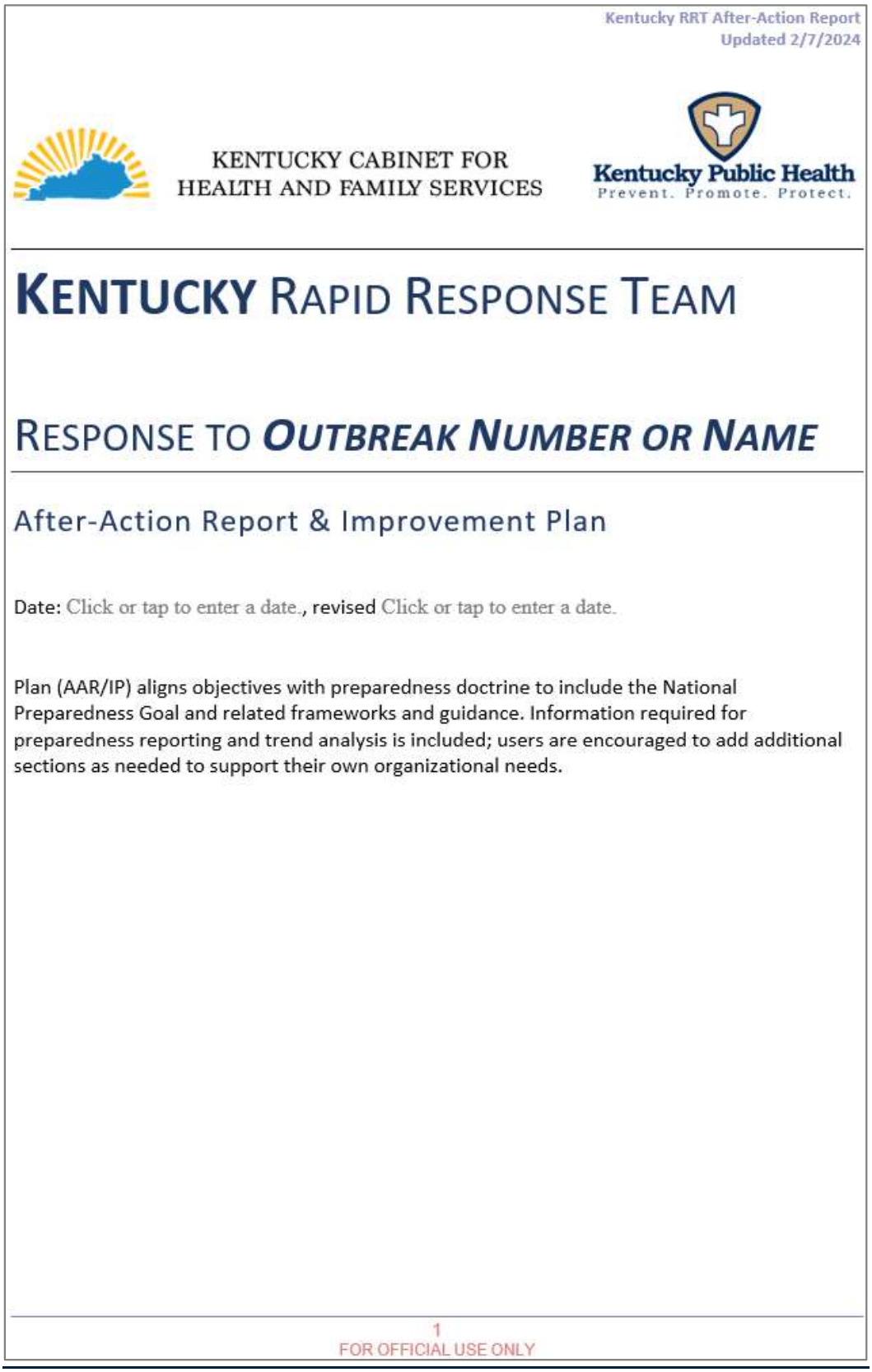
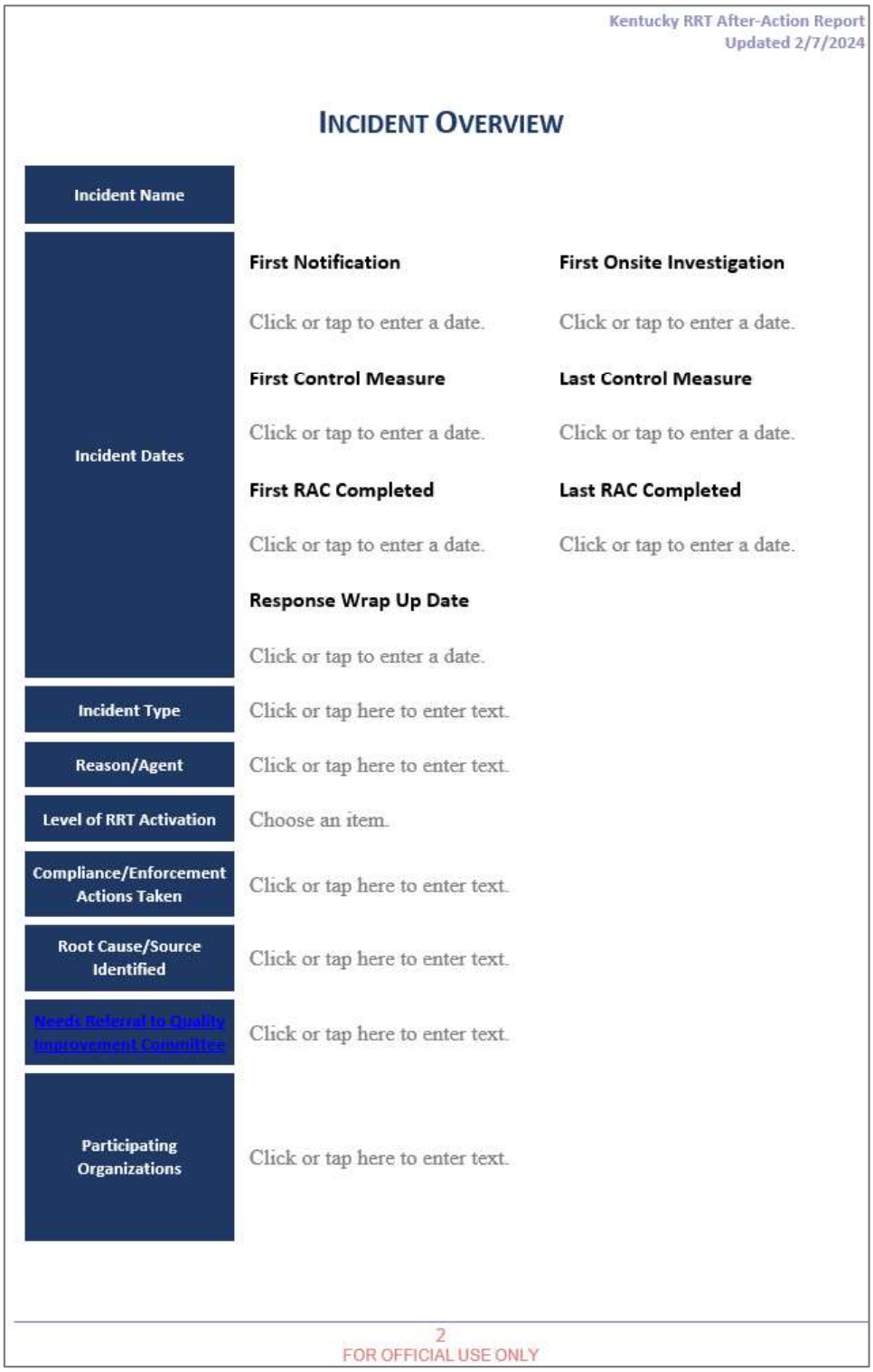


Image Source: Kentucky Department for Public Health Food Safety Branch



Kentucky RRT After-Action Report
Updated 2/7/2024

INCIDENT OVERVIEW

Incident Name		
Incident Dates	**First Notification** Click or tap to enter a date.	**First Onsite Investigation** Click or tap to enter a date.
	First Control Measure Click or tap to enter a date.	**Last Control Measure** Click or tap to enter a date.
	First RAC Completed Click or tap to enter a date.	**Last RAC Completed** Click or tap to enter a date.
	Response Wrap Up Date Click or tap to enter a date.	
Incident Type	Click or tap here to enter text.	
Reason/Agent	Click or tap here to enter text.	
Level of RRT Activation	Choose an item.	
Compliance/Enforcement Actions Taken	Click or tap here to enter text.	
Root Cause/Source Identified	Click or tap here to enter text.	
Needs Referral to Quality Improvement Committee	Click or tap here to enter text.	
Participating Organizations	Click or tap here to enter text.	

2
FOR OFFICIAL USE ONLY

Image Source: Kentucky Department for Public Health Food Safety Branch

CONTACTS

Emily Covey, R.S.
RRT Coordinator
Division of Public Health Protection and Safety
Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky, 40621
Email: emily.covey@ky.gov

Jacob Hauser, MPH, REHS
Backup RRT Coordinator
Division of Public Health Protection and Safety
Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky, 40621
Email: jacob.hauser@ky.gov

Mark M. Reed, R.S., MPA, MPH
Food Safety Branch Manager
Division of Public Health Protection and Safety
Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky, 40621
Email: markm.reed@ky.gov

Jennifer Khoury, MPH
Foodborne Epidemiologist
Division of Epidemiology and Health Planning
Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky, 40621
Email: jennifer.khoury@ky.gov

Jordan Wilson, MPH
Epidemiologist II
Division of Epidemiology and Health Planning
Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky, 40621
Email: Jordan.wilson@ky.gov

Kristy Bolen, MPA
Regional Epidemiologist Supervisor | ERRT Coordinator
Division of Epidemiology and Health Planning
Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky, 40621
Email: kristy.bolen@ky.gov

Image Source: Kentucky Department for Public Health Food Safety Branch

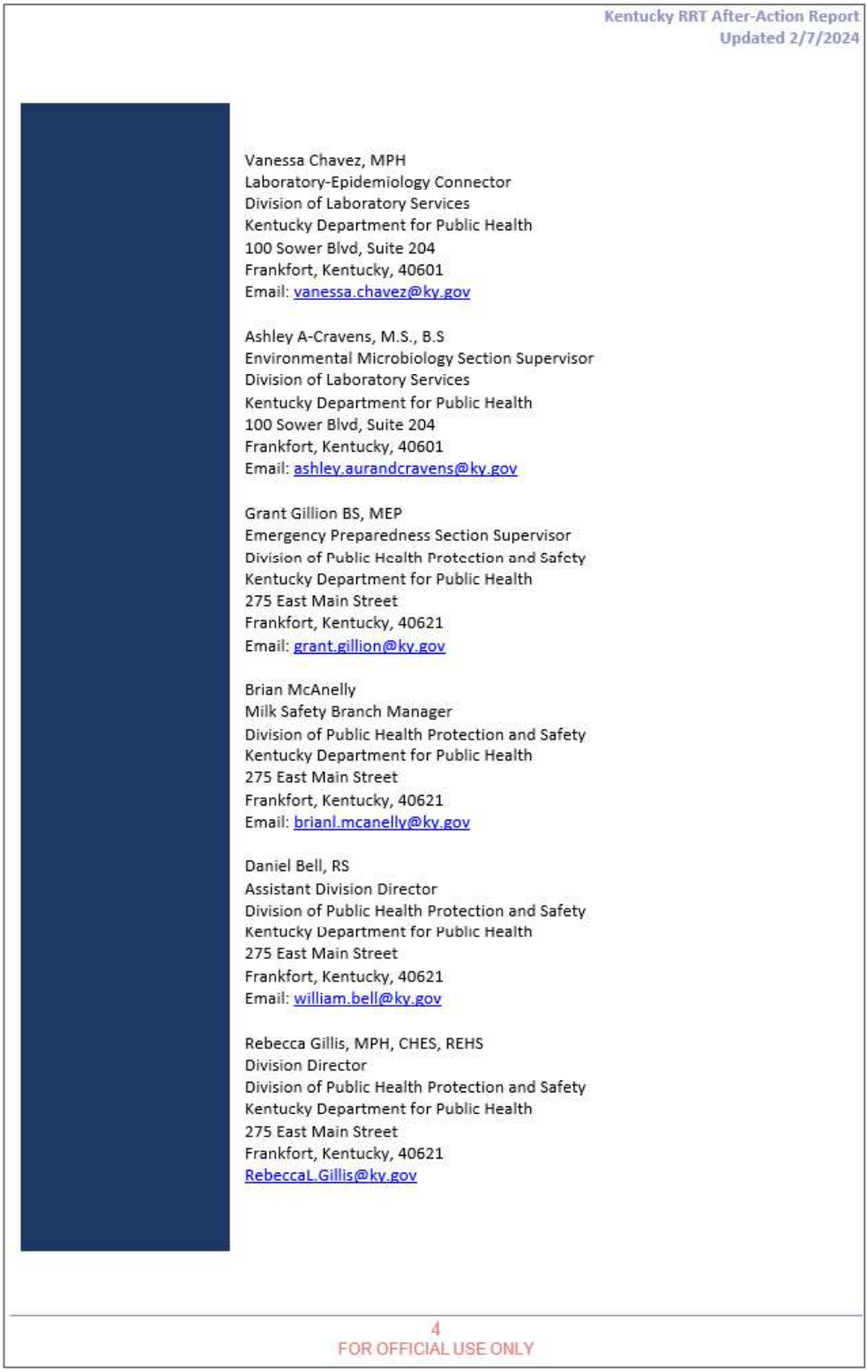


Image Source: Kentucky Department for Public Health Food Safety Branch

Image Source: Kentucky Department for Public Health Food Safety Branch

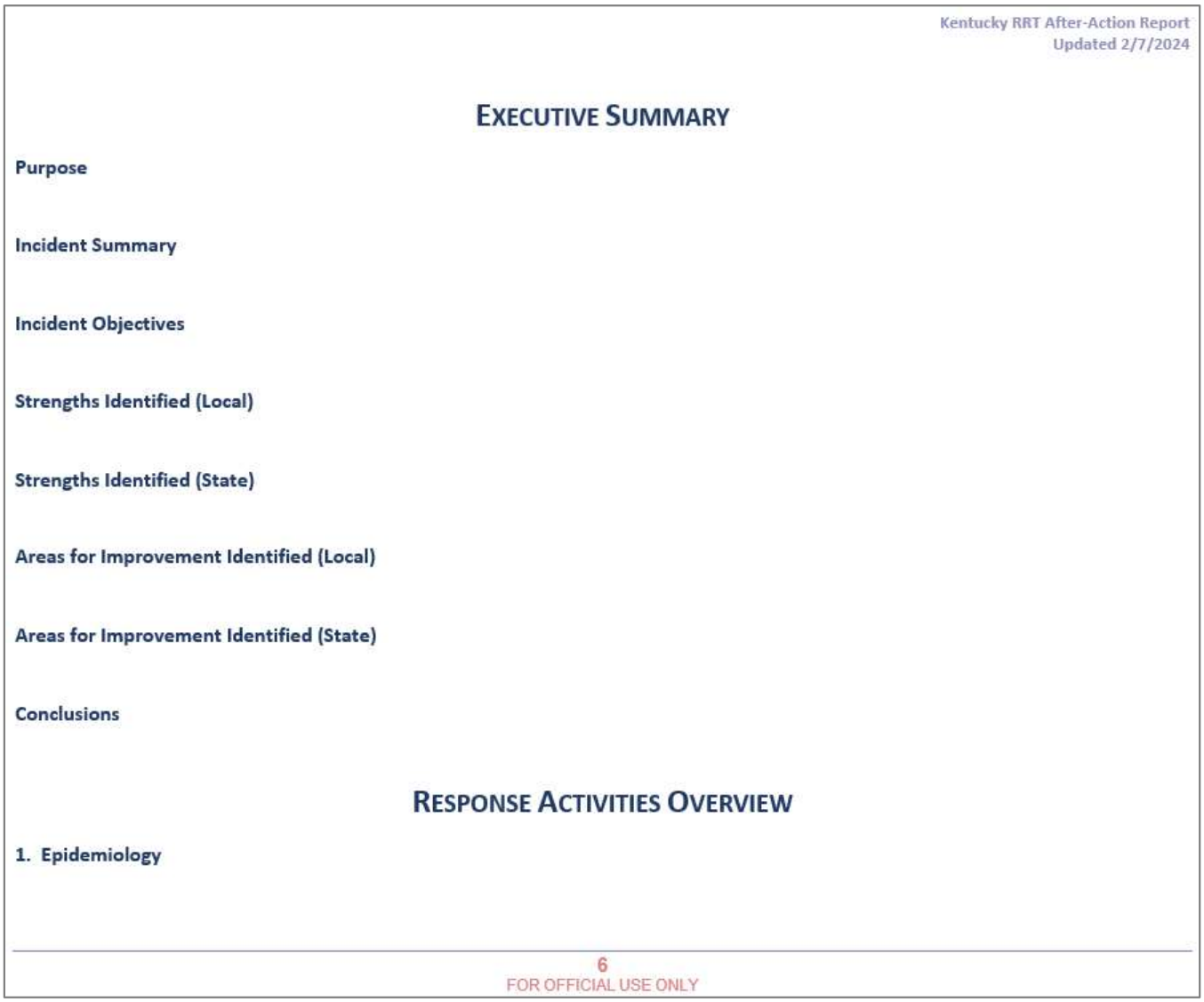


Image Source: Kentucky Department for Public Health Food Safety Branch

Phases:

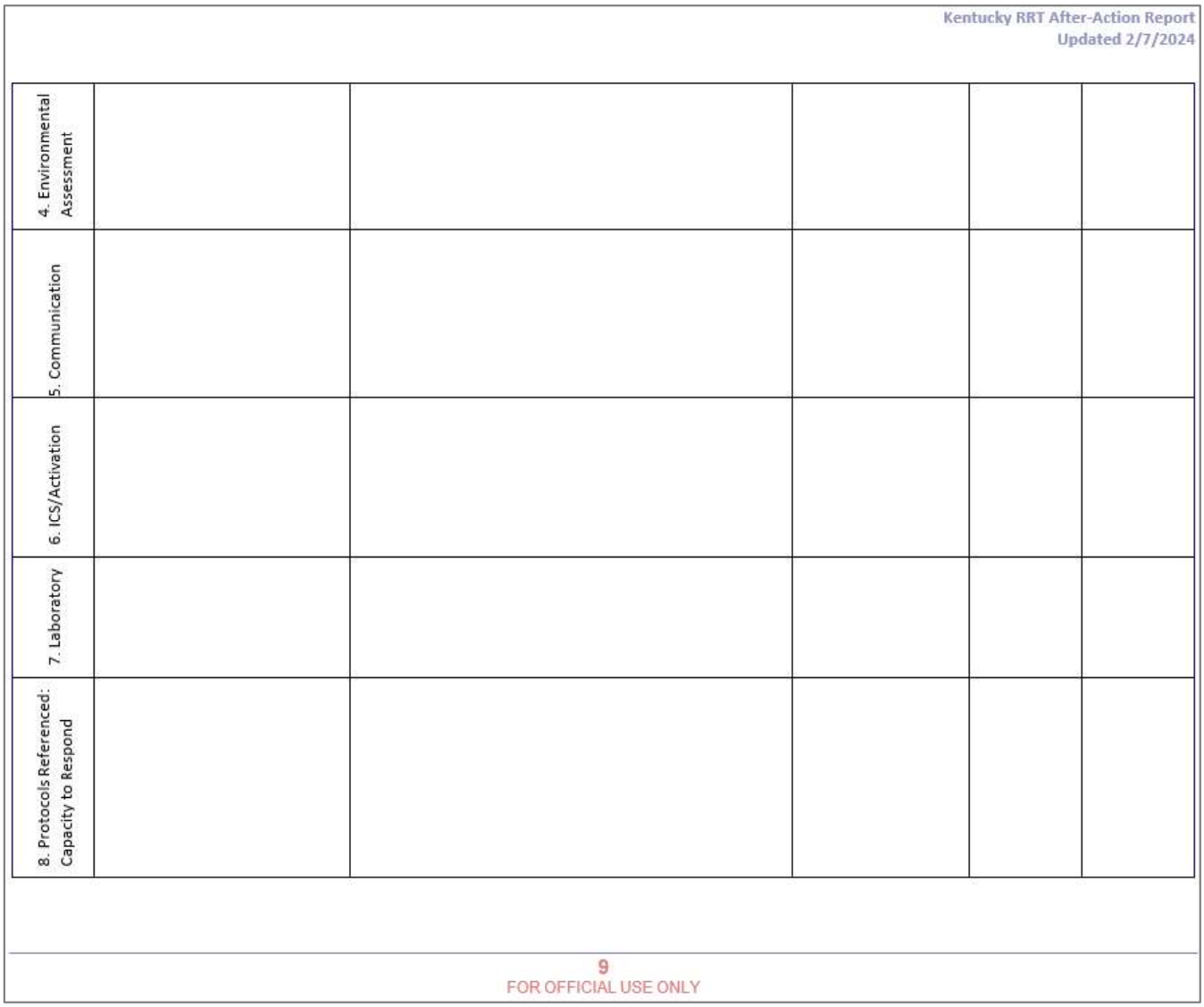
1. Preparedness
2. Response
3. Recovery

9. Other

IMPROVEMENT PLAN

Response Activity	Observation	Recommendation/Description	POC	Start Date	Due Date
1. Epidemiology					
2. Traceback					
3. Recall Audit					

Image Source: Kentucky Department for Public Health Food Safety Branch

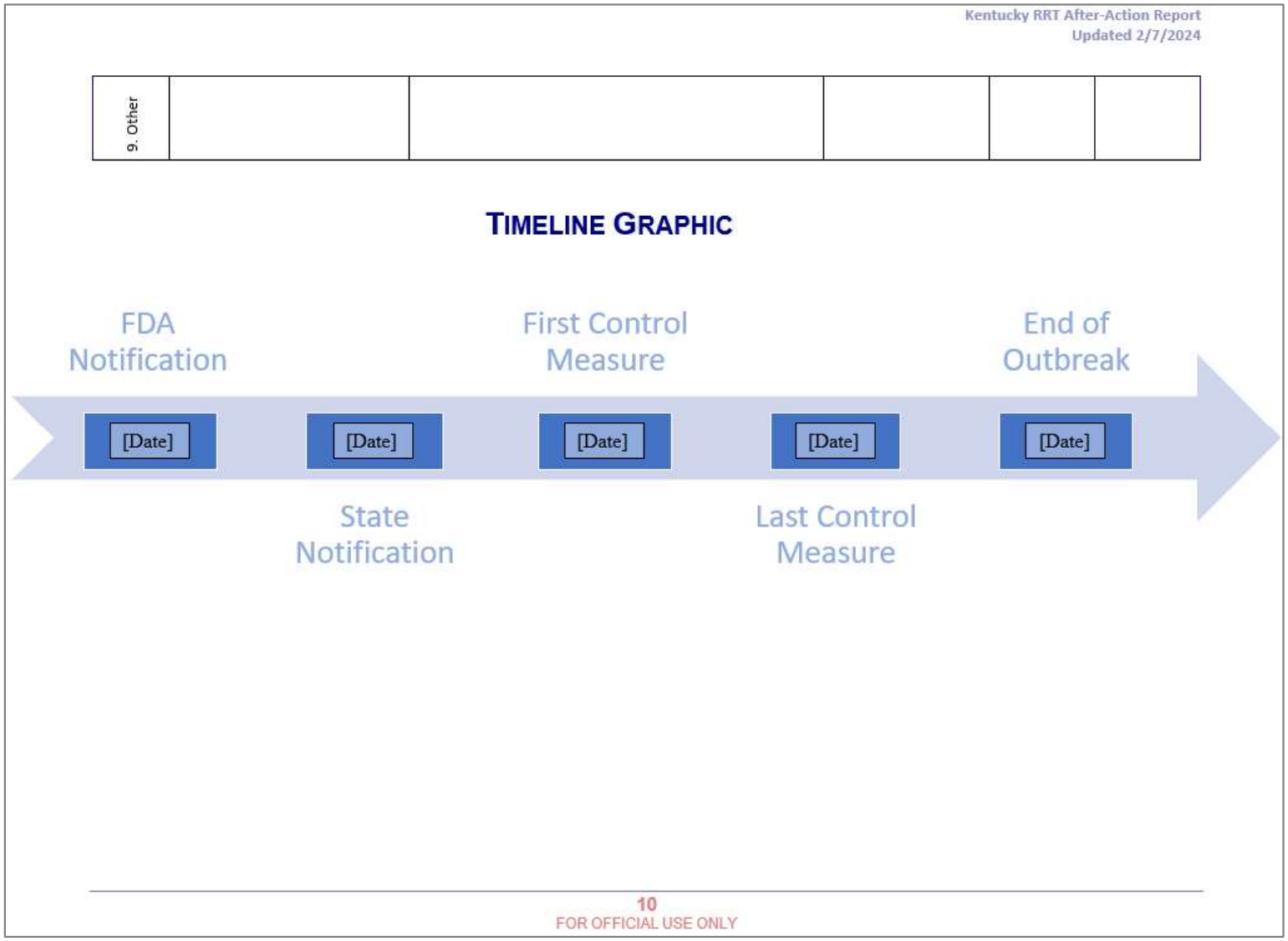


Kentucky RRT After-Action Report
Updated 2/7/2024

4. Environmental Assessment					
5. Communication					
6. ICS/Activation					
7. Laboratory					
8. Protocols Referenced: Capacity to Respond					

9
FOR OFFICIAL USE ONLY

Image Source: Kentucky Department for Public Health Food Safety Branch



Pages 77-86. Image Source: Kentucky Department for Public Health Food Safety Branch