

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
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Lt. Governor

ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

EHS Circular Letter 2022-47

To: Local Directors of Health
Chief Sanitarians, Environmental Health Supervisors
Certified Food Inspectors

From: Lori J. Mathieu, Chief *Lori J. Mathieu '22*
Environmental Health & Drinking Water Branch

Date: August 23, 2022

Subject: CT DPH CTEDSS Training Series: Training for Itinerant Food Vendor MOU

The purpose of this notice is to provide information on the upcoming training of the electronic case management system that will be utilized for the Itinerant Food Vendor MOU.

The first 2 training sessions have been scheduled and are available on CT Train:

- 8/25/22 @ 1:00 – 2:00 PM
- 8/30/22 @ 8:30 – 9:30 AM

In order to obtain access to the Connecticut Electronic Disease Surveillance System (CTEDSS). Everyone must: take the training, pass a quiz and fill out a User Registration form before you can be activated in CTEDSS. If you already have access to CTEDSS (not the same as CTSITE, where the blood leads are reviewed) then you do not need to submit the form; however, attending the training is strongly recommended. Certified Food Inspectors that complete the training and quiz shall also be awarded 1 contact hour for continuing education.

1. Go to <https://ct.train.org>
2. Create a user account if you do not already have one.
3. Search for the following course (by course ID or name – the search box is at top right hand corner)
Course ID: 1105597 CT DPH CTEDSS Training Series: Training for Itinerant Food Vendor MOU
4. The course will be a live webinar meeting through Microsoft Teams
5. The link to the Teams call is available under the individual session that you sign up for
6. At the end of the training a link will be provided in the chat to a quiz, you must take and pass the quiz
7. Complete the User Registration form (attached) and **return the form via e-mail to dph.ctedss@ct.gov**. Once we receive that form, and see you have taken the course and passed the quiz, we can activate you in CTEDSS.



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Thank you again for your role and support during this program.

Summary

The FPP Food Service Inspection module in CT-EDSS is a key component to participating in the MOU for Itinerant Food Vendors. To gain access to the system, local health users must complete the training session, pass the quiz, and submit the User Registration form. **To receive contact hours, a CFI must complete the training and pass the quiz.**

C: Heather Aaron, MPH, LNHA, Deputy Commissioner, DPH
Jim Vannoy, Chief, Environmental Health Section, DPH



DPH CTEDSS User Registration Form

Rev 07/07/2021

Instructions: For each person enrolling in CTEDSS, complete all sections as marked and get signed approval from your supervisor/program manager/health director as appropriate. Email a signed copy to dph.ctedss@ct.gov If you have questions, please email dph.ctedss@ct.gov or call 860-509-7994.

| Please complete the following (please print): | |
|---|--|
| Applicant Name (Last/First/Middle) | Title/Position |
| Work Address Work affiliation: <input type="checkbox"/> Local Health Dept <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify <input type="checkbox"/> DPH – program/section name: | Affiliation/Project/Health Department Are you working as a temp or contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your expected end date? _____ <small>MM/DD/YY</small> |
| Best work phone number to reach you: | Email |
| Name and Title of Supervisor/Manager | Supervisor work phone: |
| Please indicate disease/disease groups for which you need access. Selections will be verified with DPH programs. See pg 2 for list. | |
| <input type="checkbox"/> ABCs (invasive pathogens) <input type="checkbox"/> Arboviral & Zoonotic <input type="checkbox"/> Bioterrorism <input type="checkbox"/> Covid-19 | <input type="checkbox"/> FoodNet/Foodborne <input type="checkbox"/> Influenza/RSV <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis C <input type="checkbox"/> C. Dif surveillance <input type="checkbox"/> CO/Mercury <input type="checkbox"/> Occ Health | <input type="checkbox"/> STD <input type="checkbox"/> TB <input type="checkbox"/> VPD <input type="checkbox"/> Other: |

Confidentiality Statement: I recognize the importance of maintaining the confidentiality of identifiable health data collected by the Connecticut Department of Public Health, and of assuring the right to privacy of persons, facilities, and agencies that cooperate with the DPH or participate in DPH data collection efforts. I also understand that DPH has agreed to protect the privacy of these persons, facilities, and agencies and their holdings. I have read the Connecticut State Statute Sections 19a-25 and Sections 19a-25-1 through 19a-25-4 of the Regulations of CT State Agencies concerning confidentiality of records concerning morbidity and mortality and have been advised that DPH can take necessary action if a breach of confidentiality occurs. I will not divulge the identity of patients, physicians, facilities, or agencies included in data obtained from the DPH to anyone other than members of the DPH unit from which the data is obtained, or persons who are also approved for access to the data by DPH HIC and who have also signed a DPH confidentiality pledge, or, a local director of health and his/her authorized agent in the town in which a person with a reportable disease resides pursuant to Connecticut State Statute Section 19a-215.

I agree to abide by the following terms of use for CTEDSS. My signature, either written or typed, implies consent.

- Never share my username and password with another person - even when training new staff or when going on leave.
- Never login in a public space where others could view the computer screen or login to an unsecured wireless network.
- View information for purposes of surveillance and case management only.

| | | |
|-----------------------------------|------------------------------|------|
| Applicant Name (Printed) | Applicant Signature | Date |
| Supervisor/Manager Name (Printed) | Supervisor/Manager Signature | Date |

FOR CTEDSS ADMINISTRATOR USE ONLY:

| | | |
|--|---|-------------------------|
| Training completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | Assessment done: <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved by (initials): |
| Date request received: _____ <small>MM/DD/YY</small> | Date changed _____ <small>MM/DD/YY</small> | |
| Action Taken: <input type="checkbox"/> Activate New User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Re-enroll <input type="checkbox"/> Change Permissions | | |

Diseases/Disease Groups

ABCs (invasive pathogens): Group A *Streptococcus*, Group B *Streptococcus*, *Haemophilus influenzae*, *Neisseria meningitidis* (Meningococcal disease), *Streptococcus pneumoniae* (Pneumococcal disease), *Staphylococcus aureus* (methicillin resistant and sensitive), Legionellosis, Listeriosis, Neonatal sepsis

Arboviral and Zoonotic Diseases: Anaplasmosis (*A. phagocytophilum*), Babesiosis, Borrelia miyamotoi disease, Chikungunya, EEE, Ehrlichiosis, Lyme Disease, Malaria, Powassan Virus Disease, Rabies – Animal and Human, RMSF, WNV, Yellow Fever, Zika virus infection

Bioterrorism: Anthrax, Botulism, Brucellosis, Glanders, Melioidosis, Plague, Q Fever, Ricin Poisoning, Smallpox, Staphylococcal enterotoxin, Tularemia, VEE, Viral Hemorrhagic Fevers

Covid-19

FoodNet/Foodborne pathogens: Calicivirus/Norovirus, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, ETEC, Listeriosis, Salmonellosis, Shiga toxin producing organism, Shigellosis, Vibrio sp, Yersiniosis

Influenza and RSV

Hepatitis A

Hepatitis B

Hepatitis C

C difficile surveillance

CO and Mercury Poisoning

STD Surveillance: Chancroid, Chlamydia, Congenital Syphilis, Gonorrhea, neonatal herpes, Syphilis

Tuberculosis

Vaccine Preventable Diseases: Congenital Rubella syndrome, Diphtheria, Measles, Mumps, Pertussis, Polio, Rubella, Tetanus, Varicella