



## Supplement E: Managing International Travel-Related Transmission Risk

### VIII. Preparedness Planning

#### A. Legal authority for restricting movement

In advance of the possible reappearance of SARS-CoV, public health officials should:

- Work closely with their legal counterparts to ensure that the legal authority for movement restrictions at the local, state, and federal levels is known and understood and to establish boundaries of authority and processes to address multi-jurisdictional issues (See Supplement A).
- Develop plans for making decisions on movement restrictions, such as: 1) requirements for pre-departure screening, 2) requirements for arrival screening and/or quarantine, 3) travel prohibitions on cases and contacts, 4) restrictions related to use of mass transit systems, and 5) cancellation of non-essential travel.
- Work closely with local, state, and federal law enforcement to develop plans for enforcement of these restrictions.

#### B. Engagement of key partners

In advance of the possible reappearance of SARS-CoV, public health officials should:

- Begin preparedness planning by identifying key partners representing: 1) law enforcement (local, state, federal), 2) legal community, 3) emergency medical services (for evaluation of ill arriving passengers and transportation to the hospital), 4) hospital personnel, 5) transportation industry personnel, and 6) other emergency management personnel. The partners should be involved in the planning process.
- Develop plans for the training, mobilization, and deployment of pertinent public health and other staff.
- Conduct training programs and drills.
- Provide respirator fit-testing and training in use of PPE for persons at risk for exposure to possible SARS cases.
- Plan for the diversion of conveyances carrying supplies for maintenance of critical infrastructure around key transportation hubs that may be affected by SARS-CoV.

#### C. Protocols for management of ill arriving passengers

Public health officials and CDC quarantine staff, in collaboration with legal and law enforcement authorities, should develop protocols for the management of ill arriving passengers at ports of entry, including provisions for:

- Meeting flights with a reported ill passenger
- Establishing notification procedures and communications links
- Separating the ill passenger during assessment
- Assessing the ill passenger and referring for evaluation and care

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- Transporting the ill passenger to a designated healthcare facility (see Supplement D.)
- Collecting locating information on other passengers and crew
- Collecting the flight manifest, customs declarations, and other information for contact tracing
- Identifying any other ill passengers and separating them from well passengers
- Quarantining contacts if necessary, including transportation to a quarantine facility
- Providing enforcement for uncooperative ill passengers or contacts

See Supplement A.

### **D. Memoranda of agreement (MOA) with healthcare facilities, transport services, emergency medical systems, and physicians**

- State and local public health officials should work with federal quarantine staff to develop MOAs with hospitals near ports of entry; these facilities must be equipped to isolate, evaluate, and manage possible SARS patients (see Supplement C).
- Agreements should include arrangements with a designated emergency medical service for on-site assessment of ill passengers and transportation to a hospital for evaluation.

See Supplement A.

### **E. Designation of quarantine facility**

State and local public health officials should identify a facility for travelers who are designated as contacts and who require quarantine but cannot be quarantined at home.

### **F. Roles and responsibilities**

Roles and responsibilities should be outlined for the various partners and the various levels of jurisdiction (local, state, and federal) for each component of the response.

For additional information and material on prevention of SARS travel-related risks, see <http://www.cdc.gov/ncidod/sars/travel.htm>.

For more information, visit [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars) or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)