



SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Supplement A: Command and Control

Appendix A1

State And Local Health Official Epidemic SARS Checklist



ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

STATE AND LOCAL HEALTH OFFICIAL EPIDEMIC SARS CHECKLIST

Are You and Your Jurisdiction Ready for Epidemic Severe Acute Respiratory Syndrome (SARS)?

This checklist, developed in collaboration with the Centers for Disease Control and Prevention, has been modeled on a previous Association of State and Territorial Health Officials (ASTHO) checklist for pandemic influenza preparedness (*Preparedness Planning for State Health Officials: Nature's Terrorist Attack - Pandemic Influenza* www.astho.org/pubs/PandemicInfluenza.pdf). Preparations made to respond to other public health emergencies, including bioterror events, will generally be applicable to epidemic SARS planning.

The items on this checklist are intended for use by health officers at all levels – state, regional, district and local. The division of responsibilities between state and local levels varies among states, and often within states, according to the size of the population served by local health agencies. The items on this checklist should be interpreted in the context of the responsibilities of your public health agency and the division of responsibilities within your community, regardless of level of government. For some local public health agencies, for example, the capabilities needed for certain items may be available from a state health department but are not present locally.

Every locality should plan for the possibility of a local public health crisis such as widespread SARS-CoV transmission, in which help from other public health agencies is not available because they are facing similar crises. At the same time, there are advantages to coordinating response plans on a regional and statewide basis, partly so that isolation and quarantine procedures are applied uniformly and equitably.

SARS would be considered to be widespread in the United States if and when cases occur throughout the nation, in multiple locations, in persons without known epidemiologic links to places with community transmission of SARS-CoV or to known SARS cases. Local, district, and state public health agencies should be prepared to address all of the following items when the disease is present elsewhere in the world and to implement those preparations when widespread disease occurs in the United States.

January 8, 2004

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LEGAL AND POLICY ISSUES

- 1. My jurisdiction has a draft or formally adopted epidemic SARS plan.
- 2. Agreements have been obtained with my state's healthcare insurers, Medicaid program, and healthcare product and service providers for cooperation with public health recommendations during an epidemic.
- 3. I have reviewed with legal counsel my jurisdiction's laws and procedures on quarantine, isolation, closing premises and suspending public meetings and know how to implement them to help control an epidemic.
- 4. I am familiar with my state's medical volunteer licensure, liability, and compensation laws for in-state, out-of-state, returning retired, and non-medical volunteers.
- 5. I know whether my state allows hospitals and other licensed healthcare institutions to use temporary facilities for provision of medical care in the event of a public health emergency.
- 6. My jurisdiction's epidemic plan addresses Worker's Compensation and Unemployment Compensation issues related to health care and other workers missing work because of isolation or quarantine.
- 7. I have identified any deficiencies in my jurisdiction's laws and procedures on quarantine, isolation and related capacities and initiated steps to have those deficiencies corrected.
- 8. I know what provisions are in place, if any, for compensation of persons with economic or health injury resulting from needed SARS control measures and for limitation of liability of health care providers and agencies.

AUTHORITY

- 9. My state has an executive SARS epidemic planning committee that oversees the planning process, in cooperation with local health agencies.
- 10. My state has identified the authority responsible for declaration of a public health emergency and for officially activating our plan during a SARS epidemic.
- 11. My jurisdiction has identified key stakeholders responsible for development and implementation of specific components of the SARS epidemic plan, including enforcement of isolation, quarantine, and closure and decontamination of premises.
- 12. My jurisdiction's elected officials, appointed officials, and other agency heads know their respective responsibilities in the event of an epidemic.
- 13. My jurisdiction has a command system in place (e.g., the Incident Command System) to govern roles and responsibilities during a multi-agency, multi-jurisdictional event.
- 14. I am familiar with the controlling authority over intrastate and interstate modes of transportation, should these need to be curtailed during an epidemic (e.g., airplanes, trains, ships, highways).
- 15. My staff has relationships with health authorities of adjoining counties or states and with federal agencies to ensure effective communication during a public health emergency.
- 16. My jurisdiction has identified an overall authority in charge of coordinating different medical personnel groups during an epidemic.
- 17. I know personally the key individuals from the state and local authorities who will assist in maintaining public order and enforcing control measures, if needed, during an epidemic.
- 18. I am familiar with the procedure for enlisting the National Guard's assistance during a public health emergency.

SURGE CAPACITY

- 19. I know how to access current recommendations on treatment of cases and prevention of transmission in the hospital, long-term care and home care settings.
- 20. My jurisdiction's emergency response planning has involved health care product and service providers to determine how to best prevent and control disease spread and manage the health care of the population during an epidemic.
- 21. I am familiar with the required protocol for securing needed emergency healthcare services and supplies during a public health emergency.

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- 22. My jurisdiction has identified ways to augment medical, nursing, and other health care staffing to maintain appropriate standards of care during an epidemic.
- 23. My jurisdiction has identified ways to augment public health laboratory, epidemiology and disease control staffing to meet emergency needs and in the event public health workers are affected by an epidemic.
- 24. My jurisdiction has a process to recruit and train medical volunteers for provision of care and vaccine administration during a public health emergency.
- 25. My jurisdiction has identified alternate facilities where overflow cases from hospitals and well persons needing quarantine away from home can be cared for and has developed processes with Emergency Medical Services to assess, communicate, and direct patients to available beds.
- 26. My jurisdiction has identified facilities for outpatient and inpatient care of children with SARS and their families.
- 27. My jurisdiction's epidemic plan addresses the mechanics of how isolation and quarantine will be carried out, such as providing support services for people who are isolated or quarantined to their homes or temporary infirmary facilities and protection for workers providing these services.
- 28. My jurisdiction has a plan for ensuring that appropriate personal protective equipment, including N-95 or higher level respirators, is made available for persons whose job requires exposure to people with SARS, and that needed training and fit-testing are provided.
- 29. My jurisdiction has a plan for dealing with mass mortality, including transportation and burial of bodies.
- 30. My jurisdiction has a plan for providing mental health services to mitigate the impact of a SARS epidemic.

COMMUNICATIONS AND EDUCATION

- 31. I have conveyed the importance of epidemic preparedness, and its overlap with bioterrorism preparedness, to my jurisdiction's chief executive and to other state and local law and policy makers.
- 32. I know personally the key individuals from public health agencies, the medical community, and the political community with whom I will need to communicate during an epidemic.
- 33. My jurisdiction has begun educating the public on epidemic SARS to instill acceptance of the epidemic response (including quarantine and isolation) and to optimize public assistance during an epidemic.
- 34. My jurisdiction has opened a regular channel of communication and begun educating health care providers (including first responders) and their organizations and unions on epidemic SARS (including diagnosis, treatment, and management of cases and contacts to prevent transmission).
- 35. My jurisdiction has opened a regular channel of communication and begun educating chief executive officers of health care organizations on epidemic SARS (including management of patients in health care settings, health care worker protection, physical facility needs, voluntary or forced furloughs of exposed workers, etc.).
- 36. My jurisdiction has established a multi-component communications network and plan for sharing of timely and accurate information among public health and other officials, medical providers, first responders, the media and the general public.
- 37. My jurisdiction has begun identifying and planning to produce and provide education and information materials for media, providers, the public, and occupational groups whose duties may expose them to SARS, in appropriate languages and in forms suitable for limited literacy populations.
- 38. Whoever is selected as the primary public spokesperson for my jurisdiction during an epidemic is ready to clearly and consistently answer the following types of questions:
 - How is the SARS-associated coronavirus (SARS-CoV) transmitted?
 - How long are people infectious after they have SARS?
 - What is isolation? What is quarantine?

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- What is the justification for isolation of cases and quarantine of contacts?
 - What is the legal authority for isolation of cases and quarantine of contacts?
 - What is the difference between a probable and a suspected SARS case?
 - Who should be tested for the SARS-associated coronavirus?
 - What can members of the public do to protect themselves?
 - In the event a vaccine or antiviral treatment become available, what specific priority groups might be vaccinated or treated first?
39. My jurisdiction has identified the most effective media to get messages out to the public during an epidemic (e.g., TV, radio, print media, internet, Web sites, hotlines).
40. My jurisdiction has planned how to coordinate state, local, and federal public messages and ensure they are consistent and timely.

LABORATORY AND SURVEILLANCE

41. In the event of a SARS epidemic, I will have available daily counts of key community health indicators, such as numbers of emergency department visits, hospital admissions, deaths, available hospital beds and staff, facility closings, numbers of contacts being traced and numbers under quarantine.
42. The public health laboratory that serves my jurisdiction can test for the SARS-associated coronavirus by serology and/or PCR.
43. My state has identified those labs that can test for the SARS-associated coronavirus.
44. The public health laboratory that serves my jurisdiction has linked to clinical laboratories and provided training on the use of SARS tests, biosafety, specimen collection, packing and shipping, and rule-out testing.
45. Public health laboratories in my state have computerized record-keeping to help with data transmission, tracking, reporting of results to patients and facilities, and analysis during an epidemic.
46. My jurisdiction has determined how to assess and document the spread and impact of disease throughout the population, including special populations at risk (such as health care workers and first responders), during a SARS epidemic, including enhancements to routine surveillance.
47. My jurisdiction has computerized record-keeping for cases, suspected cases, contacts, and persons under public health isolation or quarantine orders to help with data transmission, tracking and analysis during an epidemic.
48. My jurisdiction's epidemiology staff, in cooperation with other public health agencies, has the capacity to investigate clusters of SARS cases, to determine how disease is being transmitted, to trace and monitor contacts, to implement and monitor quarantine measures, and to determine whether control measures are working.
49. My jurisdiction has plans for educating health care providers about recognition and reporting of SARS, about the current case definition, and about sources of current information on all aspects of SARS.

PREPAREDNESS IN OTHER AGENCIES

50. The emergency response system is ready to deal with epidemic SARS as called for in an all-hazards or epidemic plan.
51. My jurisdiction has carried out a community-wide epidemic SARS table-top or field exercise, to train on and evaluate its epidemic plan.
52. Community partners such as hospitals, EMS services, law enforcement agencies, health care practitioners, environmental hygiene/remediation services, news media, schools, and colleges know what part they are expected to play during an epidemic and are prepared to do so.
53. The law enforcement and court system in this jurisdiction are prepared to enforce isolation and quarantine orders and to promptly adjudicate appeals to public health orders, as provided by statute.

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VACCINATION / ANTIVIRALS

At present (May, 2003), there is neither a vaccine nor effective antiviral chemotherapy available for SARS. The items below will become relevant when one or both of these become available.

- V1. My jurisdiction has identified the method(s) of epidemic vaccine and antiviral delivery (i.e., public sector, private sector, or a combination of these two) that will be most efficient for the jurisdiction, and developed and tested methods for mass administration.
- V2. I know whether my state statutes provide for providing or requiring vaccination or treatment during an infectious disease emergency, and know how to implement them in my jurisdiction to help control an epidemic.
- V3. My jurisdiction has the infrastructure in place to vaccinate or treat at-risk and hard-to-reach populations during a SARS epidemic.
- V4. My jurisdiction's epidemic plan outlines a process for identifying essential workers (those people whose jobs/skills are critical for maintenance of public safety and an efficient epidemic response) and "highest risk" groups who will need to receive priority vaccination and/or antiviral prophylaxis.
- V5. My jurisdiction has developed a documentation process for administered epidemic vaccine and antiviral doses, with recall capacity if more than one dose is required to induce immunity.
- V6. My jurisdiction has determined how adverse vaccine or medication side effects will be documented, in cooperation with local health agencies, during a mass or targeted vaccination or prophylactic treatment campaign.
- V7. My jurisdiction has compiled a list of health care workers and institutions that will assist in mass vaccination or prophylactic treatment during an epidemic or other public health emergency.
- V8. My jurisdiction has identified ways to secure and protect a limited supply of essential medicines, supplies, equipment and vaccines.
- V9. My jurisdiction has developed and tested, through a simulated exercise, a plan for mass or targeted immunization, prophylactic treatment, and clinical care including: accepting delivery of large quantities of vaccine, drugs, supplies or equipment (e.g., as part of the Strategic National Stockpile); storing and handling vaccine, drugs, supplies or equipment; setting up and staffing clinics; administering vaccine or antiviral drugs; and educating the public, media, and medical providers.

For more information, visit 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)