



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

IV. Incident Command and Management System

Objective 1: Develop or adapt an incident command system for activation during a SARS outbreak.

Activities

SARS preparedness and response capacities at the national, state, and local levels must be carefully organized and controlled to ensure unified and consistent actions over a significant period. These requirements are best met by use of an incident command system. Such systems use a predetermined organizational structure to manage the planning, operational, logistical, financial, and administrative components of a mass casualty event to maximize the use of limited resources. For a SARS outbreak, these might include:

- Collecting and organizing real-time information on the status of the outbreak
- Managing staffing needs and requirements
- Monitoring/supplying persons in isolation and quarantine
- Maintaining an inventory of respirators and other PPE equipment
- Tracking the status of/procuring essential supplies
- Operating special/temporary facilities
- Managing administrative and financial aspects of the response

An incident management structure that can address these needs is an essential tool for command, control, and coordination of resources during a SARS outbreak.

A component of CDC's incident management structure is the agency's Emergency Operations System, which includes the Director's Emergency Operations Center (DEOC). The goals are to: 1) support the response of federal, state, local, and international health systems in public health emergencies, 2) support the deployment of health assets in response to or anticipation of a public health emergency, and 3) provide real-time situational information to and from federal, state, local, and international agencies, organizations, and field teams. Elements of the Emergency Operations System are operational, health and technical response teams, specialized laboratories and subject matter experts, and alert, notification, and escalation systems. These would all be available for activation and deployment in the event of a recurrence of SARS-CoV transmission.

Objective 2: Be prepared to activate information management system(s) that can document, support, and coordinate the activities generated within an incident command system.

Activities

The success of efforts to rapidly detect, respond to, and contain an outbreak also depends in large part on the availability of information systems that can support and coordinate the activities generated within an incident command system. During the 2003 SARS outbreaks in Toronto, Canadian health officials noted the constant and high demand for information on the dynamics and

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public health management of the outbreak. These requests derived not only from local, national, and international public health officials but also from clinicians, healthcare organizations, government officials, the media, and the public. Lack of a reliable, centralized, electronic database of outbreak-associated information posed a challenge to tracking the outbreak, monitoring and assessing the outbreak response, and meeting information needs in a timely and complete manner.

Management of future outbreaks will be aided by use of systems that can seamlessly integrate all facilities (public and private) and personnel involved in the response, expedite real-time communication and flow of information, aid in logistics planning and resource management/allocation, and facilitate decision-making and operational coordination, as well as manage information regarding suspected and confirmed cases, exposed contacts, and related laboratory findings.

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)