



Complete Summary

GUIDELINE TITLE

Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Supplement A: command and control.

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention (CDC). Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Supplement A: command and control. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2003 Dec 29. 18 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version issued by the Centers for Disease Control and Prevention (CDC) on November 13, 2003.

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SCOPE

DISEASE/CONDITION(S)

Severe acute respiratory syndrome (SARS)

GUIDELINE CATEGORY

Management
Prevention

CLINICAL SPECIALTY

Preventive Medicine

INTENDED USERS

Public Health Departments

GUIDELINE OBJECTIVE(S)

To present recommendations for appropriate command and control of a severe acute respiratory syndrome (SARS) response

TARGET POPULATION

U.S. population

INTERVENTIONS AND PRACTICES CONSIDERED

1. Operational authority
 - Federal authority
 - U.S. Government Interagency SARS Concept of Operations Plan (CONPlan)
 - Centers for Disease Control and Prevention (CDC) augmentation of local and state resources
 - State, local and jurisdictional authority
 - SARS response plan
2. Incident Command and Management System
 - Information management system(s)
3. Legal authority
 - Isolation and quarantine

MAJOR OUTCOMES CONSIDERED

Effectiveness of public health measures used to respond to the 2003 severe acute respiratory syndrome (SARS) epidemic

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline was prepared by the Centers for Disease Control and Prevention's (CDC) Severe Acute Respiratory Syndrome (SARS) Preparedness Committee, which was assembled to prepare for the possibility of future SARS outbreaks. The Committee includes eight working groups, each of which addressed a component of SARS preparedness and response. The working groups derived the guidance document from lessons learned during the 2003 epidemic, other CDC preparedness and response plans, and the advice, suggestions, and comments of state and local health officials and representatives of professional organizations, convened by means of teleconferences and meetings. Meetings were held on August 12-13, 2003 (public health preparedness and response), September 12, 2003 (preparedness in healthcare facilities), and September 18, 2003 (laboratory diagnostics).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This is an updated version of the draft guidance document issued by the Centers for Disease Control and Prevention (CDC) on November 3, 2003. CDC revised the draft based on comments received from public health partners, healthcare providers, professional organizations, and others.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Priority Activities

- Conduct local preparedness planning for a re-emergence of severe acute respiratory syndrome-associated coronavirus (SARS-CoV), with participation by persons representing a range of disciplines and expertise. Draft and formally adopt a severe acute respiratory syndrome (SARS) response plan, or add SARS preparedness and response to an existing preparedness plan.
- Confirm the controlling authorities for actions such as declaring a public health emergency, activating the SARS response plan, and curtailing modes of transportation.
- Develop/reinforce relationships with health authorities of adjoining jurisdictions and with federal agencies to ensure effective communication and collaboration.
- Learn about the legal authorities and statutes for enforcing individual and community containment measures at the local, state, and federal levels.
- Develop/adapt a predetermined incident command system to coordinate and manage SARS response activities.
- Ensure the availability of information system(s) that can document, support, and coordinate the activities generated within an incident command system (e.g., integrate personnel and facilities, expedite real-time communication and flow of information, aid in logistics planning, resource allocation, and operational coordination).

Operational Authority

The preparation for and response to an outbreak of SARS requires a coordinated response by public health authorities and possibly other emergency response entities at the local, state, and federal levels of government. In the United States, state and local governments have primary responsibility for responding to an outbreak of SARS within their jurisdictions. The federal government has authority to support affected states or jurisdictions as necessary.

Objective 1: Determine and understand the federal authority for the response to a SARS outbreak.

Activities

The U.S. Government Interagency SARS Concept of Operations Plan (CONPlan) describes the proposed federal response to a future outbreak of SARS. According to this plan, the Department of Health and Human Services (HHS) is the U.S.

Government's lead agency for the preparation, planning, and response to a SARS outbreak. As such, HHS will coordinate the U.S. Government's response to the public health and medical requirements of a SARS outbreak. The HHS Secretary's Command Center (SCC) will serve as the national incident command center for all health and medical preparedness, response, and recovery activities. The national response is based on overall geographic risk levels in the United States, as delineated in the CONPlan.

As the component of HHS responsible for disease prevention and control, the Centers for Disease Control and Prevention (CDC) will have primary responsibility for tracking a SARS outbreak and managing the operational aspects of the public health response. To this end, CDC will augment local and state resources for disease surveillance, epidemiologic response, diagnostic laboratory services and reagents, education and communication, and disease containment and control.

Objective 2: Determine and understand the state, local, and jurisdictional authority for the response to a SARS outbreak.

Activities

State and local officials provide the first line of response with respect to preparing and planning for a SARS outbreak at their own jurisdictional level, identifying, managing, and reporting SARS cases, exercising necessary authority to isolate ill persons and quarantine contacts, and imposing other community containment measures. 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.

Local planning for a re-emergence of SARS encompasses a variety of activities and involves persons representing a range of disciplines and expertise. Suggested action steps for local and state SARS preparedness planning are provided below. These will need to be interpreted in the context of the responsibilities of particular health agencies and the division of responsibilities in the jurisdiction.

- Designate an executive committee to oversee a SARS planning process, in cooperation with local health agencies and other partners. Draft/formally adopt a SARS response plan, or add SARS preparedness and response activities to existing preparedness plan(s).
- Ensure that the jurisdiction has an incident command structure in place to govern roles and responsibilities during a multi-agency, multi-jurisdictional response (see below).
- Establish a legal preparedness plan (see below).
- Identify the authority responsible for declaration of a public health emergency and for officially activating the SARS response plan during an outbreak.
- Identify key stakeholders responsible for development and implementation of specific components of the SARS plan, including enforcement of isolation, quarantine, and other community containment measures and closure and decontamination of premises.
- Ensure that the jurisdiction's elected officials, appointed officials, and other agency heads know their respective responsibilities during a SARS outbreak.

- Understand the controlling authority over intrastate and interstate modes of transportation in the event that these need to be curtailed during an outbreak.
- Develop/reinforce relationships with health authorities of adjoining jurisdictions and with federal agencies to ensure effective communication.
- Identify an overall authority in charge of coordinating different medical personnel groups during an outbreak.
- Identify the key individuals from the state and local authorities who will assist in maintaining public order and enforcing control measures during an outbreak.
- Review procedures for enlisting the assistance of the National Guard and other emergency response organizations.

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 personal protective equipment (PPE)
- 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 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.

Legal Authority

Legal preparedness is another key component of SARS preparedness and response. A response to an outbreak of SARS may require coordination of federal, state, and local legal authorities to impose a variety of emergency public health and containment measures, at both the individual and community levels. These measures might include: 1) active monitoring of potential cases and their contacts, 2) isolation of SARS patients to stop the spread of infection, and 3) restriction of activities of SARS contacts.

Objective: Ensure legal preparedness for a SARS response.

In general, the federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States, and states and local jurisdictions have primary responsibility for isolation and quarantine within their borders. The authority to compel isolation and quarantine is derived from each state's inherent "police power," the authority of all state governments to enact laws and promote regulations to safeguard the health, safety, and welfare of its citizens. By statute, the HHS Secretary may accept state and local assistance in the enforcement of federal quarantine and other health regulations and may assist state and local officials in the control of communicable diseases. Because isolation and quarantine are "police power" functions, public health officials at the federal, state, and local levels may occasionally seek the assistance of their respective law enforcement counterparts to enforce a public health order.

Activities

U.S. public health officials need to be knowledgeable about the legal authorities and statutes that exist at the local, state, and federal levels for enforcing these measures. Three issues related to legal authorities that might be required to contain SARS are essential to ensuring preparedness for a rapid response:

- Prior identification of relevant legal authorities, persons, and organizations empowered to invoke and enforce such authorities
- Public trust and compliance with government directives, which includes due process protections to treat individuals with dignity and fairness
- Protection of personnel required to implement and enforce the measures

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation. The working groups derived the guidance document from lessons learned during the 2003 epidemic, other Centers for Disease Control and Prevention (CDC) preparedness and response plans, and the advice, suggestions, and comments of state and local health officials and representatives of professional organizations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The overall goals of preparedness for appropriate command and control of a severe acute respiratory syndrome (SARS) response are to:

- Determine and establish operational authority for a response to a SARS outbreak.
- Establish an incident management structure for the response to a SARS outbreak, supported by adequate information systems.
- Determine and establish legal authority for a response to a SARS outbreak.

POTENTIAL HARMS

State and local public health officers need to be prepared for the practical problems that may arise in affording adequate due process protections to persons subject to isolation and/or quarantine orders. Such problems may include how to arrange for the appearance and representation of persons in quarantine (e.g., video conference or other remote means); how to serve an isolation/quarantine order (likely through law enforcement) and other procedures to advise persons of

their legal rights; and isolation arrangements for transient or homeless populations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The appendices in the guideline document include tools to assist implementation of severe acute respiratory syndrome (SARS) Command and Control at the local and state level.

- Appendix A1 in the original guideline document is a checklist developed by the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Health Officials (ASTHO), and the National Association of County & City Health Officials (NACCHO) that provides a more comprehensive list of preparedness issues and activities for local and state health public health agencies.
- Appendix A2 is a checklist of legal considerations related to SARS preparedness and response at the community level.
- Appendix A3 is a fact sheet that outlines some practical steps for SARS legal preparedness.

Additional considerations related to community containment measures, including isolation and quarantine, are addressed in [Public health guidance for community-level preparedness and response to severe acute respiratory syndrome \(SARS\). Supplement D: Community containment measures, including non-hospital isolation and quarantine](#) (see the National Guideline Clearinghouse [NGC] guideline summary).

IMPLEMENTATION TOOLS

Patient Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention (CDC). Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Supplement A: command and control. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2003 Dec 29. 18 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Nov 3 (revised 2003 Dec 29)

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Centers for Disease Control and Prevention Severe Acute Respiratory Syndrome (SARS) Preparedness Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version issued by the Centers for Disease Control and Prevention (CDC) on November 13, 2003.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Centers for Disease Control and Prevention (CDC) Web site:

- [HTML Format](#)
- [Microsoft Word](#)
- [Portable Document Format \(PDF\)](#)

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- In the absence of SARS-CoV transmission worldwide: guidance for surveillance, clinical and laboratory evaluation, and reporting. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 15 p.

Electronic copies: Available from the [CDC Web site](#).

- Clinical guidance on the identification and evaluation of possible SARS-CoV disease among persons presenting with community-acquired illness. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 15 p.

Electronic copies: Available from the [CDC Web site](#).

See also:

- Appendix A1: State and Local Health Official Epidemic SARS Checklist: Are You and Your Jurisdiction Ready for Epidemic Severe Acute Respiratory Syndrome (SARS)?
- Appendix A2: Checklist of Legal Considerations for SARS Preparedness in Your Community.
- Appendix A3: Fact Sheet: Practical Steps for SARS Legal Preparedness.

Electronic copies: Available from the [CDC Web site](#) in PDF format and as Microsoft Word downloads.

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

PATIENT RESOURCES

The following is available:

- Information for SARS Patients and Their Close Contacts. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Feb 6.
- Infection Control Precautions for SARS Patients and Their Close Contacts in Households. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8.

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

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NGC STATUS

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