



SEVERE ACUTE RESPIRATORY SYNDROME

NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



Supplement C: Preparedness and Response in Healthcare Facilities

Appendix C2

Checklist for SARS Preparedness in Healthcare Facilities

The most common source of transmission of SARS-CoV has been healthcare facilities. Consequently, control of spread in healthcare facilities is critical to controlling SARS. The keys to quickly controlling SARS are rapid and appropriate decision making and rapid and effective implementation of response activities. The need for rapid and effective responses requires that planning and preparedness activities precede SARS-CoV activity.

The following checklist is a planning tool for healthcare providers. The checklist format is not intended to set forth mandatory requirements or establish national standards for healthcare preparedness. Rather, each healthcare facility should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own procedures.

Structure for planning and decision making

- ❑ Designate a planning and response committee that includes representatives from a variety of departments (e.g., administration, infection control, hospital epidemiology, etc.)
- ❑ Identify the local or state health department contact who will serve as liaison for SARS preparedness planning and response.
- ❑ Identify a SARS coordinator to serve as the facility's point of contact for communication of information internally and externally.

Written SARS preparedness and response plan

- ❑ Develop written policies and work practices for SARS patients that minimize the risk of transmission to other patients, healthcare workers, and visitors.
- ❑ Define a system to review and update the plan as new information and strategies develop.

Function and capacity of the facility to respond to SARS

- ❑ Test the facility's SARS response capabilities of the facility by using "table top" or other exercises.
- ❑ Identify criteria and methods for measuring compliance with the implementation of response activities.
- ❑ Develop strategies to quickly correct deficiencies in implementation of response activities.

Surveillance, screening, triage, and evaluation in healthcare facilities

- ❑ Ensure that clinicians can promptly detect, report, and manage potential SARS patients.
- ❑ Identify a local or state health department contact to coordinate surveillance for cases of SARS.
- ❑ Develop measures for symptom monitoring and reporting of healthcare workers and patients potentially exposed to SARS-CoV, in accordance with public health recommendations.
- ❑ Educate clinical healthcare providers about signs and symptoms of and risk factors for SARS-CoV disease.
- ❑ Be prepared to recognize and report unusual clusters of pneumonia.
- ❑ Know where and how to promptly report a potential SARS case to hospital and public health officials.
- ❑ Develop procedures for rapidly implementing appropriate isolation and infection practices for potential SARS patients.

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- ❑ Develop procedures to perform an appropriate and safe evaluation of patients with SARS-like illnesses that accounts for level of SARS-CoV transmission.

Infection control, isolation, and cohorting measures, and environmental controls

- ❑ Develop comprehensive isolation and infection control guidelines and strategies for patient-related activities in the hospital and optimal overall safety of staff, patients, and visitors.
- ❑ Develop a patient placement and transport plan that ensures appropriate isolation and infection control strategies to minimize the risk of transmission to staff, patients, and visitors.
- ❑ Develop a plan to formally monitor and reinforce compliance with PPE measures and to update those measures as needed as a SARS outbreak progresses.
- ❑ Develop optimal patient placement strategies that account for the availability of AIIRs.
- ❑ Review and ensure that air-handling capacity of rooms is adequate for isolation and infection control needs of SARS patients.

Exposure reporting and evaluation of risk

Educate staff regarding:

- ❑ Modes of SARS-CoV transmission
- ❑ Risks associated with different patient-care procedures
- ❑ Risks to healthcare workers, patients, and visitors
- ❑ Importance of reporting exposures and illness
- ❑ How and to whom to report SARS-CoV exposures and illness

Administrative and organizational activities

- ❑ Determine the minimum number and categories of personnel needed to care for a single patient or small group of patients on a given day.
- ❑ Determine whether a small group of staff, including ancillary staff, could be assigned responsibility for providing initial care for SARS patients.
- ❑ For teaching hospitals, determine what role, if any, students and other trainees (e.g., residents, fellows) will play in the care of SARS patients.
- ❑ Develop a strategy to meet the staffing needs as the number of SARS patients increases and/or personnel become ill or are quarantined.
- ❑ Develop a strategy to ensure the availability of a sufficient number of infection control practitioners (ICPs) to allow for daily monitoring and assessment of all patient-care areas.
- ❑ Develop a plan for healthcare workers that includes criteria for furloughs and work restrictions, appropriate measures to help healthcare workers comply with restrictions (including access to mental health professionals), follow-up after unprotected exposures to SARS patients, and notification of multiple facilities at which they work.
- ❑ Establish criteria and protocols for controlling access to hospitals, including admissions, transfers, discharges, and visitors.
- ❑ Develop a plan that determines when and how to involve security services to enforce access limitations.
- ❑ Establish criteria and protocols to determine when to close the facility to new admissions and transfers.
- ❑ Assess anticipated needs for consumable and durable resources required to provide care for various numbers of SARS patients, and develop a plan to meet the extra need.
- ❑ Develop a back-up plan to deal with the possibility of limited supplies.

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Communication and reporting

- Establish a mechanism and contacts for regular communications with the state and local health departments.
- Develop a plan to communicate with and report to health departments information on SARS activity in the healthcare facility and information on exposed visitors.
- Develop a plan for discharge of SARS patients and appropriate follow-up and case management in the community.
- Address jurisdictional and procedural issues for the investigation of nosocomial SARS outbreaks.
- Develop a plan to provide daily updates to the infection control staff and the hospital administration regarding SARS activity in the facility and the community.
- Develop a plan for the flow and release of information related to SARS patient care or SARS-CoV transmission in the facility.
- Develop criteria to determine whether and how the facility will establish a SARS hotline for public inquiries.

Community healthcare delivery

Determine how the healthcare facility will participate in and be affected by community-level healthcare-related issues such as:

- Community management of SARS patients
- Expansion of AIIR facilities
- Training of first responders to safely manage SARS patients
- Development of community-wide strategies to meet healthcare worker shortages
- PPE supplies
- Funding needs
- Legal regulations
- Liability issues related to healthcare personnel

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)