



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.



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

III. 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, 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

Supplement A: Command and Control-Operational Authority

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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 (www.cdc.gov/ncidod/sars/guidance/a/pdf/incident.pdf) in place to govern roles and responsibilities during a multi-agency, multi-jurisdictional response.
- Establish a legal preparedness plan (www.cdc.gov/ncidod/sars/guidance/a/pdf/legal.pdf).
- 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.

Appendix A1 is a checklist developed by 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.

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)