



## 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

### I. Rationale and Goals

Because of the multifaceted nature of a SARS response and the impact of a SARS outbreak on many sectors of society – political, economic, social, healthcare, and others – a well-defined command and control structure with strong leadership is required to coordinate the response, allocate resources appropriately, and ensure the dissemination of consistent information in a timely manner. Control of SARS requires policymakers, healthcare and public health professionals, community leaders, and the public to work in a coordinated manner within a well-defined collaborative framework. Emergency preparedness and response capacities at the national, state, and local levels must be harmonized to allow a seamless response. The sustained, coordinated efforts required to control SARS lend themselves to the principles and structure of incident command and management systems. These systems use a predetermined organizational structure for potential mass casualty events that addresses planning, operations, logistics, finance, and administration. They are useful in maximizing the use of limited resources, monitoring the status of an outbreak, and consolidating the control of a large number of individual resources.

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. Experience from the 2003 SARS outbreak demonstrates how closely legal issues are intertwined with public health responses. Within days of the appearance of SARS, Canada, Hong Kong, and Singapore instituted health measures, including large-scale community-based restrictions, to prevent the further spread of SARS-CoV. In Ontario, Canada, the provincial government made SARS a reportable communicable disease under Ontario's Health Protection and Promotion Act. This gave Ontario public health officials the legal authority to issue orders to enjoin SARS patients from engaging in activities that could facilitate transmission. In the United States, the President signed an executive order on April 4, 2003, adding SARS to the list of quarantinable diseases ([www.cdc.gov/ncidod/sars/executiveorder040403.htm](http://www.cdc.gov/ncidod/sars/executiveorder040403.htm)). This executive order provides CDC with the legal authority to implement isolation and quarantine measures for SARS, as part of its transmissible disease-control measures.

The overall goals of preparedness for appropriate command and control of a 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.

For more information, visit [www.cdc.gov/ncidod/sars](http://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)

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