



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

III. Preparedness Planning for Healthcare Facilities

All U.S. healthcare facilities need to be prepared for the rapid pace and dynamic features of a SARS outbreak. All hospitals should be equipped and ready to care for a limited number of SARS patients as part of routine operations and also to care for a larger number of patients in the context of escalating transmission. Plans should outline the administrative, environmental, and communication measures and the individual work practices required to detect the introduction of SARS-CoV, prevent its spread, and manage the impact on the facility and the staff.

This document details planning issues that should be addressed in preparing for potential SARS outbreaks. It will be important for planning committees to consider the logistics of both basic and enhanced control measures. Section IV: Recommended Preparedness and Response Activities in Healthcare Facilities, below, details activities that should be discussed by a planning committee. The response matrices in Appendix C1 provide specific recommendations on implementing these measures.

Ideally, SARS planning will not occur in a vacuum but will build on existing preparedness and response plans for bioterrorism or other infectious disease emergencies and will be addressed by the same groups responsible for developing those plans.

Objective 1: Develop a planning and decision-making structure that ensures the capacity of the healthcare facility to detect and respond effectively to SARS.

Activities

- Designate an internal, multidisciplinary planning committee with responsibility for SARS preparedness and response. Select persons with decision-making authority and appropriate technical expertise, and include representatives from all potentially affected groups. An existing preparedness team with appropriate membership (e.g., bioterrorism response) could take on this role.
- Identify a local or state health department staff member who will serve as liaison for SARS preparedness planning and response. If possible, include this person on the planning committee.
- Identify a SARS coordinator to direct planning and response efforts and serve as the facility's point of contact for communication internally (i.e., in the facility and/or healthcare system) and externally (i.e., to public health agencies, other healthcare facilities, law enforcement agencies, media, and other partners).
- Consider including representatives from the following groups on the planning committee:
 - Administration/senior management (including fiscal officer)
 - Infection control/hospital epidemiology
 - Hospital disaster/emergency coordinator
 - Engineering/physical plant/industrial hygiene/institutional safety
 - Nursing administration
 - Medical staff (including outpatient areas)
 - Intensive-care unit
 - Emergency department

Preparedness Planning for Healthcare Facilities

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- Laboratory services
- Respiratory therapy
- Environmental services (housekeeping, laundry)
- Public relations
- Security
- Materials management
- Education/training/staff development
- Occupational health
- Diagnostic imaging
- Consider including representatives from the following areas as adjunct members to provide additional expertise and support:
 - Infectious diseases
 - Mental health
 - Risk management
 - Labor and unions
 - Human resources
 - Pharmacy
 - Emergency medical technicians (“first responders”)
 - Social work
 - Director of house staff/fellowship and other training programs
 - Pulmonary medicine
 - Pathology
 - Local law enforcement

Objective 2: Develop a written SARS preparedness and response plan.

Activities

- Develop a written plan that considers/accounts for each of the topics addressed in the box below and in Section IV: Components of Preparedness and Response in Healthcare Facilities.
- Ideally, the logistics of both basic and enhanced measures (see Core Document, III.B) should be discussed in advance of a SARS outbreak.
- Formulate written policies and work practices to ensure the prompt triage, identification, and management of possible SARS patients while minimizing the risk of transmission to other patients, personnel, and visitors.
- Devise a system for periodic review and updating of the plan as indicated.

Objective 3: Assess the capacity of the facility to respond to SARS.

Activities

- Consider using simulations (“table top” or other exercises) to test the facility’s response capacities.
- Identify criteria and methods for measuring compliance with response measures (e.g., infection control practices, case reporting, patient placement, healthcare worker illness surveillance).
- Develop strategies to quickly correct deficiencies.

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)