

# *Disaster Readiness Advisory #12*



*This Disaster Readiness Advisory, a special service to America's hospitals, contains guidance about disaster readiness. If you don't receive all six pages, please call (202) 626-2298.*

## **CDC Releases New SARS Plan**

### **A Message to America's Hospitals:**

To prepare for a possible re-emergence of severe acute respiratory syndrome (SARS), the Centers for Disease Control and Prevention (CDC) has developed sets of voluntary recommendations for health care facilities that would ramp up response as levels of SARS activity increase in the world and in the your community. A draft of the CDC's "Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS)" is available at [www.cdc.gov/ncidod/sars/sarsprepplan.htm](http://www.cdc.gov/ncidod/sars/sarsprepplan.htm).

This SARS plan is a working document that outlines the concepts and strategies that would guide our country's response in the event of a SARS outbreak. It also describes many of the activities needed at the federal, state and local levels to prepare for and respond to a re-emergence of SARS. For your information, this advisory includes two key parts of the 169-page plan – the table of contents (Attachment 1), in case you wish to search the Web document for more information, and introductory paragraphs from Supplement C, "Preparedness and Response in Healthcare Facilities" (Attachment 2). Attachment 2 discusses the transmission of SARS-associated coronavirus (SARS-CoV) and important lessons learned from the global experience with SARS in health care settings.

The CDC prepared the plan in close collaboration with its partners, including the American Hospital Association, and incorporates many of the concepts and approaches that were successfully used to contain SARS outbreaks in the United States and other countries with more widespread outbreaks. In addition, the draft plan integrates and builds on preparedness and response plans for other public health emergencies, such as pandemic influenza and bioterrorism.

The SARS plan has a separate set of recommendations for inpatient facilities and emergency departments; outpatient facilities; and long-term care settings. This approach allows health care facilities the flexibility to develop a plan that's appropriate for their community. The plan also introduces the concept of a "universal respiratory etiquette strategy" in which surgical masks are provided to all patients presenting to the hospital with respiratory symptoms (such as a cough) and recommends that such patients be placed in a private area as soon as possible. The plan will be updated regularly and can be implemented immediately should SARS re-emerge.

*(over)*

Check off the following from your “to do” list:

- Share this advisory with members of your disaster readiness team, chief medical officer, infection control director, emergency department director, nurse executive and risk management director.
- Use the recommendations in the guidance to update your facility’s disaster plan so that you are prepared for the possibility that a patient with SARS may present to your hospital.
- Connect with your community's public health department and emergency response agencies to integrate your plan with theirs. Specifically, make sure you have their latest contact numbers and that they have an updated list of your hospital's key contacts.
- Visit the CDC’s Web site for more information about the SARS plan at <http://www.cdc.gov/ncidod/sars/> or contact the CDC’s Office of Communication at (404) 639-3286.

The CDC is accepting comments on the draft SARS plan for several weeks before making the plan final. The AHA will be submitting our comments soon, and hospitals with concerns regarding the plan are urged to submit comments to the CDC at [sars-plan@cdc.gov](mailto:sars-plan@cdc.gov). We also encourage you to send the AHA’s Roslyne Schulman ([rschulman@aha.org](mailto:rschulman@aha.org)) copies of any comments you submit to the CDC. As information continues to evolve, the AHA will provide you with updates through additional *Disaster Readiness Advisories* on these and related topics.

Sincerely,



Dick Davidson  
President

November 3, 2003

**Excerpted from the CDC Public Health Guidance for Community-Level  
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**Excerpted from the CDC Public Health Guidance for Community-Level  
Preparedness and Response to SARS Supplement C:  
Preparedness and Response in Healthcare Facilities**

**I. Rationale and Goals**

Transmission of SARS-CoV<sup>1</sup> in healthcare facilities was a major factor in the spread of SARS-CoV during the 2003 global epidemic. In areas with extensive outbreaks, the virus spread most readily among hospital workers caring for SARS patients, other patients, and visitors. In Toronto, 77% of the patients in the first phase of the outbreak were infected in the hospital setting, and half of all SARS cases in Toronto were in healthcare workers. Even in Hong Kong, where there was significant community transmission, 21% of all SARS cases occurred in healthcare workers. Factors that likely contribute to the disproportionate rate of transmission in healthcare settings include: 1) a higher virus titer in respiratory secretions during the second week of illness when patients are likely to be hospitalized, 2) use of ventilators, nebulizers, endotracheal intubation, and other droplet- and aerosol-generating devices and procedures, and 3) frequent exposures of workers to patients, their secretions, and potentially contaminated environments.

The large number of hospital personnel who contracted SARS demonstrates the importance of early detection and infection control in limiting the spread of disease. In every region in which major outbreaks were reported, a substantial proportion of cases resulted from delays in clinical recognition and isolation of patients. SARS-CoV was also transmitted by infected visitors and by hospitalized patients with other medical conditions that masked the symptoms of SARS. Case recognition and implementation of appropriate precautions greatly reduced the risks of SARS-CoV transmission. However, even with appropriate precautions, there were isolated reports of transmission to healthcare workers in the settings of aerosol-generating procedures and lapses in infection control technique.

SARS-CoV transmission in a healthcare setting presents occupational and psychological challenges that, in the 2003 outbreaks, required heroic efforts to overcome. Experience also indicates, however, that early detection and isolation of cases, strict adherence to infection control precautions, and aggressive contact tracing and monitoring can minimize the impact of a SARS outbreak. The success of these measures depends on exhaustive planning, clear communication, and collaboration among disciplines, authoritative leadership, and provision of relevant support.

This Supplement provides suggestions for how to prepare for and respond to an introduction of SARS in healthcare facilities. It outlines basic response measures as well as the enhanced activities that may be needed to address larger outbreaks. As preparedness and response activities for SARS are in many ways analogous to those required for other types of emergency and mass-casualty events, planning for SARS may only require integration of SARS-specific activities into existing plans and protocols.

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<sup>1</sup> AHA footnote: SARS-associated coronavirus (SARS-CoV)

The goals of a preparedness and response plan in healthcare facilities are to:

- Rapidly identify and isolate all potential SARS patients.
- Implement strict infection control practices to prevent transmission.
- Strengthen communications in healthcare facilities and between healthcare facilities and health departments.

## **II. Lessons Learned**

The following lessons from the global experience with SARS in healthcare settings have been considered in developing this document:

- Strict adherence to contact and droplet precautions, along with eye protection, seems to prevent SARS-CoV transmission in most instances. Airborne precautions may provide additional protection in some instances.
- Undetected cases of SARS in staff, patients, and visitors contribute to rapid spread of SARS-CoV.
- Optimal control efforts require continuous analysis of the dynamics of SARS-CoV transmission in the facility and the community.
- A response to SARS can push the capacity of a healthcare facility to its limits.
- The social and psychological impact of SARS can be substantial, both during and after an outbreak.
- The most effective systems for controlling a nosocomial outbreak are those that are developed and tested before an outbreak occurs.
- Communication needs can overwhelm and paralyze response capacity; good information management strategies are essential to an efficient and effective response.