

*Enclosure 2*  
*Critical Benchmarks for Bioterrorism Preparedness Planning*

- 1. Designate a Senior Public Health Official within the State health department, to serve as Executive Director of the State Bioterrorism Preparedness and Response Program and a Coordinator for hospital preparedness planning.**
- 2. Establish an advisory committee to include representatives from (included but not limited to):**
  - **State and local health departments and government;**
  - **Emergency Management Agencies;**
  - **Emergency Medical Services;**
  - **Office of Rural Health;**
  - **Police, fire department and emergency rescue workers and occupational health workers;**
  - **Other health care providers, including university, academic medical and public health;**
  - **Community health centers;**
  - **Red Cross and other voluntary organizations; and**
  - **The hospital community (to include Veterans Affairs and military hospitals).**
- 3. Prepare a time line for the development of a state-wide plan for preparedness and response for a bioterrorist event, infectious disease outbreak, or other public health emergency.**
- 4. Prepare a time line for the development of regional plans for bio-preparedness and response for a bioterrorist event, infectious disease outbreak, or other public health emergency.**
- 5. Prepare a time line for assessment of emergency preparedness and response capabilities related to bioterrorism, other outbreaks of infectious disease and other public health emergencies with a view to facilitating planning and setting implementation priorities.**
- 6. Establish a hospital bio-preparedness planning committee, (affiliated with the state-wide bioterrorism advisory committee) whose composition includes representation from (but not limited to):**
  - **Emergency Medical Services;**
  - **Emergency Management Agencies;**
  - **Office of Rural Health;**
  - **State hospital associations;**
  - **Veterans Affairs and military hospitals;**
  - **Primary care associations.**
- 7. Develop a time line for implementation of regional hospital plans that would**

**accommodate in an emergency at least 500 patients.**

**8. Assess statutes, regulations, and ordinances within the state that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures.**

**9. Develop a plan and identify personnel to be trained to receive and distribute critical stockpile items and manage a mass distribution of vaccine and/or antibiotics on a 24 hours a day, 7 days a week basis.**

**10. Develop a plan to receive and evaluate urgent disease reports from all parts of the jurisdiction on a 24 hour a day, 7 days a week basis.**

**11. Assess epidemiologic capacity with provision for at least one epidemiologist for each Metropolitan Statistical Area with a population greater than 500,000.**

**12. Develop a plan to improve working relationships and communication between Level A (clinical ) laboratories and Level B/C laboratories, (i.e. Laboratory Response Network laboratories) as well as other public health officials.**

**13. Develop a plan that ensures that 90 percent of the population are covered by the Health Alert Network.**

**14. Develop a plan for communication systems that provides for a 24/7 flow of critical health information between hospital emergency departments, State and local health officials, and law enforcement.**

**15. Develop a plan to enhance risk communication and information dissemination to educate the public regarding exposure risks and effective public response.**

**16. Assess training needs with special emphasis on emergency department personnel, infectious disease specialists, public health staff, and other health care providers.**