

VERMONT DEPARTMENT OF HEALTH SARS PREPAREDNESS AND RESPONSE PLAN
DRAFT 1.2 – PART 2 CHECKLIST

PART 2. CHECKLIST: SUMMARY OF ACTIVITIES BY ALERT LEVEL

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Alert Level 0: No person-to-person transmission of SARS confirmed in the world

A. Command and Control:

- Designate a SARS executive committee to review this plan.
- Continue to consult with court administrators, law enforcement officers, and the Vermont League of Cities and Towns to develop legal procedures for imposing isolation and quarantine in an outbreak; describe the role of key partners, including state and local police, town health officers and other town officials, and judges.
- Provide training and education to local partners and Agency of Human Services regarding isolation, quarantine, and support procedures.
- Develop procedures with the Agency of Human Services to provide support to families and individuals in isolation or quarantine.
- Develop an internal VDH Incident Command System and Emergency Operations Center for infectious disease outbreaks.
- Provide education and training to State Emergency Operations Center.

B. Surveillance:

- Establish a surveillance system to receive reports of ***potential*** SARS
- Disseminate surveillance guidelines to healthcare providers
- Arrange for surge capacity to conduct surveillance of contacts
- Create or adapt a case and contact database
- Review reports submitted by healthcare providers, consult CDC as needed
- Report ***potential*** SARS cases to CDC

C. Healthcare Facilities:

- Appoint a facility planning and decision-making structure responsible for preparedness and response.
- Develop, update or incorporate a written SARS preparedness and response plan for the facility including policies, work practices, and periodic review and updating.
- Assess capacity to respond to SARS.
- Develop strategies to minimize risk of transmission during triage, admission, transport, and isolation – including airborne infection isolation spaces with adequate air-handling capacity.
- Establish procedures for minimizing and managing unprotected exposure (both high-risk and not high-risk) of healthcare workers to ***possible*** SARS patients.
- Establish procedures for managing symptomatic healthcare and lab workers.
- Develop staffing plans for a SARS outbreak, including infection control staffing.
- Develop personnel policies for exposure management and work restrictions, including home/work quarantine policies.

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- Ensure that all staff understand the risks of SARS exposure and the importance of, and procedures for, reporting exposures and illness.
- Continue routine evaluation of respiratory illnesses.
- Reinforce basic infection control policies and training.
- Emphasize “respiratory etiquette” to decrease transmission of all respiratory diseases.
- Determine the criteria for designating a special SARS nursing unit.
- Reinforce adequate communication with Vermont Department of Health, facility staff and administration, other healthcare facilities, and the public.
- Maintain surveillance for symptoms consistent with re-emergence of SARS.
- Evaluate *potential* SARS cases using safe work practices.

D. Community containment:

- Establish a legal isolation and quarantine plan and relationships with essential partners.
- Develop a plan for monitoring and assessing community containment needs.
- Develop protocols and tools to monitor and evaluate contacts of possible SARS cases, identify illness, and rapidly institute infection control measures, including non-hospital isolation and quarantine.
- Establish a plan for hotlines or other communication services for case and contact monitoring and response, public information, and provider information. Hotlines should be able to operate as needed depending on volume, including 24/7 if necessary.
- Establish procedures with other Agency of Human Services departments and private sector organizations to provide essential services and supplies to people in isolation or quarantine.
- Identify appropriate non-hospital facilities, criteria, policies, and procedures for isolating patients in the community when appropriate.
- Develop procedures and identify key partners to implement population-level restrictions on movement; conduct training and drills; train response personnel in personal safety requirements.
- Develop emergency Agency of Human Services personnel mobilization and deployment plans.

E. International travel:

- Continually monitor surveillance data from international, national, and state sources.
- Work closely with partners to develop plans and protocols for meeting, assessing, and managing arriving ill travelers.
- Develop informational materials specifically for travelers.
- Develop plans and protocols for imposing and enforcing movement restrictions.
- Identify a standby isolation or quarantine facility for travelers.

F. Laboratory Diagnosis:

- Continuously review and revise procedures to reflect current CDC guidance and standardized procedures.

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- Maintain proficiency and train additional staff in assay procedures and data management systems.
- Contract with a courier for pick-up and delivery of specimens.
- Establish formal agreements with other laboratories for confirmatory testing and for backup performance of routine (non-SARS) testing.
- Ship 2-3 shipping container kits to all Vermont hospital laboratories.
- Inventory SARS test reagents and supplies monthly.

G. Communication:

- Assess the information needs of the general public and healthcare providers.
- Assess logistics, personnel, equipment, resources and training needed to support emergency communication.
- Identify communication functions needed in a SARS event, and personnel to fill them.
- Increase range and type of educational materials for use during an outbreak.
- Establish mechanism for review and clearance of SARS-related messages and materials.
- Provide spokesperson/media and crisis/emergency risk communication training.
- Investigate local public hotline options and call triage system.
- Identify events that will activate emergency operations/emergency communications.
- Help develop capacity to operate a Joint Information Center (JIC).
- Update SARS website.
- Identify spokespersons and subject matter experts.

Alert Level 1: Person-to-person transmission of SARS confirmed in the world but not Vermont

A. Command and Control:

- Notify Vermont Department of Health senior managers.
- Notify Vermont Emergency Management and consider whether to convene a meeting of the Emergency Operations Center for initial briefing and planning.

B. Surveillance:

- Facilitate reporting from hospitals.
- Disseminate updated surveillance and patient screening guidelines to providers.
- Provide advice and information to colleges, schools, and workplaces.
- Review reports from hospitals.
- Issue Health Alert Network advisory to district offices, physicians and hospitals.
- Report cases under investigation to CDC.
- Counsel, evaluate and monitor exposed contacts of out-of-state SARS cases (see sec. D below).

C. Healthcare Facilities:

- Increase the index of suspicion for SARS based on symptoms, patient risk factors, and level of SARS transmission in the community.

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- Establish surveillance and triage procedures to promptly identify and report all new *possible* SARS cases at the facility.
- Immediately notify the Department of Health of any patients or clusters of patients who meet specific criteria.
- Determine inventory and potential need for supplies and equipment.
- Develop plans to control facility access, including admissions, transfers, discharges, and visitors, including enforcement of limitations.

D. Community containment:

- Immediately follow up on notice of Vermont contacts of out-of-state SARS cases with interviews and recommendations concerning health status.
- Review procedures for managing asymptomatic contacts.
- Review isolation and quarantine procedures and enforcement strategies.
- Consider convening the State Emergency Operations Center for preliminary briefing and planning session.
- Intensify planning and training activities.
- Inventory written explanatory materials and supplement supplies if necessary.
- Identify resources for managing non-hospital isolation and quarantine.

E. International travel:

- Reduce the risk of SARS among travelers leaving Vermont by continuously monitoring the status of travel alerts or advisories, and distributing periodic updates and guidance to the public.
- Reduce the risk of importation of SARS into Vermont by distributing health alert notices to travelers arriving from areas with SARS and screening them for SARS, and by meeting travelers entering Vermont who are *potential* SARS cases.

F. Laboratory Diagnosis:

- Notify hospital laboratories by e-mail.
- Maintain test proficiency and test reagent inventory.
- Forward CDC and Health Alert Network updates to hospital lab managers.

G. Communication:

- Consult with local, other state, national and Canadian colleagues to ensure consistent messages.
- Develop a “library” of SARS-related material for reference.
- Prepare and move messages and materials to increase knowledge of the public and health care professionals about SARS.
- Equip all communication staff with list of resources and websites relating to SARS.
- Participate in federal agency telebriefings and satellite broadcasts on SARS.

Alert Level 2: SARS confirmed in Vermont

Level 2a: A few suspect cases, all imported, no in-state transmission:

A. Command and Control:

- Notify Health Department senior managers.
- Notify Vermont Emergency Management; consider whether to convene a meeting of the State Emergency Operations Center for an initial or update briefing and planning session if it has not already occurred.

B. Surveillance:

- Disseminate updated surveillance and screening guidelines to providers, specific to transmission patterns in each affected community.
- Continue active surveillance for more cases.
- Evaluate and monitor exposed contacts of possible SARS cases. Prioritize contact tracing if volume exceeds staff capacity, request assistance if needed. Suspend contact tracing if it is not effective.
- Finalize all epidemiology surge capacity arrangements. Recruit, train, and assign backup personnel as needed.

C. Healthcare Facilities: Please refer to Appendix C-Matrices

D. Community containment:

- Consider preliminary State Emergency Operations Center briefing and planning session (see above).
- Interview suspect cases and determine whether they can and will voluntarily isolate themselves at home; ask them to do so if they are able and willing and do not need hospitalization; if they do need hospitalization, provide instructions for reporting to the nearest emergency room. Identify potential barriers to compliance with isolation request.
- Interview suspect cases to determine the name and location of all contacts; interview all contacts.
- Provide clear verbal and written instructions to patient and primary caregiver for care during isolation, including monitoring health status and preventing transmission.
- Identify appropriate non-hospital alternative isolation and quarantine facilities in each Agency of Human Services district; establish legal agreements to use them.
- Arrange for isolation of individual patients in appropriate location.
- Arrange financial or social support for cases in isolation if necessary.
- Monitor asymptomatic close contacts for clinical status.
- Consider quarantine for other specified high-risk contacts. Home quarantine will be preferred whenever feasible.
- Finalize all surge capacity arrangements for space and staffing.
- Consider restricting movement of healthcare workers with high-risk exposure.
- Consider opening alternative isolation and quarantine facilities in affected districts, with support from State Emergency Operations Center.

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E. International travel:

- Continue all activities under Level 1.
- Reduce the risk of exporting SARS by screening travelers leaving Vermont and restricting any with suspicious signs or symptoms.

F. Laboratory Diagnosis:

- Provide detailed recommendations to Vermont hospital laboratories relating to biosafety, specimen collection and specimen transport to the Department of Health laboratory.
- Work with all SARS testing laboratories serving Vermont patients to ensure timely reporting, appropriate test result interpretation and test confirmation.
- Obtain independent confirmatory testing of any positive SARS PCR test results.
- Immediately communicate test results to the Department of Health epidemiology program and to the patient's medical provider, followed by hard copy of test results.

G. Communication:

- Get ready to immediately address questions related to the first case(s).
- If needed, establish a Joint Information Center (JIC) in the field.
- Coordinate and maintain communication with partners.
- Coordinate activities with CDC's Emergency Communication System (ECS) and federal communication liaisons.
- Provide information that meets language and cultural needs.
- Enlist local partners to get educational messages to local communities.
- Use website to manage information requests from the public, health care providers and the media.
- Activate local public hotlines and call triage system as appropriate.
- Monitor media reports, hotline questions, and field investigation reports to correct rumors and misinformation and to anticipate public information needs.

Level 2b: Multiple probable or confirmed cases of SARS in Vermont, with an identified pattern of transmission and effective control measures in place:

A. Command and Control:

- Activate Incident Command System within the Department of Health if the number of Vermont cases threatens to exceed the ability of the epidemiology program to respond. Consider requesting that Vermont Emergency Management open the State Emergency Operations Center in Waterbury. If it is opened the commissioner or deputy commissioner of health will represent the department at the State Emergency Operations Center. All departments will communicate with each other through the State Emergency Operations Center.
- Request a meeting of the State Emergency Operations Center for update briefing and planning activities (see above).

B. Surveillance:

- Continue all activities under Level 2a.

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- Request additional staffing from Department of Health Incident Command System.

C. Healthcare Facilities

- Please refer to Appendix C - Matrices

D. Community containment:

- Continue all activities under Level 2a.
- Prioritize contact tracing; request assistance if needed.
- Establish isolation and quarantine enforcement strategies.
- District Directors initiate contact with local Agency of Human Services contacts and other community partners to arrange financial and other support, as needed
- Establish designated alternate healthcare facilities for ill cases.
- Open alternative isolation and quarantine facilities in affected districts, with support from State Emergency Operations Center.
- Complete all planning and preparation measures for imposing community-based population control measures such as fever/symptom monitoring, community-wide “shelter-in-place” or “snow day” strategies, canceling public events, closing public places and schools, restricting mass transit, distributing masks to selected essential personnel.
- Identify alternative means of providing essential services such as police and fire protection, trash pickup, water and sewer treatment, and utilities.
- Recruit, train and assign backup personnel as needed.

E. International Travel:

- Continue all activities under Level 2a.

F. Laboratory Diagnosis:

- Continue all activities under Level 2a.
- Request additional staffing from Department of Health Incident Command System.

G. Communication:

- Continue all activities under Level 2a.

Level 2c: Multiple cases in Vermont, with an unknown pattern of transmission, or with extensive transmission and ineffective control measures:

- All Health Department functions continue all activities under Level 2a and 2b.
- All Health Department operations request additional staffing from VDH Emergency Operations Center.

In addition:

A. Command and Control:

- Request the governor to declare a state of emergency; open the State Emergency Operations Center (see “Command and Control” above).

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D. Community containment:

- Prioritize contact tracing or suspend it entirely.
- Institute mandatory quarantine, with active daily monitoring and symptom review.
- Request State Emergency Operations Center assistance to families and facilities with essential services and support, mental health measures, and enforcement.
- Distribute surgical or procedure masks for use by population of affected areas.
- Close non-essential government functions.
- Consider restricting access into and out of affected areas.
- Impose restrictions on travel.
- Request voluntary closing of schools and workplaces.