

SUPPLEMENT A: COMMAND AND CONTROL

North Carolina Department of Health and Human Services, Division of Public Health

I. Rationale and Goals

“Prudent preparation can limit spread and lessen effects.”

NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan (Appendix A-1)

Overall Goals:

- The statutory/rule and operational authority will provide preparation for and response to an outbreak of Severe Acute Respiratory Syndrome (SARS).
- Define the structure and role of an Incident Command and Management System to control SARS.

II. Statutory and Operational Authority

The State of North Carolina has in place legal authority necessary for preparedness and response of an outbreak of SARS. North Carolina statutes and rules exist to support this component. Operational authority is also in place for public health and other health-related emergency response entities at the state and local levels of government. The federal government has been granted authority to support affected states or jurisdictions as necessary.

A. Statutory Authority

North Carolina currently has the following statutes and rules in place related to SARS:

- Disease reporting – NCGS § 130A 134-142
- SARS a reportable disease – NCAC 41A.0101
- Proper handling of bodies – NCAC 41A.0212
- Quarantine and isolation authority – NCGS § 130A-145
- Investigation and control measures – NCGS § 130A-144 and 10A NCAC 41A.0213
- Emergency Management Act – NCGS § 166A

In the United States, the President signed an executive order on April 4, 2003, adding SARS to the list of Federal quarantineable communicable diseases (<http://www.cdc.gov/ncidod/sars/executiveorder040403.htm>).

This executive order provides CDC with the legal authority to implement international and interstate isolation and quarantine measures for SARS, as part of its transmissible disease-control measures. In general, the federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States, and states and local jurisdictions have primary responsibility for isolation and quarantine within their borders.

By statute, the Department of Health and Human Services (HHS) Secretary may accept state and local assistance in the enforcement of federal quarantine and other health regulations and may assist state and local officials in the control of communicable diseases. Public health officials at the federal, state, and local levels may occasionally seek the assistance of their respective law enforcement counterparts to enforce a public health order related to isolation and quarantine.

B. Federal Operational Authority

The U.S. Government Interagency SARS Concept of Operations Plan (CONPlan) describes plans for the federal response to a future outbreak of SARS. According to this plan, the HHS is the U.S. Government's lead agency for the preparation, planning, and response to a SARS outbreak. As such, HHS will:

- Coordinate the U.S. Government's response to the public health and medical requirements of a SARS outbreak.
- Provide the HHS Secretary's Command Center (SCC) as the national incident command center for all health and medical preparedness, response, and recovery activities.
- Base national response on overall geographic risk levels in the United States, as delineated in the CONPlan.
- Authorize CDC, the component of HHS responsible for disease prevention and control, primary responsibility for tracking a SARS outbreak and managing the operational aspects of the public health response.

To this end, CDC will augment local and state resources for:

- Disease surveillance
- Epidemiological response
- Diagnostic laboratory services and reagents
- Education and communication
- Disease containment and control.

C. State and Local Operational Authority

State and local officials provide the first line of response with respect to preparing and planning for a SARS outbreak at their own jurisdictional level to:

- Identify, manage, and report SARS cases.
- Exercise necessary authority to isolate ill persons and quarantine contacts.
- Imposing other community containment measures as required.
- Divide responsibilities between state and local levels according to the size of the population served by local health agencies.

Guidelines for State and Local Planning

Local planning for a reemergence of SARS encompasses a variety of activities and involves persons representing a range of disciplines and expertise. The following action steps are suggested for local SARS preparedness planning as provided below. These will need to be interpreted in the context of the responsibilities of particular health agencies and the division of responsibilities in the jurisdiction.

- An executive committee has been designated to oversee a SARS planning process, in cooperation with local health agencies and other partners. This committee is chaired by the State Epidemiologist and includes NC Hospital Association (NCHA), NC Statewide Program for Infection Control and Epidemiology (NCSPICE), Wake County Human Services and Orange County Health Department, Epidemiology Section/Division of Public Health (DPH): General Communicable Disease Control Branch (GCDC), NC State Laboratory of Public Health (SLPH), HIV/STD Prevention and Care Branch, and the Office of Public Health Preparedness and Response (OPHPR). SARS preparedness and response plan has been drafted and will be adopted.
- The state has the Public Health Command Center (PHCC) in place to govern roles and responsibilities during a multi-agency, multi-jurisdictional response.
- The legal preparedness plan includes isolation and quarantine, disease reporting and control.
- Authority responsible for declaration of a public health emergency and for officially activating the SARS response plan during an outbreak has been identified. Such authority resides with the State Health Director, State Epidemiology Section Chief, State Epidemiologist, and Chief of OPHPR.

- The local district attorney and Attorney General of North Carolina provide enforcement of NC General Statutes specific to SARS.
- NC Governor's office and other agency heads are addressed in *NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan* (Appendix A-1) in the event that a SARS outbreak requires activation of EOC.
- Controlling authorities over intrastate and interstate modes of transportation in the event that these need to be curtailed during an outbreak include the Governor, State Health Director (as lead technical advisor), NC Department of Transportation (DOT), law enforcement, and Emergency Management (NCEM).
- The state epidemiologist will work cooperatively with adjoining states, the CDC, and other federal agencies to ensure effective communication.
- The Office of Emergency Medical Services (OEMS) and Division of Facility Services (DFS) have authority to coordinate different medical personnel groups during an outbreak.
- Local law enforcement will assist in maintaining public order and enforcing control measures during an outbreak.
- Additional emergency response resources are articulated in *NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan* (Appendix A-1).

III. Plan for Command and Control of SARS Related Activities

Objective 1: Use the existing Emergency Operations Plan to respond to a widespread public health threat posed by a possible reemergence of SARS.

In the event that a SARS outbreak becomes widespread or with extensive local transmission, the PHCC team will advise the State Health Director to recommend SERT activation.

The Public Health Team (PHT) is responsible for public health issues including identifying and tracking SARS and informing the medical community about preventive and protective measures. The PHT will normally convene in the Public Health Command Center (PHCC) and operate from that facility. The OPHPR operates the PHCC and supports the Public Health Team. In the event of and SARS outbreak in North Carolina, the state will work with CDC's Emergency Operations System, which includes the Director's Emergency Operations Center (DEOC).

The OPHPR "Doctrine" outlines Phases of the Public Health Preparedness and Response Plan that would be used in a SARS outbreak. The "SARS Planning Matrix" (Appendix A-2) for NC PHP&R Plan includes phases of response including:

Phase 1-Baseline, Phase 2-Heightened Threat, Phase 3-Post-Event: Limited Outbreak, Phase 4-Post-Event: Large Outbreak, and Phase 5-Recovery. Each phase will determine activity level for the following components:

- **Surveillance**
- **Disease investigation**
- **Vaccination/prophylaxis**
- **Quarantine and isolation**
- **Mass care**
- **Mass fatality**
- **Public information**
- **Command/Control/Communications**

A SARS outbreak affects and involves a variety of public and private agencies and organizations at the local, state, and federal levels that must coordinate their activities and resources and share information in

real time. To sustain coordinated efforts required to control SARS, NCGS § 166A will be followed. The Division of Emergency Management will lead the state response. Agencies will be formed into the State Emergency Response Team (SERT) and organized in accordance with the National Incident Management System (NIMS). The lead technical agencies are outlined in *NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan* (Appendix A-1). The SERT and other supporting agencies have divided activities into preparation, response, and recovery phases. Response phase actions to a SARS outbreak will be based on the size and severity of disease event.

Objective 2: Provide an information strategy that addresses the needs of an incident management structure.

The success of efforts to rapidly detect, respond to, and contain an outbreak also depends in large part on the availability of information systems. These systems can support and coordinate the activities generated within an ICS. The *NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan* (Appendix A-1) provides for the Information and Planning Section to designate the Education and Emergency Information Section as liaison with print and electronic media during activation. This section will distribute news releases, manage press conferences, and insure all necessary emergency information is available in public venues. In a SARS outbreak, the representative from the PHT will have lead responsibility for public information through the PHCC (Appendix A-3).