

**CDC and HRSA**  
**FY02 Critical Benchmarks for**  
**Public Health Preparedness and**  
**Hospital Preparedness**

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# CDC Critical Benchmarks

- **Critical Benchmark 1**

Designate a senior public health official within the state/local health department to serve as executive director of the bioterrorism preparedness and response program.

- **Critical Benchmark 2**

Establish an advisory committee including representation from (but not limited to) organizations specified in the CDC guidance.

# CDC Critical Benchmarks

- **Critical Benchmark 3**

Conduct assessment of emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

# CDC Critical Benchmarks

- **Critical Benchmark 4**

Conduct assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel.

# CDC Critical Benchmarks

- **Critical Benchmark 5**

Develop a *state-wide* plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. This should include the development of emergency mutual aid agreements and/or compacts, and provision of regular exercises that test regional response proficiency.

# CDC Critical Benchmarks

- **Critical Benchmark 6**

Develop *regional* plans to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

- **Critical Benchmark 7**

Develop an interim plan to receive and manage items from the Strategic National Stockpile, including mass distribution of antibiotics, vaccines and medical materiel.

# CDC Critical Benchmarks

- **Critical Benchmark 8**

Develop a system to receive and evaluate urgent disease reports from all parts of the state and local public health jurisdictions on a 24/7 basis.

- **Critical Benchmark 9**

Assess current epidemiologic capacity and achieve the goal of providing at least one epidemiologist for each Metropolitan Statistical Area (MSA) with a population greater than 500,000.

# CDC Critical Benchmarks

- **Critical Benchmark 10**

Develop a plan to improve working relationships and communication between Level A (clinical) laboratories and Level B/C Laboratory Response Network laboratories to ensure that Level A laboratories maintain core capability to:

- (a) perform rule-out testing on critical BT agents;
- (b) safely package and handle specimens; and
- (c) refer to higher level laboratories for further testing

# CDC Critical Benchmarks

- **Critical Benchmark 11**

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

- **Critical Benchmark 12**

Develop a communications system that provides a 24/7 flow of critical health information among hospital emergency departments, state and local health officials, and law enforcement officials.

# CDC Critical Benchmarks

- **Critical Benchmark 13**

Develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.

- **Critical Benchmark 14**

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

# HRSA Critical Benchmarks

- **Critical Benchmark 1**

Designate a coordinator for bioterrorism hospital preparedness planning. Describe the duties of the coordinator and include a curriculum vita.

# HRSA Critical Benchmarks

- **Critical Benchmark 2**

Establish a Hospital Preparedness Planning Committee. It should meet at least once during the planning phase, and quarterly during the implementation phase, to provide guidance, direction and oversight to the State health department in planning for bioterrorism response.

# HRSA Critical Benchmarks

- **Critical Benchmark 3**

Develop regional hospital plans. It is critical that State health departments plan for a potential epidemic involving at least 500 patients in each State or region. Planning must include the surrounding counties likely to impact the resources of nearby cities.

# HRSA Critical Benchmarks

- **HRSA Critical Benchmark 3** – subsidiary components
  - Include a timeline that describes the approach to development and implementation of a regional hospital plan for large-scale epidemics
  - Describe the plan for increasing hospital bed capacity to accommodate increases in admissions from an infectious disease epidemic over an extended period of time
  - Describe the plan for providing isolation and quarantine for casualties, using such references as CDC's Type C (contagious) facilities

# HRSA Critical Benchmarks

- **HRSA Benchmark 3** – subsidiary components
  - Describe the plan to address overcrowding and the need for hospital diversion, including a rapid communication plan with EMS units that allows them to determine a destination immediately at any time
  - Describe how hospitals will receive patients on a daily basis when several hospitals are on diversion simultaneously
  - Describe the plan for ensuring movement of equipment maintained by hospitals or EMS systems to the scene of a bioterrorist event

# HRSA Critical Benchmarks

- **HRSA Benchmark 3 – subsidiary components**
  - Describe how the special needs of children, pregnant women, the elderly and those with disabilities will be addressed in ensuring access to medically appropriate care
  - Describe how essential goods and services such as food, water, electricity and shelter will be delivered to patients and hospitals

# HRSA Critical Benchmarks

- **HRSA Benchmark 3** – subsidiary components
  - Describe how hospital security will be provided (crowd control, patient traffic to support triage decisions, prevention of further terrorist attacks at the hospital)
  - Describe procedures for safe and appropriate disposal of medical waste