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## **17 CRITICAL BENCHMARKS FOR BIOTERRORISM PREPAREDNESS PLANNING**

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**The individual state and city plans were reviewed based on criteria including 17 critical benchmarks. The critical benchmarks are:**

### **I. PUBLIC HEALTH PREPAREDNESS (CDC)**

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.
2. Establish an advisory committee with members from a variety of health agencies and first responders.
3. Prepare a timeline for the development of a statewide plan for preparedness and response for a bioterrorist event, infectious disease outbreak, or other public health emergency.
4. Prepare a timeline for the assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions regarding emergency public health measures.
5. Prepare a timeline for the development of a statewide plan for responding to incidents of bioterrorism.
6. Prepare a timeline for the development of regional plans to respond to bioterrorism.
7. Develop an interim plan to receive and manage items from the National Pharmaceutical Stockpile, including mass distribution of antibiotics, vaccines and medical material.
8. Prepare a time line for developing a system to receive and evaluate urgent disease reports from all parts of the state (or city) and local public health jurisdictions on a 24-hour per day, 7 days per week basis.
9. Assess current epidemiologic capacity and prepare a timeline for providing at least one

epidemiologist for each metropolitan area with a population greater than 500,000.

10. 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.
11. Prepare a timeline for a plan that ensures that 90 percent of the population is covered by the Health Alert Network (HAN).
12. Prepare a timeline for the development of 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.
13. Develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.
14. Prepare a timeline to assess training needs--with special emphasis on emergency department personnel, infectious disease specialists, public health staff, and other health care providers.

## **II. HOSPITAL PREPAREDNESS (HRSA)**

15. Designate a Coordinator for Bioterrorism Hospital Preparedness Planning.
16. Establish a Hospital Preparedness Planning Committee to provide guidance, direction and oversight to the State health department in planning for bioterrorism response.
17. Devise a plan for a potential epidemic in each state or region. Recognizing that many of these patients may come from rural areas served by centers in metropolitan areas, planning must include the surrounding counties likely to impact the resources of these cities.

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