

The
Strategic
National
stockpile
(SNS):

*A Reference
for
Local Planners*



AN INTRODUCTION TO THE SNS REFERENCE FOR LOCAL PLANNERS

The Strategic National Stockpile (SNS): A Reference for Local Planners is a brief guide for local health officials and their partners to assist them as they begin development of a SNS distribution and dispensing plan for their community. The National Association of County and City Health Officials (NACCHO) developed this reference using the Centers for Disease Control and Prevention's (CDC) *Receiving, Distributing, and Dispensing the National Pharmaceutical Stockpile, A Guide for Planners (Version 9)* as a framework. This reference is a companion document to supplement Version 9, not a replacement. Planners should refer to Version 9 for detailed information regarding the SNS.

Version 9 is organized into sections describing various functions that must be included in a successful plan (for example, preparing for, requesting, managing, receiving, storing, controlling and distributing the SNS). This reference is organized in a similar fashion to make it easier for planners to refer back to Version 9.

State and local health officials are expected to develop a SNS plan to receive and manage items from the SNS, including mass distribution of antibiotics, vaccines, and medical material. As many communities have yet to begin development of a SNS plan, this reference provides guidance for the elements that need to be included and the activities that communities need to consider for successful SNS preparedness planning and implementation.

AN INTRODUCTION TO THE STRATEGIC NATIONAL STOCKPILE

CDC's Strategic National Stockpile (SNS) Program was developed in 1999 to assist states and communities in responding to public health emergencies, including those resulting from terrorist attacks and natural disasters. The SNS Program ensures the availability of medicines, antidotes, medical supplies, and medical equipment necessary for states and communities to counter the effects of biological pathogens and chemical and nerve agents. The SNS Program stands ready for deployment and will arrive within twelve hours to any location across the nation to augment local medical resources, to treat symptomatic individuals, and to provide prophylaxis therapy to protect the health of our communities.

The SNS meets its mission through the rapid delivery of medical material. In the event of an ill-defined threat in the early hours of a public health emergency, a broad spectrum of support known as a 12-Hour Push Package can be deployed. The 12-Hour Push Package contains 50 tons of medical material including pharmaceuticals, medical supplies, and medical equipment. The 12-Hour Push Package consumes 5,000 square feet of storage space and will arrive on a jumbo jet, or seven to eight tractor-trailer trucks to the state's predetermined Receipt, Store, and Stage (RSS) site. There are twelve 12-Hour Push Packages centrally located around the United States ready for immediate deployment.

When a *specific* threat agent is known, or additional supplies are needed to supplement the 12-Hour Push Package, vendor managed inventory (VMI) will be shipped directly to specified sites. VMI consists of larger quantities of items included in the 12-Hour Push Packages.

In addition to the delivery of medical material, the CDC provides an on-site technical assistance team known as the Technical Advisory Response Unit (TARU). The TARU team is comprised of five to seven people and is there to help states manage SNS material.

Pre-event, CDC SNS personnel are available to provide technical assistance to state and local officials as they develop their SNS plan for preparedness. For more information, call the SNS program at (404) 687-6749, or visit www.bt.cdc.gov/stockpile for additional bioterrorism resources.

THE SNS FUNCTIONS

Having a SNS plan and personnel identified prior to the arrival of the SNS will affect the speed and effectiveness of the distribution process. To effectively receive, distribute, and dispense the SNS once it arrives, a SNS team must be established to address the following functions:

- The **Command and Control** function calls the SNS team to activate distribution functions, identifies locations of dispensing sites and treatment centers, and coordinates overall aspects of the SNS.
- The **Receipt, Store, and Stage (RSS)** function works with CDC to determine the best location for receiving and staging the SNS, identifies and activates the location of the warehouse, monitors the arrival of the SNS, and establishes transportation and security measures for moving the SNS to dispensing sites.
- The **Inventory Control** function identifies items and quantities of material that will arrive in the SNS, sets up the inventory management system to monitor usage, and requests additional medical material as necessary.
- The **Distribution** function apportions SNS assets to the appropriate locations and coordinates the movement of medical material from the RSS warehouse to dispensing sites and treatment centers.
- The **Dispensing** function provides treatment to symptomatic individuals and mass prophylactic treatment regimens to large populations to prevent the development of disease in individuals exposed to biological agents.
- The **Repackaging** function is critical in the event that the unit of use regimens has been exhausted and there is a need to “repackage” bulk pharmaceuticals into unit of use.
- The **Communication** function provides and supports critical communications systems to interconnect the SNS team, command and control, SNS functional areas, and the state and local Emergency Operations Center exchanges.
- The **Security** function provides protection of SNS assets and personnel, and handles traffic and crowd control issues.

BEFORE THE SNS ARRIVES

Preparing in advance will impact the speed and effectiveness of receiving, distributing, and dispensing the SNS when it arrives. State and local officials must first define the groups of personnel who are essential to emergency response, such as fire fighters, law enforcement, HAZMAT specialists, emergency medical services, government leaders, transportation and public works, medical and public health, SNS team members, volunteers, and their families. This step is critical to all emergency preparedness planning.

Once essential personnel have been identified, a process for protecting these personnel must be established. When a suspected or confirmed act of bioterrorism occurs, it is

crucial that these personnel be prioritized to receive immunization or prophylaxis, if needed; therefore, the content and size of the local inventory of drugs and other medical supplies must be determined. Prior to an event, develop treatment protocols and determine types of medication necessary to protect these personnel. Then, identify dispensing sites where essential personnel and their families can receive medication.

Finally, credentialing response participants before an emergency is critical to ensuring a successful response. Procedures for credentialing should be developed to ensure that SNS team members have access to relevant information necessary for a successful response.

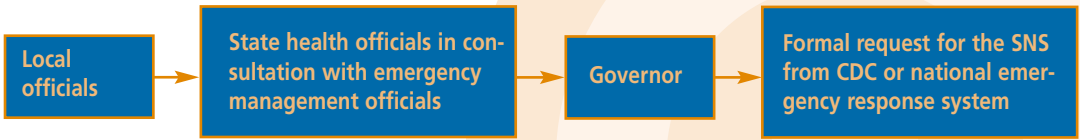
To successfully plan for this function:

- Define groups of people who are essential to your emergency response.
- Establish roles and responsibilities.
- Determine the content and size of your local inventory of drugs and other medical supplies.
- Protect essential personnel by providing priority access to protective medicines (vaccination, prophylactic treatment).
- Credential state and local SNS team members.
- Establish on-call and call down communications.
- Establish a SNS state and local plan that includes protocols, policies, and procedures.

For more information, refer to Chapters 1 and 2 in Version 9.

REQUESTING THE SNS FROM CDC

The decision to deploy the SNS is a collaborative effort between local, state, and federal officials:



Before a request for the SNS can be made, a few preparation steps must take place. First, key contacts to be included in an emergency communications process must be identified. Second, a process to rapidly inform local and state officials of a health emergency, and to quickly justify the request for the SNS to the state governor should be developed. Third, evidence criteria should justify the need to deploy the SNS to CDC and its federal partners, including:

- Overt release of a chemical or biological agent.

- Claim of release by intelligence or law enforcement.
- Indication from intelligence or law enforcement of a likely attack.
- Clinical or epidemiological indications.
- Laboratory results.
- Unexplainable increase in emergency medical service requests.
- Unexplained increase in antibiotic prescriptions or over-the-counter medication use.

To successfully plan for this function:

- Establish an expedited communications process to inform key officials of actual or potential events.
- Identify key contacts and procedures for requesting the SNS through the state's governor or designee.
- Establish procedures for activating the state and local SNS Distribution System.
- Establish procedures for deploying the SNS team.

For more information, refer to Chapter 5 in Version 9.

COMMAND AND CONTROL

A large-scale public health emergency would require a coordinated response from various agencies. Command and control is the processes that political leadership, emergency management, public health, law enforcement, and other groups use to coordinate their response to an emergency. In organizing the command and control function, define roles and responsi-

bilities of all response partners. The Incident Command System (ICS) is the coordination system used by the command and control function to define roles and responsibilities of all response agencies participating in a large-scale public health emergency.

To successfully plan for this function:

- Identify the state and local Emergency Operations Center (EOC), and command and control function.
- Establish a SNS liaison with the EOC.
- Define state and local SNS team interaction with the EOC.
- Orient and train the SNS team to the state and local EOC and its command and control function.
- Define critical SNS command and control issues such as chain of command, decision-making authority, and information monitors.
- Provide definitive guidance by establishing SNS policies, protocols, and procedures.
- Prepare for regional issues related to cross-border and multiple jurisdiction events.

For more information, refer to Chapter 4 in Version 9.

MANAGING SNS OPERATIONS

Establish an Operations Management Team to ensure that all aspects of SNS planning and implementation run smoothly. This team will monitor and coordinate the efforts of the SNS functional areas. Personnel should be selected to serve as key members of the local Operations Management Team.

To successfully plan for this function:

- Establish, orient and train the SNS Operations Management Team.
 - Identify staff responsible for the overall management of the SNS.
 - Identify staff responsible for the management of SNS and contingent staff.
 - Identify staff responsible for the management of general medical material, RSS warehouse, and inventory management.
- Identify staff to lead the distributing function.
- Identify staff to lead the dispensing function.
- Identify staff to coordinate and manage each dispensing site.
- Identify staff to lead the communication function.
- Identify staff to lead the security function.
- Identify staff to lead the business functions such as contracting and purchasing.

For more information, refer to Chapter 6 in Version 9.

RECEIPT, STORE, STAGE (RSS) OF SNS MATERIAL

The RSS function formally accepts custody of the SNS material from CDC, and is responsible for offloading and storing SNS material once it is received from ground transportation vehicles. This function also stages the material according to already established delivery protocols for distribution to the dispensing sites and treatment centers. The RSS function ensures the proper storage, handling, security, and transfer of controlled substances while they are in custody of the warehouse.

To successfully plan for this function:

- Establish, orient and train the SNS RSS team.
- Plan for state and CDC inbound transportation.
 - Designate arrival airports for SNS material.
 - Survey airport capabilities such as air cargo hubs, runway length, material handling, and security.
 - Develop redundancy plans in the event that the first airport of choice is incapacitated.
 - Avoid, when possible, military airports due to access issues.
- Identify RSS warehouses with the following characteristics:
 - Central location with close proximity to an airport and access to highways.
 - 12,000 square feet (minimum).
 - Temperature/humidity controlled warehouse.
 - Back-up power sources.
 - Loading docks.
- Telephone lines/Internet capability.
- Develop redundancy plans in the event that the first RSS of choice is incapacitated.
- Plan for transferring SNS material from CDC to the state.
 - Designate officials authorized to sign for the SNS.
 - Identify Drug Enforcement Agency registrant to sign for controlled substances.
- Prepare offloading the SNS material.
 - Identify equipment to assist with offloading, such as a K-loader and forklifts.
 - Identify RSS staff to assist with offloading and staging SNS.
- Establish procedures for staging and storing SNS material.
- Plan for apportioning material to dispensing and treatment sites.
- Plan for controlled substances.

For more information, refer to Chapter 7 in Version 9.

CONTROLLING INVENTORY

The inventory control function manages the SNS inventory. This function develops a system to process orders received from the dispensing sites and treatment centers. Once an order is received, the inventory control function must issue the request to the RSS function, which in turn will select material for distribution. The system should include a mechanism for tracking all receipts, apportioning the supplies, recording locations to which all material, equipment, and cargo containers are delivered, and monitoring stock levels while working with the TARU to replenish material. This function will collect and return unused SNS material and assets to the CDC after an event. The TARU will assist in recovering SNS assets.

To successfully plan for this function:

- Prepare a plan for managing the SNS inventory, including:
 - Issuing, tracking and reordering SNS material.
 - Recovering SNS assets post-event.

For more information, refer to Chapter 8 in Version 9.

DISTRIBUTING SNS MATERIAL

Develop a distribution team with staff that possess the required skills for the distribution function, including vehicle dispatching, security experience, and communications support. The distribution function transports the SNS material from the staging dock at the receipt, store, and stage warehouse to the dispensing sites and treatment centers. Interagency coordination plays a vital role in this function. It will be important for your plan to coordinate with

various agencies, including departments of transportation such as air, ground, rail, and water, departments of public safety, the department of public works, and alternative sources such as local commercial transportation firms, commercial airlift companies, local military bases, and the U.S. postal service, to discuss transportation and distribution requirements.

To successfully plan for this function:

- Establish, orient and train the SNS distributing team.
- Develop distribution plan to the identified dispensing sites and treatment centers.
- Identify the mode of transport of medical material from the RSS to the dispensing and treatment center sites. Include redundancy and determine alternative sources of transportation.
- Develop interagency coordination when possible for transport vehicles, or contract with commercial courier/package delivery companies.
- Determine the mechanism for vehicle dispatch and tracking.
- Identify and credential all deliver vehicles and drivers.
- Address vehicle fueling and maintenance.
- Address security and communications.
- Determine chain of custody and security issues with regard to the transport of controlled substances.

For more information, refer to Chapter 10 in Version 9

PROPHYLACTIC DISPENSING SITES

The number, location, and staff contact information for each dispensing site should be available and updated prior to an event. Once these details are established, a process for delivering to treatment centers can be coordinated. During an event, dispensing sites, treatment centers and

other SNS functions such as command and control, inventory control, and distribution must be communicated on a regular basis. To ensure coordination, communications strategies including radios, fax, and e-mail must be tested and readily available.

To successfully plan for this function:

- Establish, orient and train the SNS dispensing team, including:
 - Clinical staff/volunteers.
 - Triage.
 - Dispensing.
 - Non-clinical staff/volunteers.
 - Health educators.
 - Communications.
 - People to assist with administrative tasks/forms.
 - People to assist with patient flow.
 - Translators.
 - Security.
- Establish site selection criteria.
 - Ample sites to accommodate large numbers of people.
 - Central locations known to the general public.
 - Adequate parking and accessible by public transportation.
 - Adequate bathrooms, water and electricity.
 - A loading area for the receipt of medical material.
 - Size of facility.
- Design the dispensing site for optimal patient flow.
- Address operational issues.
 - Communication vehicles, including telephones, radios, fax, and e-mail.
 - Equipment, including computers, printers, and copy machines.
 - Facilities, including tables, chairs, wheelchairs, and scales.
 - Supplies, including pens, pencils, paper, and forms.
 - Food and water for staff and volunteers.
- Address process issues.
 - Patient information sheets.
 - Labeling of prescriptions (drug name, strength, quantity, directions for use, name and address of dispensing location, serial number of the prescription, date of the prescription and name of the prescribed).
 - Patient consent forms for off-label use of antibiotics.
 - Tracking drugs and drug recipients.
- Address public information needs.
 - State/local health communications plan support for the SNS.
 - Press kits.
 - Public service announcement to advertise dispensing sites.
 - Patient education and information sheets available in multiple languages.
 - Health communications messages and materials to support patient compliance with prophylactic treatment regimens.
- Address reaching populations unable to access dispensing sites.
 - Homebound.
 - Hospitals/Institutions.
 - Jails, juvenile detention centers, and prisons.

For more information, refer to Chapter 11 in Version 9.

MANAGING SUPPLIES OF ORAL PROPHYLACTIC MEDICATIONS

Each 12-Hour Push Package contains a large amount of prepackaged, individual regimen of oral antibiotics that come in 10-day, unit-of-use, labeled, childproof bottles adequate to provide post-exposure prophylaxis for anthrax, plague, and tularemia to more than 200,000 adults and children.

Local sites may have to repackage bulk antibiotics when individual regimens in a 12-Hour Push Package are insufficient, shipments of prepackaged drugs from vendors are delayed, or prepackaged medicines in the SNS are not effective against a particular threat and new drugs arrive in bulk.

To successfully plan for this function:

- Allocate 4,000 square feet within the RSS warehouse for repackaging.
- Identify staff and volunteers to repackage (to operate table-counting machines, volumetric devices, close and label prescriptions, and to distribute packaged medicines to dispensing sites).

For more information, refer to Chapter 10 in Version 9.

COORDINATING WITH TREATMENT CENTERS

Coordinating deliveries to treatment centers requires considerable planning and resources. Information exchange between the various SNS functions and other treatment centers is necessary to ensure that treatment centers receive timely and accurate deliveries. Information such as number, location, and staff contact information at each center should be available and updated prior to an event. Once these details are established, a

process for delivering to treatment centers can be coordinated. During an event, dispensing sites, treatment centers and other SNS functions such as command and control, inventory control, and distribution must be communicated on a regular basis. To ensure coordination, communications strategies including radios, fax, and e-mail must be tested and readily available.

To successfully plan for this function:

- Identify acute care facilities, capabilities, and capacity.
- Identify key contacts.
- Include acute care partners in planning process.

For more information, refer to Chapter 12 in Version 9.

COMMUNICATIONS SUPPORT

Accurate and timely communication of information is critical to the successful receipt, distribution, and dispensing of the SNS. Effective communication involves knowing who to communicate with and how to communicate with them. The communications portion of your SNS plan should list phone numbers, e-mail addresses, and location information for all partners for each function. One communications manager should be identified to notify the SNS team of an emergency, ensure communications functions are running smoothly, distribute necessary contact information, and provide technical assistance when needed.

The communications portions of your SNS preparedness plan should ensure that all interdependent function teams are linked together in a network that allows the smooth and continuous exchange of information. Redundant communication methods that are rapid, reliable, and secure must be available. These systems, which could include radios, phones, e-mail, and fax, will enable timely exchange of information amongst the various SNS functions. Examples of how communication methods could be utilized during an event include supporting driver reports on deliveries, transportation problems, and orders from dispensing sites and treatment centers for material.

To successfully plan for this:

- Procure/identify communications equipment for:
 - Emergency Operations Center staff.
 - Command and control function and staff.
 - Receipt, store, and stage function and staff.
 - Distribution function and staff.
- Dispensing function and staff.
- Treatment Centers and staff.
- Identify communications staff for technical support.
- Routinely test communications equipment for readiness.

For more information, refer to Chapter 13 in Version 9.

SECURITY SUPPORT

Planning security needs for SNS material, staff, equipment, and activities (for example, transportation) will help ensure that SNS activities run smoothly. Prior to creating a plan for security support, conduct risk assessments to identify potential threats. These assessments will help determine resources needed to address areas of vulnerability. Examples include providing adequate protection for distribution vehicles that move SNS material, storage sites, distribution routes,

and dispensing and treatment centers. Staff working at these facilities will also need protection. It is most critical to establish relationships and plan security support with law enforcement, emergency management planners, and private security firms at the federal, state, and local level. These relationships will help SNS planners convey their requirements to security personnel and get a better understanding of the types of resources available.

To successfully plan for this function:

- Conduct risk assessment of the selected RSS, dispensing sites, and transport modes.
- Assign local protection before the federal transfer of the SNS.
- Continue local protection of the SNS following the federal transfer.
- Identify a security team to support RSS warehouse security.
- Identify a security team to support the distribution system.
- Identify a security team for dispensing sites, treatment centers, and other distribution locations.
- Identify individuals to perform traffic/crowd control duties.

For more information, refer to Chapter 14 in Version 9.

NEXT STEPS...

SNS planning is critical to overall emergency response planning. In the event of an emergency, it is important that states and locals be ready to respond to the SNS should the decision be made to deploy it. Once the SNS is deployed, communities must be ready to receive, manage, and distribute material within the SNS.

NACCHO recommends the following principles as you begin your SNS planning process:

Work with your state in developing your local SNS plan. It is of critical importance that local and state officials in health, emergency management, law enforcement, and so on work together in developing the SNS plan to ensure that it is well coordinated.

Make every effort to participate in the planning process. A public health emergency can occur anywhere; you want to ensure that your community is prepared to receive the pharmaceuticals and supplies it needs should an emergency occur.

Think in terms of system-wide preparedness. A successful response to bioterrorism will require involvement from state and local health departments and governments, emergency management, law enforcement, fire departments, and healthcare providers. The planning process should bring these diverse interests together to collaboratively determine the most effective way to meet the needs of the community.

Consider your existing response plans when developing your SNS plan. As you build your SNS plan, think about how this plan can be incorporated with your overall emergency response plan, disaster plan, and bioterrorism plan.

Evaluate and exercise your SNS plan to ensure that it is operational and effective. Employ field exercises and drills to ensure that the plan can be carried out effectively. Evaluating the effectiveness of the plan is an essential element to preparedness planning to assess response capacity and identify areas for capacity improvements.

For additional information, please refer to the SNS section of NACCHO's Web site at www.naccho.org/general398.cfm.