

Chapter 1

Developing an SNS Plan

OVERVIEW

This Chapter provides an overview of the SNS and the fundamentals you should have in your plan. Your state and local SNS plans or operating procedures should address the following functional elements. Other functions and responsibilities, as determined by state planners, may also be included:

- Command and control
- Requesting SNS assets
- Managing SNS operations
- Tactical communications
- Public information and communication
- Security
- Receiving, staging, and storing SNS assets
- Controlling SNS inventory
- Repackaging bulk drugs
- Distributing SNS assets
- Dispensing oral medications
- Treatment center coordination
- Training, exercising, and evaluating



The Planning Considerations, Implementation Capabilities, and Deployment Processes at the end of each chapter can be used to determine the elements needed in the plan. They can also be used to identify the responsible party for developing each item and to track progress on remaining steps.

THE STRATEGIC NATIONAL STOCKPILE

The Strategic National Stockpile (SNS) is a collection of large quantities of medical materiel, equipment, and pharmaceuticals. The Division of Strategic National Stockpile (DSNS) manages the SNS and provides personnel to augment state and local responders during an emergency. The mission of the DSNS is to deliver critical medical assets to the site of a national emergency. The DSNS has a vari-

ety of alternatives from which to choose to respond to national emergencies requiring large quantities of medical supplies

- 12-Hour Push Packages – medical supplies, equipment, and pharmaceuticals prepacked in air cargo containers for immediate shipment. As the name implies, 12-Hour Push Packages can be deployed anywhere in the United States and its territories within 12 hours after a request is made.
- Managed Inventory – palletized stockpiles of pharmaceuticals, medical supplies and equipment for use in large-scale emergencies. Normally, this materiel can be sent within 24 to 36 hours after approval for deployment. The form, packaging, and method of delivery of managed inventory can vary widely with circumstances; a more detailed description is provided in Appendix U.
- Vaccines – the repository for various types and quantities of vaccines.
- Technical Advisory Response Unit (TARU) – a group of individuals from the DSNS able to provide technical advice to assist state and local responders with managing SNS assets in response to a large-scale emergency.

The DSNS has staff available to assist states with planning, exercising, evaluating, and training. Each state has a DSNS program consultant assigned to it. These state consultants are your first option when you need information or assistance.

While the DSNS is committed to getting medical materiel to state and local responders in a timely manner, it is the state and local responders' responsibility to prepare to receive SNS assets and to provide them to the people who are in need. In order to do that, states, regions, and localities need to have solid, functional plans.

PLANNING FOR RECEIVING, DISTRIBUTING, AND DISPENSING SNS ASSETS

The SNS Plan

Implement A comprehensive, written plan is essential to facilitating the receipt, distribution, and dispensing of SNS assets quickly and efficiently.

Your plan for receiving, distributing, and dispensing SNS assets will likely be part of a comprehensive emergency operations plan for a state. Whatever form the plan takes, we recommend you write it so that the body of the plan contains actions that typically do not change and its appendixes contain information that may change frequently. This approach will minimize your effort in maintaining the plan in the future. For example, the way SNS assets are received will probably not change, but the names of individuals in your receiving warehouse may change frequently as people retire or change jobs. If names and contact information are included in an appendix, only the appendix will need to be updated.

Implement It is important to note that state and local SNS plans should be updated at least annually to ensure that information is always current. Every time you update your plan, you need to have responsible agencies review and evaluate the changes.

The portions of the plan that need to remain confidential should be included as an addendum. For instance, the body of the plan is shared with appropriate government agencies but the personal contact information or the exact location of a warehouse if included in an addendum can be kept confidential. Regardless of what you decide to share, each agency involved with executing your plan needs to have a copy of the portion pertaining to that agency.

Implement The planning process does not end with a written document. Thorough dissemination of the plan, coordination of resources, execution of agreements, training, volunteer coordination, and a host of other activities must continue. Remember, your SNS plan is never finished; it will continue to evolve as new information becomes available and situations change.

Clearly Delineate State and Local Responsibilities

Implement An emergency will require the coordinated efforts of state and local personnel to get SNS assets quickly to those who need it. To achieve that coordination, a state's plan and the plans of local communities in the state must clearly identify both the state and the local responsibilities during the deployment of SNS assets so the efforts of the different jurisdictions complement one another. Without that delineation, the omission or duplication of key actions may produce considerable confusion and waste precious resources during an emergency.

The division of SNS responsibilities between state and local agencies varies from state to state. Some states plan to receive SNS assets and immediately turn them over to a local jurisdiction for staging, distribution, and dispensing during an emergency. Other states plan to do far more so the localities can concentrate on specialized activities such as dispensing operations. It is the responsibility of each state to determine the best model for its unique circumstances. If planning responsibilities are ceded to local jurisdictions, it is incumbent on the state to assist

local jurisdictions in understanding and carrying out those responsibilities. Some considerations in determining responsibilities include

- Can the state's governor waive or suspend state laws and regulations in the event of an emergency?
- Can the governor direct the efforts of state agencies, such as the National Guard, state police, and department of transportation?
- Can local agencies identify local resources, such as potential dispensing sites and the volunteers to staff them?
- Can efforts be coordinated across adjacent borders, whether national, state, city, county, or cultural?

Coordinate with Those Who Must Support Your Plan

Implement It will take the collective effort of many and diverse agencies to support the response to a public health emergency. A comprehensive state emergency operations plan should specify how the state and local response organizations will work together as the state or community deals with a public health emergency. For instance, the plan should make provision for security for SNS distribution operations, a task normally handled by a law-enforcement agency, either local or state. Another part of the plan should discuss how the state will distribute SNS assets to local dispensing sites. The state's National Guard or Department of Transportation may handle these tasks.

Implement The planning process should include frequent discussions with the other agencies that are expected to support your plan. Only by involving these agencies closely will a planner be able to identify and resolve potential support problems.

We recommend that you form planning groups at the state and local levels with representatives who would respond during a public health or emergency event. Some that should be considered as a part of the planning group include

- Public health departments
- Emergency Management/Office of Homeland Security
- Law enforcement
- Public works departments
- Private businesses
- Emergency medical services (both public and private)
- Fire departments
- Hospitals
- Medical professional organizations
- Military installations
- Metropolitan Medical Response System (MMRS) cities
- Volunteer groups (the Red Cross, Salvation Army, etc.)

The protection of personnel, equipment, and materiel is potentially problematic. During a wide-scale terrorist attack, traffic congestion, the possibility of secondary attacks, and the public's fear and frustration may put an enormous burden on law enforcement. At the same time, a large number of points of dispensing (PODs) may need to be activated. Each of those PODs will need traffic and crowd control in addition to basic protective services that law enforcement may not be able to provide. If scaling back the number of PODs under such circumstances is not possible, you need to identify in your plan how you will provide protective services from other sources, such as the National Guard or commercial security companies.

Implement

Some communities have formed mutual-aid agreements with agencies in the area. This type of agreement allows for sharing of materials, personnel, and equipment during an emergency. The cooperation and assistance provided under these types of agreements would very likely be beneficial during an SNS operation.

PROTECTING ESSENTIAL PERSONNEL

Define Essential Personnel

Deploy

Long before an emergency occurs, you should determine which personnel are essential to an SNS response. You must provide protection for these responders so they can provide care for the rest of the community. Your plans should include a method for early prophylaxis, if indicated, of the essential personnel from locally available sources. We further describe first responder prophylaxis in Chapter 12 of this *Guide*. In the absence of local supplies, you should plan for essential response personnel to quickly receive required prophylactic medication from the earliest arriving SNS assets.

Implement

Traditionally, first responders include:

- Fire fighters,
- Law-enforcement officers,
- Hazardous-material specialists, and
- Emergency medical services personnel.

Others who should be considered include:

- Key government leaders to ensure the continuity of operations and civil order;
- Transportation and public works personnel who must support the S/L SNS distribution system;
- Medical and public health personnel who must treat the sick;
- State and local SNS leadership and volunteers who must set up and operate the SNS distribution and PODs as soon as the SNS assets arrive; and

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- Family members of essential personnel so essential personnel can stay on the job without worrying about their families.

Define Local Medical Inventories

Implement

Once you have determined the number of essential personnel needing early prophylaxis, shift your consideration to:

- What are the threats from which people must be protected?
- What prophylactic medicines and supplies are available for dealing with those threats?
- What quantities of the medicines and other needed items are available in local inventories?, and
- Where is the local inventory? Is it convenient and easily accessible to essential personnel?

Consider convening a multidisciplinary community planning group to gather and analyze the information, make determinations, and evaluate options for minimizing costs. One strategy, for example, could be paying local pharmaceutical and medical-supply wholesalers to hold a 90-days' stock of inventory instead of their normal 30 so the materiel could be purchased when needed.

Implement

Before creating a local inventory, gather information about

- types and quantities of local inventory items,
- storage considerations for controlled substances,
- general requirements (temperature, humidity, etc.) for warehousing and storing materiel,
- quality control and rotation of local inventories,
- contract elements for dealing with local manufacturers or distributors (see Appendix E), and
- potential pricing options and purchase sources.

As a local inventory is created, you should consider stocking items currently in the SNS inventory to ensure a smooth transition from local stock to SNS stock.

PLANNING CONSIDERATIONS

Consideration	Responsibility		
	State	Regional	Local
Is your SNS plan incorporated into your state or local emergency response plan(s)?			
Is the SNS portion of your plan updated at least once annually?			
Do you have a state or local planning group in the area that meets regularly to enhance SNS preparedness? Does your planning group include all representatives that would normally respond during an emergency event?			
Have you reviewed state and local policies and incorporated them into the SNS plan to address...			
<ul style="list-style-type: none"> • What is the process for requesting SNS assistance? 			
<ul style="list-style-type: none"> • What number of doses can a family member pick up at a dispensing site? 			
<ul style="list-style-type: none"> • What are the minimum identification requirements in order to receive medication? 			
<ul style="list-style-type: none"> • What is the badging process for state and local SNS leadership and volunteers? 			
<ul style="list-style-type: none"> • What provision has been made for dissemination of prophylactic drugs and medical supplies to Native Americans on reservations? 			

Does the SNS portion of your state emergency operations plan address how SNS assets would be made available to local military installations and distributed to residential institutions in the area?			
Have you coordinated a legal review to identify and address legal issues concerning support for state and local SNS operations?			

Implementation Capabilities

Capability	Responsibility		
	State	Regional	Local
Do you have an SNS plan or an SNS annex to your state's emergency operations plan, to receive, distribute, and dispense SNS assets?			
Do you have actions that do not change frequently included in the body of the plan? Are actions, names, and places subject to frequent change included in the appendixes?			
Have you updated your plan during the past year and have responsible agencies reviewed and concurred with the changes?			
Have you widely disseminated your plan throughout the state response community that would work in RSS, distribution, and local dispensing of SNS assets?			
Does your plan clearly identify both the state and the local responsibilities during the deployment of SNS assets?			

Does your plan specify how the state and local leadership will assign tasks to others? How will these assignments be communicated?			
Have you formed a planning group of all the agencies needed to support the plan?			
Have you negotiated mutual-aid agreements with other agencies and governments?			
Has your group identified essential personnel? Do you have provisions for them to receive any needed prophylaxis from local sources?			
Have you determined the threats from which people must be protected? Are local caches sufficient to provide prophylaxis to all essential personnel, as defined in the plan?			
Have you contacted the DSNS for information about the creation and maintenance of a local inventory?			

Deployment Processes

Process	Responsibility		
	State	Regional	Local
Does your plan offer protection for essential personnel protected from a threat so they can then care for the rest of the community?			