

**North Carolina
Department of Health and Human
Services**

**Distribution Plan
For the
Strategic National Stockpile**

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Introduction

Name Designation

The Strategic National Stockpile Program was transferred to the Department of Homeland Security (DHS) on March 3, 2003. This is the program formerly named National Pharmaceutical Stockpile (NPS). This name more accurately reflects the nature of the stockpile's contents that include medical resources in addition to pharmaceutical items.

Purpose

In the event of a terrorist attack or a major natural disaster, supplies of critical medical items in North Carolina will be rapidly depleted. In anticipation, the Federal Government established the Strategic National Stockpile (SNS) to augment local supplies of critical medical items. The SNS is managed by the Centers for Disease Control and Prevention (CDC) and contains large quantities of medicines, antidotes, and medical supplies needed to respond to a wide range of expected problems or scenarios. Potential scenarios include attacks using nerve agents, such as Sarin, and biological agents, such as anthrax, plague, and tularemia. The objective of this document is to describe how North Carolina will request, receive, manage, repackage, and distribute the SNS to those who need it.

This SNS plan is part of the overall North Carolina Emergency Operations Plan (EOP). Currently it is located in Annex B Event Specific Plans Appendix 7 Infectious Disease and Bio-terrorism Operations Plan. This SNS plan was developed with the assistance of NC Emergency Management and public health officials from the state, regional and local jurisdictions. All state and local plans will be coordinated horizontally and vertically to ensure the overall SNS response is operationally integrated. This plan is a work in progress and will need to be exercised to fully test the procedures outlined under the various functions. The North Carolina Office of Public Health Preparedness and Response and the North Carolina Division of Emergency Management will review this plan annually. The version number and date of last revision are on the cover page.

Overview of the SNS

The SNS has two components designed to arrive in separate phases. The first phase is referred to as a 12-hour Push Package, and accordingly will arrive at the requesting location within 12 hours of the federal decision to deploy it. The Push Package contains nearly 50 tons of material that can be used to address a wide range of expected threats. The contents of the Push Package are standardized for all events.

The second phase is referred to as vendor- managed inventory (VMI) and contains large quantities of specific items, such as antibiotics and ventilators, needed to address an identified need. Deliveries from VMI provide tailored packages of material specific to the requirements of a specific event.

Various national pharmaceutical distributors store and manage these materials until they are requested through the SNS program. More information about the Strategic National Stockpile can be found at the CDC's website: www.cdc.gov.

Critical Functions

Each of the functions listed below is a critical piece of the overall SNS distribution process:

- **SNS Request:** Actions State and local jurisdictions must take to officially request the SNS
- **Health Emergency Coordination:** State and local management of medical response to a disaster, including designation of locations for dispensing SNS medicines and directing the delivery of specific quantities of items to specific points
- **Material Management:** Management of the SNS supplies, including receiving, staging, inventory, and replenishment needs for the receiving site, as well as oversight of the dispensing sites
- **Transportation:** Coordination of the movement of SNS supplies, including the initial shipment as well as delivery and replenishment to the dispensing and treatment sites
- **Communications:** Management of the communications between all SNS functions to ensure a smooth delivery of SNS material to those who need it
- **Security:** Management of actions that safeguard the SNS and protect those who work to deliver it
- **Dispensing and Treatment:** Management of the distribution of SNS supplies for prophylaxis and/or treatment of the symptomatic and asymptomatic population
- **Repackaging:** Management of the repackaging of bulk quantities of drugs in the SNS to individual regimens that the Dispensing and Treatment function distributes to the public
- **Public Information:** Management of information provided to the public about what it must do to get prescribed drugs if they are asymptomatic and treatment if they are symptomatic.

In the following sections of this plan, we provide an overview, description of responsibilities, and general procedures for the various functions. Detailed plans for the main steps in distributing the SNS, including locations and contact information, are included in the annexes at the end of this plan. Additionally, Appendix A provides a glossary to serve as a quick reference for readers.

Chapter 1 SNS Request

Overview

This section describes the process for requesting the Strategic National Stockpile to be deployed from the Centers for Disease Control and Prevention. The process may begin in several ways. A public (i.e. NC's Level 3 Lab,) or private laboratory, health care provider, medical examiner, or infectious disease specialist may identify one or more cases involving a Centers for Disease Control and Prevention (CDC) Category A agent or disease. Evidence of a credible biological or chemical threat as determined by the FBI, SBI or designated law enforcement personnel may initiate the process to request the SNS. An overt attack using bio-terrorism agent or disease, a covert attack presenting as an unusual number of people reporting to doctors/hospitals with similar symptoms, or the presence of significant numbers of dead animals may also start the SNS request process. If the state cannot meet the health care prophylaxis or treatment needs, the NC will request assistance from the Director of the CDC to deploy the Push Package or VMI to a designated location within our state.

Responsibilities

The following North Carolina officials have responsibilities associated with requesting the SNS:

- The Governor, Lieutenant Governor, or federal entities so authorized by the CDC (i.e. Veterans Administration) have the authority to request the SNS. The Federally recognized Indian Nation (Eastern Band of the Cherokee Indians) will request the SNS through the NC Public Health channels.
- The Director of the North Carolina Division of Emergency Management (NCEM) is the Governor's designated representative who will request the SNS. The Division Duty Officers of NCEM may act in the Director's absence.)
- The North Carolina State Health Director and/or designees, that includes but is not limited to the Chief of Epidemiology Section, the State Epidemiologist, the Coordinator of the Office of Public Health Preparedness and Response, and the Strategic National Stockpile Manager are responsible for making recommendations to the Director NCEM on whether request criteria for the SNS have been met. State officials will consult with their local health and governments prior to requesting the SNS. Typically discussions and recommendations will occur in a conference call between the above listed officials.

NCEM maintains 24-hour contact information for these officials. The NCEM 24-hour Communication Telephone Number in the State Emergency Operation Center (State EOC) is 800-858-0368.

Procedure

Based on recommendations from DPH and its local public health partners, the Director of NCEM will request the SNS from CDC Director via the CDC Emergency Hotline at 770-488-7100. NCEM will also notify its local EM Coordinators on SNS deployment status.

Algorithm for Requesting, Deploying, and Receiving the SNS

