

ANNEX C

Strategic National Stockpile and CHEMPACK

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Section 1 – Introduction

Purpose

The Strategic National Stockpile (SNS) and CHEMPACK programs were created to deliver critical medical assets to the site of a national emergency. The purpose of this plan is to outline under what circumstances SNS and/or CHEMPACK assets can be requested, what types of resources are included within the SNS and CHEMPACK, and how these resources are requested.

This plan will also outline necessary tasks for partner agencies throughout the county to ensure a successful SNS and/or CHEMPACK deployment operation that will potentially provide prophylaxis to approximately 260,000 citizens over the course of a few days.

Scope

This plan describes SNS and CHEMPACK operations for partner organizations in Davis County only. More detailed activities of requesting, receiving and dispensing SNS assets which involve the Utah Department of Health (UDOH), the Centers for Disease Control (CDC), the Utah National Guard and others are not included in this plan. Details on setting up and operating Points of Distribution (PODs) are found within SNS operational plans of the Davis County Health Department.

Planning Assumptions

The following assumptions exist in regards to this annex:

- Evidence exists suggesting a biological, radiological or chemical event is threatening public health in Davis County.
- The county Emergency Operations Center (EOC) will be activated.
- Local resources will be exhausted.
- The event will disrupt the continuity of normal operations in Davis County.
- The Joint Information Center (JIC) will be activated to coordinate messages released to the general public and news media.
- All normal functions at the Central Receiving Site (CRS) and Points of Dispensing (PODs) will be halted to allow for receiving and distribution of SNS assets.
- Volunteers will be available from state and local agencies and community resources to perform SNS and/or CHEMPACK operations.

Section 2 – Strategic National Stockpile (SNS)

Background

The SNS was created to help communities provide mass prophylaxis during an emergency response. These large-scale emergencies are likely to include a terrorist attack (chemical, biological, nuclear, radiological or explosive), or a major natural disaster.

The SNS assets are designed to provide rapid delivery of a *broad spectrum* of support in the early-hours of an event. Supplies are available through Stockpile Managed Inventory (SMI) and Vendor Managed Inventory (VMI). The SNS can be requested once it is apparent local resources will become exhausted. Initial supplies usually come as a 12-hour push pack from SMI. Additional supplies can be requested and delivered throughout the emergency response.

Coordinating SNS Response

In the majority of SNS deployment events, coordination will take place within the County Emergency Operations Center (EOC). However, it is possible that some SNS events will not require EOC activation and will be coordinated from the DCHD Department Operations Center (DOC). When the emergency event covers a large geographical area, SNS operations will be coordinated by an area command.

All media inquiries in an SNS response need to be coordinated through the Joint Information Center (JIC). The JIC may consist of PIOs from all or some of the partner agencies. The media can also be helpful in sharing information with the public regarding POD locations and operation hours, information needed to receive medications, and assurance that there is enough medications to fulfill the needs of the population.

Identifying Need for SNS

In most emergency events local EMS and hospital personnel will be the first responders to notice illness symptoms. First responders are encouraged to report unusual symptoms and illness trends to the DCHD 24/7 disease reporting line: 801-451-3003. Through coordinated communication, medical emergencies can be quickly identified and steps to request SNS can be expedited.

Requesting SNS Assets

Requests for the SNS are made by the DCHD Health Officer (or designee) in conjunction with the UDOH Director and the State Governor (or their designees). Communication between these partners should begin as soon as there is a known problem.

A request can be made for the entire SNS or only certain portions, if specific needs are known. The SNS includes vaccinations and antibiotics, IV supplies, pediatric-specific items and more. A summary of the SNS formulary is included in **Appendix A**.

Receiving SNS

Once requested, the SNS will arrive within 12 hours to the UDOH Receipt, Store and Stage (RSS) facility. The SNS is accompanied by a Technical Response Unit (TARU), which includes U.S. Marshals and CDC employees. The TARU will assist UDOH RSS operations.

The SNS will then be delivered to the Davis County Central Receiving Site (CRS). If there is more than one requesting local health department, the UDOH will break down the SNS shipment before delivering to respective agencies.

The DCHD is responsible for receiving all SNS materials at the County CRS. DCHD employees and volunteers will be in charge of breaking the SNS down for individual deliveries to each Point of Dispensing (POD) site in the county. All employees and volunteers at the CRS and at each POD will have identification badges to aid in site security. All transportation drivers will also have badges identifying them as approved to transport SNS materials.

SNS Security

When an emergency event requires SNS assets to be delivered to the population, a number of security and safety issues will arise. The SNS is accompanied by U.S. Marshals until it arrives in Utah, then the UDOH coordinates with the Utah National Guard for SNS security. Once SNS assets arrive in Davis County it is the responsibility of local authorities to provide security not only for the medications, but for staff and volunteers conducting SNS operations. It is imperative that law enforcement leaders are included as part of the initial communications regarding the request for SNS assets to ensure organization of needed security measures.

The Davis County Sheriff's Office (DCSO) will provide security at the CRS and will serve as a back-up to local law enforcement for PODs throughout the county. Local law enforcement will provide assistance at each POD based on the needs of each individual location. Typical needs will likely include crowd and traffic control, and assistance in shutting down daily POD operations when not running on a 24 hour schedule. If deemed necessary, law enforcement may also be asked to provide security assistance in transporting SNS materials from the CRS to individual PODs.

Points of Dispensing (PODs)

The DCHD will be responsible for setting up and managing PODs throughout the county. PODs will be in easily identifiable locations, such as schools or churches. A

mixture of DCHD employees and volunteers will run each POD. All personnel involved in POD operations will have official identification visible at all times.

Depending on the type of emergency, POD operations will run in 1-2 daily shifts or 24-hour operations, most likely for a series of days.

Due to the expected increase in anxiety, potentially long waiting times, and general concern for personal and family well-being, there is a substantial possibility for a variety of security incidents at POD locations. The EOC, local law enforcement and DHCD personnel managing POD operations will communicate regularly throughout the event to prevent/mitigate problems and ensure SNS dispensing is accomplished safely.

Hill Air Force Base

Hill AFB will set up and manage their own PODs for active duty and civilian staff. A designated representative pre-authorized by the DCHD will pick up SNS assets from the CRS for the base.

Immobile Populations

Populations that can't be transported to a POD (e.g. hospitals, senior and other long-term care facilities, assisted living facilities, correctional facilities, etc.) will receive medications at their facility. Facilities with current capabilities to dispense medications can submit to the DCHD to be pre-authorized as a specialized POD. A designated representative from each of these specialized PODs will pick up SNS assets from the CRS for their facility.

Section 3 – CHEMPACK

Background

The CDC created the CHEMPACK program as a way to forward-place critical chemical anecdotes that need to be delivered prior to the arrival of a SNS 12-hour push pack. CHEMPACK supplies are for the treatment of a large population exposure to nerve agents such as sarin, tabun, soman, VX and various commercial insecticides.

Each CHEMPACK container is the property of the federal government and part of the Shelf Life Extension Program (SLEP). CHEMPACK assets are maintained in a secure climate-controlled environment and can only be opened in the event of an emergency.

Requesting CHEMPACK

There are a number of CHEMPACK containers within the state of Utah, including one in Davis County. The county's CHEMPACK container is maintained by the DCHD through an agreement with the UDOH and the CDC. In an emergency involving a chemical agent release, emergency supplies from the CHEMPACK container can be requested by contacting Davis County Dispatch (who will notify the DCHD), or the DCHD directly.

Use the following numbers to request CHEMPACK supplies:

Davis County Dispatch:	801-451-4151, 911
DCHD:	
General Number	801-451-3315
Emergency Response Coordinator:	801-451-3581, 801-807-8728

The Director of the DCHD approves all requests for the release of CHEMPACK supplies. If additional supplies are needed beyond what is available in Davis County's container the DCHD will coordinate with the UDOH to obtain what is needed.

Distribution of CHEMPACK

Once requested, CHEMPACK supplies will be delivered by the closest deputy to the CHEMPACK site and follow instructions found on exterior of the CHEMPACK container. Provide the following information (if needed) **DO NOT TRANSMIT OVER THE RADIO**

- Respond as instructed by incident commander
- Due to security issues, the location and information to access the CHEMPACK is not located in this copy of the plan.

OR

PRIMARY Notifications

1. Emergency Services Coordinator
Brent Peters 801-547-9568 or 541-1373

SECONDARY Notification

2. Medical Director Dr. Dennis Wyman
801-395-7756 or 801-807-8728
3. Health Director Lewis Garrett
801-712-9666 or 944-5609
4. Health Officer Ivy Melton-Sales
801-807-8728

Appendix A – SNS Formulary

The SNS is divided up into Stockpile Managed Inventory (SMI) and Vendor Managed Inventory (VMI). Stockpiles are kept in multiple locations throughout the country. VMI is available through agreements between CDC and manufacturers.

The 12-hour push pack is prepackaged in transport-ready containers. Containers are numbered and color-coded to aid in identification and inventory.

The CDC makes available the types of items kept in the stockpile, but does not make actual numbers of each item available. Below is a list of the types of item available through the SNS.

Medical/Surgical Supplies

IV Administration

- Sterile water for injection
- NaCl flush
- Syringes/needles/catheters
- Y site administration sets
- IV solutions (1000 ml/100 ml)
- Gloves
- Tape/dressings/gauze/tourniquets
- Alcohol pads, betadine swabs, antibiotic ointment

Airway Supplies

- ET tubes/stylettes
- NG tubes
- Oropharyngeal airways
- Laryngoscopes
- Oxygen masks/tubing
- Manual resuscitators (bag-mask-valve)/CO₂ detectors
- Pediatric and adult sizes where applicable

Pediatric Container

- Broselow tape
- Suction catheters
- Nasogastric tubes
- Endotracheal tubes, stylettes and laryngoscopes

- Oropharyngeal airways
- AMBU bags
- Non-rebreather masks
- IV catheters, 24g
- Oral dosing syringes

Equipment (*part of VMI*)

- Ventilators
- Suction units

Appendix A – SNS Formulary Cont.

Pharmaceuticals

Antibiotics

- Doxycycline
- Ciprofloxacin
- Gentamicin
- Amoxicillin
- Other potential additions from VMI

Chemical Agent Antidotes*

- Atropine
- Pralidoxime
- Diazepam

Controlled Substances

- Morphine
- Diazepam
- Midazolam

Other Emergency Medications

- Dopamine
- Epinephrine/Epi-Pens**
- Methylprednisolone
- Albuterol Inhaler***

* *These supplies within the SNS are intended to replenish local supplies (e.g. CHEMPACK), or to have on hand for secondary or delayed attacks. Mark 1 Kits and Pralidoxime are not FDA approved for children.*

** *As these expire they will be replaced with norepinephrine.*

*** *These will be phased out and replaced with nebulizer solution.*

Radiation and Burn/Blast

Radiation Items

- Prussian Blue
- Ca and Zn-DTPA
- Neupogen
- Nausea and pain medications

Burn/Blast Items

- Bacitracin
- Silvadene
- IV fluids

Vaccines, other

- Smallpox
- Anthrax
- Botulinum Antitoxin

Appendix B – CHEMPACK Formulary

While chemical antidote supplies are included in the SNS, the CDC has forward-placed CHEMPACK containers containing these antidotes to shorten delivery time of needed medicines in a chemical attack.

CHEMPACK supplies are property of the federal government and are part of the shelf life extension program. To ensure the efficacy of CHEMPACK supplies they cannot be opened unless in the event of an emergency. CHEMPACK supplies include:

- Mark 1 auto-injector
- Atropine Sulfate 0.4 mg/ml 20 ml
- Pralidoxime 1 gm inj 20 ml
- AtroPen® 0.5 mg
- AtroPen® 1.0 mg
- Diazepam 5 mg/ml auto-injector
- Diazepam 5 mg/ml vial, 10 ml
- Sterile water for injection (SWFI) 20 cc vials