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BEST PRACTICE

Strategic National Stockpile Distribution Planning: Overview

PURPOSE

Provides state and local Strategic National Stockpile (SNS) planners with information and resources that aid in meeting requirements of receipt, staging, transportation, distribution, and dispensing of the SNS.

SUMMARY

The SNS was established and is managed by the Centers for Disease Control and Prevention (CDC) to respond rapidly to a potential biological, chemical, or conventional terrorist attack, a natural disease outbreak, or other emergency. The SNS program ensures the availability and rapid deployment of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous drug administration, airway maintenance supplies, and other medical and surgical supplies and equipment.

These Best Practices provide planning information to state and local SNS planners on the operational processes and systems for delivering, distributing, and dispensing the SNS. These Best Practices are based on reviews of existing SNS plans, discussions with SNS planners, and discussions with CDC officials. State and local planners should review and be familiar with the following: [Receiving, Distributing, and Dispensing Strategic National Stockpile Assets - Version 10](#); [National Incident Management System](#); and the [National Response Plan](#).

DESCRIPTION

This Best Practice provides an overview of the SNS and major concepts, including federal roles and responsibilities, state and local government responsibilities, SNS composition, SNS planning guidance, SNS delivery, SNS distribution and dispensing, SNS planning tools, and an outline of these Best Practices.

SNS Program Overview

The CDC established the National Pharmaceutical Stockpile (NPS) in 1999. The program was re-titled the Strategic National Stockpile in 2002 after the White House directed that the CDC and DHS share responsibility for managing the [program](#). CDC reassumed full responsibility for the program in 2005. The CDC's Division of Strategic National Stockpile (DSNS) is responsible for maintaining the stockpile, including the purchase of pharmaceuticals and supplies, defining program goals, measuring program performance, and managing the deployment of SNS assets.

According to the CDC, the 12 SNS push packages contain enough pharmaceuticals to protect up to 12 million people after anthrax exposure and provide 900,000 people full-course therapeutic treatment. The Stockpile's contents are reviewed every 12 to 18 months to reflect any changes based on expert assessments of terrorism and public health threats.

Federal Roles and Responsibilities

The federal government has responsibility for maintaining the Stockpile, providing state and local officials with planning guidance, education, and training regarding the receipt, distribution, and dispensing of the SNS.

The authority to deploy the SNS resides with the Secretary of Health and Human Services (HHS), in collaboration with the CDC Director and the Secretary of Homeland Security. DSNS guidance suggests that, during a crisis, state governors provide a formal request for SNS deployment to the CDC Director. It should be noted that the HHS Secretary can choose to deploy the SNS with or without a formal request from a state governor.

The CDC Director is responsible for deciding whether to approve a state governor's request and determining which portions of the SNS should be deployed. The CDC Director's decision will be based on information from various sources, including the operations centers located at the CDC headquarters and HHS headquarters, respectively. The Director can choose to deploy the SNS to an area affected by an infectious disease outbreak or other crisis. Federal officials guarantee the initial delivery of materials from the SNS within twelve hours following the decision to deploy.

State and Local Government Responsibilities

State officials are responsible for locating, opening, and operating their state's Receipt, Store, and Stage (RSS) sites. Local government officials, working with state officials, are responsible for operating a sufficient number of dispensing sites to ensure SNS pharmaceuticals and materials are delivered to individuals who may have been affected by the incident. State and local governments have joint responsibility to organize systems for delivering materials and equipment from an RSS site to dispensing sites and healthcare facilities.

State governments receive funding through CDC grants under the "Cooperative Agreement on Public Health Preparedness and Response for Bioterrorism, Focus Area A" to develop their state SNS plans and to acquire any necessary resources for the distribution of the Stockpile. They also receive guidance from the CDC to help develop and exercise their plans.

Some states and municipalities maintain separate pharmaceutical caches and plans for mass prophylaxis, funded through non-CDC resources. A number of these jurisdictions have single mass prophylaxis plans that integrate the SNS with their local pharmaceutical stockpile. However, federal grants cannot be used to support the maintenance of local pharmaceutical stockpiles or the associated planning for distribution. Where available, DSNS recommends dispensing of pharmaceuticals from state or local caches to public health, public safety, and healthcare employees within the affected area. This will help to ensure the availability of critical personnel during the crisis.

SNS Composition

The SNS consists of four distinct components: push packages; managed inventory (MI) (formerly Vendor Managed Inventory); the ability to purchase materials during a crisis; and vaccines:

- Push packages are a set of twelve large, pre-positioned, and ready-to-deploy caches of pharmaceuticals and other materials. Each push package contains identical amounts and types of pharmaceuticals and materials. Push packages are strategically positioned at undisclosed locations throughout the country and will be delivered within 12 hours following a deployment decision.

- The MI is a supply of specific pharmaceuticals, medical supplies, and equipment such as respirators that government officials can request in order to respond to an identified incident. These supplies originate from an intentional overproduction of certain pharmaceuticals and other supplies. The MI may be shipped in place of push packages if the nature of the incident or nature of the infectious or toxic substance is identified immediately. Oral antibiotics in the MI come in both unit of use doses and bulk pharmaceuticals that require repackaging. The majority of SNS assets are located in the MI portion of the SNS.
- DSNS officials have the authority to purchase additional supplies during a crisis as needed.
- Biodefense vaccines are available for deployment and distribution to the public. Many of the core principles and concepts of state and local planning for distribution and dispensing of non-vaccine elements of the stockpile are similar to distribution of these vaccines. States and local officials need separate plans for SNS vaccine distribution because of the specialized requirements for storing, shipping, and dispensing these vaccines. For more information on planning for SNS vaccine distribution, refer to Appendix D of DSNS [Version 10](#) planning guidance and the CDC's [Smallpox Response Plan](#).

SNS Planning Guidance

Federal planning guidance to state and local SNS planners assumes a five-step process for distribution of SNS materials. The five steps are:

- Federal delivery of SNS materials to the state's RSS site;
- Staging of materials at the RSS site, managed by state officials;
- Delivery of materials from the RSS site to one or more operational dispensing sites, hospitals, and/or treatment sites carried out by local volunteers and staff;
- Dispensing of medical supplies to the public at pre-designated dispensing sites (some states and localities also refer to these same sites using the terms mass dispensing sites, points of distribution (PODs), or mass prophylaxis sites), carried out by local staff and volunteers; and
- Re-supply of dispensing sites, hospitals, and/or treatment sites as necessary.

SNS Delivery

Federal officials are responsible for delivering all SNS materials and dispatching a Technical Advisory Response Unit (TARU) to state-designated RSS sites. TARUs consist of 5-7 SNS personnel, along with one or two Federal Marshals, who have an advisory role throughout SNS distribution. State and local officials have primary responsibility for operating the RSS sites, transporting the SNS materials from RSS sites to dispensing sites, and dispensing SNS materials to the public.

SNS Distribution and Dispensing

Successful SNS distribution and dispensing is a complex and difficult task requiring effective coordination and communication between the federal, state, and local governments.

Guidance from the Department of Health and Human Services calls for distribution of SNS assets to affected members of the public within 48 hours following deployment.

State planners have primary responsibility for developing plans for the receipt, distribution, and dispensing of SNS materials. States are also responsible for managing operations at RSS sites and delivering pharmaceuticals to operating dispensing and treatment sites. Local governments, working with state officials, are responsible for establishing and operating sites where pharmaceuticals will be dispensed to the public.

DSNS recommends state health officials establish an SNS Operations Management Team to manage all distribution and dispensing operations across the state. In accordance with the National Incident Management System, the Operations Management Team would maintain communications with the Incident Commander at the state EOC, the management team at the RSS site, and the management teams at operational dispensing sites. To ensure effective transitions to crisis modes of operations, DSNS recommends creation of a standing Operations Management Team to manage all SNS planning, training, and exercising for the state.

SNS Planning Guidance and Tools

The CDC's [Receiving, Distributing, and Dispensing Strategic National Stockpile Assets - Version 10](#) provides a detailed overview of the SNS program, clearly states requirements for state and local SNS distribution plans, and offers planning guidelines. Several other national organizations have published SNS planning guidance to assist state and local officials, particularly the [National Association of City and County Health Officials \(NACCHO\)](#) and the [Association of State and Territorial Health Officials \(ASTHO\)](#). SNS planners should read and be familiar with these publications before reviewing the following Best Practice documents.

In 2004, HHS launched the **Cities Readiness Initiative** (CRI) to provide major cities with the tools and resources necessary to ensure their readiness to distribute SNS materials. CRI provides capability evaluation tools, exercise and simulation support, and resources to evaluate alternative plans and concepts for distribution and dispensing. One concept under evaluation through the CRI is the use of United States Postal Service (USPS) mail carriers to deliver SNS antibiotics to individual residences.

ABOUT THESE BEST PRACTICES

SNS planners should refer to these documents only after thoroughly reviewing planning guidance documents from the CDC, national associations, and other organizations. SNS planners can also use them as points of comparison to what other states are doing during their planning process.

BEST PRACTICES OUTLINE

This Best Practice series is divided into four areas: SNS delivery and distribution; the selection and operation of dispensing sites; staffing and personnel strategies; and the information tools to aid public information.

Delivery of SNS to the State and Distribution to Dispensing Sites

- [Selecting and Operating Receipt, Store, and Stage \(RSS\) Sites](#)
- [Transporting Materials from the Receipt, Store, and Stage Site](#)

Dispensing Site Selection, Startup, and Operations

- [Selecting Facilities for Use as Dispensing Sites](#)
- [Dispensing Site Layout and Patient Flow](#)
- [Staffing Dispensing Sites](#)
- [Using Staging Sites to Segment Dispensing Processes](#)
- [Dispensing to "Head of Household"](#)
- [Dispensing Special Doses](#)
- [Information Requirements of Patients at Dispensing Sites](#)

Staffing Resources

- [Recruitment of Staff and Volunteers](#)

Information Management Tools

- [Public Information During Dispensing Operations](#)

RESOURCES

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