PHEP 101

Strategic National Stockpile (SNS) and Medical Counter Measures
Overview of the Strategic National Stockpile

• Purpose
  – Deploy medical material to community impacted by an emergency event
  – Increase lives saved in community

• Underlying Assumption
  – Deployed if and when all local and state resources depleted
  – Event extensively impacts community
Collaboration and SNS

• Multi-agency Plan and Response from local to state to federal

• Core preparedness mission
  – “Pills in People” OR “Pills to People”
  – Dispense to citizens of Illinois as quickly as possible
IL CRI MSA

- IL CRI
  - Chicago CRI MSA
  - St. Louis CRI MSA
    - (includes 8 LHDs in MO)
  - Peoria CRI MSA
Broad Spectrum Support
12-Hour Push Packages

• Push Packages
  – Pre-positioned throughout the US
  – 100 specialized cargo containers
  – 8 semi tractor trailers
  – Broad Spectrum Support [based on Category A Agents (APT)] for post-exposure prophylaxis and treatment
Specific Item Support

- Managed Inventory (MI)
- Vaccines
- Buying Power/Surge Capacity
- Federal Medical Contingency Station (FMCS)
Medical/Surgical Supplies

• IV Administration
• Airway
• Pediatric Container
• Equipment
  – Ventilators
  – Suction Units
Federal Medical Contingency Station (FMSC)

• All-hazard mass casualty care event
• Federal-level contingency care program (per HSPR 10)
• Surge capability throughout US
  – Pre-positioned
  – Configured to respond effectively to variety of public health emergencies
• Field Hospitals (Type III)
  – House 250 patients
  – Goal total 138 pre-positioned
SNS Program Focus

SNS Assets Deployed

- Operations
- Logistics

RSS Warehouse
(Receipt, Stage and Ship) & RDC
(Regional Distribution Center)

Dispensing Sites
PODs

Federal Level | State Level | Local Level
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STATE of ILLINOIS
Local Health Department (LHD) SNS Request

- Coordinate with local Emergency Management Agency (EMA)
- Local EMA sends request to State Emergency Operations Center (SEOC)
- SEOC informs IDPH SEOC Liaison of request
Hospital SNS Request

• Coordinate with LHD
• Exhaust resources through normal chain (ie POD hospital, region)
• Request through LHD to local Emergency Management
• Needs dependent on event
Deployment Options

• Metered Package
  – Part 1 (7 days) 25% of each allocated qty
  – Part 2 (7 days) add 25% allocated qty
  – Part 3 (7-10 days) remaining 50% of allocated qty

• Sequential
  – Part 1 100% qty of antiviral drugs
  – Part 2 100% qty of N95 respirators and surgical masks
  – Part 3 100% all other assets (PPE, IV antibiotics, supplies)
Combating Shortage of Resources

• Reach out to all agencies and private organization in community
  – Create a repository of resources
  – Web-based applications available
• Meet regularly with all partners
• Involve public, non-profit, and private organizations in exercises
• Plan regionally and across regions
• Sustain and maintain
Local Dispensing Goals

- To save lives and prevent illness
- To provide prophylaxis to the entire population in the jurisdiction in 48 hours (based on an anthrax event)