



**Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
Division of Emergency Preparedness & Response**

Michigan Strategic National Stockpile Plan

EXECUTIVE SUMMARY

Redacted Version

SNS Acronym List

AAR	After Action Report
BETP	Bureau of EMS, Trauma and Preparedness
CAP	Corrective Action Plan
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communication
CHECC	Community Health Emergency Coordination Center
CRI	Cities Readiness Initiative
DEA	Drug Enforcement Agency
DHHS	Department of Health and Human Services (Federal)
DN	Distribution Node
DSNS	Division of Strategic National Stockpile
EMC	Emergency Management Coordinator
EMHSD	Emergency Management Homeland Security Division
EPC	Emergency Preparedness Coordinator
EUA	Emergency Use Authorization
FMS	Federal Medical Station
HCC	Healthcare Coalition
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
LEOC	Local Emergency Operations Center
IND	Investigational New Drug
JIC	Joint Information Center
JITT	Just-in-Time Training
LEIN	Law Enforcement Information Network
LHD	Local Health Department
MCC	Medical Coordination Center
MCM	Medical Countermeasures
MCM-ORR	Medical Countermeasure Operational Readiness Review
MDHHS	Michigan Department of Health and Human Services
MDOT	Michigan Department of Transportation
MDMVA	Michigan Department of Military and Veterans Affairs
MDTMB	Michigan Department of Technology, Management, and Budget
MEMP	Michigan Emergency Management Plan
MIHAN	Michigan Health Alert Network
MISNS	Michigan Strategic National Stockpile
MITED	Michigan Training, Education, and Demonstration
MI-TRAIN	Michigan TrainingFinder Real-time Affiliate Integrated Network
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPA	Michigan Pharmacists Association
MPHI	Michigan Public Health Institute
MSA	Metropolitan Statistical Area
MSP	Michigan State Police
MWMS	Medical Waste Management System
NIMS	National Incident Management System
ODP	Office of Domestic Preparedness
POD	Point of Dispensing
PPK	12-Hour Push Package
RACES	Radio Amateur Civil Emergency Service
RSS	Receipt, Stage, and Store
SEOC	State Emergency Operations Center
SNS	Strategic National Stockpile
SSAG	SNS Services Advance Group
TC	Treatment Center (hospital)

Michigan Strategic National Stockpile Plan -- Executive Summary --

BACKGROUND

An act of terrorism against the U.S. civilian population or a major natural disaster may create a large-scale public health emergency that would require rapid access to large quantities of pharmaceuticals and medical supplies. State and local governments do not have the resources to create sufficient pharmaceutical and medical stockpiles in preparation for such incidents. Therefore, a national stockpile has been created.

The Centers for Disease Control and Prevention (CDC) manages the **Strategic National Stockpile (SNS)**, which is a repository of life-saving Medical Countermeasures (MCM). It is organized for flexible response with five types of assets including the 12-Hour Push Package (PPK), Managed Inventory, purchasing capabilities, Medical Waste Management System, and Federal Medical Stations. The SNS mission is to deliver critical MCM to the scene of a national emergency.



If the threat posed by a public health emergency is unknown, the first line of support lies with the **12-Hour Push Packages**. These Push Packages can be delivered anywhere in the United States and/or its territories within 12 hours of the federal decision to deploy. Each Push Package is stocked with a broad spectrum of materiel to combat any number of public health threats.

If the nature of the public health emergency is known, CDC officials can send **Managed Inventory** to combat the threat. The managed inventory is maintained at facilities throughout the United States by either CDC or contract vendors. It is also used to re-supply deployed 12-Hour Push Packages. The managed inventory can be expected to arrive within 24 to 36 hours of a federal deployment decision.

Also available is the **Medical Waste Management System (MWMS)**, which provides a comprehensive medical waste solution for MCM received from the SNS. This resource is designed for rapid deployment and includes an array of services and products necessary to efficiently collect, package, store, dispose, and document the disposal of medical waste.



CDC also manages medical supplies and equipment that can be used to set up temporary non-acute medical care facilities. This response asset, known as **Federal Medical Stations (FMS)**, can be rapidly deployed across the nation and consists of beds, supplies, and medicine to treat up to 250 people for up to three days.

Additionally, CDC maintains a **SNS Services Advance Group (SSAG)**, which is a tailored pool of specialized federal responders available to assist Michigan during a public health emergency. The SSAG can be requested by the State to provide subject matter expertise and technical assistance on receiving, inventorying, distributing, dispensing, replenishing, and recovering SNS materiel.

During an emergency, once a state determines there is a need for MCM and the Governor approves a request for federal assistance, discussions between state and federal organizations are initiated and a decision is made at the federal level to deploy assets. Federal, state, regional, and local health officials will work together to determine what assets are needed. If necessary, CDC can implement advanced purchasing capabilities to obtain additional MCM that is not normally maintained within the stockpile. All materiel from the SNS is shipped to the state's Receipt, Stage, and Store (RSS) site where state authorities arrange for further distribution of the pharmaceuticals and/or medical supplies.



SCOPE

Michigan has developed a comprehensive, written plan to facilitate the receipt, management, distribution, and dispensing of SNS assets quickly and efficiently. The Michigan Department of Health and Human Services Bureau of EMS, Trauma and Preparedness (MDHHS-BETP) has developed the Michigan Strategic National Stockpile (MISNS) Plan in an effort to facilitate an efficient and effective response to a large-scale public health emergency that requires Strategic National Stockpile assets. The primary focus of this Plan is the timely recognition of an incident requiring the SNS, the rapid request of SNS assets, the coordination of SNS deployment with all response partners, and the successful receipt and distribution of MCM to local health jurisdictions and treatment centers (hospitals).

The MISNS Plan has been developed in coordination with local, regional, state, and federal partners and is continually updated and revised as situations change and new information and resources become available. The review and update of the Plan incorporates any changes reflected in the CDC Division of Strategic National Stockpile (DSNS) Program, lessons learned from actual incidents or exercises, and changes in policies and procedures at the federal, state, or local level.

The MISNS Plan follows the emergency management guidelines and responsibilities set forth in the Michigan Emergency Management Plan (MEMP) and chain of command structure. The MISNS Plan is an Annex to the MEMP and the Michigan Department of Health and Human Services Emergency Operations Plan. The Community Health Emergency Coordination Center (CHECC) Operating Procedures Manual also provides supporting documentation for the MISNS Plan. The MISNS Plan contains an introduction section, followed by functional annexes addressing each of the key components of operational SNS planning. The functional annexes are listed below, followed by a brief summary of each critical component.

Michigan Strategic National Stockpile Plan

Annex I	Planning
Annex II	Command and Control
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PLANNING

The SNS planning process requires extensive input and expertise from all local, regional, state, and federal agencies which support the statewide MISNS Plan. Key planning partners that provide collaborative support for the MISNS program include:

- Local Health Departments (LHDs)
- Treatment Centers (TCs)
- 8 Regional Healthcare Coalitions (HCC)
- Local Emergency Management Coordinators
- Michigan Department of Health and Human Services (MDHHS)
- Michigan Department of Military and Veterans Affairs (MDMVA)
- Michigan Department of Technology, Management, and Budget (MDTMB)
- Michigan Department of Transportation (MDOT)
- Michigan Pharmacists Association (MPA)
- Michigan Public Health Institute (MPHI)
- Michigan State Police (MSP)
- Civil Air Patrol
- State Emergency Operations Center (SEOC)/Other State Agencies

PLANNING GOAL:

Provide mass prophylaxis to the population at risk within 48 hours from the time a request is made to deploy SNS resources in response to a large-scale public health emergency. In a worst-case scenario, **Michigan will need to provide prophylaxis to the entire population of 9,895,622 (2013 U.S. Census estimate)**. Local and State SNS Plans address these tight timeframes.

State and local SNS planning processes are inherently integrated together. Planning goals and objectives are determined for Michigan by MDHHS-BETP, based upon comprehensive guidance from CDC and cooperative input from response partners. At the state level, MDHHS-BETP coordinates with appropriate partners to address requirements related to the MISNS Plan. At the local level, local health department Emergency Preparedness Coordinators (EPCs) and Regional HCC Coordinators work collaboratively with local emergency management, local hospitals, emergency medical services, and other first responder agencies to develop their jurisdictional SNS procedures.

A brief summary of state and local SNS responsibilities in the State of Michigan is listed below:

State of Michigan SNS Responsibilities

- Request SNS 12-Hour Push Package and/or Managed Inventory from the CDC, as necessary.
- Receive, Stage, and Store MCM for distribution.
- Apportion and track MCM, as necessary.
- Deliver MCM to Distribution Nodes (DNs) and treatment centers (hospitals).
- Dispense MCM to State essential personnel.
- Provide the public with current and accurate information regarding the incident.
- Repackaging, if necessary.
- Secure SNS assets while in State custody.

Local SNS Responsibilities

- Request assistance from the State, as necessary.
- Identify and develop operational plans for Treatment Centers, Distribution Nodes, dispensing sites/mass vaccination clinics, and other healthcare organizations.
- Staff and equip DN and Point of Dispensing (POD) locations.
- Dispense MCM to the general public, at-risk populations, and essential personnel.
- Provide the public with current and accurate information regarding the incident.
- Secure SNS assets while in Local custody.
- Track SNS assets to individual level.

To support MISNS operations, MDHHS-BETP has entered into numerous Memorandums of Understanding (MOUs)/Memorandums of Agreement (MOAs) with private corporations and governmental agencies vital to the success of the MISNS program.

COMMAND AND CONTROL

The executive power is vested in the Governor, according to the Constitution of the State of Michigan. Moreover, the Governor is responsible for coping with dangers to this State or the people of this State presented by a disaster or emergency, pursuant to the Emergency Management Act (1976 PA 390 as amended).

In 2005, the Governor declared the National Incident Management System (NIMS) to be the state standard for incident management. Therefore, all state departments and agencies adopted NIMS and the use of the Incident Command System (ICS) was institutionalized.

In the event of a disaster, or threat of disaster, the Governor will declare a State of Disaster in accordance with the Emergency Management Act. This declaration triggers the Governor’s authority to seek and accept assistance from the federal government, such as the Strategic National Stockpile. The Governor is the only person who is authorized to request the SNS; and, if the Governor is not available, the Governor’s designee assumes this authority.

The Director of the Michigan State Police (MSP) is the State Director of the Emergency Management and Homeland Security Division (EMHSD). The Director implements the orders

and directives of the Governor and coordinates all federal, state, county, and municipal disaster prevention, mitigation, relief, and recovery operations within the state.

The EMHSD within MSP coordinates the State’s emergency management activities. The commanding officer of the Division serves as the Deputy State Director of EMHSD. The Division is responsible for preparing and maintaining the Michigan Emergency Management Plan and the State Emergency Operations Center. Every state department has assignments in the Plan and a representative in the Center. In addition, every state department maintains its own emergency coordination center to manage its essential support functions.

Within the MDHHS, the BETP is the focal point for public health and medical emergency management. This office maintains the department’s comprehensive emergency management program, including the department’s Emergency Operations Plan and the CHECC. The director of BETP is the Department’s Incident Response Coordinator. The State SNS Coordinator is assigned to the CHECC. All SNS activities are conducted in accordance with the Incident Command System.



REQUESTING THE SNS

The decision to request MCM will be a collaborative effort among local, state, and federal officials. In most cases, it will start at a local level when officials identify a potential or actual situation that they believe has the potential to threaten the health of the community. A request for State assistance will be generated at the local level using the established State emergency management system. The State will support such a request if it is clearly shown that local public health resources have been exhausted (or it is anticipated that available resources will be exhausted) and additional resources are needed. The local health department, treatment center, and State to Federal SNS Request Processes are summarized below.

Local Health Department Request Process

When a local jurisdiction determines that local public health resources have been exhausted, or it is anticipated that available resources will be exhausted and additional resources are needed, a request for assistance will be submitted to the SEOC from the Local Emergency Operations Center (LEOC) using appropriate methods. Information will need to be gathered from each affected local jurisdiction in order to discern the magnitude of the emergency. All initial local requests for MCM will follow the established emergency management system protocols, while ongoing requests will be submitted directly from the LHD to the CHECC for processing.



Treatment Center Request Process

When all needed local, regional, and state countermeasure response assets are exhausted, or it is anticipated that available countermeasures will be exhausted, a treatment center may *initially* request assets from the SNS by facilitating a request through the Regional Medical Coordination Center (MCC) to the LEOC. When the request is sent to the LEOC, the MCC will ensure the Local Health Department point of contact is included in the communication. The LEOC will review the request, gather any necessary additional information to support the request, and forward it to the SEOC. The SEOC will coordinate with the CHECC to process the initial order. All ongoing treatment center requests for assets will be forwarded to the MCC. As appropriate, the MCC will forward ongoing requests directly to the CHECC for processing.

State to Federal SNS Request Process

Following a local jurisdiction's request for MCM, the MDHHS Emergency Management Coordinator (EMC) representative in the SEOC will contact the CHECC to coordinate the response. If the disaster is large enough and exceeds the public health resources available at the state level, the Governor will make a request to the CDC for deployment for the SNS.

Upon receipt of the Governor's request, the CDC Director's Emergency Operations Center (DEOC) will arrange a follow-up telephone conference call that may include the Department of Health and Human Services (DHHS) Secretary's Operation Center, the Department of Homeland Security Operations Center, the DSNS Operations Center, and Michigan's representative(s). In conjunction with State of Michigan officials, these agencies and individuals will quickly evaluate the Governor's request by assessing the actual or potential threat and the local resources available for dealing with the threat. If the Secretary of DHHS or his/her designee concurs that local resources will be insufficient, he/she will order the deployment of the SNS.

RSS OPERATIONS

A State RSS warehouse is activated in response to a large-scale public health disaster requiring the deployment of the SNS. The RSS will receive, stage, and store MCM delivered from the SNS and will distribute these resources to local health department DN locations and treatment centers within Michigan.

State of Michigan RSS facilities have been pre-identified and evaluated based upon comprehensive criteria established by the CDC. Detailed site-specific plans have been developed for each RSS location. Information regarding the names and locations of RSS facilities is confidential and is maintained by MDHHS-BETP.

In order to efficiently establish the RSS facility, a RSS Strike Team has been developed. The RSS Strike Team is designed to complete the initial set-up of the RSS equipment and infrastructure, ensuring a smooth operation once MCM and volunteers have arrived. The Team is available for 24/7 operations and receives specialized training in the

NOTE: A Drug Enforcement Administration (DEA) Distributor License has been secured by MDHHS-BETP. This license permits the distribution of pharmaceuticals, specifically controlled substances, from the State RSS warehouse.

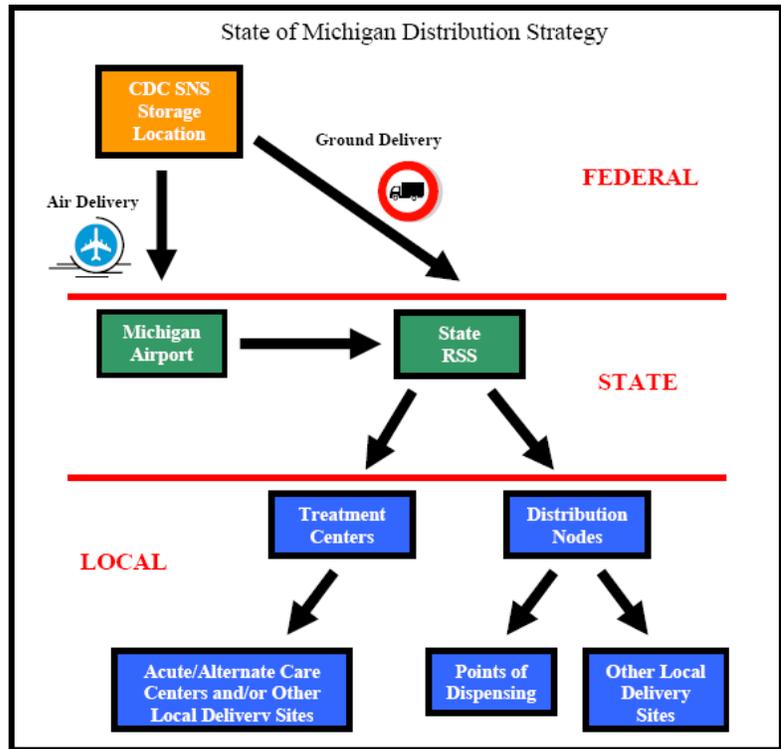
development, management, and operation of the RSS. The Strike Team is highly effective in quickly establishing the RSS warehouse to be an effective component of the MISNS Plan.

The activation, operation, and deactivation of the RSS is closely supported and coordinated through the CHECC in collaboration with the State Emergency Operations Center (SEOC).

DISTRIBUTION

In order to address the critical timing issues associated with distributing the MCM to local jurisdictions, a node strategy for distribution of the SNS has been implemented. This model provides for the delivery of MCM from the State RSS to a single DN located within each LHD jurisdiction. The state will also deliver MCM directly from the RSS to the treatment centers.

Local health departments, in collaboration with the LEOC, are responsible for the transportation and security of MCM within the local jurisdiction to the PODs, and in some instances, between PODs. If necessary and arranged for in the local plan, the local jurisdiction will also transport materiel to any other local delivery sites (*nursing homes, prisons, homebound, private corporations, etc.*) to decrease the burden on the PODs. Additionally, further allocation and delivery of MCM from treatment centers to other locally determined sites is the responsibility of the LEOC.



The method used to distribute MCM from the RSS to local facilities will be determined by the CHECC.

TACTICAL COMMUNICATIONS

Effective tactical communications during an incident requiring deployment of the SNS is critical to the success of the response. The MISNS program has implemented a redundant system of tactical communications methods designed to sustain SNS operations throughout all levels of response.

Available communication methods for connecting SNS command and control and support agencies include: Landline telephones, cell phones, UHF/VHF radios, Law Enforcement Information Network (LEIN), 800 MHz radios, pagers, Radio Amateur Civil Emergency Service (RACES), E-mail, satellite phones, Michigan Health Alert Network (MIHAN), MISNS Request

Site, website, fax, broadcast fax, videoconferencing, Adobe Acrobat Connect Pro, and the Emergency Alert System.

DISPENSING

The dispensing goal of the MISNS program has been designed to provide prophylactic medications to the entire population within 48 hours. To meet this goal, local jurisdictions have



developed traditional and alternate methods of dispensing that can be implemented as appropriate depending on the nature, size, and scope of the emergency. Alternate methods of dispensing in the State of Michigan include: Agreements with private businesses (to prophylax their employees),

partnerships with school districts and long-term care facilities, drive through

clinics, health care partnerships, and tribal health clinics. Through a combination of traditional dispensing sites and alternate methods of dispensing, local jurisdictions have developed robust plans to meet this goal.

Dispensing medications and administering vaccine to the general public is a local responsibility.

Cities Readiness Initiative (CRI)

Since 2004, CDC has provided special funding through the Public Health Emergency Preparedness Cooperative Agreement to enhance the mass dispensing capabilities of the Detroit Metropolitan Statistical Area (MSA). Seven LHDs in the Detroit MSA utilize this special funding to develop enhanced plans for mass dispensing of drugs to 100% of the identified population within 48 hours.

Local Dispensing Responsibilities:

- Adequate locations and facilities for POD operations that are strategically located by population density and distance
- Identification and training of POD staff
- Development of operational site-specific POD plans
- Development of plan to communicate and dispense to at-risk populations
- Development of plan to provide MCM to first responders, essential personnel, and their families
- Provide medical countermeasures to military and Department of Defense personnel
- Provide MCM to Native Americans on reservations, if applicable
- Annual exercises of local POD plans

State Dispensing Responsibilities:

- Deliver and re-supply appropriate MCM to local jurisdictions
- Apportionment of MCM
- Provide technical support to local jurisdictions
- Development of Standing Orders
- Coordinate Investigational New Drug (IND) and Emergency Use Authorization (EUA) Protocols with CDC

- Provide MCM to state-level public health responders, state-level first responders, and other state-level critical infrastructure partners
- Provide appropriate dispensing and planning guidance to local jurisdictions

TREATMENT CENTER COORDINATION

MDHHS, in collaboration with the 8 Regional Healthcare Coalitions, is responsible for coordinating all SNS related issues for TCs. The State retains responsibility for direct delivery of SNS assets from the RSS facility to the TCs statewide. Further delivery of SNS supplies from TCs to off-site locations will be the responsibility of the LEOC.



Each TC is required, pre-event, to designate the process for and the persons authorized to request and receive MCM on behalf of the facility. These designees are recorded in each hospital's SNS policy and procedure, within their emergency response plan.

Treatment centers, in coordination with the regional MCC, assume responsibility for tracking SNS inventory received at their location. If a treatment center distributes supplies to other locations, the TC must track the delivery location, type, quantity, and lot numbers of the distributed assets.

PUBLIC INFORMATION

The ability to effectively inform, educate, and mobilize the public will be critical to the success of any mass prophylaxis effort. The MDHHS-BETP works collaboratively with LHDs on Crisis and Emergency Risk Communication (CERC) Plans and materials to support SNS communication functions. A team of MDHHS personnel coordinates the public information response to a SNS incident. These team members will be located in the CHECC, Joint Information Center (JIC), and/or other state response locations dependent upon the incident. The ultimate goal of the SNS public information function is to gather, prepare, and distribute factual and timely health information to the media, health care providers, and the general public.

Key components of the SNS public information response process include:

- Activation of the Michigan CERC Plan.
- Notification of key personnel, including elected officials.
- Dissemination of information to state/local communities through appropriate channels.
- Providing accurate and timely information to healthcare providers.
- Establishing a call center with hotlines for the general public and the medical community.
- Dissemination of pamphlets and other materials to the general public.
- Holding press conferences and media briefings.



- Establishing consistent SNS messages statewide.

SECURITY

The SNS security function addresses the responsibilities and procedures for ensuring the safe arrival, storage, and distribution of MCM in Michigan. During an incident necessitating the movement of MCM, there will be many simultaneous yet autonomous security operations at each level of government and across a multitude of jurisdictional boundaries. Security responsibilities at the local, state, and federal levels of government are summarized as follows:

- **Federal** law enforcement is responsible for security of MCM via ground or air delivery until official transfer to the State of Michigan.
- **State** law enforcement is responsible for security of the assets enroute to the RSS, security at the RSS location, and security for distribution vehicles transporting supplies to local communities.
- **Local** law enforcement is responsible for security within the local jurisdiction, including during transportation of assets and security at the DNs, PODs, treatment centers, and other local delivery sites as applicable. If MCM are delivered by air, local law enforcement will also provide security support at the appropriate airport. Local SNS security operations are coordinated by the LEOC in collaboration with the SEOC.



DEMOBILIZATION

A comprehensive demobilization plan is necessary to effectively deactivate MISNS resources and to implement appropriate recovery activities following an incident. The CHECC and RSS, in cooperation with the SEOC, will implement a thorough demobilization plan specific to the incident. MISNS demobilization tasks may include, but are not limited to:

- Gathering and organizing response paperwork
- Planning for long-term storage and/or disposal of assets
- Obtaining status reports from the RSS
- Tracking, returning, and reassigning resources, including durable goods
- Facilitating the clean-up and restoration of activated facilities
- Break-down, maintenance/repair, and resupply of supplies and equipment
- Conducting an inventory of remaining MCM and supplies/equipment stock levels
- Notifying partners of deactivation
- Participating in staff debriefing activities, including the After Action Report / Correction Action Plan process

Additionally, assets that meet the CDC's definition of durable goods (runs on batteries, has wheels, or plugs-in) must be returned to MDHHS, and ultimately to CDC, after the public health

emergency has subsided. The MDHHS will issue guidance at the conclusion of the emergency to specify the return process for these items. All other MCM distributed during the emergency will remain the responsibility of the local jurisdiction or facility to track, dispense, store under good manufacturing conditions for future use, or properly destroy, unless otherwise instructed by MDHHS and/or CDC.

TRAINING, EXERCISE, AND EVALUATION

Training, exercise, and evaluation are three interrelated but separate activities for improving the level of preparedness the State of Michigan maintains to request and use SNS assets.

Training

The MISNS program maintains an intensive pre-incident training program aimed at equipping potential SNS and RSS staff and volunteers for real incidents. Methods of SNS training include, but are not limited to: Training videos, written training manuals, classroom instruction, on-the-job training, and on-line training through the Michigan Training Finder Real-time Affiliate Integrated Network (MI-TRAIN) system. Additionally, all potential staff members are routinely trained on tactical communications equipment utilized to support operations.



Though the State of Michigan provides thorough pre-incident training and exercise opportunities to all potential RSS staff members, it is possible that some untrained personnel will need to be utilized during an incident. For this purpose, a detailed Just-In-Time Training (JITT) program has been developed to provide immediate instruction for untrained RSS personnel and also to serve as a reminder for previously trained staff. JITT within the RSS is conducted through a combination of staff briefings, RSS functional area training, and on-the-job training at the RSS under the direction of experienced personnel.

Exercise

The BETP has developed a progressive exercise plan that tests the State's ability to respond and recover from a large-scale public health emergency or disaster. In order to test and evaluate Michigan's capabilities for responding when the SNS is deployed, the BETP conducts numerous SNS-related exercises each year, including an annual notification and activation exercise of all MISNS staff and volunteers. These exercises not only test Michigan's response capabilities, but they also provide an opportunity for individuals to apply their SNS training during a simulated incident.

Exercises and real-world incidents, as well as results of federal assessments, assist Michigan in determining what aspects of the MISNS program need further testing and refining. When possible, MISNS exercises are integrated into larger exercises involving different levels of government and multiple departments and agencies. The State SNS Team also provides support for local SNS exercises, including supplying the Michigan SNS Training, Education, and Demonstration (MITED) Package, which contains simulated SNS assets useful for testing local response capabilities.



All MDHHS exercises and evaluations are designed to fulfill the requirements of the U.S. Department of Homeland Security, Office of Grants and Training, and HSEEP.

Evaluation

CDC leads the assessment process in Michigan by evaluating the MISNS Plan, Cities Readiness Initiative Plans, and randomly selected local health department plans. SNS preparedness is evaluated based upon specific criteria established in the Medical Countermeasure Operational Readiness Review (MCM-ORR) tool. CDC provides explicit recommendations for improvements to SNS planning across the State of Michigan.

In addition to the federal assessment process, BETP also evaluates the level of preparedness among local health department and treatment center SNS Plans through an ongoing plan review process. An evaluation of each plan, with appropriate feedback including recommendations for improvement, is reported back to each LHD and TC. These reports provide valuable information regarding local SNS response capabilities, including identification of areas that require improvement and necessary updates. Technical assistance sessions are offered to local jurisdictions, as needed, to assist in meeting SNS planning deliverables, with revisions required and follow-up reviews conducted for completeness.

EMERGENCY CONTACT INFORMATION

Contact information for all local, regional, state, and federal response partners that support the MISNS Plan is stored and maintained within the BETP Contacts Database. This Access database is maintained by several BETP staff members and is subjected to extensive updating and ongoing quality control monitoring. Additionally, a hard copy of all contact information is kept on file at BETP.

All information contained within this document has been excerpted from the Michigan Strategic National Stockpile Plan, which is annually approved by the State of Michigan and the Centers for Disease Control and Prevention.