BP1-Supplemental

MISNS Request SharePoint Site Exercise  
March 20, 2019



Exercise Plan

Publish Date: 03/05/2019



The Exercise Plan (ExPlan) gives players from participating organizations the information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

**Handling Instructions**

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# Exercise Details

**Exercise Name**

BP1-Supplemental MISNS Request SharePoint Site Exercise

**Exercise Dates**

March 20, 2019

**Threat or Hazard**

Bacillus anthracis

**Scenario**

Aerosolized anthrax release

**Scope**

Multiagency, Local, Regional, State

**Mission Areas**

Response

**Sponsor**

MDHHS

**Capabilities**

The following capabilities were selected to be tested during the exercise:

Public Health Preparedness and Response Capabilities

* Capability 3: Emergency Operations Coordination
* Capability 6: Information Sharing
* Capability 9: Medical Material Management and Distribution

Health Care Preparedness and Response Capabilities

* Capability 2: Health Care and Medical Response Coordination
* Capability 4: Medical Surge

**Purpose**

This exercise will test surge capacity of the MISNS Request SharePoint Site through ongoing requests by local and regional agencies for emergency medical countermeasures received by the State of Michigan via the Division of Strategic National Stockpile (DSNS). It is intended for local health department and hospital personnel demonstrate proficiency in both medical countermeasure selection and providing justification of need. Furthermore, this exercise will allow MDHHS personnel the opportunity to monitor site performance and notification alerts.

## Exercise Schedule

To begin the exercise, the CHECC SNS Coordinator will send a Michigan Health Alert Network (MIHAN) notification to the Local Health Department (LHD) Emergency Preparedness Coordinators, Health Officers, and the Healthcare Coalition (HCC) Regional Coordinators and Assistant Coordinators. HCC Regional Coordinators will in turn be responsible for notifying participating hospitals to indicate that an initial SNS request has been received by the SEOC and approved by ASPR.

Participating organizations will then submit their SNS requests according to established plans. Personnel within the MDHHS Community Health Emergency Coordination Center (CHECC) will review and approve each submitted request in the order in which it was received. All approved requests will be forwarded via the MISNS Request SharePoint site to Michigan’s Receipt, Stage, and Store (RSS) site for simulated processing. Personnel stationed at the RSS will provide notification to each requesting organization regarding the status and estimated time of arrival for each shipment.

Upon completion, the CHECC SNS Coordinator will send a Michigan Health Alert Network (MIHAN) message to LHDs and HCC regional staff to signal the end of exercise play. Regional HCC personnel will be responsible for notifying hospitals of end of exercise play.

*Table 1: MISNS Request Exercise Schedule*

| **Time** | **Personnel** | **Expected Action** |
| --- | --- | --- |
| **March 20, 2019** | | |
| 8:45 AM |  | Exercise Play Start (STARTEX) |
| 8:45 AM | CHECC SNS Coordinator | Send MIHAN alert to notify LHD Emergency Preparedness Coordinators, Health Officers and HCC Regional Coordinators/Assistant Coordinators to send SNS Request forms through the MISNS Request SharePoint Site. |
| 9:00 AM –  3:00 PM | Hospitals/Local Health Departments | Submit requests to the CHECC via the MISNS Request SharePoint site. |
| Regional MCC | Review hospital MISNS Request SharePoint requests. Review regional resource availability and assess the need to forward requests to the CHECC. |
| 9:00 AM –  3:00 PM | CHECC SNS Coordinator | Receive requests via the MISNS Request SharePoint site. Send receipt confirmation message back to requesting agency. Process requests to the RSS. |
| RSS Manager | Receive and process requests. Communicate ETA to requesting agency. |
| 3:00 PM | CHECC SNS Coordinator | MIHAN alert notification of Exercise Play End (ENDEX). |
|  | Participants | Complete participant feedback survey at:  https://www.surveymonkey.com/r/3YGGRNM |

## Exercise Scenario

***Please Note:*** *Organizations may modify this scenario or develop a unique scenario to meet specific jurisdictional exercise objectives and goals.*  
After a recent resurgence in terrorist activity abroad, credible intelligence has projected the possibility of a terrorist attack on U.S. soil. Over the course of recent months, successful attacks have taken place in Stockholm, Sweden and Brussels, Belgium. During a raid on a terrorist safe house in Toronto, materials used to cultivate biological weapons were seized. Intelligence and health care communities have heightened awareness and surveillance measures in and around major U.S. cities and international borders. Reliable intelligence points to the possible formation of an active terrorist cell in the Midwest, posing a direct threat to the cities of Buffalo, Minneapolis, Detroit, Chicago, Milwaukee, Cleveland and their surrounding communities.

On March 18th around 4:30 PM, the Detroit area BioWatch Advisory Committee (BAC) received information from the State Laboratory in Lansing that a total of 6 filters from collector units had tested positive for Bacillus Anthracis, indicating a possible exposure to anthrax spores across a wide position of Michigan.

On the jurisdictional conference call that began at 6:30 PM on March 18th, the investigative efforts of the Federal Bureau of Investigations (FBI) and state/local law enforcement revealed that two commercial grade trucks, typically used to spray pesticides, were reported stolen from a garage located in Grand Rapids around 2:00 AM on Saturday, March 16th. Reports state that both vehicles were spotted driving erratically in downtown Grand Rapids and on eastbound I-96 towards Lansing. Witnesses found it odd that individuals in both vehicles were dressed in “white coveralls and facemasks.”

At 7:30 PM on March 19th, the owner of a parking garage in Lansing, MI reported to police a suspicious vehicle abandoned at his garage. Within the vehicle local law enforcement found two Tyvek suits and an opened box of N-95 masks. This information was immediately reported to the FBI and the Michigan State Police (MSP).

* Reports of hospitals and clinics experiencing an increase in patients presenting with severe flu-like symptoms that includes weakness, chills, high fever, and dull chest pain.
* Ensuing calls between state, local, and federal agencies (law enforcement, public health, health care, emergency management).
* Preliminary assessment of available information and existing medical caches suggest the need to request medical materiel from the SNS.
* Local health departments have begun to initiate plans for mass prophylaxis of first responders and the public; however, local resources are anticipated to be insufficient.

The CDC deployed medical countermeasures following this exposure in two phases: an initial 10-day supply of antibiotic therapy for each impacted local jurisdiction, followed by a 50-day course of antibiotics and limited quantities of Anthrax Vaccine Adsorbed (AVA). The distribution of medical materiel for local jurisdictions and hospitals will take place in two distinct phases:

* Phase I: Rapid dispensing of a 10-day supply of antibiotics to those individuals who were potential exposed to anthrax
* Phase II: Follow up dispensing of 50-day supply of antibiotics and administration of vaccine to identified populations

*Table 2: SNS Post-Exposure Prophylaxis for Inhalation Anthrax*

| **Antibiotic / Vaccine** | **Tablet / Capsule / Suspension** | **Subcutaneous Injection (Adults)** | **Intramuscular Injection (Pediatrics)** | **Regulatory Status** | **Ship/Store**  **Temperature** |
| --- | --- | --- | --- | --- | --- |
| Amoxicillin | X |  |  | Emergency Use Authorization (EUA) | Controlled Room Temperature (CTR) |
| Ciprofloxacin | X |  |  | Food and Drug Administration (FDA) approved; requires Emergency Use Instructions (EUI) | CRT |
| Doxycycline | X |  |  | FDA approved; requires EUI | CRT |
| Anthrax Vaccine Adsorbed (AVA) 3-dose series |  | X |  | FDA approved in 18-65 years; EUA/EUI > 65 years | 2°C-8°C |
|  |  | X | Investigational New Drug (IND) < 18 years | 2°C-8°C |

*Table 3: SNS Treatment for Inhalational Anthrax*

| **Antibiotic / Vaccine** | **Intravenous** | **Regulatory Status** | **Ship/Store**  **Temperature** |
| --- | --- | --- | --- |
| Ciprofloxacin | X | FDA approved; requires EUA/EUI | CRT |
| Clindamycin | X | EUA under a multi-drug treatment approach | CRT |
| Doxycycline | X | FDA approved; requires EUA/EUI | CRT |
| Levoflxacin | X | FDA approved; requires EUA/EUI | CRT |
| Penicillin | X | FDA approved; requires EUA/EUI | CRT |
| Rifampin | X | EUA under a multi-drug treatment approach | CRT |
| Anthrax Immune Globulin | X | FDA approved; requires EUI | ≤ -15°C ship  2°C-8°C store |
| Obiltoxaximab | X | FDA approved; requires EUI | 2°C-8°C |
| Raxibacumab | X | FDA approved; requires EUI | 2°C-8°C |

# Exercise Objectives

The following core objectives have been developed by the exercise planning team to be tested in the BP1-Supplemental MISNS Request SharePoint Site Exercise. Table 4 aligns the hospital and public health preparedness capabilities to the objectives of the exercise for each partnering agency. **The following objectives were developed for the BETP, DEPR. Organizations may elect to customize additional objectives to meet individual needs. Local Health Departments, hospitals, and medical coordination centers may elect to test additional objectives listed in Appendix B.**

*Table 4: Exercise Capabilities and Objectives*

| **HPP/PHP Capability** | **Agency** | **Objectives/Tasks** |
| --- | --- | --- |
| **HPP:**  **Health Care and Medical Response Coordination**  **PHP:**  **Emergency Operations Coordination** | LHDs  MCCs  CHECC | **Objective 1:** The CHECC will send a MIHAN notification to all LHDs and MCCs.  **Task**: Notify LHDs, Regional Coordinators, and Assistant Regional Coordinators that an initial SNS request has been received.  **Measure:** Percentage of LHDs and Regional Coordinators that can respond to the alert.  **Measure:** MIHAN groups are current.  **Task:** If applicable, notify partners of technical issues preventing critical use of system. |
| **HPP:**  **Medical Surge**  **PHP:**  **Medical Material Management**  **HPP:**  **Medical Surge**  **PHP:**  **Medical Material Management** | CHECC MCCs  MCCs | **Objective 2:** Test electronic submission and processing of SNS requests via the MISNS Request SharePoint Site.  **Task:** LHDs and hospitals login to the state MISNS SharePoint Site.  **Measure:** Percentage of organizations able to login to the MISNS SharePoint Site.  **Task:** LHDs and Hospitals complete and submit SNS Justification form, Item Request form, Acknowledgement and Comments section.  **Measure:** Percentage of Justification and Item Request forms successfully submitted by organizations.  **Objective 3:** MCCs move requests to the CHECC.  **Task:** MCCs validate resource requests and move SNS requests to the CHECC.  **Measure:** Percentage of hospital SNS requests successfully received per region in the MISNS SharePoint Site for CHECC review. |
| CHECC MCCs | **Objective 4:** Test MISNS Request SharePoint site and CHECC ability to receive and coordinate simultaneous SNS requests generated statewide.  **Task:** Process simultaneous SNS requests.  **Measure:** Percentage of all successfully transmitted and approved requests |
| **HPP:**  **Health Care and Medical Response Coordination**  **PHP:**  **Information Sharing** | CHECC | **Objective 5:** Test the ability of the MISNS SharePoint system to send automatic notification of SNS request information to partners.  **Task:** MISNS SharePoint system sends request status information and ETAs to partners.  **Measure:** System communication with no errors. |
| **Objective 6:** Test redundant communications methods (phone, fax, radio, etc.), if needed.  **Task:** Use secondary communication system if primary fails.  **Measure:** Percentage of successful transmission of requests using secondary communication systems, if utilized. |

# Exercise Communications

**Player Communications**

**All spoken and written communication will start and end with the statement, “THIS IS AN EXERCISE.”** Players will use routine, in-place agency communication systems. Additional communication assets may be made available as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that would usually be available for an actual emergency incident. In no instance will exercise communication interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels. In the event the MISNS Request SharePoint site becomes inaccessible, it is recommended to defer to emailing the SNS Item Order Form and Justification Form to the CHECC SNS Coordinator mailbox: [checcsns@michigan.gov](mailto:checcsns@michigan.gov).

The primary means of communication during exercise play will be by the MISNS SharePoint Request site: <http://mirequest.org/SNS/Pages/default.aspx>.

The primary means of communication between the exercise controller and the venues will be by telephone 517-335-8738 or 800 MHz radio (if necessary).

**Michigan Health Alert Network**

To start exercise play, Healthcare Coalition Regional Coordinators, Assistant Coordinators, LHD Emergency Preparedness Coordinators and Health Officers will be receiving a MIHAN alert notification at approximately 9:00 AM on March 20, 2019.

**Communication Directory**

If you need additional information to perform a task, or run into difficulty or have concerns and need immediate assistance please inform the exercise controller.

*Table 2: Contact Information*

|  |  |  |
| --- | --- | --- |
| **Venue** | **Contact Information** | **Responsibility** |
|  | | |
| Larry Zimmerman | 517-335-8362  [zimmermanl1@michigan.gov](mailto:zimmermanl1@michigan.gov)  800 MHz: G EVENT 1 | Exercise Controller/Evaluator |
| SNS Coordinator | 517-281-5362  [checcsns@michigan.gov](mailto:checcsns@michigan.gov) | Backup ordering system / Answer questions from requesting agencies |
| MISNS SharePoint | <http://mirequest.org/SNS/Pages/default.aspx> | System login for players |

# Participant Roles and Responsibilities

**Exercise Summary**

The BP1-Supplemental MISNS Request SharePoint Site Exercise is designed to establish a learning environment for players to exercise their plans and procedures for requesting medical countermeasures in response to an emergency incident. The exercise will be conducted on March 20, 2019. Exercise play for the MDHHS, DEPR is scheduled for 6 hours or until the exercise controller determines that the exercise objectives have been met. Please do not focus on inaccuracies, assumptions or artificialities created by the scenario. Please focus on the objectives that need to be met for the exercise.

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

**Assumptions**

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

* The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems and processes will be evaluated.
* The exercise scenario is plausible and events occur as they are presented.
* Participants, if desired, are responsible for further developing the scenario (type and scope) for their jurisdiction, as applicable.

**Artificialities**

Constructs are exercise devices designed to enhance or improve exercise realism. Alternatively, constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct or may pertain to financial and staffing issues. Although there are a number of constructs and constraints (also known as exercise artificialities) for any exercise, the exercise planning team recognizes and accepts the following as necessary:

* Exercise communication and coordination will be limited to the participating exercise venues.
* Only those communication methods listed in the Communication Directory will be available for players to use during the exercise.
* The participating agencies may need to balance exercise play with real-world emergencies. It is understood that real-world emergencies will take priority.
* The scenario may not always be in timeline sync, or be “realistic”. Please try not to focus on scenario realism and continue with expected actions to complete objectives.

The term participant encompasses many groups of people, not only those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

## Exercise Roles

* **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).

**Participating organizations are responsible for designating a controller and/or evaluator for their venue and development of an After-Action (AAR) or Summary Report.** The primary means of communication among the Controllers and Evaluators will be via telephone, cellphone, and 800 MHz radio.

**Safety Requirements**

Exercise participant safety takes priority over exercise events. Although the organizations involved in the exercise come from various response agencies, they share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. In addition, aspects of an emergency response can be dangerous. Health and safety should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

* All exercise controllers, evaluators, and staff will serve as safety observers while the exercise activities are underway. Any safety concerns must be immediately reported to an exercise controller.
* Participants will be responsible for their own and each other’s safety during the exercise. It is the responsibility of all persons associated with the exercise to stop play if, in their opinion, a real safety problem exists. Once the problem is corrected, exercise play can be resumed.
* All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as the appropriate Federal, State, and local environmental health and safety regulations.

## Player Instructions

**Before the Exercise**

* Review appropriate emergency plans, procedures, and exercise support documents.
* Understand reporting requirements for your venue, and be at the appropriate site before the exercise starts. Wear the appropriate attire and identification badges.
* Read any player information handout, which includes information on exercise safety.
* Please be prepared and aware of your own safety and the safety of others, and any special lodging considerations.

**During the exercise**

* Consider maintaining a log of your activities. This log may include documentation of activities that were missed by a controller or evaluator.
* Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
* Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise’s planning team to create an effective learning and evaluation environment.
* Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
* All exercise communications will begin and end with the statement “This is an exercise.” This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
* Help ensure that evaluators are aware of critical actions you take as they occur.
* If you do not understand the scope of the exercise or if you are uncertain about an organization’s or agency’s participation in an exercise, ask a controller or exercise point of contact listed in this ExPlan.

**After the exercise**

* At the end of the exercise at your facility, please go online to fill out the evaluation form at

<https://www.surveymonkey.com/r/3YGGRNM>

* A hotwash will be conducted during the April 2019 PHEP Partners Call.
* A BETP, DEPR AAR/IP will be produced within 90 days
* Organizations are encouraged to develop an After-Action (AAR) or Summary Report to document organization specific successes and identified gaps.

## Accident Reporting and Real Emergencies

For an emergency that requires assistance, use the phrase **“real-world emergency.”** The following procedures should be used in case of a real emergency during the exercise:

* Anyone who observes a participant who is seriously ill or injured will first advise the nearest controller and then, if possible, render aid, provided the aid does not exceed his or her training.
* The controller who is made aware of a real emergency will initiate the “real-world emergency” broadcast on the controller radio network and provide the following information to the exercise Controller:
  + Venue and function
  + Location within the venue and function
  + Condition
  + Requirements
* The exercise Controller will be notified as soon as possible if a real emergency occurs.
* If the nature of the emergency requires suspension of the exercise at the venue or function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue or function after the situation has been addressed.
* Exercise play at other venues and functions should not cease if one venue or function has declared a real-world emergency, unless they rely on the affected venue.

If a real emergency occurs that affects the entire exercise, the exercise may have to be suspended or terminated.

# Appendix A: Venue Information

**Participating Agencies**

|  |
| --- |
| Participating Agencies |
| **State** |
| MDHHS |
|  |
| **Regions** |
| Region 1 Medical Coordination Center |
| Region 1 Hospitals |
| Region 2 North Medical Coordination Center |
| Region 2 North Hospitals |
| Region 2 South Medical Coordination Center |
| Region 2 South Hospitals |
| Region 3 Medical Coordination Center |
| Region 3 Hospitals |
| Region 5 Medical Coordination Center |
| Region 5 Hospitals |
| Region 6 Medical Coordination Center |
| Region 6 Hospitals |
| Region 7 Medical Coordination Center |
| Region 7 Hospitals |
| Region 8 Medical Coordination Center |
| Region 8 Hospitals |
|  |
| Local |
| Michigan’s 45 Local Health Departments |
|  |

# Appendix B: Optional LHD Objectives

|  |  |  |  |
| --- | --- | --- | --- |
| Capability/Function | Exercise Objectives/Activities | **EXERCISE RESULTS** | |
| P: Performed without Challenges  S: Performed with Some Challenges  M: Performed with Major Challenges  N/P: Not Performed | |
| *Capability 1: Community Preparedness* | Objective: All response staff will be in their assigned ICS roles for an MCM response.  Objective: All ICS staff will assess the public health impact of the incident and identify the type MCM needed for the response.  Objective: Delineate response roles for local, state, and federal partners.  Objective: Identify strategies for follow up care/treatment for populations with access and functional needs.  Objective: Identify potential strategies for coordinating vaccine administration with closed POD partners. |  |  |
| *Capability 3: Emergency Operations Coordination* | Objective: Identify and utilize SMEs for MCM decision-making process. Identify key actions to be taken and by whom.  Objective: Assess public health impact of incident and identify the level of emergency coordination center operations.  Objective: Partial testing (one quarter) of email communication and other web-based communication platforms.  Objective: All command and management staff will be in their assigned ICS roles for an MCM response.  Objective: Test ability to activate and assemble EOC staff.  Objective: Discuss the temporary suspension of non-essential health department operations during a sustained dispensing campaign.  Objective: Discuss administrative preparedness procedures for hiring of healthcare contractors (i.e., nursing agencies, private EMT, medics, healthcare workers). |  |  |
| *Capability 4: Emergency Public Information and Warning* | Objective: Discuss public information needs of the public and distribution methods of material.  Objective: Identify strategies for targeted communication to at-risk or impacted populations.  Objective: Discuss the logistics of working with the media at LHDs, EOCs, and POD sites. |  |  |
| *Capability 8: Medical Countermeasure Dispensing* | Objective: Determine possible considerations for the identification of priority groups to receive medical countermeasures should supplies be limited.  Objective: Discuss function of alternate dispensing modalities.  Objective: Discuss the provision of dispensing both oral medications and administering vaccine prior to 10-day supplies running out.  Objective: Identify a protocol for follow up to confirm medication safety and compliance. |  |  |
| *Medical Materiel Management and Distribution* | Objective: Test ability to request medical materiel through the MISNS Request SharePoint Site.  Objective: Test the ability of IMATS and backup inventory system to receive, store, pick, and ship assets.  Objective: Discuss plans for receipt of vaccine at DN locations and existing cold chain management capacity of facilities and transport. |  |  |
| *Responder Safety and Health* | Objective: SME's will identify medical and behavioral health risks and develop health and safety protective actions.  Objective: SME's will identify what personal protective equipment (PPE) and MCMs are needed for responders.  Objective: Identify strategies for providing prophylaxis and vaccine to emergency first responders. |  |  |

# Appendix C: Acronyms

| **Acronym** | **Meaning** |
| --- | --- |
| AAR | After-Action Report |
| AVA | Anthrax Vaccine Adsorbed |
| ASPR | Assistant Secretary for Preparedness and Response |
| BETP | Bureau of EMS, Trauma and Preparedness |
| C/E | Controller/Evaluator |
| CDC | Centers for Disease Control and Prevention |
| CHECC | Community Health Emergency Coordination Center |
| DEPR | Division of Emergency Preparedness and Response |
| DSNS | Division of Strategic National Stockpile |
| ExPlan | Exercise Plan |
| FBI | Federal Bureau of Investigation |
| FOUO | For Official Use Only |
| HCC | Health Care Coalition |
| HPP | Hospital Preparedness Program |
| LHD | Local Health Department |
| MCC | Medical Coordination Center |
| MDHHS | Michigan Department t of Health and Human Services |
| MIHAN | Michigan Health Alert Network |
| MISNS | Michigan Strategic National Stockpile |
| MSP | Michigan State Police |
| PHEP | Public Health Emergency Preparedness |
| RSS | Receipt, Stage, and Store |
| SEOC | State Emergency Operations Center |