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**SPECIAL NOTE:** The color coding system for the product in the containers is in mid stream of changing from **PINK/LAVENDAR** to **BLUE**. This transition will be from January 2011 through May 2012. Should you have any questions please contact the State Strategic National Stockpile (SNS) Coordinator at 505-476-8231.

## **Introduction**

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### **Overview**

The Centers for Disease Control and Prevention plays a major support role for state and local emergency response programs with regard to chemical and biological terrorism. One of the key initiatives is its Strategic National Stockpile Program. The mission of the Strategic National Stockpile Program is to maintain a national repository of life-saving pharmaceuticals and medical material that can be rapidly delivered to the site of a chemical or biological terrorism event or other public health emergency in order to reduce morbidity and mortality. As part of the Strategic National Stockpile Program, the Centers for Disease Control and Prevention have developed a CHEMPACK Program.

The goal of the CHEMPACK Program is to allow forward placement of chemical and nerve agent antidotes to provide state and local governments a sustainable resource and improve their ability to respond quickly to a chemical agent attack.

To extend the life expectancy of the purchased pharmaceuticals, the CHEMPACK Program is participating in the Food and Drug Administration and Department of Defense Shelf Life Extension Program. The Food and Drug Administration has evaluated some medications and has determined that the drugs were safe and potent beyond the expiration date set by the manufacturers. To continue participation in the Shelf Life Extension Program, medications must be kept under optimal storage conditions. These conditions include regulated temperature and environmental controls.

### **Purpose and Scope**

This CHEMPACK Utilization Guide is intended to assist localities, emergency response agencies and hospitals to establish the policies and procedures that will enable CHEMPACK to be placed, maintained and distributed in the event of a terrorist attack or emergency involving chemical/nerve agents. Local emergency management, public health, fire, law enforcement, emergency medical services and partnering hospitals will have to work cooperatively on the development of these protocols to ensure that they effectively prepare for the use and deployment of CHEMPACK assets.

### **Hazard Analysis**

#### **Background**

Widespread use of chemical agents in modern warfare began during World War I, in which canisters of chlorine were opened, allowing the prevailing winds to disseminate the chemical. After the war, research continued, resulting in the discovery of nerve agents in the mid-1930s. Agent technology accelerated in the 1950s with the discovery of V-series nerve agents, which posed both inhalation and contact hazards. Present nerve agents are among some of the most toxic chemicals known. They are hazardous in their liquid and vapor states and can cause death within minutes of exposure.

## **Threat**

The Chemical Weapons Convention held in Paris during January of 1993 defined chemical warfare agents and established enforcement mechanisms. In addition to banning the use of chemical warfare agents, the Chemical Weapons Convention bans the development, production, stockpiling and transfer of chemical weapons. However, some nations continue to possess large stockpiles of chemical weapons and may have difficulty adhering to the Chemical Weapons Convention's destruction requirements due to the costs related to disposal. There is concern that well-funded terrorists may have access to these chemical stockpiles.

## **Vulnerability**

The release of a chemical agent poses a health risk to the general population, especially if executed in a heavily populated and/or enclosed space. These areas include but are not limited to:

- Government offices
- Foreign consulates
- Transit systems
- High profile events
- Locations where large groups congregate (theatres, sports stadiums, concert halls, convention centers, restaurants, museums, libraries, hotels, residential buildings, etc).

## **Impacts**

Based on location, population, type of agent, method of release, meteorology and other variables, the potential for causing mass casualties exists. The right mixture of agent and atmospheric conditions may result in numerous casualties and fatalities and may overwhelm both the pre-hospital and hospital systems.

The toxic effects of nerve agents require immediate pharmaceutical intervention, followed by long-term care. This pharmaceutical intervention must be supported in both the pre-hospital and hospital phases. The ability of emergency medical personnel to begin immediate treatment of individuals exposed to nerve agents is directly related to the exposed person's probability of surviving the chemical attack. Children, the elderly and the infirm are especially susceptible to low-level exposure. Responders must be able to quickly decontaminate and treat casualties. Proper triage procedures are an essential element when handling large surges of patients.

With adequate advance planning and training, mass casualty situations can be managed, and morbidity and mortality reduced. Chemical intoxication may complicate the therapy for other underlying medical conditions. Additionally, actual casualties, as well as the "worried well" could quickly overwhelm the healthcare system.

## **Assumptions**

- A geographic area in the State of New Mexico may be the site of a chemical or nerve agent release into the environment and may expose members of the public.

- The increased awareness of emergency response personnel for a Weapons of Mass Destruction event must include familiarization with the signs and symptoms associated with a chemical release. Whether accidental or deliberate, emergency personnel are expected to be the first group to formally respond to this type of incident.
- The response, assessment and on-going management of an incident involving a chemical release will require the coordinated efforts of numerous local, regional, state and/or federal agencies. These will include, but are not limited to: fire, emergency medical services, law enforcement, public health and hospitals.
- The ability of emergency services to efficiently evaluate a scene for life threatening situations will require the use of specialized detectors and chemical assessment tools. Personnel should be familiar with the types of equipment available and know which agency must be called upon to assist in the response and recovery effort.
- The forward placement of CHEMPACK containers in various locations (caches) throughout the state will expedite the delivery of additional medications to locations that require them. Those locations may include the incident site or hospital facilities that require additional medications to treat exposed and contaminated patients.
- Providing timely, consistent and transparent information regarding the risks associated with the incident is vital to prevent widespread public panic.
- Accurate and timely meteorological data will play a key role in consequence management in the field.

## Concept of Operations

### Pre-Incident

New Mexico Department of Health and the Centers for Disease Control and Prevention have agreed the forward placement of CHEMPACK resources is appropriate given the assumptions listed and the threat analysis completed. There are two types of CHEMPACK containers, emergency medical services (field/pre-hospital units) and hospital. New Mexico has placed only hospital containers. Locations throughout the state may include the incident site (scene of chemical release) or hospital facilities that require additional medications to treat contaminated patients. The Memorandum of Agreement between the Centers for Disease Control and Prevention and State of New Mexico provides a complete listing of Centers for Disease Control and Prevention and state responsibilities. Selected key responsibilities are provided below.

### Responsibilities of the Strategic National Stockpile / CHEMPACK Program

The responsibilities of the Strategic National Stockpile / CHEMPACK Program include:

- a. Design and manage the CHEMPACK program.
- b. Procure ship and install the containers.
- c. Transfer materiel and custody, **and retain ownership.**
- d. Centrally manage and sustain all CHEMPACK inventory.

## **Responsibilities of New Mexico Department of Health**

New Mexico Department of Health will be the primary state point of contact for the Strategic National Stockpile regarding the CHEMPACK project. For this project, the responsibilities of New Mexico Department of Health include:

- a. Determine the container cache sites.
- b. Oversee the preparation of the cache facilities.
- c. Assume custody of the transferred materiel.
- d. Assist in the installation of the containers.
- e. Ensure cache location points of contacts are maintained and up to date.

## **Responsibilities of Cache Sites and Local Jurisdictions**

The resources stored in CHEMPACK containers are expected to provide pharmaceutical support to the field (pre-hospital) and hospital cache sites, as well as for other facilities (i.e., the incident scene, other hospitals, emergency medical services), if needed. Each cache site will provide adequate space, security and administrative assistance as outlined in Section 5.2.1, Expectations of CHEMPACK cache sites. Local jurisdictions, in coordination with the cache sites and New Mexico Department of Health, will maintain CHEMPACK protocols and points of contact for project maintenance and emergency notification purposes (refer to Section 6.0).

## **Incident Response**

If an incident has the possibility of being a nerve agent or organophosphate incident, the incident commander or local emergency manager should determine what hospital cache sites are closest to the incident and what facilities will be supported by the cache. The selected sites can be placed on three different levels: Standby - Level 3, Alert - Level 2 and Activation - Level 1. During Activation - Level 1, the hospital cache site will open the container and access the materiel. If pre-defined at the time of container receipt from the Center for Disease Control and Prevention, the container contents will be separated and prepared for delivery to other hospital emergency departments and/or emergency medical services

## **Responsibilities of Local Emergency Management**

As an incident evolves, local emergency management, e.g., the E-911 dispatch center, communications center, or equivalent will be responsible for:

- a. Issuing all hospital cache site notifications (Standby, Alert and Activation).
- b. Notifying the designated delivery agent (e.g., emergency medical services, fire service and/or law enforcement), and advising on the location of the hospital cache and other facilities the cache would support.

## **Responsibilities of Host Facility Sites**

When directed to activate the container, designated staff will respond to the location where the container is stored, break the seal and open the container. The staff will follow each step detailed

on the laminated sheet titled, “CHEMPACK Container Instructions,” provided as Attachment 11.4.

Containers located at hospitals may also be opened at the discretion of emergency department physicians or the on-duty pharmacist, if it has been determined that a nerve agent release threatens public health, and assets are needed to save human life. It is expected that hospitals will initially utilize their existing supplies of nerve agent antidotes before opening CHEMPACK containers unless emergency medical services and/or hospitals anticipate they will exhaust their existing cache of these agents, at which time CHEMPACK containers may be opened. It should be noted that opening a container removes the container from the Shelf Life Extension Program.

The State DOH Emergency Operations Center Representative will be notified as soon as practicable after opening a container at: 505 231-5506.

### **Post Incident**

During the post-incident phase, the responsibilities of New Mexico Department of Health and the state Strategic National Stockpile Program will be focused on returning all cache sites to the level of preparedness prior to the incident.

### **Responsibilities of New Mexico Department of Health**

In the post-incident phase, the CHEMPACK coordinator will determine what will be done with the contents of all opened containers. Pharmaceuticals no longer in unopened manufacturer’s packaging are not eligible for the Shelf Life Extension Program. The Centers for Disease Control and Prevention may take control of the CHEMPACK container and prepare it for restocking.

### **Responsibilities of the CHEMPACK Program**

The federal CHEMPACK Program will deliver and service all CHEMPACK containers and contents. The state Strategic National Stockpile coordinator and Centers for Disease Control and Prevention will immediately coordinate with and make arrangements to restock any activated CHEMPACK containers.

### **Container Site Requirements**

#### **Hospital CHEMPACK Site Selection**

Sites have been selected throughout the state on the basis of population figures, geographic proximity to roadways and transportation routes, hazard vulnerability, and other factors.

#### **Role of the Hospital CHEMPACK Cache Site**

Each hospital cache site is participating with New Mexico Department of Health in the Strategic National Stockpile CHEMPACK Program by providing a storage site for the forward placement of chemical/nerve agent antidotes. This partnership provides emergency response and public safety agencies with a sustainable resource and improves the ability of the state to respond quickly to a chemical agent attack.

## **Responsibilities of the Hospital CHEMPACK Cache Site Points of Contact.**

Each participating hospital CHEMPACK cache site must provide the following:

- a. Maintain CHEMPACK containers intact and sealed until they are needed.
- b. Break the CHEMPACK container seal and make use of the packaged products only when the appropriate authority, as described herein, determines that an accidental or intentional nerve agent release has threatened the public health of the community, has put multiple lives at risk, is beyond emergency response capabilities, and the CHEMPACK materiel is medically necessary to save lives.
- c. Designate a point of contact and at least two alternate points of contact at each CHEMPACK site. The point of contact will provide the state with contact numbers and with alternate points of contact for normal business hours and after hours.
- d. Notify the CHEMPACK coordinator/designee of any changes in contact personnel within one business day of assignment of a new point of contact and/or new alternate point of contact(s).
- e. Maintain the CHEMPACK container(s) at the originally designated storage location(s), unless New Mexico Department of Health and Center for Disease Control and Prevention representatives consent to relocation.
- f. Provide the address of each cache storage location, and ensure coordinated access to cache locations for CHEMPACK program personnel, as needed, to monitor CHEMPACK materiel.
- g. For each cache storage location, identify a pharmaceutical or medical professional with Drug Enforcement Agency registration, who will sign for and accept custody of the Schedule IV controlled substances and other pharmaceuticals in CHEMPACK containers. That person will be responsible for the storage and safeguarding of the Drug Enforcement Agency compliant container(s) in the facility, and will ensure compliance with applicable local, state and federal regulatory guidelines. Notwithstanding, New Mexico Department of Health, in cooperation with Department of Homeland Security and Centers for Disease Control and Prevention, will retain ownership of CHEMPACK materiel and will ensure the integrity of the pharmaceuticals in accordance with Shelf Life Extension Program requirements and recommendations.
- h. Ensure that the cache storage location is of suitable size, designed to provide proper lighting, ventilation, temperature, sanitation, humidity, space and security conditions for storage of pharmaceuticals. Generally, that will require, but not be limited to, the following:
  1. A locked room or chain link wire cage. The CHEMPACK container is constructed of Lexan® mesh and is Drug Enforcement Agency approved for storage of Schedule IV drugs. For that reason, there is no requirement for floor-to-ceiling construction. The purpose of the locked room or cage is to control access and ensure compliance with applicable federal, state and local pharmaceutical regulations.
  2. At least one intrusion device directed towards CHEMPACK containers, to alert cache location security or pharmacy personnel of possible intrusion into the area. The sensor must be physically monitored on a 24-hour basis by security or pharmacy personnel.

3. A minimum clearance of 72” aisles and 34” doorways so containers can be maneuvered in and out of storage.
  4. A minimum of 40 sq. ft. of floor space per container at each cache location.
  5. Adequate accessibility to CHEMPACK containers. (CHEMPACK container dimensions are 60.5” long x 32.5” wide x 60.5” high. Containers weigh 500 to 700 pounds.).
  6. Storage of CHEMPACK containers in a climate-controlled environment that maintains room temperature between 59 and 86 degrees Fahrenheit (15 degrees and 30 degrees Celsius). Humidity must be maintained below 60% to prevent visible mold growth.
  7. One dedicated data-quality analog phone line per SENSAPHONE® (must not be a shared line).
  8. One dedicated standard 120VAC, 60HZ, 10W, UL-listed power outlet, and a back-up power source per SENSAPHONE®. Uninterruptible power supply or existing facility emergency generator is adequate.
  9. Locking of each CHEMPACK container and ensuring that access to the key is limited. Key control is to be the responsibility of the cache location point of contact.
  10. Fire detection and alarm device and adequate fire suppression in accordance with federal, state and local pharmacy regulations and fire codes.
  11. Standard lighting sufficient for CHEMPACK personnel to clearly see lot numbers and product expiration dates, as required by applicable federal, state and local pharmacy regulations.
  12. Proper disposal of expired CHEMPACK medical materiel that is not covered by the Shelf Life Extension Program, once such materiel is replaced by Strategic National Stockpile personnel. Items include:
    - Atropine Sulfate 0.4 mg/ml, 20 ml
    - Diazepam 5 mg/ml vial, 10 ml
    - Sterile Water for Injection, 20 cc vials
- i. Participate in education and training events that pertain to the use of chemical nerve agent antidotes.
  - j. Conduct joint inventories with the CHEMPACK fielding team, and sign for custody of CHEMPACK resources upon initial placement and at least once every 18 months thereafter. In accordance with applicable federal and state regulations, the person signing for custody must be a registered Pharmacist or his/her designee. Persons assuming custody of CHEMPACK resources must conduct monthly security checks and visually inspect the Strategic National Stockpile Program seal on the CHEMPACK container.
  - k. Conduct quality control checks at each cache location to ensure the facility’s climate is within acceptable environmental limits. Document storage conditions at the cache on a form provided by New Mexico Department of Health, to the CHEMPACK coordinator/designee in accordance with the CHEMPACK Project Plan. Coordinate with local officials and emergency planning members on transportation and movement of CHEMPACK materiel authorized by this agreement.
  - l. Coordinate with New Mexico Department of Health through the state CHEMPACK coordinator/designee at least 96 hours prior to movement of the CHEMPACK

- container during any non-emergency relocation (to include pre-positioning assets for special events), to ensure maintenance of proper security and environmental conditions for CHEMPACK resources.
- m. Coordinate with appropriate law enforcement and fire departments to maximize CHEMPACK container security.
  - n. Provide a list of personnel with access to the CHEMPACK container to the state CHEMPACK Coordinator at the time of fielding, and update the list as necessary.
  - o. Ensure that staff in charge of cache storage location will make efforts to correct non-complying environmental conditions in a timely manner (ideally within two hours). When conditions cannot be corrected within 12 hours, the CHEMPACK point of contact will coordinate with the state CHEMPACK coordinator to relocate the CHEMPACK container to an acceptable location, to safeguard the quality and/or security of the resources.
  - p. The SENSAPHONE® will send an alarm to the Strategic National Stockpile Program's CHEMPACK Logistics Team if non-complying storage conditions occur. The CHEMPACK logistics team will request that local authorities remedy storage conditions and provide data from the backup climate control monitoring system. If the backup system shows there was no deviation outside the accepted storage range, then the CHEMPACK logistics team will provide guidance on re-securing the CHEMPACK container(s). Any reports of resources stored outside of the accepted storage range will be handled on a case-by-case basis. Outcomes could extend to removing the materiel from the Shelf Life Extension Program and forfeiting the long-term sustainability of the resource.
  - q. No additional materiel may be added to the CHEMPACK container. However, ancillary supplies and/or facility-owned materiel may be stored in the area of the CHEMPACK container, with the exception of hazardous materials.
  - r. Apportionment of container contents: When the container is fielded at the host facility, the contents of the container may be pre-identified in case lots for apportionment to other facilities (hospitals or emergency medical services). The following designations have been used:
  - s.
    - **RED** label: these case lots of materiel will remain at the host hospital.
    - **BLUE / PINK/LAVENDAR** label: these case lots are intended for use by another hospital.
    - **GREEN** label: These case lots are intended for use by emergency responders.
  - t. An explanation of the type and number of apportionments will be posted on the outside of the container, along with two copies of an inventory sheet for each apportionment. One inventory sheet should remain with the container, and one inventory sheet should be included with distributed case lots.
  - u. Should distribution of the apportioned case lots be necessary, transportation of the case lots will be described in the hospital or emergency medical services plans.

## Notification and Response Strategy

### Notification Levels for Hospital CHEMPACK Cache Sites

There are three notification levels for the hospital CHEMPACK cache sites. These levels are Standby - Level 3, Alert - Level 2 and Activation - Level 1.

### ***Standby - Level 3***

If there is suspicion of a release/incident, CHEMPACK cache sites may be placed on a Standby - Level 3 status.

#### Local Emergency Management/Incident Commander Actions

The local emergency manager or/designee shall:

- a. Maintain up-to-date information on event status.
- b. Determine the closest hospital CHEMPACK cache sites.
- c. Advise the 911 Dispatch Center (or equivalent) and emergency medical services that the cache site is being placed on standby.
- d. Immediately make contact with the primary point of contact at the hospital cache sites and place them on Standby - Level 3.

#### Hospital Cache Site Primary Point of Contact Actions

**CAUTION:** Standby - Level 3 notification is only to make the hospital aware that an incident may be occurring in the area serviced by that hospital and that the potential for CHEMPACK use exists. **NO ACTION SHOULD BE TAKEN TO OPEN THE CONTAINER.**

When placed on Standby - Level 3 status, the hospital cache site point of contact will do the following:

- a. Receive call from the state Emergency Operations Center.
- b. Identify those hospital personnel who will respond should the situation escalate.
- c. Notify hospital personnel (e.g., security) of the Standby - Level 3 status, and that they may be required to allow personnel access to the storage area if the situation escalates.
- d. Locate container key and be ready to use it if event escalates.
- e. Follow any in-house, non-CHEMPACK-related procedures established by the hospital for a potential nerve agent event.

### ***Alert - Level 2***

A nerve agent event has been confirmed by a competent authority, usually from the scene of an incident. **It is important to note that at Alert - Level 2, a nerve agent event is confirmed, but the use of a chemical/nerve agent has not been confirmed.** A competent authority is defined as one of the following:

- Incident commander
- EMS operations officer
- Hazardous materials officer
- Emergency services coordinator/designee
- Local emergency manager

## Emergency Responder/Local Emergency Manager Actions

Upon determination that a nerve agent event is occurring at the incident location, the local emergency manager will notify the state Emergency Operations Center of the incident. This may be communicated directly or through the 911 Dispatch Center, communications center or equivalent.

The State Emergency Operations Center will then:

- a. Immediately make contact with the hospital cache site point of contact and place them on Alert - Level 2.
- b. Notify delivery agents of the location of the CHEMPACK cache site and all hospitals the cache site will support. Because time is of the essence, the delivery agent will begin response to the cache site during the Alert - Level 2 phase. Hospital delivery locations will be the emergency department entrance of receiving hospitals.
- c. Delivery agents are pre-designated emergency service personnel, (e.g., emergency medical services, fire, law enforcement, etc.), that the locality has determined will respond to cache sites, pick up and redistribute materials to the incident site or to other receiving hospitals.

## Hospital Cache Site Actions

The hospital must be aware that an incident is occurring in the area serviced by the cache site, but that the use of chemical/nerve agents has yet to be determined. The hospital will:

- a. Have appropriate hospital personnel respond to the container storage area and await further instructions.
- b. Establish communication mechanism (telephone or cell phone) in or near the container storage area where the point of contact can reach hospital cache site personnel; and, provide that number to the local emergency manager.
- c. Notify hospital personnel (e.g., security) of the Alert - Level 2 status and allow personnel access to the storage area.
- d. If contents will be disseminated through a delivery agent to outside hospitals, ensure copies of **Attachment 2: CHEMPACK Controlled Substance Transfer Form** and **Attachment 11.3: EMS CHEMPACK Transfer Form** are available with the container.
- e. **CAUTION—DO NOT OPEN THE CONTAINER** at Alert - Level 2. Personnel are responding to the cache site to reduce the time taken to deliver pharmaceuticals to the incident and the hospital emergency department once the nerve agent event has been confirmed.

### *Activation - Level 1*

A competent authority has determined that the use of chemical/nerve agents/organophosphates has occurred and CHEMPACK assets are to be deployed.

## Emergency Responder/ Local Emergency Manager Actions

Once a chemical/nerve agent/organophosphate release is confirmed, the competent authority will notify the facility point of contact of the incident. This may be communicated directly or through the 911 Dispatch Center, communications center or equivalent.

**Note:** Distribution of CHEMPACK assets beyond the hospital cache location will be made at the discretion of the local emergency manager.

The local emergency manager will then:

- a. Immediately make contact with the previously-identified hospital cache site(s) point of contact and advise them of the Activation -Level 1 situation.
- b. Notify the delivery agent of the escalation in incident status (if items are to be moved from the hospital cache site to the scene or to another facility).
- c. Advise the hospital cache site(s) of the delivery agent designated to pick up CHEMPACK materials.
- d. Advise any other cache sites to remain at Alert - Level 2 status until it is determined that their site is to be activated. This decision will be based on the number of patients exposed at the scene and the number of people who have been exposed but have left the scene and may seek medical attention at area hospitals.

## Hospital CHEMPACK Activation and/or Deployment

Once hospital cache site points of contact have been notified that their facilities have been elevated to the Activation - Level 1 status, the points of contact should do the following:

- a. Access the CHEMPACK storage area. Have identified personnel open the container. If resources have been pre-designated to be sent to other facilities, the materials in the container will be color-coded for quick identification.
- b. Separate and distribute CHEMPACK resources by label/color (if distribution to other facilities has been preplanned).
  - **RED** label: remain at the host hospital.
  - **BLUE** / **PINK/LAVENDAR** label: intended for use by a second hospital.
  - **Green** label: intended for use by emergency responders.
- c. Authorized personnel should move materiel with a red auxiliary label to a pre-designated location in or near the emergency department.
- d. Remaining materiel should be separated by color/label and moved to the emergency department entrance to be picked up and distributed by a delivery agent. Hospital security should be prepared to meet the designated delivery agent at the entrance to the emergency department and escort them to the location of the color-coded CHEMPACK materiel.

**Note:** The following table provides hospital container allocations. Cache location points of contact, in cooperation with local emergency management, must pre-determine if any materiel will be re-distributed outside the hospital at the time of an event.

<b>Hospital Container Apportionment</b>				
	<b>Cases</b>	<b>RED This Hospital</b>	<b>BLUE/ PINK/ LAVENDAR Hospital #2</b>	<b>GREEN EMS</b>
Mark 1 auto-injector	2			2
Atropine Sulfate 0.4mg/ml 20ml	9	5	4	
Pralidoxime 1gm inj 20ml	10	5	5	
AtroPen 0.5 mg	1			1
AtroPen 1.0 mg	1			1
Diazepam 5mg/ml auto-injector	1			1
Diazepam 5mg/ml vial, 10ml	26	13	13	
Sterile water for injection 20cc Vials	23	12	11	

Transfer of non-narcotic materiel custody to a delivery agent shall be documented on **Attachment 11.3: CHEMPACK Transfer of Custody Form**. Transfer of narcotics (Diazepam) to a delivery agent shall be documented in accordance with “Transfer of Narcotics to a Delivery Agent” below.

**Note:** If the incident site is so far from the cache site that the event is not expected to generate patients to the hospital cache site emergency department, all materiel may be delivered to other facilities as required. The emergency services director/designee, incident commander or local CHEMPACK coordinator will advise the cache site if this is the reason for container activation.

#### Transfer of Narcotics to a Delivery Agent

If arrangements have been made to deploy container contents beyond the hospital storage location, the local emergency manager will direct the delivery agent (e.g., emergency medical services, fire, law enforcement) to proceed to the emergency department entrance to meet hospital security.

#### Checklist for Narcotics Transfer:

- Upon arrival at the storage site, the delivery agent shall complete two originals of **Attachment 2: Controlled Substance Transfer Form**. That form details the number of cases of Diazepam to be removed from the cache site.
- The delivery agent should give one original to the administrator on duty at the cache site. Only the cases of Diazepam need to be documented.
- The second original is maintained by the delivery agent.
- The hospital will fax a copy to the State CHEMPACK Coordinator, as time permits, at the following number: **(505) 476-8288**.
- Each facility receiving Diazepam shall complete their area of the delivery agent’s Controlled Substance Transfer Form and sign for receipt of the narcotics.
- Copying forms cannot delay medication delivery. If copies of the Controlled Substance Transfer Form cannot be made, any facility requiring a copy can request it through the facility point of contact.

- The delivery agent will retain the original copy of the form and provide it to the host facility point of contact at the conclusion of the event.
- Upon completion of all deliveries, all transfer forms must be faxed to the host facility point of contact at: (\_\_\_\_\_).

### **SENSAPHONE® Alarm Response Actions**

The Strategic National Stockpile on-call logistics team member will notify the local CHEMPACK coordinator upon receipt of a SENSAPHONE® alarm and location, and provide the name and callback number of the Strategic National Stockpile team member.

#### Host Facility Point of Contact Actions

Upon notification of a CHEMPACK alarm to the facility point of contact:

- a. Verify call back number for the Centers for Disease Control and Prevention CHEMPACK technician. Verify details of the alarm and record details of corrective action taken.
- b. Correct the condition(s) that resulted in the alarm.
- c. Notify the state CHEMPACK coordinator/designee and provide periodic updates on actions being taken to address the SENSAPHONE® alarm until the condition is corrected.
- d. If the non-compliant environmental and/or security conditions cannot be corrected within 12 hours, the facility point of contact will work directly with the State CHEMPACK Coordinator at **(505) 476-8231** or **(505) 231-5506** for movement of the CHEMPACK container(s) to an acceptable location, if it is necessary to protect the quality and/or security of the container contents.

### **Hospital Container Contents**

Table 1: Hospital Container Contents

<b>Hospital CHEMPACK Container for 1000 Casualties</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Mark 1 auto-injector	240	2	480
Atropine Sulfate 0.4mg/ml 20ml	100	9	900
Pralidoxime 1gm inj 20ml	276	10	2760
AtroPen 0.5 mg	144	1	144
AtroPen 1.0 mg	144	1	144
Diazepam 5mg/ml auto-injector	150	1	150
Diazepam 5mg/ml vial, 10ml	25	26	650
Sterile water for injection 20cc Vials	100	23	2300
SENSAPHONE® 2050	1	1	1
SATCO DEA Container	1	1	1

## **CHEMPACK Project Maintenance**

The state CHEMPACK coordinator, in cooperation with host facility personnel, will coordinate and conduct periodic call-down drills to assure all point of contact numbers are accurate, and that personnel remain familiar with the notification process.

### **Facility Point of Contact and Security Information**

It shall be the responsibility of each hospital serving as a CHEMPACK cache storage location to maintain all contact and security information up-to-date. All changes shall be provided to the state CHEMPACK coordinator within 24 hours of any change using **Attachment 1: CHEMPACK Site Contact and Security Form**.

Facilities will ensure that instructions for use are posted on each container. **Attachment 4: CHEMPACK Container Instructions** has been provided for this purpose.

Facilities will maintain multiple copies of **Attachment 2: CHEMPACK Controlled Substance Transfer Form** and **Attachment 3: CHEMPACK Transfer Form**, and ensure that they are available at the container location (if contents will be disseminated through a delivery agent to outside hospitals).

Facilities will conduct quality control checks at each cache location to ensure that the facility's climate is within acceptable environmental limits. The host facility point of contact is to document storage conditions at the cache location in accordance with the CHEMPACK Project Plan. **Attachment 5: CHEMPACK Quality Assurance Assessment** is to be used for this purpose.

### **Special Event Deployment**

CHEMPACK containers may be moved preemptively to facilitate response during designated special events and will be determined on a case by case basis. This will require the approval of the Department of Health and the CDC DSNS.

## Attachments

- Attachment 1: CHEMPACK Site Contact and Security Form
- Attachment 2: CHEMPACK Controlled Substance Transfer Form
- Attachment 3: CHEMPACK Transfer of Custody Form
- Attachment 4: CHEMPACK Container Instructions (for posting on container)
- Attachment 5: CHEMPACK Quality Assurance Assessment
- Attachment 6: Product Specifications and Descriptions
- 6.1 SENSAPHONE<sup>®</sup> 2050
  - 6.2 Mark I Nerve Agent Antidote Kit (NAAK)
  - 6.3 Diazepam (CANA) Auto-Injector
  - 6.4 Pediatric Atropens
  - 6.5 Atropine, Pralidoxime and Diazepam Multi-Dose Vials
- Attachment 7: Nerve Agent Dosing Guidelines

**ATTACHMENT – 1**  
**CHEMPACK SITE CONTACT AND SECURITY FORM**

1. Local Cache Facility: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Points of Contact - **Nerve Agent Release**

Primary Point of Contact Info.	Alternate Point of Contact Info.
<b>Name:</b> <b>Position:</b> <b>Work:</b> ( ) <b>Pager:</b> ( ) <b>Cell:</b> ( ) <b>Fax:</b> ( )	<b>Name:</b> <b>Position:</b> <b>Work:</b> ( ) <b>Pager:</b> ( ) <b>Cell:</b> ( ) <b>Fax:</b> ( )

5. Points of Contact – **Alarm or Security Event**

Primary Point of Contact Info.	Alternate Point of Contact Info.
<b>Name:</b> <b>Position:</b> <b>Work:</b> ( ) <b>Pager:</b> ( ) <b>Cell:</b> ( ) <b>Fax:</b> ( )	<b>Name:</b> <b>Position:</b> <b>Work:</b> ( ) <b>Pager:</b> ( ) <b>Cell:</b> ( ) <b>Fax:</b> ( )

6. Facility Security Plan:
  - a. CHEMPACK Unit #: \_\_\_\_\_
  - b. Location: Floor #: \_\_\_\_\_ Room #: \_\_\_\_\_
  - c. SENSAPHONE<sup>®</sup> Telephone Number (Analog Number): ( ) \_\_\_\_\_

- d. Security in place (check all that apply):
  - Controlled access to area       Door alarm       Card swipe system
  - Surveillance camera       Motion detector
  - Other: \_\_\_\_\_

7. Administrator submitting above information:

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

8. Fax completed form to local emergency manager at: ( \_\_\_\_\_ ) \_\_\_\_\_
9. Fax completed form to State CHEMPACK Coordinator at: (505) 476-8288

**ATTACHMENT – 2**  
**CHEMPACK CONTROLLED SUBSTANCE TRANSFER FORM**

**Instructions:**

The delivery agent will verify the type of Diazepam and the amount to be transferred, sign for custody (part A below), and transfer the Diazepam to the designated location(s). Materials should be delivered and physically received by the person in charge at the incident scene using parts B, C or D. Fax completed form(s) to local emergency manager and State CHEMPACK Coordinator at (505) 476-8288, as time permits.

**PART A- Receipt of Diazepam**

The following controlled substances have been removed from _____	
For delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____

**PART B- Delivery of Diazepam to Location #1**

The following controlled substances have been removed from _____	
For delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____

**PART C- Delivery of Diazepam to Location #2**

The following controlled substances have been removed from _____	
For delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____

**PART D- Delivery of Diazepam to Location #3**

The following controlled substances have been removed from _____	
For delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____

### ATTACHMENT – 3 CHEMPACK TRANSFER OF CUSTODY FORM

**INSTRUCTIONS TO HOSPITAL PERSONNEL:**

This form is to be used to document the transfer of custody of CHEMPACK resources from your facility to designated emergency response personnel (fire, law enforcement, EMS) and/or other hospitals. If personnel have been directed to your facility (by the incident commander or local emergency manager) to pick up contents of a CHEMPACK container stored at your facility, please assist them in the completion of this form, and provide a copy for the responding personnel.

1. Facility Name:: \_\_\_\_\_ Container #: \_\_\_\_\_

2. Hospital representative coordinating transfer:

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

3. Cases removed (complete table below):

<b>Hospital CHEMPACK Container Contents</b>	<b>Unit Per Case</b>	<b>Cases in Container</b>	<b>Cases Removed</b>
Mark 1 auto-injector	240	2	
Atropine Sulfate 0.4mg/ml 20ml	100	9	
Pralidoxime 1gm inj 20ml	276	10	
AtroPen 0.5 mg	144	1	
AtroPen 1.0 mg	144	1	
Diazepam 5mg/ml auto-injector	150	1	
Diazepam 5mg/ml vial, 10ml	25	26	
Sterile water for injection 20cc Vials	100	23	

4. Names and identification numbers of emergency medical services/emergency response personnel and/or delivery agent receiving transferred items:

(1) Name (please print): \_\_\_\_\_

(2) Name (please print): \_\_\_\_\_

(3) Name (please print): \_\_\_\_\_

Ranking Responder: \_\_\_\_\_  
Signature Printed Name

5. Date, time of transfer: \_\_\_\_\_  
Date Time

6. Fax completed form to local emergency manager at: ( \_\_\_\_\_ ) \_\_\_\_\_

7. Fax completed form to State CHEMPACK Coordinator at: (505) 476-8288


## ATTACHMENT – 4

### CHEMPACK CONTAINER INSTRUCTIONS – HOSPITAL CONTAINER LOCATION

**This container is only to be opened at CHEMPACK Activation - Level 1. If you have been directed to open this container, it is because a chemical or nerve agent release has occurred and been verified nearby. Please follow these instructions exactly.**

1. Unlock, break seal and slide bolts to the open position. Remove door panel by lifting up on nylon strap with both hands. Begin removing boxes and sort by label/color indicated on the outside of each box.
2. Separate and place all the **RED-labeled** boxes in one pile. Then, do the same with the other color coded boxes (if any). The **RED-labeled** boxes are for use at this facility. Other color-coded boxes (if any) will be picked up by a delivery agent and taken to other pre-designated hospitals or the incident scene.
3. **RED-labeled** boxes stay at this hospital. Immediately have someone move the red-labeled boxes to the emergency department, and inform the person in charge of their availability.
4. Other labeled boxes are also in the container. The **GREEN-labeled** boxes are for EMS field use. The **BLUE PINK/LAVENDAR** labeled boxes are for use by other hospitals. Have hospital security prepare to meet the delivery agent at the emergency department entrance and escort them to the location of the color-coded CHEMPACK materials.
  - The delivery agent will take possession of the color-coded materials and complete two originals of the CHEMPACK Controlled Substance Transfer Form and CHEMPACK Transfer of Custody Form, as appropriate. Copies of these forms should be maintained with the container. Once signed by the delivery agent, keep one of the originals and have a copy faxed to the local emergency manager and state CHEMPACK coordinator as time permits.
  - Assist the delivery agent in moving the materials to the location of the transport vehicle. Consider placing boxes on a stretcher or cart and moving to the emergency department entrance.

ATTACHMENT – 5

		
<b>STRATEGIC NATIONAL STOCKPILE PROGRAM                  CHEMPACK Quality Assurance Assessment</b>		
Site Name _____	Evaluator Name _____	Date _____
Time _____		
The CDC/SNS Program will use this survey to evaluate CHEMPACK storage sites for ongoing maintenance of medical materiel. The facility's designated site representative will conduct monthly assessments at each CHEMPACK storage area. All sections within this document cover those areas the SNS Program deems essential for maintaining a high level of quality standards. <b>Note: any 'No' responses recorded below must be explained (for the last question; explain for a yes response). Attach additional sheets as required.</b>		
<b>QUALITY ASSURANCE/ QUALITY CONTROL ASSESSMENT</b>		
<b>REQUIREMENT</b>		<b>COMMENTS</b>
Temperature maintained continuously between 59° to 86 ° F with monitoring or verification being conducted on a routine basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are sanitary conditions being maintained to prevent the product from being adulterated or compromised? (i.e., Entry points protected from vermin and humidity controlled to prevent visible mold growth.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Power/electrical outlet(s) maintained operational with adequate capabilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Analog phone line(s) maintained, and operational?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Storage area being maintained clear and accessible to allow for ease of inventorying, stock replenishment, and rapid mobilization?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is security access limited to designated staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
There are no other products being stored in cache room, or other processes taking place at the facility, that could contaminate the medical material?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the facility have adequate lighting, ventilation and protection from water damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are eating, drinking and smoking prohibited in the immediate product storage area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are security systems in place, operational, and tested on a routine basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are fire suppression systems and alarms maintained and operational?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
The CHEMPACK containers remain sealed (the SNS Program seal intact) with no indication of tampering?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are all the forms, Cube I.Q., and Loan Agreements in the document pouch attached to the CHEMPACK containers?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have the containers been moved or forward deployed? Please explain if yes.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## **ATTACHMENT – 6**

### **PRODUCT SPECIFICATIONS AND DESCRIPTIONS**

Refer to attached:

- 6.1 SENSAPHONE® 2050
- 6.2 Mark I Nerve Agent Antidote Kit (NAAK)
- 6.3 Diazepam (CANA) Auto-Injector
- 6.4 Pediatric Atropens
- 6.5 Atropine, Pralidoxime and Diazepam Multi-Dose Vials

## ATTACHMENT – 6.1

### SENSAPHONE® 2050

The Centers for Disease Control and Prevention will monitor the CHEMPACK container 24/7 for temperature deviations and container entry, using the SENSAPHONE® 2050 attached to a stand-alone analog telephone line.



## ATTACHMENT – 6.2

### MARK I NERVE AGENT ANTIDOTE KIT

- Contains: AtroPen and ComboPen linked by a plastic clip and housed in a foam pouch.
- Indications: Antidote for organophosphate (nerve agent/pesticide) poisoning. Use AtroPen first followed by Pralidoxime Chloride ComboPen.
- Shelf life: 5 years from date of manufacture.
- Storage requirements: Room temperature, approximately 77°F (25°C).
- Packaging for shipping:
  - 30 units per 9 -3/16" x 6-1/4" x 5-7/8" box, weighing 5 pounds
  - 8 interior boxes (240 units) per 19-1/16" x 13-1/4" x 13" shipper box, weighing 39.5 pounds
- Prescription required: Yes
- DEA registration certificate required: No



## ATTACHMENT – 6.3

### DIAZEPAM (CANA) AUTO-INJECTOR

- Contains: 10 mg diazepam in 2 ml
- Indications: Convulsive seizures
- Shelf life: 4 years from date of manufacture
- Storage requirements: Controlled room temperature 59-86°F (15-30°C)
- Needle gauge: 20 gauge
- Needle length: 0.8" (2.0 cm)
- Length of unit: Not more than 6.3" (16 cm)
- Diameter of unit: Not more than 1.0" (2.5 cm)
- Packaging for shipping:
  - 15 units per 7-7/8" x 4-1/2" x 4" box, weighing 2 pounds
  - 10 interior boxes (150 units) per 24-3/16" x 81/4" x 9-1/2" shipper box, weighing 20 pounds
- Prescription required: Yes
- DEA registration certificate required: Yes, schedule IV drug: diazepam C-IV



## ATTACHMENT – 6.4

### PEDIATRIC ATROPENS

- Contains: AtroPen .5mg or 1mg
- Indications: initial treatment of the muscarinic symptoms of insecticide or nerve agent poisonings (generally breathing difficulties due to increased secretions)
- Shelf life: 3 years from date of manufacture
- Storage requirements: Room temperature, approximately 77°F (25°C)
- Needle gauge: 22 gauge
- Needle length: 0.8" (2.2 cm)
- Length of unit: Not more than 3.9" (10 cm)
- Diameter of unit: Not more than 0.6" (1.4 cm)
- Packaging for shipping:
  - 12 units per 6 3/4" x 6-1/2" x 4 1/2" box, weight: 1 pound
- Prescription required: Yes
- DEA registration certificate required: No
- Dosage depends upon age and weight



## ATTACHMENT – 6.5

### ATROPINE, PRALIDOXIME AND DIAZEPAM MULTI-DOSE VIALS

- Atropine Multi-dose Vials for Injection: 0.4 mg/ml, 20 ml vial; 100 per case
- Pralidoxime HCL 1 gm powder for injection: 276 per case
- Diazepam HCL 10 mg (5 mg / ml x 2 ml) single dose vial for injection; 25 per case





**ATTACHMENT – 7**

**NERVE AGENT DOSING GUIDELINES**

<u>PATIENT</u>	<u>AGE/WEIGHT</u>	<u>ATROPINE</u>	<u>2-PAM</u>	<u>DIAZEPAM</u>
Infant	0-3 years <13 Kg (~30 lbs)	0.05-0.1 mg/kg IM/IV or 0.1 mg - 1 mg MDV	25-50 mg/kg IM/IV or 150 - 600 mg MDV	0.2-0.5 mg/kg IM/IV or 1.25 mg – 5 mg Carpject syringe
Small Child To Child injector	3-10 years 13-35 kg (~30-77 lbs)	1-4 mg IM/IV  MDV or MARK 1	25-50 mg/kg IM/IV or 300 - 1200 mg MDV or MARK 1	0.2-0.5 mg/kg IM/IV or 2.5 mg – 10 mg Carpject/auto
Adolescent To Adults	>10 years >35 kg (~77 lbs)	2-6 mg IM/IV  MDV or MARK 1	25 mg/kg (adolescent) IM/IV or 600 - 1800 mg IM MDV or MARK 1	5-10 mg IM/IV  Carpject/auto injector
Elderly Frail	Elderly Frail	1-4 mg IM/IV  MDV or MARK 1	10-25 mg/kg IM/IV  MDV or MARK 1	1.25-10 mg/kg IM/IV  Carpject/auto injector

MARK 1 auto injector = 2mg atropine and 600mg 2-PAM; Diazepam auto injector – 10mg; Diazepam Carpject syringes – 5mg/ml (2ml)

MDV = multi dose vials

Preferred site of injection for infants, children, and adults for IM auto injector or syringe – anterolateral thigh

**ANTIDOTE DOSING BASED ON SYMPTOMS**

<u>EXPOSURE</u>	<u>SYMPTOMS</u> (EMS)	<u>INITIAL DOSING*</u> (Transport/Hospital)	<u>REPEAT DOSING</u>
Mild	SLUDGEM, agitation	Observe or MARK 1	Observe
Moderate	SLUDGEM, respiratory Distress, agitation	2 MARK 1**	Atropine 5-10 min; 2-PAM q 30-60 min
Severe	SLUDGEM, respiratory Distress, CNS, Seizures	3 MARK 1** Diazepam	Atropine 5-10 min; 2-PAM q 30-60 min Diazepam q 2-5 min

\* Infant/child/frail elderly MARK 1 dosing – if MDV not available, IV route not established and/or precise dosing impossible – consider administration of MARK 1.

\*\* As quick as possible, both drugs from the auto injector, one right after the other.

**SLUDGEM + RA = Salivation, Lacrimation, Urination, Defecation, GI, Emesis, Miosis, Respirations, Agitation**