~~County of Kern~~

EMERGENCY MEDICAL SERVICES DEPARTMENT

Kern County Operational Area
Chempack Deployment Protocol

~~September 24, 2015~~~~30, 2005~~DRAFT

I. Contents

Kern County Operational Area Chempack Deployment Protocol

I. Introduction:

As an addition to the Strategic National Stockpile (SNS) Program, the Centers for Disease Control and Prevention has established a Chempack project for the forward placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of exposed and affected persons.

There are two types of Chempacks available. The "Hospital Chempack" is designed for hospital and healthcare provider use, consisting mostly of single dose vials and few auto-injectors. The "EMS Chempack" consists of mostly auto-injectors. ~~Each Chempack Provider has been allowed to select what type of Chempack they prefer.~~

Chempacks are deployed to various fixed sites within the Kern County Operational Area. Actual site locations will be maintained as confidential for security~~afety~~ purposes. Additional sites may be added as the program progresses. This protocol outlines the responsibilities and the operational requirements to pre-position or utilize a cache within the Kern County Operational Area.

In the case of an accidental or deliberate release of a nerve agent or potent organophosphate compound, time will be of the essence to minimize morbidity and mortality. This is a key consideration in cache placement, notification, transportation and administration.

II. Chempack Deployment and Movement

A. Authorization to Open or Forward Deploy a Chempack Container – Emergency Incident Based:

The Kern County EMS Division~~epartment~~ shall be notified immediately after ~~contacted for authorization to open or forward~~ deployment of any Chempack within the Kern County Operational Area. At no time should the notification to the EMS Division~~epartment~~ delay the activation and transportation of the Chempack. In most cases, the EMS Department will already be engaged in the incident through Med-Alert activation. The EMS Department on-call staff can be accessed on a 24-hour basis by calling the Emergency Communications Center at 661-868-4055.

~~In the event that return contact by EMS Department on-call staff is delayed and the situation clearly warrants immediate action, the Chempack provider may elect to open or forward deploy the Chempack for an emergency incident. However, attempted contact of the EMS Department on-call staff shall be made in all cases through the Emergency Communications Center.~~

The ~~EMS Department may also deploy any~~ Chempack may be deployed to any location within the Kern County Operational Area or outside the operational area under a medical-health mutual aid request. Chempack Providers shall make Chempack resources immediately available upon request by the Incident Commander.~~EMS Department.~~

The EMS Division~~epartment~~ shall immediately notify the Region V~~5~~ Regional Disaster Medical Health Specialist (RDMHS) of any Chempack movement from fixed locations or opening of a Chempack container. This notification shall not delay Chempack movement. The RDMHS will ensure that DHS/EPO is notified promptly of any movement or deployment of CHEMPACK materiel. DHS/EPO will in turn notify CDC.

B. Authorization to Forward Deploy a Chempack Container – Event or Threat Planning:

The EMS Division~~epartment~~ must be notified of ~~ay authorize~~ movement of any Chempack container and contents to any location within the Kern County Operational Area, or outside the area under a medical-health mutual aid request. The EMS Division~~epartment~~ will notify the Region V~~5~~ RDMHS in advance of any pre-planned Chempack container movement for a particular event or threat.

III. Qualifying Events – Deployment

Chempack materiel may be accessed, deployed or used only when it is determined that an accidental or intentional nerve agent or other organophosphate release has threatened the public health security of a community. A seal will be broken and materiel used only when it is determined that other means to save human life will not be sufficient.

Authorization to deploy, break the seal on, or move a Chempack container from its specified location will be limited to any of the following events:

1. Release of a nerve agent or potent organophosphate with human effects or immediate threats too great to adequately manage with other pharmaceutical supplies available.

2. Large or unusual occurrence of patients presenting with signs and/or symptoms consistent with nerve agent or organophosphate exposure or intoxication.

3. A credible threat of an imminent event of a magnitude likely to require the assets of the Chempack.

4. An event with potential to create a nerve agent or organophosphate release with human exposure (e.g. a transportation accident with fire or loss of container integrity).

5. Any mutual aid request from another region or neighboring state in which Chempack assets are being deployed or staged.

6. Any event which, in the judgment of the Incident Commander, County Health Officer, EMS Division~~epartment~~ Medical Director, o~~r~~r Medical & Health Operational Area Coordinator (MHOAC), justifies the deployment of Chempack supplies.

7. A physical threat to the Chempack at the fixed location (i.e. fire, theft, flood).

IV. Qualifying Events - Pre-emptive Movement (Staging) of a Cache Container:

Pre-emptive movement is the relocation of a sealed Chempack container and its contents to a site providing for levels of environmental and security controls generally identical to those required for its regular placement site. Breaking the seal, removing any contents, or moving the cache to a location without those controls constitutes deployment, not pre-emptive movement, and must meet deployment conditions.

Pre-emptive movements may be requested to ECC~~the EMS Department~~ by any emergency medical, public health, emergency management, hazardous materials or other related agency in preparation for, or response to, a planned or occurring event deemed appropriate for forward Chempack placement. The EMS Division~~epartment~~ shall be notified of requested immediately.

Any such request must be made to the RDMHS for approval. Unless an imminent or ongoing emergency, each request must be made at least 48 hours before the movement. The RDMHS will refer any request to the RDMHC and to DHS/EPO for consideration. If an RDMHS is unavailable to take timely action on a movement request, that request may be made to EMSA and CDPH Duty Officers. ~~DHS/EPO via the State Warning Center.~~

V. Post-Event Actions:

A. Incident documentation should begin as soon as possible following any emergency operation involving Chempack assets by the agency requesting deployment.~~each involved agency. EMS Department.~~ The documentation must include the following:

1. A thorough description of the incident or event involving Chempack resources.

2. A list of the approving officials.

3. An inventory of used and unused Chempack contents.

~~An after-action critique of Chempack deployment effectiveness.~~

B. An after-action critique of Chempack deployment effectiveness. Chempack materials may not be restocked once they have been removed from their secure location. The CDC and the pharmacist may not take responsibility for the medications once they are removed. If medications are removed from the container and are not used, they must be placed back in the container and wait for an inspection from the CDC.~~roperly wasted~~. There may not be ~~is no current~~ funding from the federal government for restock and resupply of Chempack materials. Therefore it is recommended that the Chempack only be moved once the Incident Commander has confirmed the need. Coordination with the Region V RDMHS is recommended for effective communications to CDPH and EMSA Duty Officers.

~~The Chempack container and any unused contents will be returned to the Chempack Provider and will be resealed. The EMS Department will coordinate resupply with the Region 5 RDMHS,~~

~~CDHS/EPO and the CDC as appropriate. Currently the Chempack Project is not funded to replace Chempack supplies used for an emergency event~~. ~~However, requests for replenishment of Chempack supplies should be made to the SNS Program as soon as possible after their use. The SNS Program will attempt to secure federal funding to replace and restock supplies used in response to an emergency event.~~

VI. Deployment Form:

The Deployment From shall be used to estimate the amount of medication that need to be removed from the Chempack based on number of patients. It is recommended that the Deployment Form be placed on every fire and EMS apparatus and in the ECC for tracking and reference. ~~See Appendix A.~~

Reference Chart – Recommended cases pulled for incident (this only includes the Auto Injectors- add multi dose vials if needed for incidents)

PRODUCT (Label Color)	Individual Units per case	1-50 Patients	51-100 Patients	101-150 Patients	151-200 Patients	201+ Patients
Mark 1 Auto Injector YELLOW Hospital	240	1 case	2 cases	3 cases	4 cases	5 cases
DouDotes Auto Injector YELLOW EMS	200	2 cases	4 cases	6 cases	8 cases	10 cases
Diazepam 5mg Auto Injectors GREEN	150	1 case	2 cases	2 cases	2 cases	2 cases
Atropen 0.5 mg Auto Injectors PEDIATRICS PURPLE	144	1 case	1 case	1 case	1 case	1 case
Atropen 1 mg Auto Injectors PEDIATRICS GREY	144	1 case	1 case	1 case	1 case	1 case

DATE: _____ INCIDENT NAME: _____

CHEMPACK SITE:_____ CONTAINER #:_____

Product	Label Color	Number of cases transported	Host Site Initials	Transport Agency Initials	IC or Receiving Facility Initials
Mark 1 Auto Injector	Yellow				
DuoDote Auto Injector	Yellow				
Diazepam 5 mg Auto Injector	Green				
Atropen 0.5 mg Auto Injector PEDS	Purple				
Atropen 1.0 mg Auto Injector PEDS	Grey				
Atropine Sulfate 0.4 mg/ml 20ml	Blue				
Pralidoxime 1 gm Injection 20 ml	Red				
Diazepam 5 mg/ml vial, 10ml	Orange				
Sterile Water for Injection	White				

Site Contact:_____ _____
Printed Name Signature & Date

Transport Contacts:_____ _____ _____ _____
#1 Printed Name Signature & Phone #2 Printed Name Signature & Phone

Transport Contacts:_____ _____ _____ _____
#3 Printed Name Signature & Phone #4 Printed Name Signature & Phone

IC/Facilty Contact: _____ _____
Printed Name Signature & Phone

VII. RETURN- Inventory Control and Movement Tracking

Date: _____ Incident Name: _____

CHEMPACK Site: _____

Product (Label Color)	Number of Units Per Case	Number of individual units returned	Number of unopened cases returned	Host site initials	Transport Agency Initials	IC or Receiving Facility Initials
Mark 1 auto injector (yellow)	240					
DuoDote auto injector (yellow)	120					
Diazepam 5 mg auto injectors (green)	150					
Atropen 0.5 mg auto injectors PEDS (purple)	144					
Atropen 1.0 mg auto injectors PEDS (grey)	144					
Atropine Sulfate 0.4 mg/ml 20 ml (blue)	100					
Pralidoxime 1 gm inj. 20 ml (red)	276					
Diazepam 5 mg/ml vial, 10 ml (orange)	25					
Sterile Water for injection (white)	100					

IC/Facility Contract: _____

Printed Name Signature & Phone

Transport Contract: _____

#Printed Name Signature & Phone #2 Printed Name Signature & Phone

Transport Contract: _____

#3 Printed Name Signature & Phone #4 Printed Name Signature & Phone

Site Contract: _____

Printed Name Signature & Phone

VIII. CHEMPACK Container Contents

EMS CHEMPACK Container for 1000 Casualties			
	Unit Pack	**Cases**	**QTY**
DuoDote auto-injector	200	11	2640
Atropine Sulfate 0.4 mg/ml 20 ml	100	1	100
Pralidoxime 1 Gm inj. 20 ml	276	1	276
Atropen 0.5 mg	144	2	288
Atropen 1.0 mg	144	2	288
Diazepam 5 mg/ml auto-injector	150	4	600
Diazepam 5 mg/ml vial, 10 ml	25	4	100
Sterile water for injection (SWFI) 20cc vials	100	3	300
Sensaphone® 2050	1	1	1
Satco B DEA Container	1	1	1

HOSPITAL CHEMPACK Container for 1000 Casualties			
	Unit Pack	**Cases**	**QTY**
Mark 1 auto-injector	240	2	480
Atropine Sulfate 0.4 mg/ml 20 ml	100	9	900
Pralidoxime 1 Gm inj. 20 ml	276	10	2760
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5 mg/ml auto-injector	150	1	150
Diazepam 5 mg/ml vial, 10 ml	25	26	650
Sterile water for injection (SWFI) 20cc vials	100	23	2300
Sensaphone® 2050	1	1	1
Satco B DEA Container	1	1	1

CHEMPACK Formulary

The SNS Program has developed formularies for treatment of 1,000 people, using a variety of information sources and models. The formularies assume that 30% of the casualties have a mild nerve agent exposure, 40% a moderate exposure and 30% a severe exposure.

CHEMPACK Formulary

Resource	Mild 30%	Moderate 40%	Severe 30%	Total for 1000 Patients
Mark 1 Kits	45	120	90	2550
Atropine Sulfate 0.4 mg/ml 20 ml	0	5	4	90
Diazepam 5 mg/ml auto-injector	0	4	45	490
Pralidoxime 1 Gm inj. 20 ml	0	11	8	190
Diazepam 5 mg/ml vial, 10 ml vial	0	1	7	80

I. CHEMPACK Container Contents

EMS CHEMPACK Container for 1000 Casualties			
	Unit Pack	Cases	QTY
DuoDote Mark 1 auto-injector	2040	11	2640
Atropine Sulfate 0.4 mg/ml 20 ml	100	1	100
Pralidoxime 1 Gm inj. 20 ml	276	1	276
Atropen 0.5 mg	144	2	288
Atropen 1.0 mg	144	2	288
Diazepam 5 mg/ml auto-injector	150	4	600
Diazepam 5 mg/ml vial, 10 ml	25	4	100
Sterile water for injection (SWFI) 20cc vials	100	3	300
Sensaphone® 2050	1	1	1
Satco B DEA Container	1	1	1

HOSPITAL CHEMPACK Container for 1000 Casualties			
	Unit Pack	Cases	QTY
Mark 1 auto-injector	240	2	480
Atropine Sulfate 0.4 mg/ml 20 ml	100	9	900
Pralidoxime 1 Gm inj. 20 ml	276	10	2760
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Diazepam 5 mg/ml auto-injector	150	1	150
Diazepam 5 mg/ml vial, 10 ml	25	26	650
Sterile water for injection (SWFI) 20cc vials	100	23	2300
Sensaphone® 2050	1	1	1
Satco B DEA Container	1	1	1

Note: Does not contain syringes or supplies

The major assumptions are as follows:

~~An affected population of 1,000 patients of 30% Mild, 40% Moderate and 30% Severe;~~
~~EMS Containers should have 100% of the *auto-injector* pharmaceuticals needed to treat 1,000 patients (based on DoD protocols);~~

Hospital Containers should have 100% of the manual injection (vials) pharmaceuticals needed to treat 1,000 patients (based on converting EMS auto-injector doses and quantities, into the equivalent vial doses and quantities, then adding doses for long-term care);

In addition to the auto-injection pharmaceuticals, the EMS Containers should be augmented with 15% of the quantities of vial doses needed for a Hospital Container (for treatment of children);

In addition to the vial pharmaceuticals, the Hospital Containers should be augmented with 15% of the auto-injector doses needed for an EMS Container (for treatment of patients in which an intravenous (IV) connection could not be established, and/or in a mass-casualty situation when rapid delivery of antidotes may be required).

~~The following Table depicts the nerve agent antidote resources requirements for treating 1,000 patients. It combines the JRCAB Patient Code (PC) with the assumed percent of affected population as modeled. It lists the five major pharmaceuticals (column A) in the quantities (columns B, C & D) required to treat "1,000 patients" in each of the three PC Categories (or levels of affect). Just below those numbers the quantities of resources required to treat the "affected patients" in each of the PCs is listed. The "affected patients" are determined by multiplying the quantity for 1,000 patients by the "Percentage of Affected Population as Modeled" for each of the three PC Categories. The required quantity of resources needed for a total of 1,000 patients in all three PC Categories is then determined by adding Columns B, C and D together. That total is depicted in Column E. Column F and Column G depict the actual quantity of pharmaceuticals packaged in a Container. Column F depicts the primary resource. Column G depicts the 15% augmentation of the resource~~.

The major resources are packaged in boxes of different quantities, and, can not be opened under the Shelf Life Extension Program (SLEP). The CHEMPACK Project "rounds up" to the next full box of product when needed. ~~Therefore, the quantities in both Column F and Column G are either equal to or greater than the required treatment quantities as modeled.~~

Sample

CHEMPACK CONTROLLED SUBSTANCE TRANSFER FORM

Instructions:

The delivery agent should verify the type of diazepam -EMT- (single use) or Hospital (multi-use) and the amount, to be transferred, sign for custody, part A below, and transfer the diazepam to the designated location(s). ***Hospital (multi-use) packages must be physically received by a staff physician and/or a pharmacist***, part B,C, or D below. EMS materials should be delivered, and physically received by the Person in Charge (PIC) on the emergency scene, part B, C or D.

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

~~**Resources Required for 1000 Exposed Persons**~~

	Treatment Population					
Effected Population	1000 Mild	1000 Moderate	1000 Severe			
JRCAB Patient Code (PC)	PC 382	PC 383	PC 384	Per 1000 Patients		
Effected Population	30%	40%	30%		100% or > Primary	15% or > Augmentation
A	B	C	D	E	F	G
Auto injectors						
Mark 1 Kits (Atropine & Pralidoxime)	1,500	3,000	3,000		**EMS**	**Hospital**
=Resource x %	450	1'200	900	2,550	2,550	390
Diazepam (Auto-injectors)	0	100	1,500			
=Recourse x %		40	450	490	490	80
Manually Injected (Multi-dose) **Vials**						
Atropine (0.4mg/cc 20cc vial)	510	300	400		**Hospital**	**EMS**
=Resource x %	160	120	120	400	850	90
Pralidoxime (1gm powdered vial)	0	3,700	2,700			
=Resource x %		1,480	1,110	2,590	2,730	190
Diazepam (5mg/cc 2cc vial)	0	100	2,000			
=Resource x %		40	600	640	640	80

CHEMPACK Site Survey Checklist
&
Information Sheet

Phone Lines	Yes	No	Comments
18. Is there one dedicated Plain Old Telephone System (POTS) phone line per Sensaphone?	☐	☐	
19. Total number of dedicated POTS phone line(s) required:_____			
20. Point of Contact for POTS line verification:_____			
21. Phone number for Point of Contact:_____			

Electrical Power	Yes	No	Comments
22 a. Is there one dedicated 120 VAC, 60 Hz power outlet with surge protection available per Sensaphone?	☐	☐	
b. Total number of 120 VAC, 60 Hz outlet (s) required: ____			
23 a. Is back-up emergency power available?	☐	☐	
b. What Type: Facility emergency generator or Uninterruptible Power Supply (UPS).			
24. Distance (unobstructed) between phone line & outlet?			

Security and Alarm Response	Yes	No	Comments
25. Does the storage location have controlled access that meets the DEA requirements?	☐	☐	
26. Is access to keys limited and controlled?	☐	☐	
27. Is the key custodian the DEA registrant or a designated representative?	☐	☐	
28. Is a security or surveillance system available and operational?	☐	☐	
29. Identify the type of security system. Heat sensor, Motion sensor, Security camera.			
30. Do the security or pharmacy personnel physically monitor the sensor on a 24-hour basis?	☐	☐	
31. Does the security system detect movement in and around the CHEMPACK containers?	☐	☐	
32. Are there personnel assigned to respond within 15 minutes of a security alarm? Reference: CFR Title 21, Part 1301.	☐	☐	

Fire Detection & Suppression	Yes	No	Comments
33 a. Is there a fire detection system available?	☐	☐	
b. What type?_____			
34 a. Is there a fire suppression system available?	☐	☐	
b. What type?_____			

CHEMPACK Site Survey Checklist
&
Information Sheet

DEA Registrant	
Name:	Title:
Phone:	Mobile:
FAX:	Email:
DEA Registrants License Number:	

Is the DEA Registrants license number valid for this site? ☐ Yes ☐ No
Note: The DEA registrant signs a statement certifying that the license is valid for this site.

Primary Point of Contact	
Name:	Title:
Phone:	Mobile:
FAX:	Email:
Alternate Point of Contact	
Name:	Title:
Phone:	Mobile:
FAX:	Email:
Environmental Alarm Point of Contact	
Name:	Title:
Phone:	Mobile:
FAX:	Email:
Security Alarm Point of Contact	
Name:	Title:
Phone:	Mobile:
FAX:	Email:

It is required that the below issues be addressed prior to fielding this location.

It is recommended that the following issues be addressed prior to fielding.

I have been provided a copy of this Site Survey Checklist.

Signing on behalf of the Cache Location		Signing on behalf of CHEMPACK
Name:		Name:
Title:		Title:
Date Signed		Date Signed

CENTERS FOR DISEASE CONTROL AND PREVENTION

STRATEGIC NATIONAL STOCKPILE PROGRAM
CHEMPACK Monthly Quality Assurance Assessment

Site Name	Evaluator Name	Date	Time

The CDC/SNS Program will use this survey to evaluate CHEMPACK storage sites for ongoing maintenance of medical material.

The State's designated site representative will conduct monthly assessments at each CHEMPACK storage area.

The all sections within this document covers those areas the SNS Program deems essential for maintaining a high level of quality standards stated within the reference documents.

Note: any 'No' responses recorded below must be explained, attach additional sheets as required.

QUALITY ASSURANCE/ QUALITY CONTROL ASSESSMENT

REQUIREMENT		COMMENTS
Temperature maintained continuously between 59° to 86 ° F with monitoring or verification being conducted on a routine basis?	☐ YES ☐ 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)	☐ YES ☐ NO	
Power/electrical outlet(s) maintained operational with adequate capabilities.	☐ YES ☐ NO	
Analog phone line(s) maintained, and operational?	☐ YES ☐ NO	
Storage area being maintained clear and accessible to allow for ease of inventorying, stock replenishment, and rapid mobilization?	☐ YES ☐ NO	
Is security access limited to designated staff?	☐ YES ☐ NO	
Are other products being stored in cache room or other processes taking place at the facility that could contaminate the medical material?	☐ YES ☐ NO	
Does the facility have adequate lighting, ventilation and protection from water damage?	☐ YES ☐ NO	
Are eating, drinking and smoking prohibited in the immediate product storage area?	☐ YES ☐ NO	
Are security systems in place, operational and tested on a routine basis?	☐ YES ☐ NO	
Are fire suppression systems and alarms maintained and operational?	☐ YES ☐ NO	
The CHEMPACK containers remain sealed (the SNS Program seal intact) with no indication of tampering.	☐ YES ☐ NO	
Are all the forms, Cube I.Q., and Loan Agreements in the document pouch attached to the Chempack containers?	☐ YES ☐ NO	
Have the containers been moved or forward deployed?	☐ YES ☐ NO	

Sample

CHEMPACK CONTROLLED SUBSTANCE TRANSFER FORM

Instructions:

The delivery agent should verify the type of diazepam -EMT- (single use) or Hospital (multi-use) and the amount, to be transferred, sign for custody, part A below, and transfer the diazepam to the designated location(s). ***Hospital (multi-use) packages must be physically received by a staff physician and/or a pharmacist***, part B,C, or D below. EMS materials should be delivered, and physically received by the Person in Charge (PIC) on the emergency scene, part B, C or D.

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____

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_____

Name & Shield Number of courier _____ Signature _____
Date _____ Time_____