Emergency Medical Services Division
Policies – Procedures – Protocols

Kern County Operational Area
CHEMPACK Deployment Protocol (3002.00)

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.

Chempacks are deployed to various fixed sites within the Kern County Operational Area. Actual site locations will be maintained as confidential for security 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:

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

2. The 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.

3. The EMS Division shall immediately notify the Region V 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 must be notified of 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 will notify the Region V RDMHS in advance of any pre-planned Chempack container movement for a particular event or threat.

III. Qualifying Events – Deployment

A. 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.

B. 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 Medical Director, or 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:

A. 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.

B. Pre-emptive movements may be requested to ECC 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 shall be notified of the request immediately.

C. Any such request must be made to the RDMHS for approval. Unless an imminent or ongoing emergency, each request must be made at least forty-eight (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.

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. 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.

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 or 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. There may or may not be 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.

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.

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 and Date	
Transport Contacts:				
	#1 Printed Name	Signature and Phone	#2 Printed Name	Signature and Phone
Transport Contacts:				
	#3-Printed Name	Signature and Phone	#4-Printed Name	Signature and Phone
IC/Facility Contact:				
	Printed Name		Signature and Phone	

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 Contact:				
	Printed Name		Signature and Date	
Transport Contacts:				
	#1 Printed Name	Signature and Phone	#2 Printed Name	Signature and Phone
Transport Contacts:				
	#3-Printed Name	Signature and Phone	#4-Printed Name	Signature and Phone
Site Contact:				
	Printed Name		Signature and Phone	

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

Note: Does not contain syringes or supplies

The major assumptions are as follows:

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 vi

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 major resources are packaged in boxes of different quantities, and, cannot be opened under the Shelf Life Extension Program (SLEP). The CHEMPACK Project “rounds up” to the next full box of product when needed.

Controlled Substance Transfer Form

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_____