

Arkansas Department of Health

CHEMPACK UTILIZATION GUIDE HOSPITAL CHEMPACK LOCATIONS

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1.0 Introduction

1.1 Overview

The Centers for Disease Control and Prevention (CDC) plays a major support role to state and local emergency response programs with regard to chemical and biological terrorism. One of the key initiatives is the CDC's Strategic National Stockpile Program (SNS). The mission of the SNS 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 SNS, the CDC has 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. The Chempack Program is participating in the Food and Drug Administration and Department of Defense Shelf Life Extension Program (SLEP). The FDA has evaluated some medications and has determined that the drugs were safe and potent beyond the expiration date set by the manufacturers. To participate in the SLEP, medications must be kept under optimal warehouse conditions. These conditions include regulated temperature and environmental controls. The current USP definition of controlled room temperature (CRT) that encompasses the usual and customary working environment is 20C to 25C (68F to 77F); that results in a mean kinetic temperature (MKT) calculated to be not more than 25C (77F); and allows for excursions between 15C and 30C (59F and 86F). MKT is a weighted average used to determine the relative exposure of product to temperature extremes.

The Division of Strategic National Stockpile (DSNS) is currently addressing issues regarding storage temperature at each CHEMPACK cache storage location across the nation. When the CHEMPACK pilot program was initiated the required temperature range for storage of containers was determined to be a range of 15C and 30C (59F and 86F), based on product labeling, and stability data from product manufactures. In the last year, the CHEMPACK program has completed fielding to all projected locations. DSNS is now looking to maintain the program at the best standards possible to ensure that product is available in the event of an emergency. Through recent program evaluations,

the DSNS will be strengthening recommendations for storage temperature of CHEMPACK caches to assure that the program is consistent with the standards set forth in the USP standards for temperature monitoring in pharmaceutical storage.

1.2 Purpose

This Chempack Utilization Guide is intended to assist localities, emergency response agencies and hospitals in establishing the policies and procedures that will enable Chempacks to be placed, maintained and distributed in the event of a terrorist attack or emergency involving chemical/nerve agents. Locality Emergency Management, Health, Fire, Law Enforcement, Emergency Medical Services and partnering hospitals will have to work cooperatively in establishing these protocols to ensure they effectively prepare for the use and deployment of Chempack assets.

2.0 Hazard Analysis

2.1 Background

Widespread use of chemical agents in modern warfare began during World War 1 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-1930's. Agent technology accelerated in the 1950's 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.

2.2 Threat

The Chemical Weapons Convention (CWC) 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 CWC 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 CWC's destruction requirements due to the costs related to disposal. There is concern that well-funded terrorists may have access to these chemical stockpiles.

2.3 Vulnerability

The release of a chemical agent poses a health risk to the general population, especially if done 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).

2.4 Impacts

Based on location, population, type of agent, the 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 phase. The ability of emergency medical personnel to begin immediate treatment of individuals exposed to nerve agents is directly related to the exposed person's ability to survive 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 casualties.

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.

3.0 Assumptions

- 3.1 An area within the State of Arkansas may be the site of an intentional chemical or nerve agent attack or emergency involving the release of such agents into the environment.
- 3.2 The increased awareness of emergency response personnel for a Weapons of Mass Destruction (WMD) 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.
- 3.3 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 not be limited to fire,

emergency medical services, law enforcement, public health resources and hospitals.

- 3.4 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 which agency must be called upon to assist in the response and recovery effort.
- 3.5 The forward placement of Chempack containers in various locations (caches) throughout the State will expedite the delivery of additional medications to the locations that require them. These locations may include the incident site or hospital facilities that require additional medications to treat exposed and contaminated patients.
- 3.6 Providing timely and consistent information regarding the risks associated with the incident will be vital in the prevention of widespread panic among the public.
- 3.7 Accurate and timely meteorological data will play a key role in consequence management in the field.

4.0 Concept of Operations

4.1 Pre-Incident

ADH and the CDC have agreed that the forward placement of Chempack assets is appropriate given the assumptions listed in Section 3.0. There are two (2) types of Chempacks, EMS (field/pre-hospital units) and Hospital. 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 CDC and State of Arkansas provides a complete listing of CDC and State responsibilities. Selected key responsibilities are provided below.

4.1.1 Responsibilities of the SNS Chempack Program

The responsibilities of the SNS Chempack Program include:

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

4.1.2 Responsibilities of ADH

ADH will be the primary state point of contact for the SNS regarding the Chempack Project. For this project, the responsibilities of ADH 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 up to date.

4.1.3 Responsibilities of Cache Sites and Local Jurisdictions

The materiel stored in one (1) Chempack container is expected to provide pharmaceutical support to the field (pre-hospital) and hospital cache sites as well as other downstream facilities (i.e., the incident scene, other hospitals, EMS), if needed. Each cache site will provide adequate space, security and administrative assistance as outlined in Section 5.2.1, Expectations of Field Chempack Cache sites. Local jurisdictions, in coordination with the cache sites and ADH, will maintain Chempack protocols and points of contact for project maintenance and emergency notification purposes (refer to Section 6.0).

4.2 Incident Response

If an incident appears to have the possibility of a nerve agent or organophosphate incident, the Incident Commander or local Emergency Services Coordinator should determine what EMS and 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 (3) different levels: Standby - Level 1, Alert - Level 2 and Activation - Level 3. During Activation - Level 3, the Hospital cache site will open the container and access the material. If pre-defined at the time of container receipt from the CDC, the container contents will be separated and prepared for delivery to other hospital Emergency Departments and/or EMS.

4.2.1 Responsibilities of local Emergency Management

As an incident evolves, local Emergency Management, e.g. through the E-911 Dispatch Center, Communications Center or equivalent, will be responsible for:

- a. Making all hospital cache site notifications (standby, Alert and Activation).
- b. Making notification to the designated delivery agent (e.g. EMS, fire and/or law enforcement) and advising on the location of the hospital cache and the facilities that will be supported.

4.2.2 Responsibilities of local Cache Sites

When directed to activate the container, the 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 the Emergency Department physicians, administration or the designated local Chempack cache custodian if it has been determined that an accidental or intentional nerve agent release has threatened public health of the community and the 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 EMS and/or hospitals anticipate exhausting 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 SLEP.

Containers located at field locations (i.e., non-hospital locations such as EMS agencies) may be opened at the discretion of the EMS Operations Medical Director, Incident Commander or other designated local Chempack cache custodian as stipulated in the host agency's protocol for Chempack use.

ADH will be notified as soon as practicable upon opening the container. This may be accomplished by notifying the local Health Department or the ADH Chempack Coordinator/designee.

4.3 Post Incident

During the post-incident phase, the responsibilities of ADH and the SNS Program will be focused on returning all cache sites to the level of preparedness prior to the WMD incident.

4.3.1 Responsibilities of ADH

At the post-incident phase, the SNS/CHEMPACK Coordinator or SNS Pharmacist will make the determination of what will be done with the contents of all opened containers. All pharmaceuticals no longer in unopened manufacturer's packaging are no longer eligible for the Shelf Life Extension Program. The CDC may take control of the Chempack container and prepare it for restocking.

4.3.2 Responsibilities of the SNS Program

The SNS Chempack Program will deliver and service all Chempack equipment. Immediately make arrangements and coordinate with ADH to restock any activated Chempack containers.

5.0 Container Site Requirements

5.1 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, etc.

5.2 Role of the Hospital Chempack Cache Site

Each hospital cache site is participating with ADH in the SNS 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. Therefore, all final decisions regarding use and deployment of the hospital Chempack materials rest with the local Emergency Services Coordinator/designee.

5.2.1 Responsibilities of the Hospital Chempack Cache Sites

Each participating hospital Chempack cache site must provide the following:

- a.** Maintain the CHEMPACK containers intact and sealed until and unless 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 material is medically necessary to save lives.
- c.** Designate a point of contact (POC) and at least one alternate POC (APOC) at each CHEMPACK site. The POC will provide the State with contact numbers at which he/she and the APOC(s) can be contacted both during normal business hours and after hours.
- d.** Notify the ADH Chempack Coordinator/designee of any changes in contact personnel within one business day of assignment of a new POC and/or new APOC(s).
- e.** Maintain the CHEMPACK container(s) at the originally designated storage location(s), unless ADH and CDC consent to a relocation, or unless an emergency requires the medical assets within the container(s).
- f.** Provide the address of each cache storage location and ensure coordinated access to SNS Program personnel to cached locations as needed to monitor CHEMPACK material.
- g.** For each cache storage location, identify a pharmaceutical or medical professional with a DEA 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 DEA compliant container(s) in the facility and ensure compliance with applicable local, State and Federal regulatory guidelines. Notwithstanding that, ADH (in cooperation with DHS and CDC) will retain ownership of the CHEMPACK material and will ensure the integrity of the pharmaceuticals in accordance with SLEP recommendations/requirements.
- 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, this 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 DEA-approved for storage of Schedule IV drugs. For that reason, there is no requirement for floor to ceiling construction. The purpose of the enclosed 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. Cache location security managers will test the interior devices according to manufacturer specifications to ensure proper operation.
 3. A minimum clearance of 72” aisles and 34” doorways to maneuver containers 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 and weigh 500 to 700 pounds.).
 6. **Storage of CHEMPACK containers in a climate-controlled environment that maintains room temperature between 68 to 77 degrees Fahrenheit (20 degrees and 25 degrees Celsius). Humidity must be maintained below 60% to prevent visible mold growth.**
 7. One dedicated data quality analog phone line per Sensaphone® (may 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 (“UPS”) or existing facility emergency generator is adequate.
 9. Locking of each CHEMPACK container with a keypad or padlock and ensuring that access to the key is limited. Key control is to be the responsibility of the cache location POC.
 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 material which is not covered by SLEP, once such material is replaced by SNS personnel. Items include:
 - Atropine Sulfate 0.4 mg/ml, 20 ml
 - Diazepam 5 mg/ml vial, 10 ml
 - Sterile Water for Injection (SWFI) 20 cc vials
- i. Participate in educational 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 materiel 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 materiel must conduct monthly security checks to visually inspect SNS 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 and submit a monthly quality control (QC) report to the ADH Chempack Coordinator/designee, on a form provided by ADH, to document storage conditions at the cache location in accordance with CHEMPACK Project Plan.
- l)** Coordinate with local officials and emergency planning members on transportation and movement of CHEMPACK materiel authorized by this agreement.
- m)** Coordinate with ADH through the State Chempack Coordinator/designee (at least 96 hours prior to movement of the CHEMPACK container) to ensure the maintenance of proper security and environmental conditions for CHEMPACK materiel during any non-emergency movement (to include pre-positioning assets for special events).
- n)** Coordinate with appropriate law enforcement and fire agencies or departments to maximize CHEMPACK container security.
- o)** Provide a list of personnel with access to the CHEMPACK container to the SNS Program POC at the time of fielding, and update the list as necessary.
- p)** Ensure cache storage location will make efforts to correct non-complying environmental conditions in a timely manner (usually within two hours). When conditions cannot be corrected within 12 hours, the CHEMPACK POC will coordinate with the CHEMPACK Logistics Team point of contact to move CHEMPACK container to an acceptable location to safeguard the quality or security of the materiel.
- q)** The Sensaphone® will send an alarm to the SNS Program's CHEMPACK Logistics Team if non-complying storage conditions occur. The CHEMPACK Logistics Team will request 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 materiel stored outside of the accepted storage range will be handled on a case-by-case basis. Outcomes could range from having the materiel remain in the SLEP to removing the materiel from the SLEP program and forfeiting the long-term sustainability of the resource.

- r) 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.
- s) Apportionment of Container Contents: At the time the container is fielded at the host facility, the contents of the container may be pre-identified in case lots utilizing for apportionment to other facilities (hospitals or EMS). As an example, the following designations may be used:
 - No auxiliary label: these case lots of materiel will remain at the host hospital.
 - Blue auxiliary label: these case lots are intended for use by another hospital.
 - Red auxiliary label: These case lots are intended for use by emergency responders.
 1. An explanation of the type and number of blue and red apportionments will be posted on the outside of the container as well as two copies of an inventory sheet for each apportionment. One inventory sheet should remain with the container; one inventory sheet should be included with the distributed case lots.
 2. Should distribution of the apportioned case lots be necessary, transportation of the case lots will be described in the hospital or EMS plans, as appropriate (e.g., using EMS, law enforcement, ambulance services, etc.).

5.3 Hospital Sites Storing Chempacks Solely for EMS Use

Based on strategic location and necessity, some facilities will maintain an EMS Chempack container solely dedicated for EMS' use. These are designed to provide EMS resources with material to be transported to the incident scene. The EMS containers dedicated for scene deployment will be labeled: "**FOR EMS USE ONLY.**" Local emergency services will have to develop an access policy between the Hospital Cache Site and the EMS agency.

In addition to the requirements outlined in Section 5.2 of this document, the hospital cache site will secure the container dedicated for EMS use and allow 24-hour access to properly credentialed personnel through a pre-determined procedure with local emergency services.

6.0 Notification and Response Strategy

6.1 Notification Levels for Hospital Chempack Cache Sites

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

6.2 Standby – Level 1

If there is a potential (suspicion) of a WMD event, Chempack Cache sites may be placed on a Standby – Level 1 status.

6.2.1 Emergency Management/Emergency Services Coordinator Actions

The local Emergency Services Coordinator/designee will notify the local Chempack Coordinator of the potential event. The local Chempack Coordinator will then:

- a. Maintain up to date information on event status.
- b. Determine the closest Hospital and EMS Chempack cache sites to the incident.
- c. Advise 911 Dispatch Center (or equivalent) and EMS of the cache sites being placed on standby.
- d. Immediately make contact to the hospital cache sites and place them on Standby – Level 1.

6.2.2 Hospital Cache Site Actions

CAUTION: Standby – Level 1 notification is only to make the hospital aware that a WMD 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 1 status, the hospital cache site will do the following:

- a. Receive call from the local Chempack Coordinator.
- b. Identify those hospital personnel who will be respond to the area where the container should the situation escalate.
- c. Notify hospital personnel (e.g. Security) of the Standby – Level 1 status and that they may be required to permit personnel access to the storage area if the situation escalates.
- d. Locate container key and have ready to use if event escalates.
- e. Follow any in-house, non-Chempack related procedures established by the hospital for a potential WMD event.
- f. Provide a call-back number to the local Chempack Coordinator.

6.3 Alert – Level 2

Confirmation of a WMD event has been established by a Competent Authority, usually from the scene of an incident. **It is important to note that at Alert – Level 2, a WMD event is confirmed, but the use of Chemical/nerve agents has not been confirmed.** A Competent Authority is defined as any of the following:

- Incident Commander

- EMS Operations Officer
- Hazardous Materials Officer
- Emergency Services Coordinator/designee
- State Health Director
- Regional Health Director
- State and Local Chempack Coordinators

6.3.1 Emergency Responder/ Management/Emergency Services Coordinator Actions

Upon determination that a WMD event is occurring at the incident location, the cognizant authority will notify the local Chempack Coordinator of the incident. This may be communicated directly or through the 911 Dispatch Center, Communications Center or equivalent.

The local Chempack Coordinator will then:

- a. Immediately make contact to the hospital cache sites 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. The hospital delivery locations will be to the Emergency Department entrance of the receiving hospitals.

Delivery Agents are those pre-designated emergency service personnel, e.g., EMS, fire, law enforcement, etc. that the locality has determined will respond to cache sites, pick up, and then redistribute materials to the incident site or downstream hospitals.

6.3.2 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 the appropriate hospital personnel respond to the container storage area and await further instructions.
- b. Establish a communications mechanism (telephone or cell phone) in or near the container storage area where the local Chempack Coordinator can reach hospital cache site personnel, and provide that number to the local Chempack Coordinator.
- c. Notify hospital personnel (e.g. Security) of the Alert – Level 2 status and to permit personnel access to the storage area.
- d. Ensure copies of **Attachment 11.2, Chempack Controlled Substance Transfer Form** and **Attachment 11.3, EMS Chempack Transfer Form** are available at the container (if contents will be disseminated through a Delivery Agent to outside hospitals).

- e. **CAUTION - DO NOT OPEN THE CONTAINER** at Alert – Level 2. Personnel are responding to the cache site to reduce the time to get the pharmaceuticals to the incident and the Emergency Department once the WMD event and use of chemical/nerve agents are confirmed.

6.4 Activation - Level 3

A Competent Authority has determined that the use of chemical/nerve agents/organophosphates has occurred and that Chempack assets are to be used.

6.4.1 Emergency Responder/ Management/Emergency Services Coordinator Actions

Once a chemical/nerve agent/organophosphate release is confirmed, the Competent Authority will notify the local Chempack Coordinator 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 according to a pre-established deployment matrix (if advance plans were made to deploy the material outward). Otherwise, any additional outside deployment will be made at the discretion of the local Emergency Services Coordinator/designee or Incident Commander with input from competent patient care authority at the scene (e.g., EMS, Hazardous Materials Officer, etc.).

The local Chempack Coordinator will then:

- a. Immediately make contact to the previously identified hospital cache site(s) and advise them of the Activation – Level 3 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 such time as it is determined that their site needs to be activated. This decision will be based on the number of patients contaminated 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.

6.4.2 Hospital Chempack Activation and/or Deployment

Once a hospital cache site has been notified that their facility has been elevated to the Activation – Level 3 status, the facility shall do the following:

- a. Access the Chempack storage area. Identified personnel shall proceed to the storage area and open the container. If the cache site has more than one container, personnel should open only the first container unless otherwise directed by the Local Chempack Coordinator. If material has been pre-designated to be sent to other facilities, then the materials in the container will be color-coded for quick identification.
- b. Prepare for the arrival of Chempack Delivery Agents if material is to be distributed to the incident or to other facilities. Hospital Security should be prepared to meet the designated Delivery Agent at the entrance to the Emergency Department.
- c. Separate and distribute Chempack material. Once a hospital cache site has been notified that their facility has been elevated to the Activation – Level 3 status, only the first container (if multiple containers are stored there) should be opened. Materials should then be separated by label/color (if distribution to other facilities has been preplanned).
 - **No auxiliary label**: these case lots of materiel will remain at the host hospital.
 - **Blue** auxiliary label: these case lots are intended for use by a second hospital.
 - **Red** auxiliary label: These case lots are intended for use by emergency responders.
- d. Material without an auxiliary label is intended for use by the hospital where the Chempack container is stored. Authorized personnel should move this material to a pre-designated location in or near the Emergency Department.
- e. The remaining materials should be separated by color/label and moved to the Emergency Department entrance if material is to be picked up and distributed by a Delivery Agent.

The following tables provide **EXAMPLE** Hospital and EMS Container allocations. Cache locations, in cooperation with local Emergency Management, must pre-determine if any material will be re-distributed outside the hospital at the time of an event. Contents will have to be labeled/color-coded at the time of initial receipt, and the container may NOT be reopened once it is secured by the SNS team and the Sensaphone alarm is activated, until needed in an emergency.

EXAMPLE "Hospital" Container Apportionment				
	Cases	No Label – This Hospital	Blue Hospital #2	Red EMS
Mark 1 auto-injector	2	1	0	1
Atropine Sulfate 0.4mg/ml 20ml	9	5	4	0
Pralidoxime 1gm inj 20ml	10	5	5	0
Atropen 0.5 mg	1	1	0	0
Atropen 1.0 mg	1	1	0	0
Diazepam 5mg/ml auto-injector	1	1	0	0
Diazepam 5mg/ml vial, 10ml	26	13	13	0
Sterile water for injection (SWFI) 20cc Vials	23	12	11	0

EXAMPLE "EMS" Container (Located at Hospital) Apportionment				
	Cases	No Label – This Hospital	Blue Hospital #2	Red EMS
Mark 1 auto-injector	11	3	3	5
Atropine Sulfate 0.4mg/ml 20ml	1	1	0	0
Pralidoxime 1gm inj 20ml	1	1	0	0
Atropen 0.5 mg	2	0	0	2
Atropen 1.0 mg	2	0	0	2
Diazepam 5mg/ml auto-injector	4	1	1	2
Diazepam 5mg/ml vial, 10ml	4	2	2	0
Sterile water for injection (SWFI) 20cc Vials	3	2	1	0

- f. Repeat at substep c. above if directed to use/deploy a second container (if more than one container is stored at the site).
- g. Transfer of (non-narcotic) material custody to a Delivery Agent shall be documented on **Attachment 11.3, EMS CHEMPACK Transfer of Custody Form.** Transfer of narcotics (Diazepam) to a Delivery Agent shall be documented in accordance with Step 6.5 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 materials 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.

6.5 Transfer of Narcotics to a Delivery Agent

If arrangements have been made to deploy container contents beyond the hospital storage location, the Emergency Services Coordinator/designee or Local Chempack Coordinator will direct the Delivery Agent (e.g., EMS, Fire, Law Enforcement) to respond to the Emergency Department entrance to meet hospital security.

6.5.1 Checklist for Narcotics Transfer

- a. Upon arrival at the storage site, the Delivery Agent shall complete two originals of **Attachment 11.2, Controlled Substance Transfer Form**. This form details the number of cases of Diazepam to be removed from the cache site.
- b. Give one original to the administrator on duty at the cache site. Only the cases of Diazepam need to be documented.
- c. The second original is maintained by the Delivery Agent.
- d. The hospital will fax a copy to the Local Chempack Coordinator, as time permits, to the following number: (____)_____.
- e. Each facility receiving Diazepam shall complete their area of the Delivery Agent's Controlled Substance Transfer Form and sign for receipt of the narcotics.
- f. The copying of forms cannot delay medication delivery. Any facility requiring a copy of the Controlled Substance Transfer Form can request it through the Local Chempack Coordinator if time or equipment availability does not permit making a copy.
- g. The Delivery Agent will retain the original copy of the form and provide it to the Local Chempack Coordinator at the conclusion of the event.
- h. Upon completion of all deliveries, all transfer forms must be faxed to the Local Chempack Coordinator at: (____)_____.

7.0 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 SNS Team Member.

7.1 Local Chempack Coordinator Actions

Upon notification of a Chempack alarm, the Local Chempack Coordinator will:

- a. Verify call back number for the SNS Team Member.
- b. Verify details of the alarm and record details of corrective action taken.
- c. Make contact with the hospital Point of Contact (POC) and begin to determine the validity of the alarm based on details received from the SNS Team Member.
- d. Assist the facility in taking all necessary action to correct the condition(s) that resulted in the alarm.
- e. Notify the local Emergency Services Coordinator and State Chempack Coordinator/designee, and provide periodic updates on actions being taken to address the Sensaphone[®] alarm until the condition is corrected.
- f. If the ability to correct non-compliant environmental and/or security conditions cannot be done within 12 hours, the Local Chempack Coordinator will work directly with the SNS Chempack Program Point of

Contact for movement of the Chempack container(s) to an acceptable location if it is necessary to protect the quality or security of the material.

8.0 Hospital and EMS Container Contents

Table 1: EMS Container Contents

EMS CHEMPACK Container for 1000 Casualties			
	Unit Pack	Cases	QTY
Mark 1 auto-injector	240	11	2640
Atropine Sulfate 0.4mg/ml 20ml	100	1	100
Pralidoxime 1gm inj 20ml	276	1	276
Atropen 0.5 mg	144	2	288
Atropen 1.0 mg	144	2	288
Diazepam 5mg/ml auto-injector	150	4	600
Diazepam 5mg/ml vial, 10ml	25	4	100
Sterile water for injection (SWFI) 20cc Vials	100	3	300
Sensaphone® 2050	1	1	1
Satco C DEA Container	1	1	1

Table 2: Hospital Container Contents

Hospital CHEMPACK Container for 1000 Casualties			
	Unit Pack	Cases	QTY
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 (SWFI) 20cc Vials	100	23	2300
Sensaphone® 2050	1	1	1
Satco C DEA Container	1	1	1

9.0 Chempack Project Maintenance

9.1 The Local Chempack Coordinator, in cooperation with local emergency management/services, will coordinate and conduct periodic call-down drills to assure all POC numbers are accurate and that personnel remain familiar with the notification process.

9.2 Facility Point of Contact and Security Information

It shall be the responsibility of each hospital and EMS agency serving as a Chempack Cache storage location to maintain all contact and security information up-to-date. Information shall be provided to the Local Chempack Coordinator as

soon as possible following any change using **Attachment 11.1, Chempack Site Contact and Security Form.**

- 9.3 Facilities will ensure instructions for use are posted on each container. **Attachment 11.4, Chempack Container Instructions**, has been provided for this purpose.
- 9.4 Facilities will maintain multiple copies of **Attachment 11.2, Chempack Controlled Substance Transfer Form** and **Attachment 11.3, EMS Chempack Transfer Form** are available at the container (if contents will be disseminated through a Delivery Agent to outside hospitals).
- 9.5 Facilities will conduct quality control checks at each cache location to ensure the facility's climate is within acceptable environmental limits. Monthly quality control (QC) reports are to be submitted to the State Chempack Coordinator/designee to document storage conditions at the cache location in accordance with CHEMPACK Project Plan. **Attachment 11.5, CHEMPACK Monthly Quality Assurance Assessment** is to be used for this purpose.

10.0 Special Event Deployment

CHEMPACK containers may be moved preemptively to facilitate response during designated special events with the following stipulations:

- 10.1 The ADH Chempack Coordinator/designee must be notified of the desire to relocate the container(s) at least 96 hours prior to the preemptive movement of the CHEMPACK container. The notification may be made telephonically or in writing (electronic or paper).
- 10.2 The ADH Chempack Coordinator/designee must notify the SNS Program of the desire to relocate the container(s) at least 72 hours prior to the preemptive movement of the CHEMPACK container. The notification may be made telephonically or in writing (electronic or paper).
- 10.3 The ADH Chempack Coordinator/designee will notify the local Chempack Coordinator and facility/custodian when it is determined that the facility's container may need to be mobilized pre-emptively for a special event.
- 10.4 The Local Chempack Coordinator and local cache custodian will work with the ADH Chempack Coordinator/designee and CDC SNS Program representatives to ensure that environmental and security requirements are maintained throughout transport and preemptive deployment.
- 10.5 The container will be returned to the host facility at the conclusion of the special event.
- 10.6 All movements of CHEMPACK material not specifically approved by ADH shall be funded by the participant.

11.0 Attachments

- 11.1 Chempack Site Contact and Security Form
- 11.2 Chempack Controlled Substance Transfer Form
- 11.3 EMS Chempack Transfer Form
- 11.4 Chempack Container Instructions (for posting on container)
- 11.5 CHEMPACK Monthly Quality Assurance Assessment
- 11.6 Product Specifications and Descriptions
 - 11.6.1 SENSAPHONE® 2050
 - 11.6.2 Mark I Nerve Agent Antidote Kit (NAAK)
 - 11.6.3 Diazepam (CANA) Auto-Injector
 - 11.6.4 Pediatric Atropens
 - 11.6.5 Atropine, Pralidoxime and Diazepam Multi-Dose Vials
- 11.7 Nerve Agent Dosing Guidelines

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**ATTACHMENT 11.1
CHEMPACK SITE CONTACT AND SECURITY FORM**

- 1. Local Cache Facility: _____
- 2. Container Type: Hospital EMS
- 3. Street Address: _____
- 4. Mailing Address: _____

5. Points of Contact – **WMD Event**

Primary Point of Contact Info.	Alternate Point of Contact Info.
Name: Position: W: () Pgr: () Cel: () Fax: ()	Name: Position: W: () Pgr: () Cel: () Fax: ()

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

Primary Point of Contact Info.	Alternate Point of Contact Info.
Name: Position: W: () Pgr: () Cel: () Fax: ()	Name: Position: W: () Pgr: () Cel: () Fax: ()

- 7. Facility Security Plan:
 - a. Chempack Unit #: _____
 - b. Location: Floor #: _____ Room #: _____
 - c. Sensaphone® Telephone Number: () _____
 - d. Security in place (check all that apply):
 - Controlled Access to Area Door Alarm Card Swipe System
 - Surveillance Camera Motion Detector
 - Other: _____

- 8. Administrator submitting above information:
Name (please print): _____
Title: _____
Telephone Number: () _____ Date: _____

- 9. Fax completed form to Local Chempack Coordinator at: () _____
- 10. Fax completed form to State Chempack Coordinator at: () _____

**ATTACHMENT 11.2
CHEMPACK CONTROLLED SUBSTANCE TRANSFER FORM**

Instructions:

The delivery agent will verify the type of diazepam - EMS (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** and documented in part B, C, or D below. **EMS materials** should be delivered and physically received by the Person in Charge at the incident scene using part B, C or D. Fax completed form(s) to the Local and State Chempack Coordinator 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 _____
Name & ID/Shield Number of Delivery Agent _____	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 of Hospital or EMS Receiving Agent _____	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 of Hospital or EMS Receiving Agent _____	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 of Hospital or EMS Receiving Agent _____	Signature _____
Date _____	Time _____

**ATTACHMENT 11.3
EMS CHEMPACK TRANSFER OF CUSTODY FORM
(for hospitals storing EMS Containers dedicated solely for EMS use)**

INSTRUCTIONS TO HOSPITAL PERSONNEL:

This form is to be used to document the transfer of custody of CHEMPACK assets from your facility to designated emergency response personnel (fire, law enforcement, EMS). If personnel have been directed to your facility (by the Incident Commander, Emergency Services Coordinator or Local Chempack Coordinator) to pick up contents of an EMS 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: _____ EMS Container #: _____

2. Hospital representative coordinating transfer:
Name (please print): _____
Title: _____

3. Cases removed (complete table below):

EMS CHEMPACK Container Contents	Unit Per Case	Cases in Container	Cases Removed
Mark 1 auto-injector	240	11	
Atropine Sulfate 0.4mg/ml 20ml	100	1	
Pralidoxime 1gm inj 20ml	276	1	
Atropen 0.5 mg	144	2	
Atropen 1.0 mg	144	2	
Diazepam 5mg/ml auto-injector	150	4	
Diazepam 5mg/ml vial, 10ml	25	4	
Sterile water for injection (SWFI) 20cc Vials	100	3	

4. Names and ID Numbers of EMS/emergency response personnel 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 Chempack Coordinator at: (_____) _____

7. Fax completed form to State Chempack Coordinator at: (_____) _____

ATTACHMENT 11.4
CHEMPACK CONTAINER INSTRUCTIONS – HOSPITAL CONTAINER LOCATION

THIS CONTAINER IS ONLY TO BE OPENED AT CHEMPACK ACTIVATION – LEVEL 3. IF YOU HAVE BEEN DIRECTED TO OPEN THIS CONTAINER, IT IS BECAUSE A CHEMICAL OR NERVE AGENT RELEASE HAS OCCURRED NEARBY. PLEASE FOLLOW THESE INSTRUCTIONE EXACTLY.

1. Unlock key, 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 unlabeled boxes in one pile. Then, do the same with the other color coded boxes (if any). The unlabeled boxes are for use at this facility. The color coded boxes (if any) will be picked up by an emergency services agency (Delivery Agent) and be taken to other pre-designated hospitals or the incident scene.
3. Unlabeled boxes stay at this hospital. Immediately have someone move the unlabeled boxes to the Emergency Department and inform the person in charge of their availability.
4. If labeled boxes are also in the container, have Hospital Security prepare to meet the Delivery Agent at the entrance of the Emergency Department and escort them to the location of the color-coded Chempack materials (if materials have been pre-designated for delivery to facilities other than this hospital).
 - The Delivery Agent will take possession of the color-coded materials and complete two originals of the Chempack Controlled Substance Transfer Form and EMS 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 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 stretcher or cart and moving to the ED parking area entrance).

IF A SECOND CONTAINER IS STORED IN THIS FACILITY AND YOU ARE DIRECTED TO OPEN IT:

1. Separate all of the color-coded material from the second container. The Delivery Agent will be delivering all of the material from the second container to other hospitals or the incident scene. NO MATERIAL FROM THE SECOND CONTAINER, ONCE OPENED, SHOULD REMAIN AT THIS HOSPITAL. Follow steps 4 – 6 above.

ATTACHMENT 11.5



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 materiel. The facility's designated site representative will conduct monthly assessments at each CHEMPACK storage area. All sections within this document covers those areas the SNS Program deems essential for maintaining a high level of quality standards.

Note: any 'No' responses recorded below must be explained (for the last question; explain for a yes response). Attach additional sheets as required.

QUALITY ASSURANCE/ QUALITY CONTROL ASSESSMENT		
REQUIREMENT		COMMENTS
Temperature maintained continuously between 68° to 77 ° 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 11.6
PRODUCT SPECIFICATIONS AND DESCRIPTIONS

Refer to attached:

- 11.6.1 SENSAPHONE[®] 2050
- 11.6.2 Mark I Nerve Agent Antidote Kit (NAAK)
- 11.6.3 Diazepam (CANA) Auto-Injector
- 11.6.4 Pediatric Atropens
- 11.6.5 Atropine, Pralidoxime and Diazepam Multi-Dose Vials

ATTACHMENT 11.6.1
SENSAPHONE® 2050

The SNS Program will monitor product 24/7 for temperature deviations and container entry using the SENSAPHONE® 2050 attached to a stand-alone analog telephone line.



ATTACHMENT 11.6.2
MARK I NERVE AGENT ANTIDOTE KIT (NAAK)

- Contains: AtroPen and ComboPen linked by a plastic clip and housed in a foam pouch
 - Indications: Antidote for organophosphorous (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 11.6.3 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 8 1/4" x 9-1/2" shipper box, weighing 20 pounds
- Prescription required: Yes
- DEA registration certificate required: Yes, schedule IV drug: diazepam C-IV



ATTACHMENT 11.6.4

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 11.6.5
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



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**ATTACHMENT 11.7
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	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/autoinjector
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/autoinjector
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/autoinjector

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

MDV = multidose vials

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

ANTIDOTE DOSING BASED ON SYMPTOMS

<u>EXPOSURE</u>	<u>SYMPTOMS</u>	<u>INITIAL DOSING* (EMS)</u>	<u>REPEAT DOSING (Transport/Hospital)</u>
Mild	SLUDGE, agitation	Observe or MARK 1	Observe
Moderate	SLUDGE, respiratory distress, agitation	2 MARK 1**	Atropine 5-10 min; 2-PAM q 30-60 min
Severe	SLUDGE, 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 autoinjector, one right after the other.

SLUDGE = Salivation, Lacrimation, Urination, Defecation, GI, Emesis