SPARC
SHAWNEE PREPAREDNESS AND RESPONSE COALITION

CHEMPACK Plan

Shawnee Preparedness and Response Coalition

January 2025

Version 3.0

Disclosure: The location of CHEMPACK hospitals and containers shall not be disclosed to any person or agency except as may be needed to fulfill planning or response missions.

Signature Page

Regional CHEMPACK Plan | August 2024

Signature Page

This plan has been reviewed and approved by the SPARC Executive Board and the coalition member organizations with authority to approve. This plan addresses the domains set forth by the Hospital Preparedness Program (HPP) and is compliant with the principles outlined in the National Incident Management System (NIMS); this plan relies on strong working relationships, and effective networking efforts between all coalition member organizations and partners to manage incidents involving chemical nerve agents or organophosphate release.

Version 2.0 approved by the SPARC Executive Board on August 13, 2024.

Signed by:
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Todd Carr
SPARC President

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Record of Revision and Distribution

This document reflects the ongoing work and mission of the Shawnee Preparedness and Response Coalition (SPARC) regional strategies for emergency preparedness and disaster response. Proposed changes shall be reviewed and approved by the SPARC Executive Board. This document will be revised annually or as needed after exercises, planned events and real-world incidents to identify gaps and to define strategies to address gaps with a collaborative approach to regional chemical hazard preparedness efforts that engages all members of SPARC.

The revised plan will be distributed electronically to each Executive Board Member. A copy of the plan will be posted for the general membership on the SPARC website http://www.sparccoalition.com.

When a change is made, an entry will be made in the following log:

Version Number	**Description of Change**	**Date of Change**	**Individual Making Change**
1.0	Update entire document	September 2021	Tamara Caffey-Bey
2.0	Update entire document, Draft #1	January 2024	Tamara Caffey-Bey
2.0	Draft #2	March 2024	Tamara Caffey-Bey
2.0	Draft #3	June 2024	Tamara Caffey-Bey
2.0	Final Document	August 2024	Tamara Caffey-Bey
3.0	Added DuoDote and guidelines to the plan.	January 2025	Tamara Caffey-Bey

Person/Title/Agency	**Method of Delivery**	**Date**
SPARC Planning Action Team	Email	October 13, 2021
Arien Herrmann	Email	January 2, 2024
SPARC Planning Action Team and SPARC Executive Board	Email	March 28, 2024
SPARC Planning Action Team and SPARC Executive Board	Email	June 27, 2024
SPARC Planning Action Team and SPARC Executive Board	Email	July 30, 2024

Definitions/Acronyms

CHEMPACK Hospital – Hospitals that have a CHEMPACK stored at their facility for treatment at the facility or available for deployment.

Memorandum of Agreement (MOA) – For the purposes of this document, MOA shall refer to the agreement between the project area and cache location. Responsibilities of both parties in regard to the storage, maintenance, security, deployment, and notifications of CHEMPACK containers and their contents; serves as a legal document describing the terms and details of the partnership agreement.

Nerve Agent - Highly toxic chemical(s) that block the action of acetylcholine esterase, enzymes essential for the transmission of signals through the central nervous system. Hazardous in both liquid and vapor state, they can cause convulsions and death within minutes of exposure.

Shelf Life – The time until the expiration date of a drug or pharmaceutical.

Strategic National Stockpile Program - The SNS Program is designed to supplement and re-supply state and local public health agencies in the event of a biological or chemical terrorism incident anywhere, at any time within the U.S. or its territories.

AAR/IP	After-Action Report/Improvement Plan
ASPR	Administration for Strategic Preparedness and Response
CDC/DSNS	Centers for Disease Control and Prevention/Division of Strategic National Stockpile
CHEMPACK	Chemical Emergency Medical Pharmaceutical Pack
DSNS	Division of the Strategic National Stockpile
DUMBELS	Diarrhea, Urination, Miosis, Bronchospasm, Bronchorrhea, Bradycardia, Emesis, Lacrimation, Salivation
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESDA	Emergency Services and Disaster Agency
FAQs	Frequently Asked Questions
FY	Fiscal Year
HAZMAT	Hazardous Material
HSEEP	Homeland Security Exercise and Evaluation Program
HPP	Hospital Preparedness Program
IC/UC	Incident Command/Unified Command
IDPH	Illinois Department of Public Health
IEMA/OHS	Illinois Emergency Management Agency/Office of Homeland Security
MABAS	Mutual Aid Box Alarm System
MCM	Medical Countermeasures
MPHMSRR	Marion Public Health and Medical Services Response Region

OPR	Office of Preparedness and Response
POC	Point of Contact
REMSC	Regional Emergency Medical Services Coordinators
RHCC	Regional Hospital Coordinating Center
SLEP	Shelf-Life Extension Program
SPARC	Shawnee Preparedness and Response Coalition

Table of Contents

1.0 Introduction

A mass casualty incident in the SPARC Region involving exposure to a chemical nerve agent or an organophosphate-based substance would likely produce numerous casualties in urgent need of treatment. In such an event, today's limited local supply of nerve agent antidotes in hospitals and/or with Emergency Medical Services (EMS) could quickly become exhausted. The Chemical Emergency Medical Pharmaceutical Pack (CHEMPACK) is a program initiated by the U.S. government, specifically the Centers for Disease Control and Prevention (CDC). It involves the pre-positioning of containers filled with medications and medical supplies for rapid response to chemical emergencies, particularly those involving nerve agents. These packs are strategically located across the country, mainly in hospitals and other health facilities, to ensure a swift medical response during a chemical incident. For questions about the CHEMPACK Program, refer to the appendices.

In Illinois, the CHEMPACK Program is managed by the Illinois Department of Public Health (IDPH) Office of Preparedness and Response Medical Countermeasures (OPR MCM) Program. IDPH oversees the receipt, storage, maintenance, monitoring, reporting, and activation of assets. CHEMPACK security protocols include:

- Each CHEMPACK container is locked with a CDC issued padlock.
- Access is restricted to authorized personnel; the CHEMPACK hospital Pharmacy Director shall be responsible for the control of both keys issued to the CHEMPACK hospital by the CDC for the padlock to the CHEMPACK container.
- Storage in CDC-approved areas only.

1.1 Purpose

In response to large scale incident involving nerve agents in the SPARC region, hospitals and local pharmacies carry limited antidotes. CHEMPACK assets are not intended to be the community's primary source of nerve agent antidotes, they are designed to supplement local and regional pharmaceutical in the event of a nerve agent incident resulting in mass casualties. CHEMPACKs may be requested after locally available resources have been depleted. Although designed to specifically address terrorism threat(s) or event(s), CHEMPACK containers can also be used for large scale organophosphate (i.e., pesticides) poisoning. This plan is designed to:

A. Provide operational guidance regarding the storage, monitoring, access, deployment, and utilization of CHEMPACK assets located within the SPARC region.

1.2 Scope

This plan describes CHEMPACK operations for the SPARC region. It applies to an exposure to chemical nerve agents where local medical treatment capabilities are exceeded, necessitating the use of CHEMPACK assets.

It works in conjunction with the *State of Illinois CHEMPACK Preparedness and Response Plan*. Hospitals and emergency medical organizations should have an established CHEMPACK Plan outlining protocols to request, receive, organize, distribute and dispense medical material. This plan does not supersede any member agency's plan or local jurisdiction plans.

1.3 Situation

Organophosphate Pesticides are commonly used in agricultural practices to kill insects. Within the SPARC region there are counties that are involved in farming and industrial operations, increasing the risk for organophosphates (pesticides) being accidently released during transportation, storage, or intentionally released by criminal action.

The main nerve agents are the chemicals sarin (GB), soman (GD), tabun (GA) and VX. These agents are man-made and have been manufactured for use in chemical warfare. Nerve agents do not occur naturally, and exposure could occur if there is a terrorist attack or an accidental release. The release of nerve agents has the potential to pose a significant health threat to the SPARC region, especially if released in high-risk areas. These include but are not limited to:

- Government Offices
- Schools and Universities
- Parks and Recreation
- Large public and high-profile events
- Landmarks
- Transit Systems

1.4 Planning Assumptions

1. A deliberate or accidental nerve agent or organophosphate release can occur anywhere.
2. Any major release will require additional supplies of nerve agent antidotes.
3. Hospitals carry very limited supplies of treatments for nerve agent exposures.
4. CHEMPACK deployment, though planned to be quick, may not be immediate.
5. The decision to utilize the CHEMPACKs will be made by health care providers and EMS at the local level. In the event of an emergency, these resources can be deployed and utilized without State or Federal authorization.
6. Hospital care providers may be the first to recognize the symptoms of exposure to nerve agents due to the ‘worried well’ overwhelming the local healthcare system and may be the first to utilize CHEMPACK assets.
7. Emergency medical personnel will complete training on the administration of chemical/nerve agent antidotes; following guidelines for treatment and dosing. May refer to CDC for treatment guidelines (Attachment 1).
8. Based upon incident demands, locally staged CHEMPACK assets may be exhausted, requiring additional CHEMPACK assets from other locations outside the Region.

1.5 Hazard Vulnerability Assessment (HVA)

The SPARC region conducts and annually reviews the Hazard Vulnerability Assessment (HVA) to identify those hazards and risks that are most likely to have an impact on the healthcare facility and surrounding community. Refer to the SPARC Regional Response and Recovery Plan for a summary of the most current HVA.

1.6 Vulnerable Populations

Children, the elderly, pregnant persons, and individuals with certain health conditions are especially susceptible to low-level exposure. Based on the 2020 U.S. Census data the Region’s population is approximately 474K which 26K are under the age of 5 and 99K are over the age of 65. The SPARC

region recognizes the challenges associated with inpatient pediatric care during a disaster or public health emergency, based on the lack of dedicated pediatric facilities and capabilities within the Region. The unique vulnerabilities associated with each population group are addressed in disaster preparedness, response and recovery efforts throughout the SPARC region.

2.0 CHEMPACK CONOPS

SPARC member hospitals and EMS partners will request CHEMPACK assets at the discretion of authorized personnel. Refer to the appendices for CHEMPACK Request Process. CHEMPACK assets will only be requested to respond to a large-scale incident involving nerve agent or organophosphate release that has threatened the health of the community, put life at risk, or is beyond local emergency response capabilities, and it is medically necessary to save lives. The SPARC region maintains two CHEMPACK hospitals located at **XX – IL**, and **XX – IL.** While it is not intended for every SPARC member to know the location of the CHEMPACK hospitals and containers, it is important to know the program and resources that exist and who to contact.

The table below lists the CHEMPACK container contents.

CHEMPACK CONTAINER CONTENTS

Product	Unit Pack	Cases per EMS Container	Cases per Hospital Container
Mark 1 Auto- injector	240	5	2
Atropine Sulfate 0.4 mg/ml 20 ml	100	1	9
Pralidoxime 1 mg inj. 20 ml	276	1	10
Atropen 0.5 mg	144	1	1
Atropen 1.0 mg	144	1	1
Diazepam 5 mg/ml, auto-injector	150	2	1
Diazepam 5 mg/ml, 10 ml	50	1	13
Sterile Water for Injection, 20 cc Vials	100	2	28
Approximate Treatment Capacity (depending on the severity of the event		454	1000

IDPH
Illinois Department of Public Health

The FDA has approved the chemical nerve agent antidote DuoDote® to be added as part of the SNS CHEMPACK program for rapid deployment. DuoDote® is a dual-chamber autoinjector containing atropine and pralidoxime chloride for use in nerve agent or insecticide poisoning. Healthcare professionals can refer to **DailyMed - DUODOTE - atropine and pralidoxime chloride kit** or Attachment 2 for administration instructions.

2.1 Activation

CHEMPACK assets may be activated without prior approval. Determination is made by EMS in the field and/or the hospital. EMS and hospital personnel need to recognize nerve agent exposure signs and symptoms (DUMBBELS).

BOTH conditions must be present:

- ☐ Working diagnosis or high index of suspension (either reported or confirmed by reliable sources) of an accidental or intentional release of a chemical nerve agent; AND
- ☐ Imminent depletion of the hospital's supply of atropine, pralidoxime, or diazepam needed to treat the above patients.

Activation Protocol: Upon meeting the criteria described in section 2.1., in the event local supplies are not able to meet treatment requirements, the contents of this plan will be activated in its entirety. Refer to Appendix A for CHEMPACK Activation Flowchart.

Signs and Symptoms
Signs and Symptoms of a chemical/nerve agent release can be described by the acronym **DUMBBELS:**
D – Diarrhea
U – Urination
M – Miosis (Pupil constriction) / Muscle weakness
B – Bronchospasm/Bronchorrhea
B – Bradycardia
E – Emesis (Vomiting)
L – Lacrimation (Secretion of tears)
S – Salivation/Sweating

2.2 Alerts and Notifications

Upon notification of a chemical release, all CHEMPACK hospitals in the region will prepare to activate their CHEMPACK assets and position their containers in an unopened, standby, ready-to-use state.

Any CHEMPACK activation can also trigger notification of all hospitals due to the likelihood that patients involved with the incident will be transported or self-refer to area hospitals. Each hospital should have a plan that includes who is authorized to request the CHEMPACK and who to contact at the CHEMPACK Hospital. Refer to Appendix C for the Hospital Assignments for CHEMPACK Assets in the SPARC region. The following notifications shall be made:

1. CHEMPACK Hospitals will contact the IDPH Duty Officer via IEMA-OHS Communications Center.
2. Requesting Hospital will contact the EMA in their local jurisdiction, and the CHEMPACK Hospital closest to them. Refer to Appendix D for Important SPARC Partner Agency Contacts.
3. Per the State CHEMPACK Plan, law enforcement will transport the CHEMPACK materials. In the event this is not possible, it will be the responsibility of the Requesting Hospital to arrange for pick-up transportation from the CHEMPACK hospital to incident site or nearby treating hospital.

2.3 CHEMPACK Deployment Quick Guide

Appendix E outlines the CHEMPACK deployment process for any SPARC member agency that plays a role in the CHEMPACK response or utilization of CHEMPACK assets.

Transport of CHEMPACK Assets

Per the State CHEMPACK Plan, law enforcement will transport CHEMPACK materials. In the event this is not possible, the requesting agency is responsible for providing transportation to pick up the CHEMPACK, not the host facility. Personnel authorized to transport the CHEMPACK may be any person having official duties for emergency response operations and authorized by Incident Command. A chain of custody for CHEMPACK material must be documented. Refer to Appendix F.

2.4 CHEMPACK Roles and Responsibilities

CHEMPACK Hospital Plan Roles and Responsibilities	EMS Systems and Non-CHEMPACK Hospital Plan Roles and Responsibilities
Hospitals shall be prepared to implement plans to request, receive, organize, and release medical material from the CHEMPACK containers. Specifically, CHEMPACK Hospitals should develop plans and protocols that ensure: ▪ Local resources are used first in response to a chemical nerve agent event. ▪ CHEMPACK resources are used only when lives are at stake and local resources are exhausted. ▪ Provide, in writing, the individuals who have the authority to release CHEMPACK assets. ▪ Procedures are established in accordance with this document for releasing CHEMPACK assets to the associated EMS systems and non-CHEMPACK hospitals. ▪ Provide that pertinent staff are annually trained on the CHEMPACK plan, protocols, and procedures; Hospitals need protocols for administration to both adult and pediatric populations. ▪ Procedures to maintain the CHEMPACK caches under proper security and environmental conditions that allow the CDC DSNS to extend the shelf life of the material before expiration dating. ▪ Provide for purchasing the necessary ancillary supplies not maintained with the CHEMPACK materials; there are no syringes or needles in the supplies. Pediatric patients in the field will require smaller doses to be drawn up. **Source: IDPH CHEMPACK Plan**	EMS Systems shall be prepared to implement plans to administer medical material from the CHEMPACK containers. Specifically, EMS Systems and non-CHEMPACK Hospitals should develop plans and protocols that ensure: ▪ Local resources are used first in response to a chemical nerve agent event. ▪ CHEMPACK resources are used only when lives are at stake and local resources are exhausted. ▪ Provide, in writing, the individuals who have the authority to request CHEMPACK resources. ▪ Procedures and protocols are established, in accordance with this document, including triggers for the request and protocols for receiving the assets. ▪ Provide that pertinent staff are annually trained on the CHEMPACK plan, protocols and procedures; EMS need protocols for administration to both adult and pediatric populations.

2.5 Planning Coordination

The activation of this Plan involves multiple response partners, primarily: IDPH, EMS, CHEMPACK hospitals, non-CHEMPACK hospitals, RHCC, EMAs and LHDs. Further coordination occurs upon the implementation of this plan, as well as during SPARC membership training on the requesting, transporting, receiving and using of CHEMPACK assets. Other member agencies may be called upon to support the response, as needed.

2.6 Patient Decontamination

For decontamination procedures may refer to the following resources:

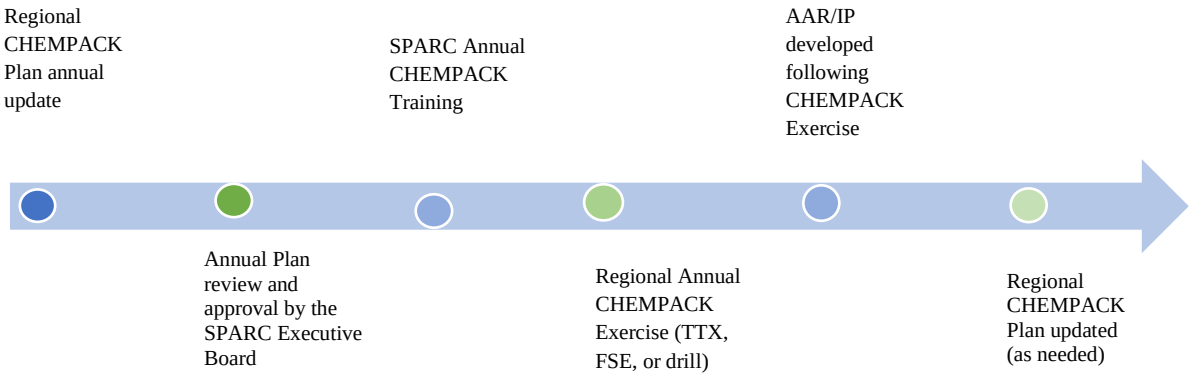
- Wireless Information System for Emergency Responders (WISER).[1]
- Primary Response Incident Scene Management (PRISM)

2.7 Deactivation and Recovery

When the RHCC is notified that a situation is contained, the RHCC will rely pertinent information to the coalition membership that the situation has been contained and the region has returned to a normal condition. This may occur on a local or county-by-county basis.

3.0 Maintenance and Review

The proposed timeline below indicates when and how the CHEMPACK will be reviewed and updated annually. The goal is to increase awareness of the CHEMPACK program, address plan deficiencies that are revealed during exercises, drills or operations and to sustain the plan as an operational component of the Hospital Preparedness Program (HPP).



[1] As of February 28th, 2023, NLM has discontinued the Wireless Information System for Emergency Responders **(WISER).** Users who have downloaded and installed the WISER app on a mobile device or downloaded the WISER system to a desktop computer will still have access, although the data will no longer be updated.

Hospitals and EMS providers shall participate in periodic exercises of the CHEMPACK plan both locally and regionally (i.e., regional annual medical countermeasures training in collaboration with SPARC CHEMPACK training). This is an HPP grant requirement.

- The Training and Exercise Coordinator will ensure the CHEMPACK is tested at least annually through HSEEP approved exercises involving key agencies. Functional drills may be conducted to test specific components of CHEMPACK.

- The Training and Exercise Coordinator manages a 3-year exercise and training plan for the region. Visit https://www.sparccoalition.com for training opportunities.

Hospitals are encouraged to participate in trainings offered by the State to ensure staff are prepared in the activation and utilization of CHEMPACK assets.

- Each hospital shall have a plan which requires the identified personnel to participate in training and occasional re-training on the regional and facility's CHEMPACK plans.

- Hospitals may use the IDPH developed CHEMPACK training modules on I-train to assist in meeting this requirement. Refer to https://www.train.org/illinois/welcome

IDPH CHEMPACK Modules	Target Audience	Frequency
Module 1: Overview of CHEMPACK Program & IDPH/OPR CHEMPACK Plan	Emergency Responders / Receivers, Emergency Management	Annually, as needed
Module 2: Regional Hospital Coordinating Centers (RHCCs)	Emergency Responders / Receivers, Emergency Management	Annually, as needed
Module 3: Regional Emergency Medical Services Coordinators (REMSCs)	Emergency Responders / Receivers, Emergency Management	Annually, as needed
Module 4: Cache Hospitals Learning Objectives	Emergency Responders / Receivers, Emergency Management	Annually, as needed
Module 5: Non-Cache Hospitals Learning Objectives	Emergency Responders / Receivers, Emergency Management	Annually, as needed
Module 6: Emergency Medical Services Learning Objectives	Emergency Responders / Receivers, Emergency Management	Annually, as needed

4.0 Resources/References

4.1 Resources

1. **Wireless Information System for Emergency Responders (WISER) (website & free app) –** This is a wonderful tool that can be used prior to the arrival of chemically-contaminated patients to help guide the identification of a chemical, decontamination needs, and treatment guidelines (www.wiser.nlm.nih.gov)
2. **Primary Response Incident Scene Management (PRISM)** – This is an evidence-based guidelines on mass decontamination during a chemical incident. (www.medicalcountermeasures.gov/barda/cbrn/prism/)

4.2 References

3. ASPR https://aspr.hhs.gov/SNS/Pages/CHEMPACK.aspx
4. CHEMPACK-CHEMM https://chemm.hhs.gov/chempack.htm#overview
5. CHEMPACK Overview Peoria Region, Illinois Department of Public Health, 2018. https://www.osfhealthcare.org/media/filer_public/52/d3/52d31664-d303-48b7-b12a484103e3837e/chempack_overview_peoria_region_2018_AD6vRwJ.pdf
6. Illinois CHEMPACK Preparedness and Response Plan 2008_V2.1.
7. MPHMSRR CHEMPACK Preparedness and Response Plan Annex 2016_V1.

5.0 Attachments

Attachment 1: CDC Treatment and Dosing Guidelines

Attachment 2: Instructions for Use of the DuoDote Autoinjector

Attachment 1. CDC Treatment and Dosing Guidelines

Patient Age	Antidotes		Other Treatment
	Mild/Moderate Symptoms[1]	Severe Symptoms[2]	
Infant (0 - 2 yrs.)	Atropine: 0.05 mg/kg IM or 0.02 mg/kg IV 2-PAM Cl: 15 mg/kg IV slowly	Atropine: 0.1 mg/kg IM or 0.02 mg/kg IV 2-PAM Cl: 15 mg/kg IV slowly	**Assisted ventilation as needed.** **Repeat atropine (2 mg IM or 1 mg IM for infants)** at 5 - 10 minute intervals until secretions have diminished and breathing is comfortable or airway resistance has returned to near normal. **Phentolamine** for 2-PAM induced hypertension: (5 mg IV for adults; 1 mg IV for children). **Diazepam** for convulsions: (0.2 to 0.5 mg IV for infants <5 years; 1 mg IV for children >5 years; 5 mg IV for adults).
Child (2 - 10 yrs.)	Atropine: 1 mg IM 2-PAM Cl: 15 mg/kg IV slowly	Atropine: 2 mg IM 2-PAM Cl: 15 mg/kg IV slowly	
Adolescent (>10 yrs.)	Atropine: 2 mg IM 2-PAM Cl: 15 mg/kg IV slowly	Atropine: 4 mg IM 2-PAM Cl: 15 mg/kg IV slowly	
Adult	Atropine: 2 to 4 mg IM 2-PAM Cl: 15 mg/kg (1 g) IV slowly	Atropine: 6 mg IM 2-PAM Cl: 15 mg/kg (1 g) IV slowly	
Elderly, frail	Atropine: 1 mg IM 2-PAM Cl: 5 to 10 mg/kg IV slowly	Atropine: 2 mg IM 2-PAM Cl: 5 to 10 mg/kg IV slowly	

[1] **Mild/Moderate symptoms** include localized sweating, muscle fasciculations, nausea, vomiting, weakness, dyspnea.
[2] **Severe symptoms** include unconsciousness, convulsions, apnea, flaccid paralysis.
Contact the Illinois Poison Center Helpline 1-800-222-1222.

Attachment 2. Instructions for Use of the DuoDote Autoinjector

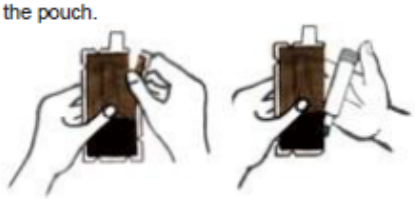
Duo-Dotes are the same exact product as ATNAAs but are commercially labeled instead of labeled for DoD.

Here is a link to the package insert: DailyMed - DUODOTE- atropine and pralidoxime chloride kit

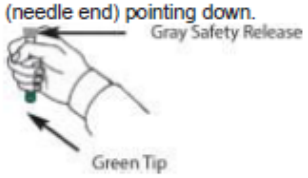
Here are the instructions for use (also found in the package insert):

Instructions for Use of the DuoDote Autoinjector Do Not Remove Gray Safety Release until ready to use Never touch the Green Tip (Needle End)!		
Weight Guidelines		
	For use with adults and pediatric patients weighing more than 41 kg (90 lb).	For patients weighing less than or equal to 41 kg (90 lb) use the appropriate dose of: • ATROPEN® or atropine from a vial • Pralidoxime chloride from a vial

1) Tear open the plastic pouch at any of the notches. Remove the DuoDote autoinjector from the pouch.



2) Place the DuoDote autoinjector in your dominant hand. (If you are right-handed, your right hand is dominant.) Firmly grasp the center of the DuoDote autoinjector with the Green Tip (needle end) pointing down.



3) With your other hand, pull off the Gray Safety Release. DuoDote is now ready to be administered.

4)

The injection site is the mid-lateral thigh area. The DuoDote autoinjector can inject through clothing. However, make sure pockets at the injection site are empty.
People who may not have a lot of fat at the injection site should also be injected in the mid-lateral thigh, but before giving the injection, bunch up the thigh to provide a thicker area of injection.

Self Administration for Healthcare Providers

Administration to Patient

5)

Firmly push the Green Tip straight down (at a 90° angle) against the mid-lateral thigh. Continue to firmly push until you feel the DuoDote autoinjector trigger.

Self Administration for Healthcare Providers

Administration to Patient

IMPORTANT: After the autoinjector triggers, hold the DuoDote autoinjector firmly in place against the injection site for approximately 10 seconds.

6)

Remove the DuoDote autoinjector from the thigh and look at the Green Tip. If the needle is visible, the drug has been administered. If the needle is not visible, check to be sure the Gray Safety Release has been removed, and then repeat above steps beginning with Step 4, but push harder in Step 5.

Needle visible

Needle not visible

7)

After the drug has been administered, push the needle against a hard surface to bend the needle back against the DuoDote autoinjector.

8) Put the used DuoDote autoinjector back into the plastic pouch, if available. Leave used DuoDote autoinjector(s) with the patient to allow other medical personnel to see the number of DuoDote autoinjector(s) administered.

9) Immediately move yourself and the patient away from the contaminated area and seek definitive medical care for the patient.

Appendices

A. CHEMPACK Activation Flowchart

B. CHEMPACK Request Process – Hospital and Field

C. Hospital Assignments for Request of CHEMPACK Assets in the SPARC Region

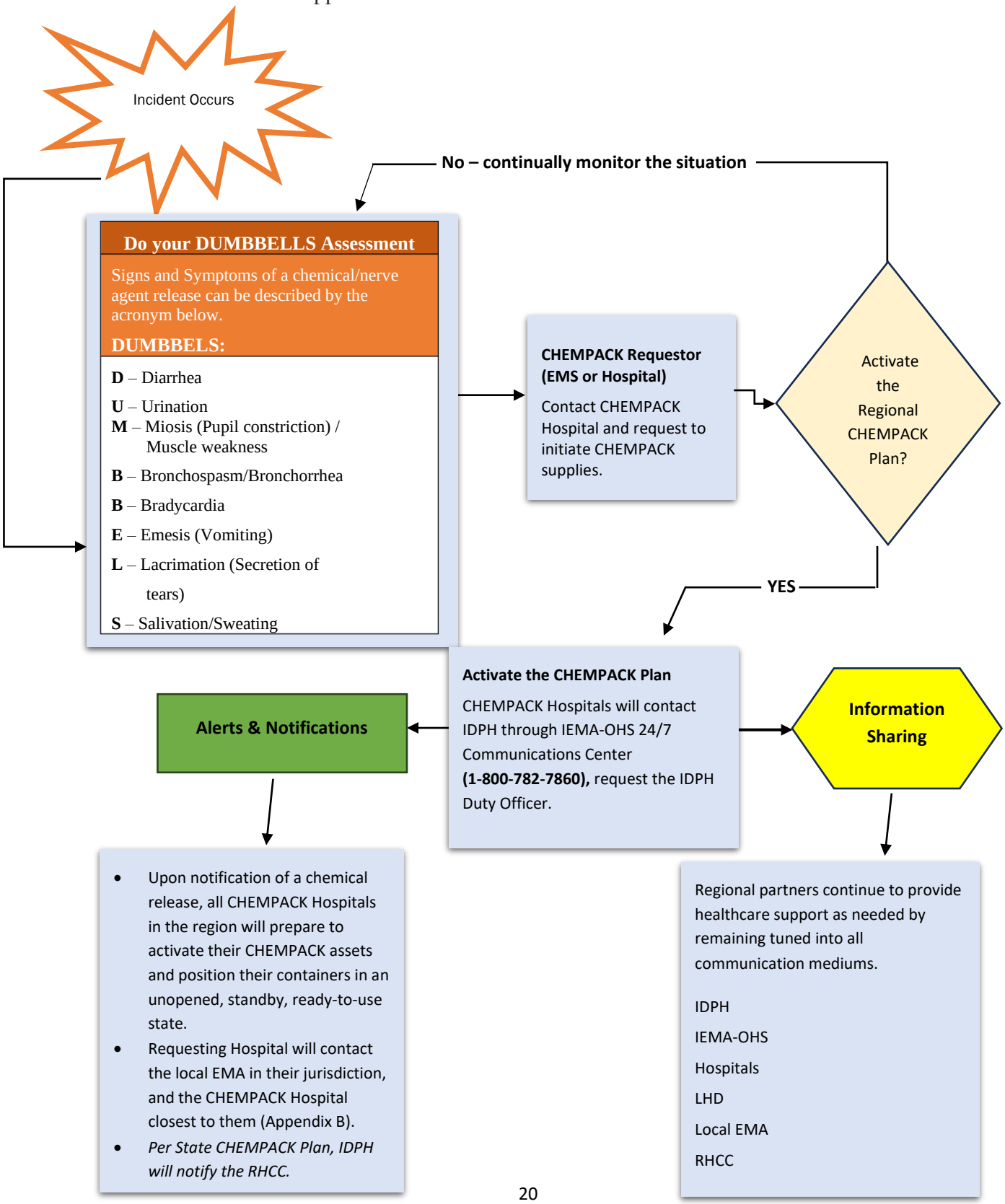
D. Important Agency Contact Numbers

E. CHEMPACK Deployment Quick Guide

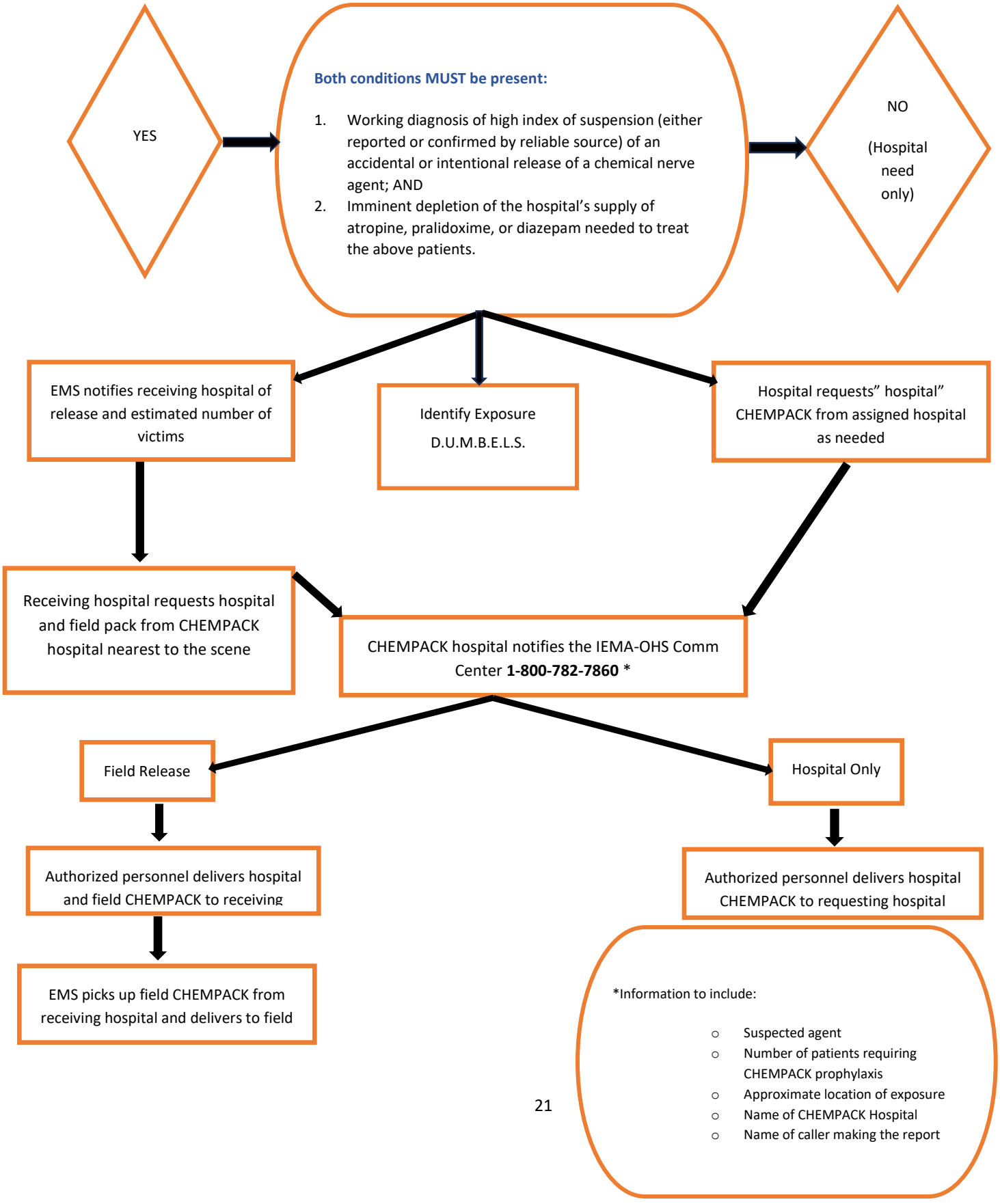
F. Chain of Custody Transfer Form

G. FAQs General Questions

Appendix A. CHEMPACK Activation Flowchart



Appendix B. CHEMPACK Request Process – Hospital and Field



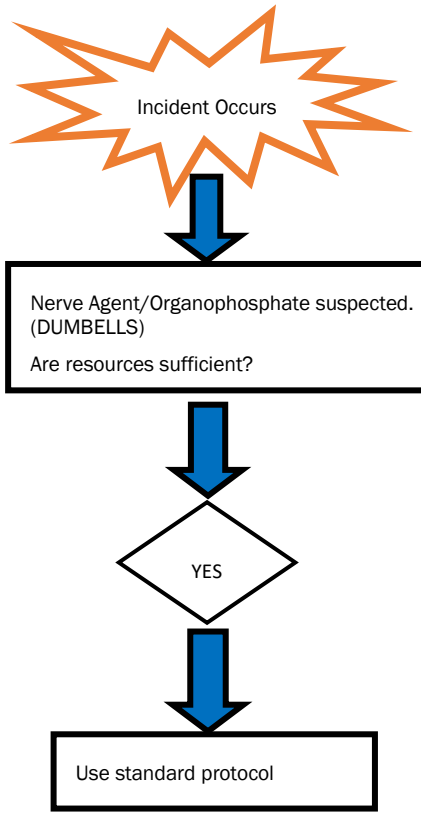
Appendix C: Hospital Assignments for CHEMPACK Assets

CHEMPACK Hospital	Receiving Organization	Address	Contact
XXXXX Hospital **XXXXXXXX** 618-549-0721 x65866 (Nursing Supervisor)	Ferrell Hospital	1201 Pine Street Eldorado, IL 62930	**House Supervisor** Phone 1: 618-273-3361 Phone 2: 618-297-9603
	Franklin Hospital	201 Bailey Lane Benton, IL 62812	**ED Director** Phone 1: 618-439-3161 ext. 9640 Phone 2: 618-439-3161 ext. 9641
	Hardin County General Hospital	6 Ferrell Road Rosiclare, IL 62982	**Charge Nurse** 618-285-6634
	Harrisburg Medical Center	100 Dr. Warren Tuttle Drive Harrisburg, IL 62946	**House Supervisor** Phone 1: 618-253-0311 Phone 2: 618-253-0350
	Heartland Regional Medical Center	3333 W. DeYoung Street Marion, IL 62959	**Pharmacy (24-hours)** 618-998-7820
	Herrin Hospital	201 South 14th Street Herrin, IL 62948	**House Supervisor** 618-942-2171 x35656
	Marshall Browning Hospital	900 North Washington St. P.O. Box 192 DuQuoin, IL 62832	**ED Director** Phone 1: 618-542-1066 Phone 2: 618-542-1070
	Massac Memorial Hospital	28 Chick Street Metropolis, IL 62960	**ED Manager** 618-638-3138
	Pinckneyville Community Hospital	5383 State Road 154 Pinckneyville, IL 62274	Phone 1: 618-357-2187 Phone 2: 618-357-5930
	St. Joseph Memorial Hospital	2 S Hospital Dr. Murphysboro, IL 62966	**House Supervisor** 618-684-3156 x55426
	Union County Hospital	517 N. Main Street Anna, IL 62906	**Chief Nursing Officer** Phone 1: 618-833-4511 ext. 4375 Phone 2: 618-525-2351
	EMS System 0530 Southern Illinois Regional, Memorial Hospital of Carbondale	Carbondale, IL 62902-9000	618-549-0721
	EMS System 0562 Heartland Regional Medical Center	Marion, IL 62959	618-998-7521

CHEMPACK Hospital	Receiving Organization	Address	Contact
XXXXX Hospital **XXXXXXXX** Lisa Ambuehl: 618-335-1243 Emily Blackburn: 618-322-8384	Clay County Hospital	911 Stacy Burk Drive Flora, IL 62839	**House Supervisor** Phone 1: 618-662-1624 Phone 2: 618-844-3153
	Crossroads Community Hospital	8 Doctor's Park Road Mount Vernon, IL 62864	**House Supervisor** Phone 1: 618-246-2004 Phone 2: 618-244-5500
	Fairfield Memorial Hospital	303 NW 11th Street Fairfield, IL 62837	House Charge Nurse Phone 1: 618-847-8236 Phone 2: 618-516-1062
	Good Samaritan Regional Health	1 Good Samaritan Way Mount Vernon, IL 62864	**House Supervisor** Phone 1: 618-899-4600 Phone 2: 618-231-3599
	Hamilton Memorial Hospital	611 S. Marshall Avenue McLeansboro, IL 62859	**Nurse Manager/Charge Nurse** Phone 1: 618-643-2361 Phone 2: 618-643-2361 ext. 2100
	Carle Richland Memorial Hospital	800 E. Locust Street Olney, IL 62450	**Director of Nursing** 618-395-6053
	St. Mary's Hospital	400 N. Pleasant Ave Centralia, IL 62801	**House Supervisor** Phone 1: 618-436-7670 Phone 2: 618-436-8000
	Wabash General Hospital	1418 College Drive Mount Carmel, IL 62863	**ER Director** 618-302-0850
	Washington County Hospital	705 S. Grand Street Nashville, IL 62263	**Emergency Preparedness Coordinator** 618-322-2278
	EMS System 1275 Deaconess Hospital	Evansville, IL 47747	812-450-6064
	EMS System 0526 Good Samaritan Regional EMS System	Mount Vernon, IL 62864	618-899-1010

Appendix D. Important Agency Contact Numbers

Agency/Organization:	Phone Numbers:
Illinois Emergency Management Agency/Office of Homeland Security 24/7 Communications Center Emergency Number	**1-800-782-7860**
Region V – Regional Hospital Coordinating Center RHCC Manager, Arien Herrmann	**618-549-0721 Ext.68630**
Emergency Management Agencies	
Alexander County EMA – Mike Turner	618- 306-3282
Clay County ESDA – Steve Lewis	618-662-8211
Edwards County EMA – Deborah Judge	618-445-2917
Franklin County EMA – Ryan Buckingham	618-439-4362
Gallatin County EMA – Martin Wooden	618-269-4280
Hamilton County EMA – Ashton Middendorf	618-927-2795
Hardin County EMA – Jerry Fricker	618-287-2271
Jackson County EMA – Orval Rowe	618-534-9224
Jefferson County EMA – Steve Lueker	618-244-8000
Johnson County ESDA – Rich Marose	618-658-8264
Marion County ESDA – Sheri Barter	000-000-0000
Massac County ESDA – Brian Horn	618-524-2002
Perry County EMA – Charles Genesio II	000-000-0000
Pope County EMA – Chris Hahn	618-683-5541
Pulaski County ESDA – Kenneth Kerley	618-748-9437
Richland County EMA – Kevin Parker	618-843-8034
Saline County EMA – Allan Ninness	618-252-3732
Union County ESDA – Dana Pearson	618-833-7200
Wabash County EMA – Mark Majors	618-262-3111
Washington County EMA – Matthew Bierman	618-327-4800 Ext.340
Wayne County EMA – Jeff Jake	000-000-0000
White County EMA – James Bolin	618-384-9921
Williamson County EMA – Brian Burgess	618-922-9362



***Essential Elements of Information for CHEMPACK Request:**

1. Suspected agent
2. Estimated number of victims
3. Field or Hospital deployment
4. Address/location the supplies are needed
5. Name, title and contact information of the requesting person

Appendix E. CHEMPACK Deployment Quick Guide

EMS/Field Request:	Hospital Request:
• EMS providers will contact the closest receiving hospital upon recognizing the need for the cache.	• The requesting hospital will contact their assigned CHEMPACK hospital.
• The receiving hospital will contact the CHEMPACK hospital nearest to the scene to request the EMS CHEMPACK.	• Each non-CHEMPACK hospital is responsible for identifying the person/position that has the authority to request release of the CHEMPACK assets for utilization.
• The CHEMPACK hospital initiates the Chain of Custody	• The CHEMPACK hospital initiates the Chain of Custody
• The CHEMPACK hospital contacts the RHCC and the IEMA-OHS Communications Center **1-800-782-7860** to inform of the CHEMPACK deployment.	• The CHEMPACK hospital contacts the RHCC and the IEMA-OHS Communications Center **1-800-782-7860** to inform of the CHEMPACK deployment.
Transporting EMS CHEMPACK Assets:	**Transporting Hospital CHEMPACK Assets:**
• The requesting agency is responsible for providing transportation to pick up the CHEMPACK, not the host facility/CHEMPACK hospital.	• The requesting agency is responsible for providing transportation to pick up the CHEMPACK, not the host facility/CHEMPACK hospital.
• Authorized personnel obtain the necessary amount of material from the CHEMPACK hospital and transport it to the receiving field deployment location.	• Authorized personnel obtain the necessary amount of material from the CHEMPACK hospital and transport it to the receiving field deployment location.
• Assets will be separated in marked quantities for EMS use by the CHEMPACK hospital prior to transport.	• Assets will be separated in marked quantities for hospital use by the CHEMPACK hospital prior to transport.
Receiving EMS CHEMPACK Assets:	**Receiving Hospital CHEMPACK Assets:**
• The receiving agency will sign receipt of the CHEMPACK assets on ***Copy B*** of the ***Chain of Custody transfer form***.	• The receiving agency will sign receipt of the CHEMPACK assets on ***Copy B*** of the ***Chain of Custody transfer form***.
• ***Copy B*** (yellow) will remain with the courier.	• ***Copy B*** (yellow) will remain with the courier.
• ***Copy C*** (blue) will remain with the receiving agency.	• ***Copy C*** (blue) will remain with the receiving agency.
• Receiving agency will forward ***Copy D*** (pink) to the address on the ***Chain of Custody form.***	• Receiving agency will forward ***Copy D*** (pink) to the address on the ***Chain of Custody form.***
Using EMS CHEMPACK Assets:	**Using Hospital CHEMPACK Assets:**
• EMS will follow the regional protocol developed for the administration of the CHEMPACK assets.	• Hospitals will administer the CHEMPACK as directed by the physician.
• Inventory any used and unused supplies and report results to the Incident Command.	• Inventory any used and unused supplies and report results to the Incident Command.
• Unused CHEMPACK supplies (EMS/field) will be maintained by the requesting non-CHEMPACK hospital. DO NOT return to the CHEMPACK hospital.	• Unused CHEMPACK supplies (hospital) will be maintained by the requesting non-CHEMPACK hospital. DO NOT return to the CHEMPACK hospital.

Appendix F. Chain of Custody Transfer Form

CHEMPACK MATERIEL CHAIN OF CUSTODY TRANSFER FORM

COPY A – White (Cache Site)

Name of Host Hospital _____ Product will be delivered to _____
Courier Name_____ Title & Organization_____

CHEMPACK		
ITEM	**QTY Sent**	**QTY Received**
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	**QTY Sent**	**QTY Received**

Shipment Prepared/Released By_____Date_____Time_____

Signature of Courier _____ Date_____Time_____

[redacted]

CHEMPACK MATERIEL CHAIN OF CUSTODY TRANSFER FORM

COPY B – Yellow (Courier)

Name of Host Hospital _____ Product will be delivered to _____
Courier Name_____ Title & Organization_____

Receiving Site _____
Name of Recipient (PRINT) _____

CHEMPACK		
ITEM	**QTY Sent**	**QTY Received**
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	**QTY Sent**	**QTY Received**

Shipment Prepared/Released By_____Date_____Time_____

Signature of Courier _____ Date_____Time_____

Signature of Recipient_____ Date_____Time_____

Cache Site Copy A – White; Courier Copy B – Yellow; Receiving Agency Copy C - Blue; IDPH Copy D – Pink

CHEMPACK MATERIEL CHAIN OF CUSTODY TRANSFER FORM

Copy C – Blue (Receiving Agency)

Name of Host Hospital _____ Product will be delivered to _____
Courier Name_____ Title & Organization_____

Receiving Site _____
Name of Recipient (PRINT) _____

CHEMPACK		
ITEM	**QTY Sent**	**QTY Received**
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	**QTY Sent**	**QTY Received**

Shipment Prepared/Released By_____Date_____Time_____

Signature of Courier _____ Date_____Time_____

Signature of Recipient_____ Date_____Time_____

CHEMPACK MATERIEL CHAIN OF CUSTODY TRANSFER FORM

COPY D – Pink (DPHHS)

Name of Host Hospital _____ Product will be delivered to _____
Courier Name_____ Title & Organization_____

Receiving Site _____
Name of Recipient (PRINT) _____

CHEMPACK		
ITEM	**QTY Sent**	**QTY Received**
Mark 1 auto-injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj 20ml		
Atropen 0.5 mg		
Atropen 1.0 mg		
Diazepam 5mg/ml auto-injector		
Diazepam 5mg/ml vial, 10ml		
Sterile water for injection (SWFI) 20cc		
OTHER MEDICATIONS/SUPPLIES		
ITEM	**QTY Sent**	**QTY Received**

Shipment Prepared/Released By_____Date_____Time_____

Signature of Courier _____ Date_____Time_____

Signature of Recipient_____ Date_____Time_____

CHEMPACK Plan - Appendix F

CHAIN OF CUSTODY TRANSFER FORM

Instructions:

The Cache Site hospital will complete a form for each requesting agency providing the amount of material to be transferred. The host hospital will release the order by having an authorized CHEMPACK representative sign the custody form on Copy A - White.

The courier will sign for custody on Copy A - White, and transfer the product to the designated location(s). Copy A - White will remain at the Cache Site hospital, after the courier signs it.

The receiving agency will sign for custody on Copy B - Yellow, releasing the courier of custody of the materiel. Copy B - Yellow will remain with the courier. Copy C - Blue is retained by the receiving agency.

The receiving agency will forward Copy D - Pink to:

IDPH Office of Preparedness and Response
Medical Countermeasures Program
422 S. 5th Street
Springfield, Illinois

Cache Site Copy A – White; Courier Copy B – Yellow; Receiving Agency Copy C - Blue; IDPH Copy D – Pink

Adopted from Montana Department of Public Health and Human Services

Updated August 2014

Appendix G. FAQs General Questions

Q1: What is the DSNS CHEMPACK Program?
A1: The CHEMPACK Program is designed to provide state and local governments a sustainable resource of "forward" placed nerve agent antidotes that will greatly improve their capability to respond quickly to a nerve agent incident. State and local government participation in the CHEMPACK Program is voluntary. Participation in the CHEMPACK Program is not federally mandated. The CHEMPACK program has three main goals.
1. Forward place CDC owned nerve agent antidotes in each project area.
2. Provide project areas a sustainable supply of nerve agent antidote through the Shelf Life Extension Program (SLEP).
3. Provide a cost-effective strategy that will save lives through the availability of prepositioned nerve agent antidotes.

Q2: What does CHEMPACK mean?
A2: CHEMPACK is the name given to a sustainable repository of nerve agent antidotes to care for individuals exposed to nerve agents, including but not limited to auto-injectors, bulk symptomatic treatment supplies, and self-monitoring storage containers.

Q3: What is meant by the "Forward" placement of nerve agent antidotes?
A3: If lives are to be saved during and following an attack or the unintentional release of nerve agents, a sustainable supply of antidotes must be readily available to treat victims within minutes of exposure. The CHEMPACK Program assists states and local governments by pre-positioning nerve agent antidotes at hospitals and emergency facilities for use by emergency medical staff and first response personnel. The forward placement of CHEMPACK products provides a supply of nerve agent antidotes for use by first responders to aid exposed individuals.

Q4: What is included in a CHEMPACK Container?
A4:

CHEMPACK Container Contents			
Product	Unit Pack	Cases per EMS Container	Cases per Hospital Container
Mark 1 auto-injector	240	5	2
Atropine Sulfate 0.4mg/ml 20ml	100	1	9
Pralidoxime 1gm inj 20ml	276	1	10
Atropen 0.5 mg	144	1	1
Atropen 1.0 mg	144	1	1
Diazepam 5mg/ml auto-injector	150	2	1
Diazepam 5mg/ml vial, 10ml	50	1	13
Sterile water for injection 20cc Vials	100	2	28
Approximate treatment capacity (depending on severity of event)		454	1,000

Q5: How often are the CHEMPACK container medical products rotated?
A5: The goal of the CHEMPACK program is to visit each cache site every 18 months. The frequency of the visits are dependant upon many variables such as: Product availability from the manufacturer, FDA testing and vendor relabeling processes associated with the Shelf Life Extension Program (SLEP), DEA controlled substances inventory requirements, State and Local personnel and facilities availability, CHEMPACK program scheduling requirements and the various expiration dates associated with the eight different products in each container. On the average, new nerve agent antidotes remain effective for 3-5 years. However, using FDA's SLEP, the CHEMPACK Program is able to extend the shelf life of these drugs for **two year increments over three cycles (six total years)** (subject to product efficacy test results every two years).

Q6: How was the breakdown or number of each type of container determined for a Project Area?
A6: Each Project Area was provided an allotment of containers based upon their year 2000 U.S. census population number and the original federally funded budget amount for the entire program. From this allotment each Project Area determines the number of each type (EMS or Hospital) container that best augments their emergency response and preparedness level for their particular situation as supported by their existing Emergency Response Plans. After the year 2010 U.S. census population numbers become available, the CHEMPACK program will seek guidance on the potential for container allocation changes. The potential outcomes for project area population changes are: 1) Proportionate container increases based upon additional federal budget dollars; 2) Realignment of the current number of containers or 3) No changes to the program.

Q7: What are the requirements for Cache Storage Locations?
A7: Each cache location must meet the following general specifications; additional specification may be required based on an on-site inspection of the individual cache site. Project Areas are requested to have alternative locations available for unforeseen circumstances (i.e., Act of God, floods, power failure, etc.).

1. Provide a locked room or cage for storage of CHEMPACK Containers and CHEMPACK Assets for the purpose of controlling access and ensuring compliance with applicable federal, state, and local regulations.
2. Install and monitor on a 24-hour basis an intrusion detection device that alerts RECIPIENT personnel of intrusions or attempted intrusions into the secure storage area.
3. Conduct and record monthly security checks to visually inspect and confirm the integrity of CHEMPACK container seals. All security check records will be made available to the CDC during the on-site inspections and sustainment visits.
4. Ensure each CHEMPACK Container is locked with a CDC-provided padlock and key access is limited to personnel authorized by RECIPIENT's DEA-registrant and/or the Cache location pharmacy director.
5. Maintain minimum aisle widths of 72", door widths of 34", and other clearances to allow easy access to and maneuvering of CHEMPACK Containers.
6. Equip Cache Locations with appropriate equipment and structures (e.g., hydraulic lifts, forklifts, loading docks, ramps) for rapidly accessing, moving, and transporting CHEMPACK Containers.
7. Store CHEMPACK Containers in a thermostatically temperature controlled environment meeting the current United States Pharmacopeia definition of Controlled Room Temperature that encompasses the usual and customary working environment of 20°C to 25°C (68°F to 77°F); that results in a mean

kinetic temperature calculated to be not more than 25°C (77°F); and that allows for excursions between 15°C and 30°C (59°F and 86°F) that are experienced in pharmacies, hospitals, and warehouses. Provided the mean kinetic temperature remains in the allowed range (≤77°F, 15°C), transient spikes up to 40°C(104°F) may be permitted if the manufacturer so instructs. An article for which storage at controlled room temperature is directed may, alternatively, be stored and distributed in a cool place, unless otherwise specified in the individual monograph or on the label. Cool Room Temperature is any temperature between 8°C and 15°C (46°F and 59°F). An article for which storage in a cool place is directed may, alternatively, be stored and distributed in a refrigerator, unless otherwise specified by the individual monograph.

8. For use with the temperature and security monitoring device, maintain: (1) one dedicated 120VAC, 60HZ, 10W, UL-listed power outlet connected to an existing facility emergency generator or other Uninterrupted Power Supply (UPS) device; and (2) one dedicated, unshared Plain Old Telephone Service (POTS) data quality analog phone line or a CAT 5 internet access line as required for the CDC provided temperature and security monitoring device.

9. Maintain the CHEMPACK Containers and CHEMPACK Assets in buildings and facilities that provide proper design and construction; lighting; ventilation, air filtration, and air heating and cooling; plumbing; sewage and refuse; watching and toilet facilities; sanitation; and maintenance in accordance with 21 CFR §§ 211.42 - 211.58.

10. Maintain fire detection and alarm systems, and fire suppression systems as required by federal, state, and local pharmaceutical regulations and fire codes.

11. Store only CDC-provided CHEMPACK Assets in CHEMPACK Containers; storage of non-CDC-provided assets in CHEMPACK Containers, including state-owned nerve agent antidotes, is not permitted.

Q8: Should each project area develop an MOA with each storage location?

A8: A written agreement in the form of a MOA is always a good idea and may avoid future misunderstandings between the project area and their designated cache locations. It is suggested that each project area check with their legal counsel for guidance on how best to develop such working agreements.

Q9: Can the CHEMPACK Containers be temporarily moved for special events?

A9: The Project Area may temporarily transport CHEMPACK Containers for Project Area - or federally-designated special events (e.g., National Special Security Events, Super Bowl, World Series, major political conventions, State fair, etc.) for the purpose of strategically locating CHEMPACK Containers, subject to the following conditions:

a. The Project Area representative must notify CDC at least 48 hours prior to such movement.

b. The Project Area representative's notification must be made telephonically or in writing to the designated CDC CHEMPACK Program Preparedness Branch program consultant AND the CHEMPACK Regional Team Lead.

c. The Project Area representative must maintain temperature and security requirements described in FAQ #7.

d. The Project Area representative assumes responsibility for all costs associated with transport of CHEMPACK Containers not specifically directed by the CHEMPACK Program.

Q10: How do project areas plan for and request to permanently move a CHEMPACK container from one location to another?
A10: Project Areas will ensure the new site meets the requirements listed in FAQ #7 prior to requesting to move CHEMPACK container(s). Once confirming the new site is acceptable the Project Area representative will contact their CHEMPACK regional team lead by either phone or email at least 30 days prior to the requested move date. The regional team lead will work with the project area to survey the site by either sending CHEMPACK personnel or provide guidance to the project area in performing the survey. Once these preliminary steps are completed a move date will be scheduled. The regional team lead is responsible for notification of all involved parties, a Task Order for external cache site moves or email for internal cache site moves. The Project Area or cache site representative will contact the regional team lead on the day of the scheduled move before and after container(s) movement. Please note any costs associated with preparing the new site or transporting the container(s) is the responsibility of the project area. The cost for transporting container(s) can be mitigated if the container move is coordinated in conjunction with a scheduled Project Area sustainment. To assist the CHEMPACK program with reducing the number of federal travel days, a project area/cache site that is planning a move, hospital closure or renovation should notify the CHEMPACK representative during the CHEMPACK sustainment in order for the new location to be surveyed 12 months in advance of the anticipated container move.

Q11: What will happen if an item is removed from the CHEMPACK Container?
A11: The Project Area will maintain the integrity of the CHEMPACK Container seal until authorized state or local officials determine that a deployment to respond to a nerve agent release is warranted. The Project Area may deploy CHEMPACK Assets in response to nerve agent events that: (1) threaten the medical security of the community; (2) put multiple lives at risk; and (3) are beyond local emergency response capabilities. The Project Area representative will notify CDC within 24 hours of a deployment and report the types and amounts of CHEMPACK Assets: (1) removed and used in the deployment; (2) returned to the CHEMPACK cache site location. CDC will reseal the container following a joint inventory conducted by CDC and the RECIPIENT.

Q12: What is the best way for CHEMPACK containers to be moved during a response?
A12: Both the Hospital and EMS CHEMPACK containers are designed to be easily moved using standard warehouse and commercial transport equipment. Containers are designed to be moved by pushing, pulling (each container has four casters), mechanical pallet jacks, or mechanical forklifts. They can be placed within helicopters or “sling-loaded” below a helicopter. Because the containers are designed for transport by standard airfreight commercial carriers, they can be placed within aircraft designed to transport airfreight. It should be noted that the standard CHEMPACK container will load onto a ½ ton pickup if necessary. Also, the materiel within a container can be removed from the container and placed into a police cruiser or similar vehicle for transport during a nerve agent event. The key issue is the flexibility and rapid access to the nerve agent antidote products that are required by hospital and emergency response professionals to save lives.

Q13: Is there more than one type of CHEMPACK Container design and how much does each weigh?
A13: Currently the CHEMPACK Program has both SATCO® B & C Drug Enforcement Agency (DEA) containers. The dimensions of the DEA approved Lexan® Satco C containers are 60.5” long X 32.5”

wide X 60.5” high with a lift off door that measures 52.0” wide and 51.0” high. The Satco B containers are 60.5”” long x 43” wide x 64.5” high with a lift door that measures y” wide and y” high. The Hospital and EMS containers will have different weights because of the configuration of nerve agent antidotes (i.e., unit-of-use, auto-injectors vs. multi-does-vials, and IV solution). Both the Hospital container and the EMS container weigh between 500-800 pounds each. The containers have a maximum gross weight (with cases) of 1,200 pounds.

Q14: Who determines when a CHEMPACK Container can be opened?
A14: The basic concept of the CHEMPACK Program is that nerve agents must be administered within the first few minutes after exposure if they are to save lives. For that reason nerve agent antidotes must to be readily available (i.e., forward placed) where they are easily accessible to local emergency medical service professionals (EMT) and to hospital emergency room doctors and nurses at the first response level. The decision (to break open a CHEMPACK container) must be delegated/granted to the lowest level of the hospital/emergency response. The Project Area may deploy CHEMPACK Assets in response to nerve agent events that: (1) threaten the medical security of the community; (2) put multiple lives at risk; and (3) are beyond local emergency response capabilities. CHEMPACK material is to be regarded as a secondary response capability and used in the event local supplies are not able to meet treatment requirements.

Q15: Under what conditions does the Sensaphone send an alarm to the CDC?
A15: A Sensaphone is a programmable smart-modem that is specifically designed to report temperatures and container intrusion directly to the CHEMPACK Program at CDC in Atlanta. Once a sensor has identified an “out-of-range” condition (i.e., temperature less than 46 degree or more than 86 degree or a door open indication) the Sensaphone reports directly to the Division of Strategic National Stockpile (DSNS) Maintenance team an alert status to that specific container. There are only four (4) conditions under which a Sensaphone will alert the DSNS Maintenance team: (1) loss of power to the Sensaphone; (2) “out-of-range” temperature; (3) removal of the container door; and (4) disconnection of the phone line. Additionally, Mean Kinetic Temperature (MKT) is monitored on a monthly basis and must not exceed an annual average temperature of 77°.

Q16: What is the CHEMPACK Protocol for notifying the cache site of a Sensaphone alert condition?
A16: A member of the DSNS Maintenance team will contact the cache site representative and inform them of the alarm, and explain the initial assessment of the problem. The DSNS maintenance technician will continue to monitor the site until issues are corrected. If the cache site representative is not available or the problem is not corrected in a timely manner, the DSNS maintenance technician will contact the CHEMPACK fielding team lead who will then contact the Project Area representative for problem resolution.
Q17: Are cache sites permitted to store items on the top of a CHEMPACK container?
A17: Yes, CHEMPACK permits items to be stored on the top of CHEMPACK containers granted the following three (3) conditions are met: (1) the items do not negatively affect the ambient temperature of the cache site, (2) weigh a total of less than 100 lbs and (3) do not inhibit a responder’s ability to move or open the container. Items such as pesticides, solvents, petroleum products and flammable materials are not permitted to be stored on or around the CHEMPACK container.
Q18: Are project areas permitted to add labels to the cases prior to them being loaded into the

container?
A18: Yes, CHEMPACK permits project areas to use labels to mark the cases for distribution or other response related purposes. Project area labels may not cover any of the existing case labels and they must be applied by project area personnel. CHEMPACK personnel are not able to assist with this process. Additionally, no writing is allowed on the cases with any type of marking pen or pencil.

Q19: Does the CDC provide training on administering CHEMPACK product or developing Project Area response plans?
A19: The CDC and the CHEMPACK program do not provide training on use of CHEMPACK product or developing response plans due to the wide variation of clinical and response requirements in each of the 54 project areas. However, there are resources available on the CHEMPACK SharePoint™ site for reference and training purposes that have been provided as "best practices" by other Project Areas. To use the CHEMPACK SharePoint™ site you must register and be approved by your project area's main CHEMPACK point of contact. You may request access using the following address: http://www.orau.gov/chempack/. It is understood that hospital/emergency response plans must be developed and exercised if they are to be effective. Practice/exercises will identify deficiencies in planning and will assure the effective use of antidotes within the CHEMPACK containers.

Q20: What are CHEMPACK's plans now that Mark I auto injectors are no longer being manufactured?
A20: CHEMPACK plans to eventually phase out Mark I kits and replace with DuoDote™. However, we do not anticipate adding DuoDote™ to the CHEMPACK containers until 2014 at the earliest. We currently have a significant amount of Mark I kits with expiration dates out to 2014. Furthermore we have access to additional kits that can be extended through the Shelf Life Extension Program (SLEP) until 2017. We will provide updates as changes occur with our inventory plans.

Q21: What are CHEMPACK's plans for Sensaphone™ monitoring devices as plain old telephone service (POTS) lines will likely be phased out in the future.
A21: The Division of Strategic National Stockpile is currently searching for a suitable replacement device. The new device will take advantage of a CAT 5 internet line technology. We anticipate the selection of a new device by the end of calendar year 2011 with follow on Sensaphone™ device replacement over a 12 to 24 month period. Additional information will be provided to project areas through regional fielding team leads, CHEMPACK newsletter bulletins and the SharePoint™ site.

Q22: What is Mean Kinetic Temperature (MKT) and why are cache site temperature ranges based on this measurement?
A22: MKT is a fixed temperature that simulates the effects of temperature variation over a period of time. It differs from other means such as a simple numerical average or arithmetic mean in that higher temperatures are given greater weight in computing the average. CHEMPACK cache sites are required to meet United States Pharmacopeia (USP) standards for temperature monitoring in pharmaceutical storage. This standard encompasses "controlled room temperature (CRT)" to be between 20°C to 25°C (68°F to 77°F); that results in a MKT calculated to be not more than 25°C (77°F) over a 365 day period; and that allows for excursions between 15°C and 30°C (59°F and 86°F).