PURPOSE: To provide guidelines for the release of CHEMPACK to designated personnel during times of medical need.

DEFINITION:

CHEMPACK – The CHEMPACK program was created by the Centers for Disease Control (CDC) and designed to place nerve agent antidotes in communities all over the country to support a quick response to a nerve agent attack. The CHEMPACK program is a component of the Strategic National Stockpile (SNS). There are two types of CHEMPACK containers:

1. EMS CHEMPACK materials are designed for prehospital medical providers, and the antidotes contained in the EMS CHEMPACK are mostly auto-injectors for speed and ease of use.

2. Hospital CHEMPACK is designed for hospital medical staff, and the antidotes contained in the hospital CHEMPACK are primarily multi-dose vials.

3. Each CHEMPACK contains Mark 1/DuoDote auto-injector kits, atropine, 2-Pralidoxime, sterile water for injection, and Diazepam/Midazolam.

PRINCIPLES:

1. The County of Los Angeles has fielded 65 CHEMPACK caches that are geographically stored throughout the County.

2. The overall authority to deploy CHEMPACKs or portions of its contents to the field or local hospitals rests with the Emergency Medical Services (EMS) Agency. The EMS Agency will coordinate the overall response and deployment.

3. In any event involving a terrorist attack employing chemical nerve agents, the EMS Agency, hospitals, and provider agencies shall implement their terrorism notification procedures and monitor the situation.

4. CHEMPACK deployment shall be for incidents in which a nerve agent is responsible for the casualties. The incident must be a true mass casualty incident which exceeds the provider agencies’ Disaster Pharmaceutical Caches (DPC) for patient use or hospital resources to deal with the patient load. As a general guideline, the incident should involve at least fifty (50) patients.

5. CHEMPACKs may be pre-deployed for special events.
POLICY:

I. Types of Deployment
   A. Field Deployment - This scenario involves the deployment of CHEMPACK resources to an incident site in a public area. This would occur in the case of an overt nerve agent release in a populated area such as a stadium or inside a building.
   B. Hospital Deployment – This scenario may involve an overt or covert terrorist attack in which the first sign of an attack will be the unexplained surge of patients seeking treatment at local hospital(s) for symptoms indicating nerve agent exposure.

II. Role of the EMS Agency
   A. Coordinate the overall response to the incident.
   B. Contact the closest CHEMPACK Storage Site to the incident and instruct the storage site staff to prepare the CHEMPACK for deployment.
   C. Assist the provider agency and/or hospital requesting the CHEMPACK with coordinating transportation arrangements.
   D. Maintain a current inventory of CHEMPACKs and key personnel at storage sites.
   E. Coordinate quality assurance of all 65 CHEMPACKs and provide routine reports to the CDC.

III. Role of the CHEMPACK Storage Sites
   A. Maintain CHEMPACKs per CDC protocol.
   B. Maintain a deployment plan consistent with the EMS Agency’s overall deployment plan.
   C. When notified by the EMS Agency to deploy, prepare the CHEMPACK as per deployment plan.
   D. Notify the EMS Agency via the MAC at (562) 347-1789 if a request to deploy the CHEMPACK is received from a provider agency and/or hospital.

IV. Role of the Provider Agency
   A. Determine whether first responder DPCs for patient use are sufficient to handle the incident. If provider agency’s DPC resources are adequate to deal with the patient load, generally no other assistance would be requested.
   B. Notify the EMS Agency via the Medical Alert Center (MAC) by either telephone at (562) 347-1789, ReddiNet or VMED28. If unable to contact the MAC, EMS personnel shall contact the Fire Operational Area Coordinator (FOAC) – Los Angeles County Fire District (which is contacted through its dispatch center).
C. If additional nerve agent antidotes are required, request the deployment of an EMS CHEMPACK via the MAC. Provide the MAC with the following information:

1. incident location
2. chemical agent (if known)
3. number and severity of victims
4. chief complaints of patients

D. Coordinate the transport of the EMS CHEMPACK from the CHEMPACK Storage Site to the scene.

E. Coordinate with the local law enforcement agency for force protection and scene control.

V. Role of the affected hospital(s)

A. Notify the EMS Agency via the MAC at (562) 347-1789 or ReddiNet of a possible terrorist attack. The hospital shall provide the MAC with the following information:

1. chemical agent (if known)
2. number and severity of victims
3. chief complaints of patients

B. The hospital shall determine whether the hospital’s resources are adequate to deal with the patient load. If the hospital’s resources are adequate to deal with the patient load, generally no other assistance would be requested.

C. If the hospital requires additional nerve agent antidotes to deal with the patient load, the staff would request deployment of the hospital CHEMPACK from the EMS Agency.

D. Coordinate the transport of the hospital CHEMPACK from the CHEMPACK storage site to the hospital.

VI. Transportation Options: Transport of the CHEMPACK from the storage site to the incident location includes the following:

A. Fire agency transport capabilities
B. Hospital transport capabilities
C. EMS Agency Ambulance Services, requested via the MAC.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 519, Management of Multiple Casualty Incidents
Ref. No. 807, Medical Control During Hazardous Material Exposure
Ref. No. 1104, Disaster Pharmaceutical Caches Carried by Authorized ALS Providers
Ref. No. 1106, Mobilization of Local Pharmaceutical Caches (LPCs)
Ref. No. 1108.1, CHEMPACK Inventory List
Ref. No. 1108.2, CHEMPACK Photograph
Ref. No. 1108.3, CHEMPACK Checklist for Items Deployed
Ref. No. 1225, Nerve Agent Exposure