

CHEMPACK Presentation

Michael Adams
CHEMPACK Operations

March 4th 2020

ASPR MISSION

The mission of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) is to save lives and protect Americans from 21st century health security threats.

DSNS MISSION

The mission of the Division of Strategic National Stockpile (DSNS) is to prepare and support partners and provide the right materiel at the right time to secure the nation's health.

CHEMPACK MISSION

Develop and implement a nationwide program for the forward placement of nerve-agent antidotes. To provide state and local governments a sustainable resource; and improve their capability to respond quickly to a nerve agent incident.

CHEMPACK Humble Beginning

- Local Fire Chief from Seattle Washington noticed a capability gap
- DSNS Had 12 hours Push Package for Deployments
- State and local governments have limited or no chemical/nerve agent antidote stock
- Nerve agent antidotes are costly and have variable shelf-life (not an easily sustainable resource)
- DSNS initially wasn't Funded to Forward Deploy nerve agent antidotes
- New York Public Health requested nerve agent antidotes
- Congress had increased DSNS \$\$\$
- DSNS told to provide NY nerve agent

Why CHEMPACK?

- DSNS mandate of 12 hours or less doesn't meet CHEMPACK mission requirements
- State and local governments have limited or no chemical/nerve agent antidote stock
- Hospitals carry very limited supplies of treatments for nerve agent exposure
- Nerve agent antidotes are costly and have variable shelf-life (not an easily sustainable resource)

CHEMPACK Team



Dale Clark
CHEMPACK LEAD

Inventory

Fielding

CHEMPACK Program-Fielding Section



Michael Adams
Logistics Manager



Ray Carol Royal
Emergency Manager



James Pettaway
Emergency Manager



George Hampton
Emergency Manager



David Pee
Emergency Manager



Ed Darmon
Fielding Log



Brad Moyer
Fielding Log



Ronnie Garcia
Fielding Log



Duah Manu
Fielding Log



Vacant
Fielding Log



Michael Parrilli
Fielding Log



Larry Henderson
Fielding Log



Maurice Johnson
Fielding Log



Virginia Kleckley
Fielding Log

Andrew Touchton
Fielding Log

CHEMPACK Program-Inventory Section



Geawyna Epps
Inventory Manager



Ryan Stringfellow
Inventory Manager



Mike Stallworth
Inventory Manager



Dwayne Coleman
Inventory Manager



Brandon Times
Inventory Manager



Carla Battle
Inventory Manager

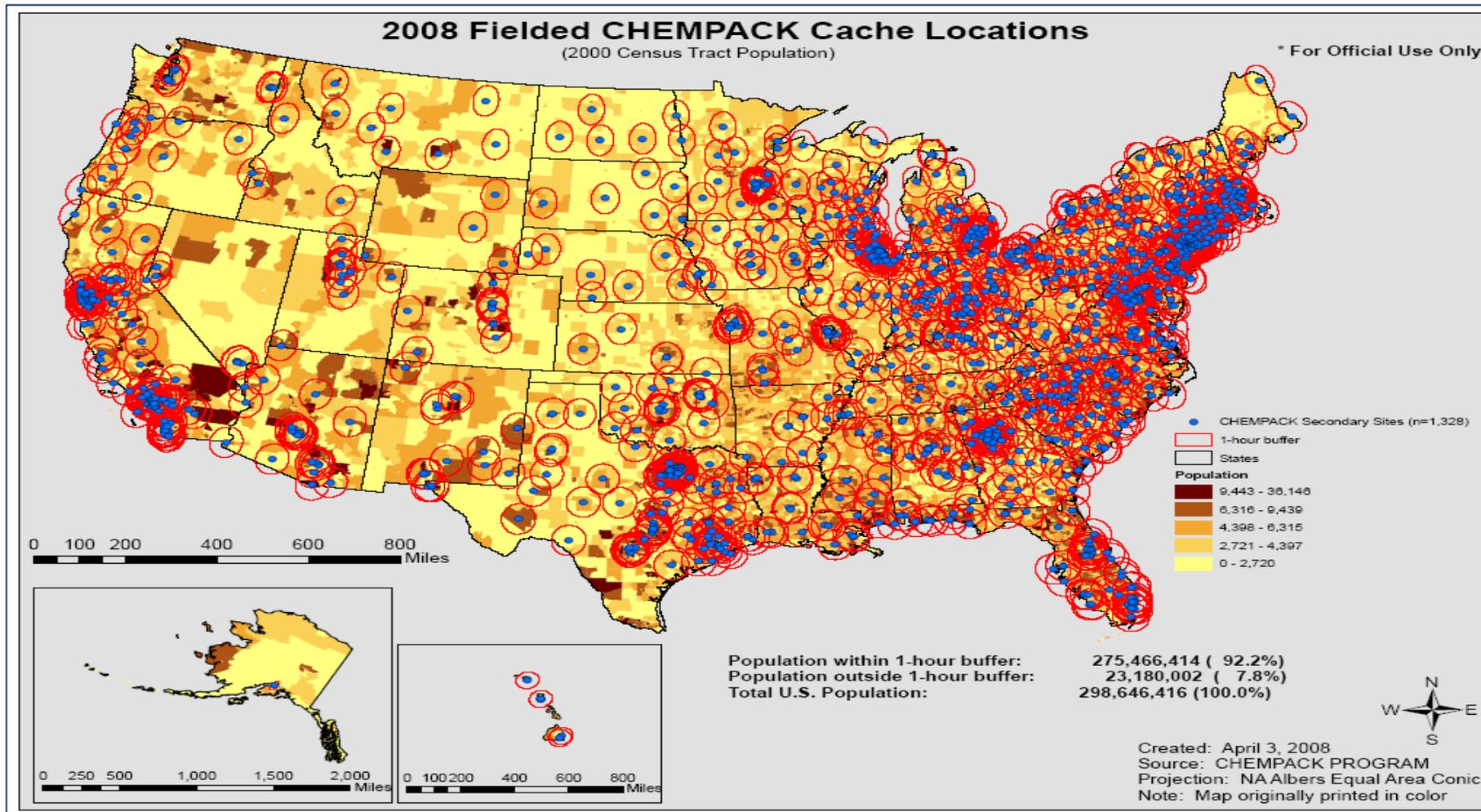
CHEMPACK

- CHEMPACK countermeasures assist first responders with their efforts by improving their capability to quickly administer life-saving antidotes during a chemical public health emergency.
- Assets are divided into three types of containers:
 - Hospital (1,000 treatments)
 - WMD (908 treatments)
 - EMS (454 treatments)
 - These containers are stored and administered by participating state and local governments with regular sustainment.
 - **Assets are Federally owned – Can be use to save lives at ANY TIME**

CHEMPACK

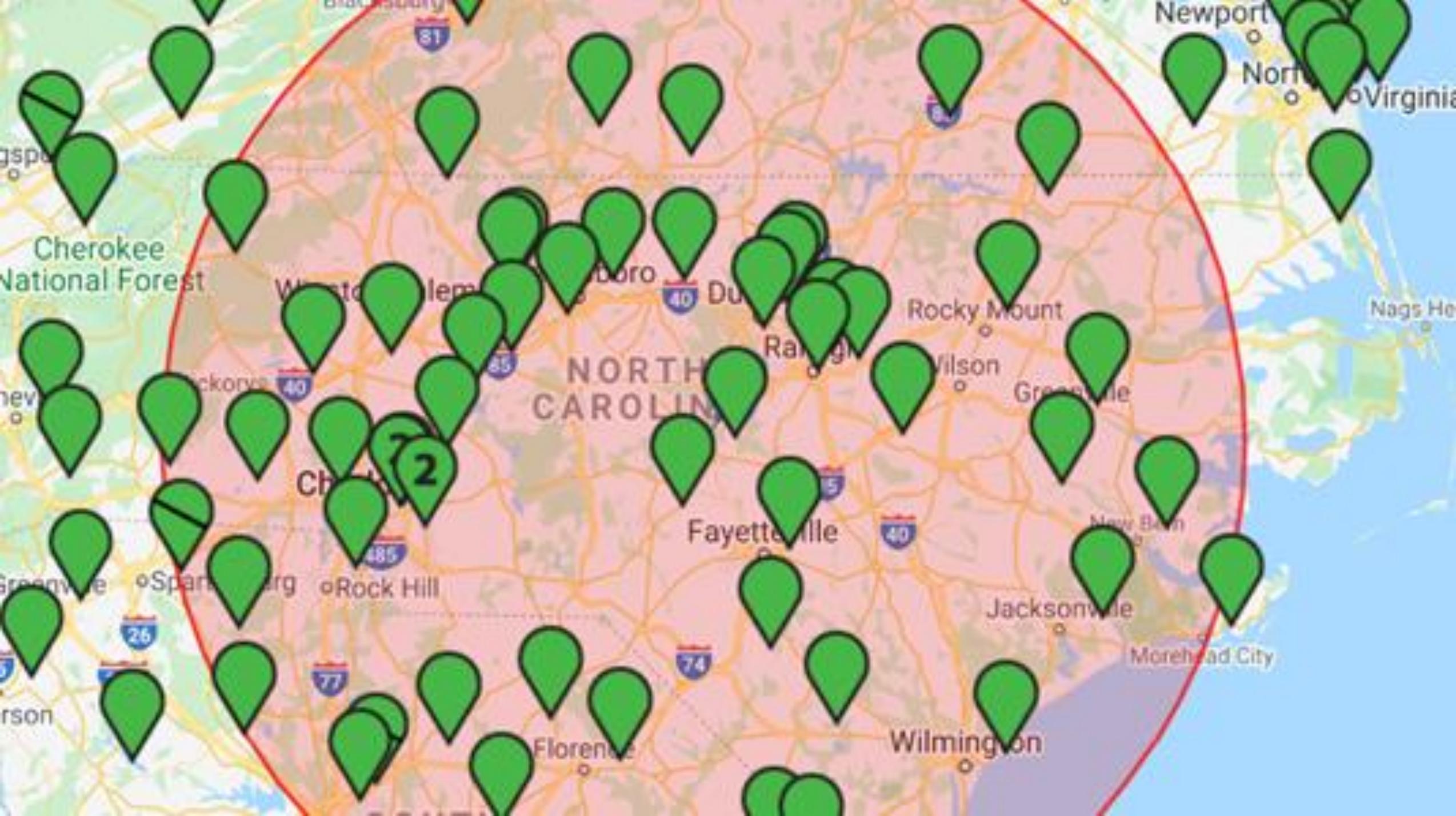
- EMS containers
 - Geared to first responders
 - Mostly auto injectors (85%)
 - 454 treatment capacity
- Hospital containers
 - Geared to clinical care environment
 - Mostly multi-dose vials (85%)
 - 1,000 treatment capacity

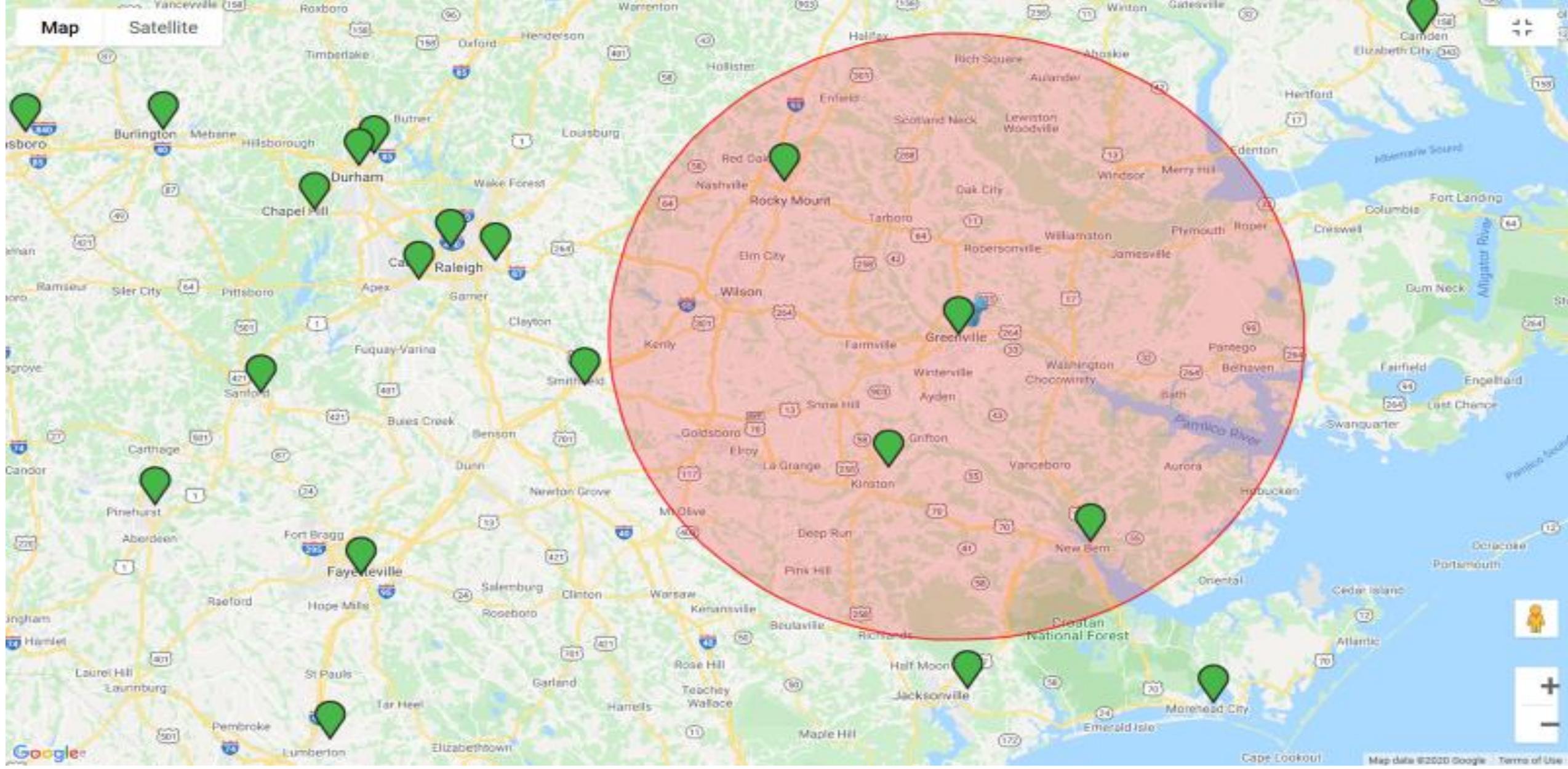




- 1,961 CHEMPACK containers in 1,328 cache sites
- 50 States and 12 major metropolitan cities and U.S. Territories (62 Project Areas)
- Population within a 1 hour response: 92.2%

- Population within 1 hour buffer 275,466,414
- Population outside 23,180,002
- Population based on 2000 Census





CHEMPACK SharePoint Site

- <https://www.orau.gov/chempack/>

How Do We Manage CHEMPACK

- Memorandum of Agreement
 - Binding agreement between Project Areas and ASPR/DSNS which outlines responsibilities and requirements of each party.
 - CHEMPACK Program is a voluntary, nationwide initiative
 - Communities provide and maintain secure, climate controlled CHEMPACK storage locations
 - Participating Project Areas signed a memorandum of agreement to store and use materiel according to program guidelines
 - CHEMPACK materiel is federally owned but locally controlled

How Do We Manage CHEMPACK

- Central Warehouse in Atlanta
 - Inventory Team
 - Operations Team
- Network of DSNS warehouses strategically located throughout the United States
- New Product Procurement
- Utilize Shelf Life Extension Program
 - Life Line of Program

How Do We Manage CHEMPACK

- Type of Product Rotation Methods
 - Sustainment
 - Dropship with DSNS Personnel
 - Dropship without DSNS Personnel
 - ✓ https://www.youtube.com/watch?v=vLMph8tM_dQ
 - Extended Not Relabel (Paperwork Only)

What Services Do We Provide To Our Customers

- Type of Services & Support We Provide To Our Customers
 - Over 200 years of Logistics and Emergency Response Knowledge
 - Review of Response Plans
 - Training of New State Personnel
 - Training Video for Drop Shipment
 - Information and Updates on SharePoint
 - New Cache Site Surveys
 - Briefings/Presentation at Conferences
 - Exercise Participation

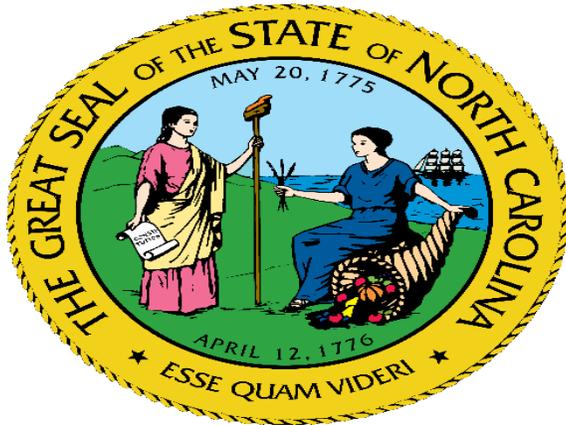
All Disasters Are
Federally Supported
State Managed
Locally Executed

- CHEMPACK Region – NC POC

David Pee

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North Carolina CHEMPACK Program Update

Tim Davis, PharmD, BCNP
Eastern Region Pharmacist
NC Public Health Preparedness and Response

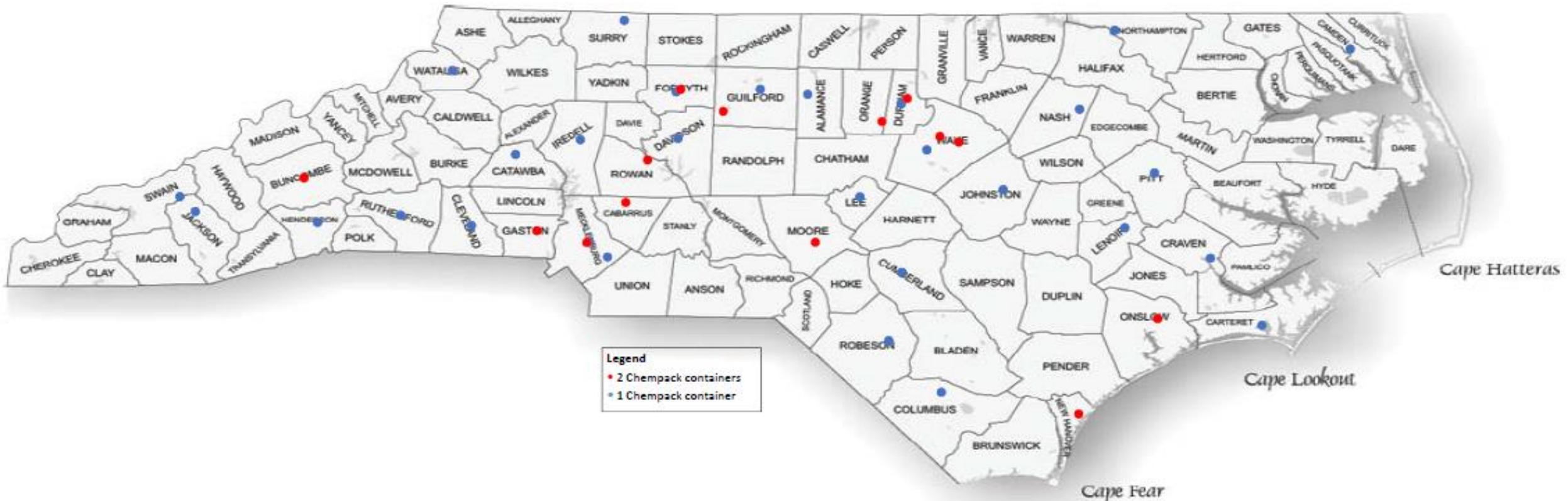
NC Disaster Symposium – March 2020

Objectives

- **Raise awareness about the CHEMPACK program**
- **Provide update on State CHEMPACK plan rewrite**
- **Review CHEMPACK Concept of Operations**
- **Highlight agency roles/responsibilities**
- **What's next for CHEMPACK?**

CHEMPACK in North Carolina

57 EMS Style Containers – 43 Host Sites



CHEMPACK EMS Container Formulary

EMS Type CHEMPACK Container – 454 Person Treatment Capacity				
Product	NDC	Cases	Units per case	Total Units
Mark 1 Auto-injector	6505-01-174-9919	5	240	1200
-OR-				
ATNAA Auto-injector	11704-777-01	6	200	1200
-OR-				
AtroPen 2 mg Auto-injector	71053592010 (RAFA)	9	136	1224
Pralidoxime 300mg/ml Auto-injector	11704-251-01	5	240	1200
-AND-				
Diazepam 10mg Auto-injector	6505-01-274-0951	2	300	600
AtroPen 0.5mg Auto-injector	71053590016 (RAFA)	1	225	225
AtroPen 1mg Auto-injector	71053591013 (RAFA)	1	225	225
*Seizalam (Midazolam) 5mg/ml vial 10ml	11704-0650-10	1	100	100
*Atropine Sulfate 0.4mg/ml vial 20ml	10019-250-20	1	100	100
*Pralidoxime 1gm inj. 20ml	60977-141-01	1	276	276
*Sterile Water 20ml vials	0409-4887-20	1	150	150
Sensaphone® 2050	N/A	N/A	N/A	1
SATCO B DEA Container	N/A	N/A	N/A	1

CHEMPACK EMS Container Formulary



Columbus Regional (1)

&

Southeastern Medical Center (1)

Are the only two sites statewide with this arrangement.

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Product	NDC	Cases	Units per case	Total Units
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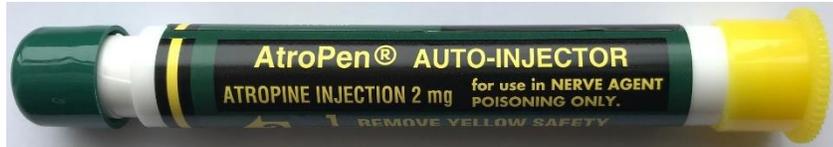
Carolina East Medical Center (1)
 Gaston Memorial (1 of 2)
 Johnston Memorial (1)
 Lenoir Memorial (1)
 New Hanover Regional (2)
 Onslow Memorial (2)
 Vidant Medical Center (1)
 Have this arrangement

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The remaining 34 host sites (plus 1 container @ Gaston Memorial) have this arrangement

CHEMPACK State Plan Rewrite – The Challenges

- General lack of CHEMPACK knowledge across the state
- State “Plan” outdated
- CHEMPACK section of NC State EOP removed
 - Formerly Annex B, Appendix 5, Tab A
- PH program, housed in hospitals, designed for EMS use
- Multi-agency response effort
 - 100 different ways of doing things

CHEMPACK Plan – Concept of Operations

- **PHP&R lead agency for management and control of CHEMPACK**
 - Liaison with ASPR
 - Coordinate sustainment visits/drop shipments
 - Maintain contracts with Host Sites
 - Promote and educate about the program
 - Oversee non-response container movements
- **Local agencies coordinate initial CHEMPACK deployments**
 - EM, EMS, Host Site, PSAP, Non-Host Site Facilities, LE, etc.
- **State agencies coordinate secondary CHEMPACK deployments**
 - Public Health (PHP&R), EM, OEMS (HPP), SHP, etc.

CHEMPACK Plan – Trigger for Activation

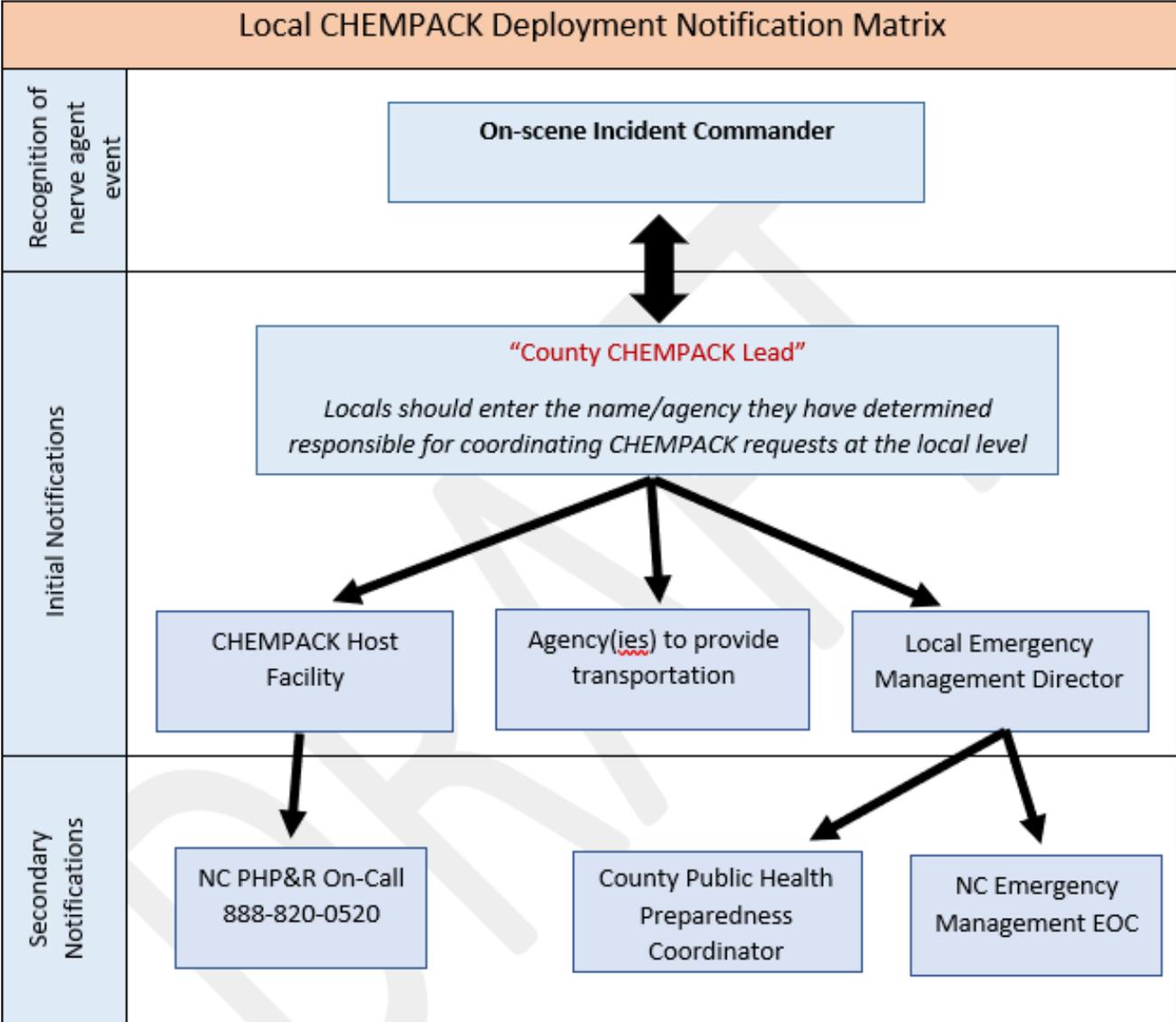
Host Facilities have the authority to breach the CHEMPACK container seal and use the products upon determination that an accidental or intentional nerve agent or organophosphate release has occurred AND:

- Threatens the medical security of the community**
- Puts multiple lives at risk**
- Exceeds local emergency response capabilities**
- CHEMPACK materiel is medically necessary to save lives**

NC CHEMPACK Plan – Key Components

- Any first responder agency or hospital has the authority to request CHEMPACK
- Local jurisdictions **MUST** plan ahead
 - Who (person/agency) will coordinate CHEMPACK deployment at the local level?
- **EEI for CHEMPACK Request**
 - Requesting Agency Name
 - On-scene POC Name, Phone # or Radio Channel
 - # of adult victims
 - # of pediatric victims
 - Delivery location (must be cold zone)
 - Transportation needs

Sample CHEMPACK Deployment Notification Matrix



NC CHEMPACK Plan – Key Components

- Host sites DO NOT need permission from state before opening CHEMPACK container
- Transportation of CHEMPACK assets is technically the responsibility of the requesting agency, however all local parties should work together to come up with the most efficient method
- Medications within CHEMPACK provided at NO COST

NC CHEMPACK Plan – Tools and Resources

- **List of CHEMPACK locations in border states that are within 50 miles of NC border**
- **Request flow charts**
- **Chain of Custody Form w/instructions**
- **Quality Assessment Checklist**
- **Local planning guidance**

What's to Come?

- **Final draft of plan has been circulated to stakeholders for feedback**
 - Get CHEMPACK language back into NC EOP
- **Currently in the process of renewing all host site contracts**
- **Eastern Healthcare Preparedness Coalition CHEMPACK initiative**
 - CHEMPACK Workshop
 - CHEMPACK Movement FSE
- **Yearly CHEMPACK presence at NC OEMS EXPO & Disaster Symposium**
- **Yearly CHEMPACK education for Host Sites by NC PHP&R**
- **CHEMPACK Mission Ready Package set-up/ReadyOp**

Questions?

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