

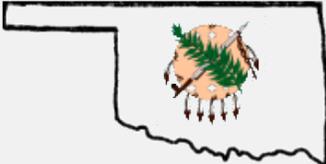
OKLAHOMA STATE  
DEPARTMENT OF HEALTH



CHEMPACK/DTPA  
UTILIZATION GUIDE

For Official Use Only  
February 12, 2015

*PUBLIC HEALTH  
RESPONSE TEAM*



Oklahoma  
State  
Department  
of Health

**RECORD OF CHANGES**

<b>Oklahoma CHEMPACK Utilization Guide</b>	
<b>Section</b>	<b>Date</b>
Created	5/2007
Updated 5.2.1 (discontinued monthly check requirements)	10/2007
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Updated Activation Levels (quick reference contact information sheet) and attachment 11.4	8/4/2015 FL

## TABLE OF CONTENTS

- 1. Introduction**
  - 1.1. Overview
  - 1.2. Purpose
- 2. Hazard Analysis**
  - 2.1. Background
  - 2.2. Threat
  - 2.3. Vulnerability
  - 2.4. Impacts
- 3. Assumptions**
- 4. Concept of Operations**
  - 4.1. Pre-Incident
  - 4.2. Incident Response
  - 4.3. Post Incident
- 5. CHEMPACK Cache Site Requirements**
  - 5.1. CHEMPACK Cache Site Selection
  - 5.2. Role of the CHEMPACK Cache Site
  - 5.3. Responsibilities of the CHEMPACK Cache Site
- 6. Notification and Response Strategy**
  - 6.1. Standby-Level 3
  - 6.2. Alert-Level 2
  - 6.3. Activation-Level 1
  - 6.4. Transfer of Narcotics to a Delivery Agent
- 7. Sensaphone<sup>®</sup> Alarm Response Actions**
  - 7.1. Cache Site Actions
- 8. EMS and Hospital CHEMPACK Container Contents**
  - 8.1. Table 1: EMS Container Contents
  - 8.2. Table 2: Hospital Container Contents
- 9. CHEMPACK Project Education, Training and Program Maintenance**
- 10. Special Event Deployment**
- 11. 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
  - 11.7. Nerve Agent Dosing Guidelines
  - 11.8. Quick Reference Contact Template

## 1. 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 (all hazards) in order to reduce morbidity and mortality during response and recovery operations. As part of the SNS, the CDC has developed the CHEMPACK Program. In 2008, the CDC pushed to the states a limited supply of diethylene triamine pentaacetic acid (DTPA) to be used as a countermeasure in the event of a radiation release in limited applications. Although DTPA is not considered part of the CHEMPACK program, this document will include guidance on deployment and use of DTPA as well as items in the CHEMPACK container.

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 (FDA) and Department of Defense (DoD) 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.

### 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 CHEMPACK/DTPA containers to be placed, maintained and distributed in the event of a terrorist attack or emergency involving chemical/nerve agents or radiation. Emergency Management, Health, Fire, Law Enforcement, Emergency Medical Services, Poison Control and partnering hospitals will work cooperatively in establishing these protocols to ensure they effectively prepare for the use and deployment of CHEMPACK/DTPA assets.

## 2. Hazard Analysis

### 2.1. Background

Widespread use of chemical agents in modern warfare began during World War I 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 both the liquid and vapor form 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 hold 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:

- 2.3.1. Government offices
- 2.3.2. Foreign consulates
- 2.3.3. Transit systems
- 2.3.4. High profile events
- 2.3.5. 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. Assumptions**

- 3.1. An area within the State of Oklahoma may be the site of an intentional chemical nerve agent or radiological 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 or radiation 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 or radiological release will require the coordinated efforts of numerous local, regional, state and/or federal agencies. These will include but are not 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 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. Concept of Operations

### 4.1. Pre-Incident

The State of Oklahoma and the CDC have agreed the forward placement of CHEMPACK assets is appropriate given the assumptions listed in Section 3.0. There are two (2) types of CHEMPACKs, EMS and Hospital. EMS containers are designed for field use or pre-hospital use due to the amount of auto-injectors; however, EMS contents may also be used in a hospital setting. Hospital containers include more multi-dose vials for specific dosing. 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 (MOA) between the CDC and State of Oklahoma provides a complete listing of CDC and state responsibilities. Selected key responsibilities are provided below.

#### 4.1.1. Responsibilities of the SNS CHEMPACK Program

- a) The responsibilities of the SNS CHEMPACK Program include:  
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 the Oklahoma State Department of Health (OSDH)

OSDH will be the primary state point of contact for the SNS regarding the CHEMPACK Project. For this project, responsibilities of OSDH include:

- a) Determine the container cache sites.
- b) Oversee the preparation of the cache facilities.
- c) Assist in the installation of the containers.
- d) Ensure CHEMPACK Cache Site points of contacts are maintained.
- e) Coordinate plans with State, regional and local planners to ensure a fast, efficient response.
- f) Provide quick recall notifications as reminders to affix to the CHEMPACK containers.

#### 4.1.3. Responsibilities of CHEMPACK Cache Sites and Local Jurisdictions

The material 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 CHEMPACK Cache Sites. Local jurisdictions, in coordination with the CHEMPACK Cache Sites and the OSDH, 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, organophosphate or radiological incident, the Incident Commander on the scene should notify the Oklahoma Poison Control Center (OPCC). The Oklahoma Poison Control Center has subject matter experts' on-call to assist with the situation. Based on the outcome of the call, if it is a plausible chemical or radiological event, OPCC will activate the nearest CHEMPACK site and notify the appropriate Regional Medical Emergency Response Center (MERC or OSDH Multi Agency Coordination Center or MACC from this point forward referred to as the Regional CHEMPACK Coordinator). The Regional CHEMPACK Coordinator will assume coordination and determine additional support facilities, transport modes (coordinating with local Emergency Management, medical facilities, the nearest CHEMPACK site and Oklahoma Highway Patrol) if needed, and contact the facilities to determine their level.

The selected site(s) can be placed on three (3) different levels: *Standby* - Level 3, *Alert* - Level 2 and *Activation* - Level 1. During *Activation* - Level 1, the 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 hospital emergency departments and/or EMS.

### 4.2.1. Responsibilities of the Oklahoma Poison Control Center (OPCC)

At first awareness of a possible chemical event, the OPCC (e.g. through their normal phone number) will be responsible for:

- a) Assessing the situation by phone using subject matter expertise, to determine chemical/radiological release event potential and make recommendations to response agencies.
- b) Events that would qualify for authorization to deploy, break the seal on, or move a CHEMPACK container include:
  - i) release of a nerve agent or organophosphate with harmful human effects or immediate human threats too great to adequately manage with other pharmaceutical supplies available,
  - ii) large or unusual occurrence of patients presenting with signs and/or symptoms consistent with nerve agent or organophosphate exposure,
  - iii) a credible threat of an imminent event of a magnitude likely to require the assets of the CHEMPACK, \
  - iv) an event with potential to create a nerve agent or organophosphate release with human exposure (e.g. a transportation accident such as fire or loss of container integrity),
  - v) any mutual aid request from another region or neighboring state in which CHEMPACK assets are being deployed or staged,

- vi) any event which in the judgment of the CHEMPACK coordinator justifies the deployment of the CHEMPACK supplies,
  - vii) a physical threat to the CHEMPACK at the fixed location.
- b) Identifying and activating (if necessary) the closest CHEMPACK Cache Site. This includes Standby-Level 3 activation while trying to determine the situation.
  - c) Notifying, updating and handing over response control to the appropriate regional Medical Emergency Response Center (the Regional CHEMPACK Coordinator will be the MERC Coordinator or designee who is the current 24/7 duty officer).
  - d) Notifying the Emergency Preparedness and Response Service on-duty officer, 405-271-0900

#### 4.2.2. Responsibilities of the Regional CHEMPACK Coordinator (MERC)

As an incident evolves, the Regional CHEMPACK Coordinator (e.g. through the 911 Dispatch Center, Communications Center or equivalent) will be responsible for:

- a) Activating the regional Medical Emergency Response Center (the Regional CHEMPACK Coordinator will be the MERC Coordinator or designee who is the current 24/7 duty officer).
- b) Making all cache site notifications (*Standby, Alert and Activation*) following the initial activation by the Oklahoma Poison Control.
- c) Making notification to local Emergency Management and Department of Public Safety (OHP) for possible transportation assistance and advising on the location of the field or hospital cache and the facilities that will be supported.
- d) Updating the Emergency Preparedness & Response Service @ 405-271-0900 as soon as practical, on the event and response.

In areas not serviced by a regional MERC, OSDH Emergency Preparedness and Response Service will act as the Regional CHEMPACK Coordinator.

#### 4.2.3. Responsibilities of CHEMPACK Cache Sites

When directed to activate (Level 1), the CHEMPACK Cache Site Coordinator (or their designated staff) will respond to the location 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.

CHEMPACK assets are to be utilized as a second line of defense. It is expected that existing supplies of nerve agent antidotes will be utilized 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.**

4.2.4. Responsibilities of the OSDH

- a) OSDH will contact the affected county health administrators to notify them of the occurrence.
- b) OSDH will conduct responsibilities of the Regional CHEMPACK Coordinator in regions not able to respond.
- c) OSDH will monitor the response and provide assistance, as requested, if local or regional assets are depleted.

4.3. Post Incident

During the post-incident phase, the responsibilities of the OSDH and the SNS Program will be focused on returning all cache sites to the level of preparedness prior to the WMD incident (based on federal fund availability).

4.3.1. Responsibilities of the Regional CHEMPACK Coordinator

Incident documentation by the Regional CHEMPACK Coordinator should begin as soon as possible following any emergency operation involving CHEMPACK. Post-event documentation must include the following:

- a) A thorough description of the incident or event involving CHEMPACK resources including times, location, agencies involved.
- b) A list of the approving officials.
- c) An inventory of used and unused CHEMPACK contents including transfer documentation.
- d) An after-action critique of CHEMPACK deployment effectiveness.

4.3.2. Responsibilities of the OSDH

At the post-incident phase, the OSDH will make the determination of what will be done with the contents of all opened containers. All pharmaceuticals in opened manufacturer's packaging are no longer eligible for the SLEP. The OSDH will coordinate between the SNS Program and CHEMPACK Cache Site, to return the CHEMPACK container and prepare it for restocking (based on federal fund availability).

4.3.3. Responsibilities of the SNS Program

The SNS Program will deliver and service all CHEMPACK equipment. The SNS program will make arrangements with OSDH to take control of the CHEMPACK container and prepare it for restocking if funding is available.

## 5. CHEMPACK Cache Site Requirements

### 5.1. CHEMPACK Cache Site Selection

The OSDH worked in conjunction with the Oklahoma Office of Homeland Security, Oklahoma Department of Emergency Management, Oklahoma City & Tulsa Metropolitan Medical Response Systems and the Regional Medical Response System in Lawton to identify sites throughout the state on the basis of population figures, geographic proximity to roadways and transportation routes, hazard vulnerability to the largest populations in the State.

### 5.2. Role of the CHEMPACK Cache Site

Each cache site is participating with the OSDH in the SNS 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.

### 5.3. Responsibilities of the CHEMPACK Cache Sites

Each participating CHEMPACK cache site must provide the following:

- 5.3.1. Maintain the CHEMPACK containers intact and sealed until and unless they are needed.
- 5.3.2. Break the CHEMPACK container seal and make use of the packaged products only when the appropriate authority (Oklahoma Poison Control Center or Regional CHEMPACK Coordinator) determines that an accidental or intentional nerve agent release has threatened the public health of the community, has put multiple lives at risk (**more than 50**), is beyond emergency response capabilities and the CHEMPACK material is **medically necessary** to save lives.
- 5.3.3. Designate a point of contact (POC) and at least one alternate POC (APOC) to act as a planning liaison with the OSDH. The POC will provide the OSDH with contact numbers at which he/she and the APOC(s) can be contacted both during normal business hours and after hours. In addition, the POC will identify a 24/7 contact number for alarm notification.
- 5.3.4. Notify the OSDH of any changes in contact personnel within ten business days of assignment of a new POC and/or new APOC(s).
- 5.3.5. Maintain the CHEMPACK container(s) at the originally designated storage location(s), unless the OSDH and the SNS Program consent to relocation, or unless an emergency requires the containers or medical assets within the container(s) be moved.
- 5.3.6. Provide the address of each cache storage location and ensure coordinated access to SNS Program personnel to CHEMPACK Cache Site storage locations as needed to monitor CHEMPACK material.
- 5.3.7. For each CHEMPACK Cache Site, 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. The designated registrant 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, the SNS Program will retain ownership of the CHEMPACK material and will ensure the integrity of the pharmaceuticals in accordance with SLEP recommendations/requirements.

- 5.3.8. Ensure that the CHEMPACK Cache Site 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:
- 5.3.9. 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. The purpose of the enclosed room or cage is to control access and ensure compliance with applicable federal, state and local pharmaceutical regulations.
- a) 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.
  - b) A minimum clearance of 72” aisles and 34” doorways to maneuver containers in and out of storage.
  - c) A minimum of 40 sq. ft. of floor space per container.
  - d) 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.).
  - e) Storage of CHEMPACK containers in a climate-controlled environment that maintains room temperature between 59 to 86 degrees Fahrenheit (15 degrees and 30 degrees Celsius). Humidity must be maintained below 60% to prevent visible mold growth.
  - f) One dedicated data quality analog phone line per Sensaphone® (may not be a shared line).
  - g) 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.
  - h) Locking of each CHEMPACK container storage area ensuring that access to the key/code is limited. Key control is to be the responsibility of the CHEMPACK Cache Site POC and/or DEA signatory.
  - i) Fire detection and alarm device and adequate fire suppression in accordance with Federal, State and local pharmacy regulations and fire codes.

- j) 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.
  - k) 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
- 5.3.10. Participate in educational and training events that pertain to the use of chemical nerve agent antidotes.
- 5.3.11. Conduct joint inventories with the CHEMPACK fielding team and sign for custody of CHEMPACK material 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, a licensed physician or his/her designee).
- 5.3.12. Coordinate with local and/or regional officials, emergency planning members and Regional Medical Planning Groups on transportation and movement of CHEMPACK material authorized by this agreement. Pre-identify agencies that could act as Delivery Agents for quick distribution of CHEMPACK assets from one hospital to either a field site or other hospital.
- 5.3.13. Coordinate with the OSDH, through the State SNS Coordinator/designee (at least five working days prior to movement of the CHEMPACK container), to ensure the maintenance of proper security and environmental conditions for CHEMPACK material during any non-emergency movement (to include pre-positioning assets for special events).
- 5.3.14. Coordinate with appropriate law enforcement and fire agencies or departments to maximize CHEMPACK container security.
- 5.3.15. Provide a list of personnel with access to the CHEMPACK container to the State SNS Coordinator/designee at the time of fielding, and update the list as necessary.
- 5.3.16. Ensure efforts are made to correct non-complying environmental conditions in a timely manner (usually within two hours). When conditions cannot be corrected within 12 hours, the CHEMPACK Cache Site Coordinator will coordinate with the SNS Program point of contact to move the CHEMPACK container to an acceptable location to safeguard the quality or security of the material.
- 5.3.17. 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 the CHEMPACK Cache Site 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 material stored outside of the accepted storage range will be handled on a case-by-case basis. Outcomes could range from having the

material remain in the SLEP to removing the material from the SLEP program and forfeiting the long-term sustainability of the resource.

- 5.3.18. No additional material may be added to the CHEMPACK container. However, ancillary supplies and/or facility-owned material may be stored in the area of the CHEMPACK container with the exception of hazardous or radioactive materials.

## 6. Notification and Response Strategy

### Notification Levels for CHEMPACK Cache Sites

There are three (3) notification levels for CHEMPACK Cache Sites. These levels are Standby - Level 3, Alert - Level 2, and Activation - Level 1.

#### 6.1. Standby – Level 3

If there is a potential (suspicion) of a WMD event, CHEMPACK Cache Sites may be placed on a Standby – Level 3 status.

##### 6.1.1. Oklahoma Poison Control Center and/or Regional CHEMPACK Coordinator Actions.

The local responders will notify the Oklahoma Poison Control who may also immediately notify the Regional CHEMPACK Coordinator of the potential event. The Regional 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 local Emergency Management and the nearest DPS (OHP) Troop of the cache sites being placed on standby.
- d) Immediately make contact with the cache sites and place them on Standby – Level 3.

##### 6.1.2. CHEMPACK Cache Site Actions

**CAUTION:** Standby – Level 3 notification is only to make the facility aware that a WMD incident may be occurring in the area serviced by the agency and that the potential for CHEMPACK use exists. **NO ACTION SHOULD BE TAKEN TO OPEN THE CONTAINER.**

When placed on Standby – Level 3 status, the CHEMPACK Cache Site will do the following:

- a) Receive call from the Oklahoma Poison Control Center or Regional CHEMPACK Coordinator (in some cases, the CHEMPACK Cache Site may be the first to identify a potential threat and will need to notify the Regional CHEMPACK Coordinator).
- b) Identify those personnel who will respond to the area where the container is stored should the situation escalate.

- c) Notify Security personnel of the Standby – Level 3 status and that they may be required to permit access to the storage area if the situation escalates.
- d) Locate storage site and container keys and have ready to use if event escalates.
- e) Follow any in-house, non-CHEMPACK related procedures established for a potential WMD event. (Ready Decon Procedures; locate/inventory local stock)
- f) Provide a Point of Contact and callback number to the Regional CHEMPACK Coordinator.

## 6.2. Alert – Level 2

A Competent Authority, usually from the scene of an incident or the Oklahoma Poison Control Center, has established confirmation of a WMD event. **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:

- a) Oklahoma Poison Control Center chemical subject matter expert
- b) Incident Commander
- c) EMS Operations Officer
- d) Hazardous Materials Officer
- e) Emergency Services Coordinator/designee
- f) State Health Commissioner
- g) OSDH Emergency Preparedness Response Service designee
- h) County Health Administrator

### 6.2.1. Regional CHEMPACK Coordinator Actions

Upon determination, or confirmation from a competent authority, that a WMD event is occurring at the incident location, the OPCC will notify the Regional CHEMPACK Coordinator. This may be communicated directly or through the 911 Dispatch Center, Communications Center or equivalent.

The Regional CHEMPACK Coordinator will then:

- a. Immediately make contact to the cache site(s) and place them on Alert – Level 2.
- b. Notify local Emergency Management and OHP (DPS) of the location of the CHEMPACK Cache Site(s) and any other responding agencies or hospitals the cache site will support.  
Primary Delivery Agents are local law enforcement or other response agencies supplemented by OHP units as needed.

### 6.2.2. CHEMPACK Cache Site Actions

The emergency response agency 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 CHEMPACK Cache Site will:

- a) Have the appropriate personnel respond to the container storage area and await further instructions. (Do NOT open the container at this time.)
- b) Establish a communications mechanism (telephone or cell phone) in or near the container storage area where the Regional CHEMPACK Coordinator can reach the CHEMPACK Cache Site personnel.
- c) Notify Security personnel 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 the incident site, another agency or hospital).
- 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 hospitals once the WMD event and use of chemical/nerve agents are confirmed.

### 6.3. Activation - Level 1

A Competent Authority has determined that the use of chemical/nerve agents/organophosphates has occurred.

#### 6.3.1. Regional CHEMPACK Coordinator Actions

Once a chemical/nerve agent/organophosphate release is confirmed, the Competent Authority will notify the Regional CHEMPACK Coordinator. This may be communicated directly or through the 911 Dispatch Center, Communications Center or equivalent.

The Regional CHEMPACK Coordinator will then:

- a) Immediately make contact to the previously identified cache site(s) and advise them of the Activation – Level 1 situation.
- b) Notify the Delivery Agents of the escalation in incident status (if items are to be picked up by another agency) and advise the CHEMPACK Cache Site(s) of the Delivery Agent designated to pick up CHEMPACK materials from their site.
- c) Advise any other CHEMPACK 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.

### 6.3.2. Field CHEMPACK Activation and/or Deployment

Once a CHEMPACK Cache Site has been notified of elevation to the Activation – Level 1 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 Regional CHEMPACK Coordinator. Based on the event, the Regional CHEMPACK Coordinator will advise the CHEMPACK Cache Site of the distribution quantities of the assets.
- b) Prepare for the arrival of CHEMPACK Delivery Agent if material is to be distributed to the incident or to other facilities.
- c) Separate and distribute CHEMPACK material. Once a CHEMPACK Cache Site has been notified that their facility has been elevated to the Activation – Level 1 status, only the first container (if multiple containers are stored there) should be opened.
- d) Transfer of (non-narcotic) material custody to a Delivery Agent shall be documented on **Attachment 11.3, CHEMPACK Transfer of Custody Form.** Transfer of controlled substances (Diazepam) to a Delivery Agent shall be documented in accordance with Step 6.5 below.

**Note:** All materials may be delivered to other facilities/areas if required. The Regional CHEMPACK Coordinator will advise the CHEMPACK Cache Site if this is the reason for container activation.

### 6.4. Transfer of Narcotics to a Delivery Agent

If arrangements have been made to deploy container contents to other agencies or hospitals, Regional CHEMPACK Coordinator will direct the Delivery Agent to respond to the designated CHEMPACK Cache Site to pick up the needed supplies.

#### 6.4.1. 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 designated CHEMPACK Cache Site.
- b) Give one original to the CHEMPACK Cache Site staff on duty at time of pick up. Only the cases of Diazepam need to be documented.
- c) The second original is maintained by the Delivery Agent.

- d) The CHEMPACK Cache Site will fax a copy to the OSDH Situation Room, as time permits, to the following number: ( 405 ) 271-0901
- e) Each agency/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 OSDH Situation Room 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 Regional CHEMPACK Coordinator at the conclusion of the event.
- h) Upon completion of all deliveries, the Regional CHEMPACK Coordinator must fax all transfer forms to the OSDH Situation Room at: (405) 271-0901.

## 7. Sensaphone<sup>®</sup> Alarm Response Actions

The SNS Program Logistics Team will notify the CHEMPACK Cache Site's pre-identified 24/7 alarm notification number upon receipt of a Sensaphone<sup>®</sup> alarm. It is the responsibility of the CHEMPACK Cache Site Coordinator to ensure phone operators are trained to recognize a CHEMPACK alert phone call. (A bulleted training brief and CHEMPACK Cache Site Point of Contact Notification list is available from OSDH.)

### 7.1. Cache Site Actions

Upon notification of a CHEMPACK alarm, the Cache Site operator 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 CHEMPACK Cache Site Point of Contact (POC)

The CHEMPACK Cache Site POC will:

- a) Begin to determine the validity of the alarm based on details received from the SNS Program Logistics Team.
- b) Ensure the facility is taking all necessary actions to correct the condition(s) that resulted in the alarm.
- c) Work with the SNS Program Logistics Team, and provide periodic updates on actions being taken to address the Sensaphone<sup>®</sup> alarm until the condition is corrected.
- d) If the ability to correct non-compliant environmental and/or security conditions cannot be done within 12 hours, the CHEMPACK Cache Site Coordinator will work directly with the SNS Program Logistics Team for movement of the CHEMPACK

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

- e) The CHEMPACK Cache Site Coordinator will notify the Regional CHEMPACK Coordinator and the OSDH State SNS Coordinator of the new storage location.

## 8. EMS and Hospital Container Contents

Table 1: EMS Container Contents

<b>EMS CHEMPACK Container for 454 Casualties</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
Mark 1 auto-injector	240	5	1200
Atropine Sulfate 0.4mg/ml 20ml	100	1	100
Pralidoxime 1gm inj 20ml	276	1	276
AtroPen 0.5 mg	144	1	144
AtroPen 1.0 mg	144	1	144
Diazepam 5mg/ml auto-injector	150	2	300
Diazepam 5mg/ml vial, 10ml	25	2	50
Sterile water for injection (SWFI) 20cc Vials	100	2	200
Sensaphone® 2050	1	1	1
Satco C DEA Container	1	1	1

Table 2: Hospital Container Contents

<b>Hospital CHEMPACK Container for 1000 Casualties</b>			
	<b>Unit Pack</b>	<b>Cases</b>	<b>QTY</b>
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. CHEMPACK Project Education, Training and Program Maintenance

- 9.1. The OSDH will coordinate and conduct periodic call-downs to assure all POC numbers are accurate and that personnel remain familiar with the notification process.
- 9.2. CHEMPACK Cache Site Coordinator and Security Information:

It shall be the responsibility of each CHEMPACK Cache Site Coordinator to maintain all contact and security information up-to-date. Information shall be provided to the State SNS Coordinator as soon as possible following any change using **Attachment 11.1, CHEMPACK Site Contact and Security Form.**

- 9.3. CHEMPACK Cache Sites will ensure instructions for use are posted on each container. **Attachment 11.4, CHEMPACK Container Instructions**, has been provided for this purpose.
- 9.4. CHEMPACK Cache Sites will maintain multiple copies of **Attachment 11.2, CHEMPACK Controlled Substance Transfer Form** and **Attachment 11.3, CHEMPACK Transfer Form** and ensure they are available at the container.
- 9.5. Education and Training:

To prepare for a nerve agent/pesticide release, each agency/facility is responsible for implementing a training program to ensure all appropriate personnel are competent in utilizing all CHEMPACK container pharmaceuticals. To assist in this effort, the OSDH will provide educational materials and resources for agency/facility educators to use in staff education and training. These resources will be disseminated through the OSDH Hospital Disaster Coordinators, MERCs, Regional Medical Planning Groups (RMPGs) and Regional Trauma Advisory Boards (RTABs).

- 9.5.1. The agency/facility is responsible for providing a training program for each employee who is responsible for treating patients exposed to nerve agents, including pesticides. The training program should enable each employee to recognize signs and symptoms of nerve agent/pesticide exposure and provide appropriate treatment to individuals according to their agency/facility protocols and licensure standards. The agency/facility training program should be included in all agency/facility training plans.
- 9.5.2. The agency/facility shall verify compliance by preparing a written certification record. The written certification record shall contain the name or other identity of the employee trained, the date(s) of the training, and the signature of the person who conducted the training or the signature of the employer.
- 9.5.3. The agency/facility training program should recommend retraining at least annually.

## 10. Special Event Deployment

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

- 10.1. The OSDH State SNS Coordinator/designee must receive notification of the desire to relocate the container(s) at least five business days prior to the preemptive movement of the CHEMPACK container. The notification may be made by telephone or in writing (electronic or paper).
- 10.2. The OSDH State SNS Coordinator/designee must notify the SNS Program of the desire to relocate the container(s) at least three business days prior to the preemptive movement of the CHEMPACK container. The notification may be made by telephone or in writing (electronic or paper).
- 10.3. The OSDH State SNS Coordinator/designee will notify the Regional CHEMPACK Coordinator and CHEMPACK Cache Site Coordinator when it is determined that the facility's container may be mobilized preemptively for a special event.
- 10.4. The Regional CHEMPACK Coordinator and CHEMPACK Cache Site Coordinator will work with the OSDH State SNS Coordinator/designee and SNS Program 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 the OSDH that result in the loss of SLEP, shall be funded by the participant.

## 11. Attachments

- 11.1. CHEMPACK Site Contact and Security Form
- 11.2. CHEMPACK Controlled Substance Transfer Form
- 11.3. CHEMPACK Transfer Form
- 11.4. CHEMPACK Container Instructions (for posting on container)
- 11.5. Product Specifications and Descriptions
  - 11.5.1. SENSAPHONE<sup>®</sup> 2050
  - 11.5.2. Mark I Nerve Agent Antidote Kit (NAAK)
  - 11.5.3. Diazepam (CANA) Auto-Injector
  - 11.5.4. Pediatric AtroPens
  - 11.5.5. Atropine, Pralidoxime and Diazepam Multi-Dose Vials
- 11.6. Nerve Agent Dosing Guidelines
- 11.7. Quick Reference Contact Template



**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 11.4**  
**CHEMPACK CONTAINER INSTRUCTIONS**

THIS CONTAINER IS **ONLY TO BE OPENED AT CHEMPACK ACTIVATION – LEVEL 1**. IF YOU HAVE BEEN DIRECTED TO OPEN THIS CONTAINER, IT IS BECAUSE A CHEMICAL OR NERVE AGENT RELEASE HAS OCCURRED NEARBY. PLEASE FOLLOW THESE INSTRUCTIONS 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 & stack all the boxes based on contents.
3. Based on the apportionment orders from the Regional CHEMPACK Coordinator, separate the orders into separate stacks.
4. If any boxes/supplies are designated to stay at your facility, move them to a location they can be easily utilized. This may be the pharmacy or emergency department.
5. Separate additional orders going to other locations (i.e. the incident scene or other hospitals/treatment sites).
  - The Delivery Agent will take possession of the materials and complete two originals of the CHEMPACK Controlled Substance Transfer Form and CHEMPACK Transfer of Custody Form, as appropriate. Blank 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 Regional CHEMPACK Coordinator and OSDH as time permits.
  - Assist the Delivery Agent in moving the materials to the transport vehicle(s) or have them ready to go at the designated pick-up area of your facility (this should be coordinated through the Regional CHEMPACK Coordinator).

## ATTACHMENT 11.5 PRODUCT SPECIFICATIONS AND DESCRIPTIONS

Refer to attached:

- 11.5.1 SENSAPHONE® 2050
- 11.5.2 Mark I Nerve Agent Antidote Kit (NAAK)
- 11.5.3 Diazepam (CANA) Auto-Injector
- 11.5.4 Pediatric AtroPens
- 11.5.5 Atropine, Pralidoxime and Diazepam Multi-Dose Vials

### ATTACHMENT 11.5.1 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 11.5.2**  
**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 11.5.3 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 11.5.4 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 11.5.5**  
**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



### ATTACHMENT 11.6 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 Carpuject 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 Carpuject auto injector
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  Carpuject/auto injector
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  Carpuject/auto injector

MARK 1 autoinjector = 2mg atropine and 600mg 2-PAM; Diazepam autoinjector – 10mg; Diazepam Carpuject 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*</u> (EMS)	<u>REPEAT DOSING</u> (Transport/Hospital)
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

#### References:

- Domestic Preparedness Training Program. Version 8.0. Booz-Allen & Hamilton Inc., Science Applications International Corporation, Inc., EIA Corporation, and DPI, Inc. 1999: M3-1-66
- Sifton, DW. PDR Guide to Biological and Chemical Warfare Response, First Edition. Montvale, NJ. Thompson/Physician's Desk Reference: 2002: 79-86; 94; 101-102; 126-127.
- Pediatric Preparedness for Disasters and Terrorism – A National Consensus Conference. Executive Summary. National Center for Disaster Preparedness, Columbia University, Mailman School of Public Health. 2003. <http://www.childrenshealthfund.org/CHF2286VFinal adj.2.pdf> (accessed November 17, 2003)

**ATTACHMENT 11.7**  
**QUICK REFERENCE CONTACT INFORMATION**  
*(To place in a conspicuous place on the CHEMPACK container.)*

Oklahoma Homeland Security Region: _____		
Cache Site Name: _____		
Cache Site Address: _____		
Street	City	Zip
Cache Site Pharmacy Contact: _____		
Name	Cell or Pager	
Cache Site CHEMPACK Coordinator: _____		
Name	Cell or Pager	

<b>In the event these assets are needed, contact the following before opening the container:</b>	
<p align="center"><b>CONTACT AT START</b></p> <p>Only if you are the first to notice a possible event)</p> <p align="center">OKLAHOMA POISON CONTROL CENTER <b>405-271-5454</b> 877-271-6998*</p> <p>*(Healthcare Professionals Only-Not a Public Line)</p>	<p align="center"><b>FOLLOW-UP COORDINATION</b></p> <p align="center">Regional CHEMPACK Coordinator (MERC)</p> <p align="center">_____ (Primary Contact#)</p> <p align="center">_____ _____</p>

*Note: Metropolitan areas (OKC & Tulsa) should carefully coordinate with their designated MERCs to ensure multiple CHEMPACKS are NOT opened resulting in loss of the Shelf Life Extension. Rural areas have less chance of activating more than one CHEMPACK at a time due to quantity of containers in their immediate area.*

Activation Levels

Level 3 – Standby: a suspicion or potential chemical release; just be aware.

**DO NOT OPEN**

Level 2 – Alert: a confirmed WMD event but not a definite chemical; stand ready.

**DO NOT OPEN**

Level 1 – Activate: a confirmed chemical/nerve/organophosphate release; respond.

**!!OPEN!! – If instructed**

*Refer to Section 6 for more detailed instructions.*

*For planning purposes please contact the CHEMPACK Coordinator at the Oklahoma State Department of Health at 405-271-0900.*