STANISLAUS COUNTY EMS AGENCY		POLICY: 958.10	
POLICIES AND PROCEDURES		TITLE: Chempack Request & Deployment - Stanislaus	
APPROVED:	SIGNATURE ON FILE IN EMS OFFICE	EFFECTIVE DATE	4/15/2016
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	Medical Director	PAGE:	1 OF 5

# <u>CHEMPACK REQUEST & DEPLOYMENT – Stanislaus County</u>

I. <u>AUTHORITY:</u> Sections 1797.152(c), 1797.153, and 1797.220 of Division 2.5 of the Health & Safety Code.

# II. DEFINITIONS

- A. Chempack means a cache of nerve agent antidotes that is forward-placed in the community for availability to emergency health-care providers in the event of a release of nerve agents or organic phosphates.
- B. Host Facility Point of Contact (HFPOC) means the individual identified by the Chempack Host Facility as having primary responsibility for the maintenance and deployment of Chempack contents.
- C. Medical Health Operational Area Coordinator (MHOAC) means the Local Health Officer in collaboration with the Local EMS Agency Executive Director who are responsible to administer the Medical Health Operational Area Program as defined in the CA State Emergency Operations Manual. In the event of a disaster or major incident where medical/health mutual aid is requested, the MHOAC will be responsible for the coordination of Operational Area (county) medical/health resource requests, allocation of medical health resources and maintaining situation awareness and situation reporting to local, regional, and state shareholders. Operational Area (OA) means a county, including all political subdivisions (cities, districts, etc.).

#### III. <u>PURPOSE</u>

To establish a procedure for request and deployment of CHEMPACK assets maintained in Stanislaus County.

#### IV. POLICY

# A. Intra-County Requests

- 1. Requests for assets from the Chempack shall be made to the Stanislaus Regional 911 (SR911) or directly to the Stanislaus Disaster Control Facility (DCF).
- 2. The SR911 shall develop and maintain internal procedures and protocols for notification of the DCF for Chempack asset request.
- 3. The DCF shall develop and maintain internal policies and procedures for notifying the SR911 and the HFPOCs of the Chempack asset requests.
- 4. Each HFPOC shall develop and maintain internal policies and procedures for deploying Chempack assets. The HFPOCs 24-hour contact information shall be maintained at the DCF.
- 5. The DCF shall notify the Stanislaus County EMS Duty Officer when a request for Chempack assets is received. The EMS Duty Officer will ensure that the MHOAC is notified of the request.

# B. Inter-County Requests

1. Request for Chempack assets located outside of Stanislaus County, or out-of-county requests for local Chempack assets shall be made directly to the MHOAC. The MHOAC 24-hour contact information shall be maintained at the SR911 and DCF.

# C. Host Facility

1. Each Chempack Host Facility shall appoint and maintain a Host Facility Point of Contact (HFPOC) with 24-hour availability.

#### V. PROCEDURE

#### A. Intra-County Requests

- 1. Requesting Agency
  - (a) Hospital or field Incident Commander (or designee) shall contact the SR-911 or DCF to request deployment of Chempack assets and provide the following information:
  - (b) Requesting person's name and title
  - (c) Contact number and back-up contact means
  - (d) Location, nature, and severity of incident
  - (e) Agent(s) released (if known)
  - (f) Approximate number of adult and pediatric victims (if known)
  - (g) Quantity and type of medications needed
  - (h) Location delivery is to be made, access routes for ground and air, weather and wind.

#### 2. SR-911

(a) SR911 shall immediately notify the DCF to request deployment of Chempack assets, and provide the requestor's information listed above.

(b) Upon request of the DCF, SR911 shall immediately arrange for transportation of the requested Chempack assets to the delivery location.

# 3. <u>DCF</u>

- (a) The DCF shall determine the most appropriate transport method and immediately notify the SR911 of the request for deployment of Chempack assets when indicated.
- (b) The DCF shall immediately notify the HFPOC to arrange deployment of the requested Chempack assets; and provide the same information as in V.A.1 (above).

# **Chempack Operational Protocol**

# Incident Command (or designee)

Field or hospital Incident Commander recognizes need for additional resources and initiates request for needed medications. Request for Chempack resources may be made to SR911 or to the DCF.



# Have the following information ready when requesting medications and supplies:

- 1. Name and contact information of Incident Commander and/or requester
- 2. Contact number and back-up contact means
- 3. Location, nature, and severity of incident
- 4. Agent(s) released (if known)
- 5. Approximate number of victims (if known)
- 6. Quantities and type of medications needed and amount currently available\*
- 7. Location delivery is to be made, access routes for ground and air, weather and wind conditions, and potential hazards for delivery personnel.
- \* See Appendix A for medications available for Field request versus Hospital request.





# **SR911**

- 1. Receive request for Chempack deployment.
- 2. Notify the DCF to request deployment of Chempack assets.
- **3.** Immediately arrange for transportation of the requested Chempack assets to the delivery location.



#### **DCF**

- 1. Receive request for Chempack deployment.
- 2. Notify the SR911 of the request for deployment of Chempack assets.
- 3. Notify HFPOC to arrange deployment.
- Notify EMS Duty Officer of request for Chempack assets

Appendix A

# **Chempack Contents**

EMS CHEMPACK Container - Treatment Supplies - Capacity 454 Patients			
MEDICATION	UNIT PACK	CASES / CONTAINER	FOR REQUESTS FROM
Mark 1 Auto-Injector	240	5	FIELD or HOSPITAL
Atropine Sulfate 0.4mg/ml 20ml	100	1	HOSPITAL
Pralidoxime 1gm inj 20ml	276	1	HOSPITAL
Atropen 0.5mg	144	1	HOSPITAL
Atropen 1.0mg	144	1	HOSPITAL
Diazepam 5mg/ml auto-injector	150	2	HOSPITAL
Diazepam 5mg/ml vial 10ml	25	2	HOSPITAL
Sterile Water for injection 20cc vials	100	2	HOSPITAL

NOTE: Requests for Mark 1 Auto-injectors are typically 3 times the estimated number of casualties (i.e. 3 Mark 1 kits per person).