A Nor-Cal EMS Webcast for Continuing Education

The CHEMPACK Project was presented by Louis Lallo, PharmD, MBA, CDPH Emergency Preparedness Office and recorded live at the April 2014

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THE CHEMPACK PROJECT

An Overview
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TOPICS

- Overview of CHEMPACK Project
- Types of Nerve Agents
- Treatment of O-P poisoning
- Incident Response
- Site Responsibilities
- Status of CHEMPACK Project in California
- Response Considerations

SNS IN 60 SECONDS

- Daughter of the NPS (1999)
- Over 4 billion dollar portfolio
- Strategically located
- Includes: antibiotics, vaccines, antivirals, antidotes, airway management, blast & burn care, wound care

MISSION STATEMENT

Implement a nationwide project for the "forward" placement of nerve agent antidotes. To provide state and local governments a <u>sustainable</u> resource that increases their capability to respond <u>quickly</u> to a nerve agent event.

BACKGROUND

- "Quickly"
 - 12-hour response time: too long in the event of a nerve agent attack
 - No nerve agent antidote stocks at state/local levels
 - Hospitals carry <u>limited</u> or <u>no</u> nerve agent antidotes

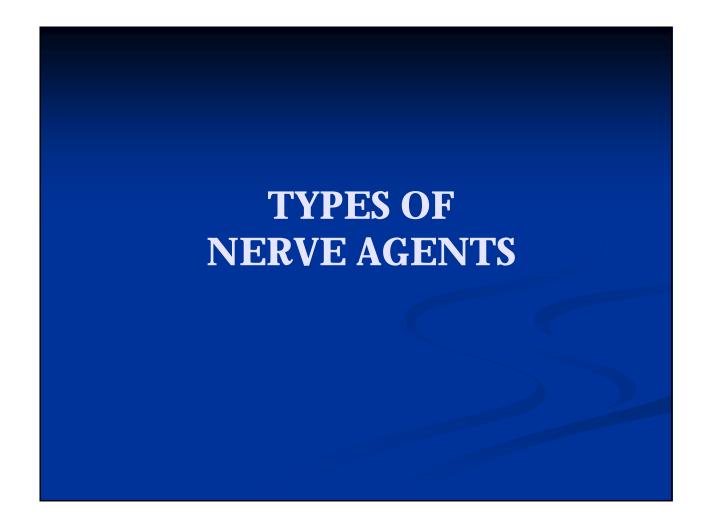
BACKGROUND

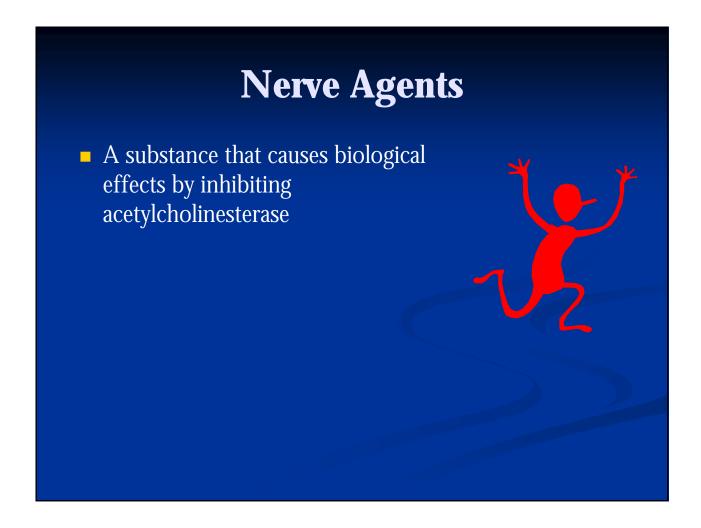
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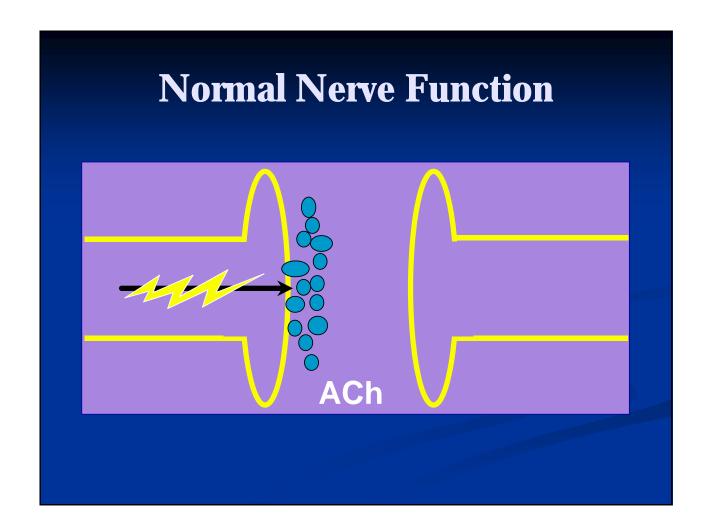
- "Sustainable" (Nerve Agent Antidotes)
 - Variable and short shelf lives
 - Expensive
 - Not an easily sustainable resource
 - Shelf Life Extension Program

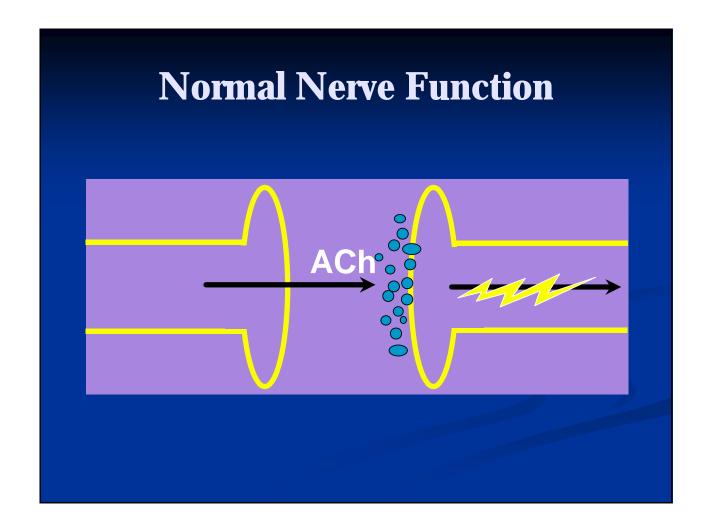
SHELF LIFE EXTENSION PROGRAM (SLEP)

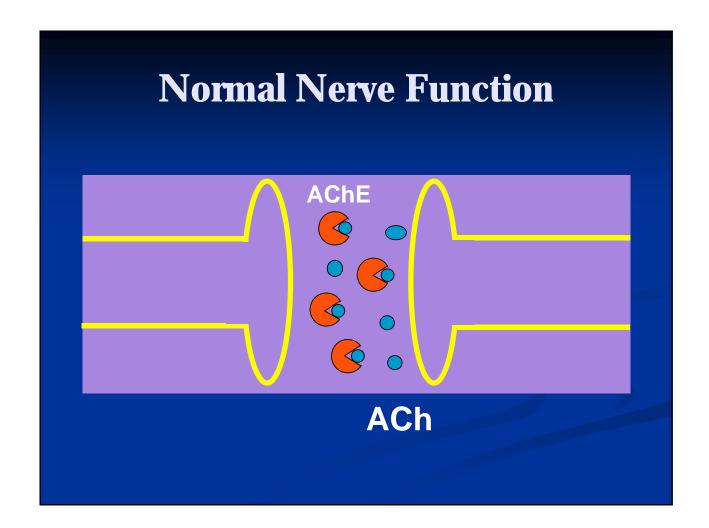
- FDA and DoD program to extend shelflife of pharmaceuticals
- Provides quality assurance of stored materiel
- Environmental monitoring ensures product integrity

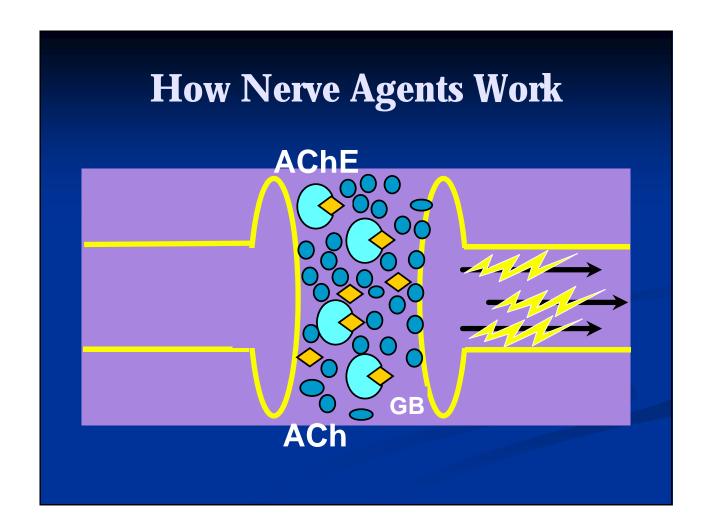


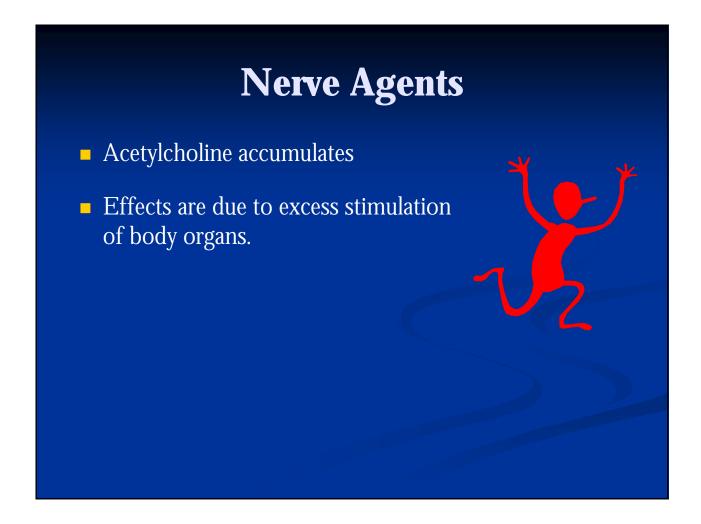












Types of Nerve Agents

Organophosphate Pesticides = Nerve Agents Slow to Act Longer Duration Less Severe

Quick Acting Short Duration Very Severe

Types of Organophosphates

- Carbamates
 - Physostigmine (Antilirium)
 - Neostigmine (Prostigmine)
 - Pyridostigmine (Mestinon)
 - Sevin (insecticide)
- Organophosphate Pesticide
 - Malathion
 - Diazinon

Types of Nerve Agents

- GA (Tabun)
- GB (Sarin)
- GD (Soman)
- GF (Cyclosarin)
- VX

Nerve Agents

- Most toxic chemical agents: are liquids, not "gas"
- GB (Sarin): vapor or liquid hazard; non-persistent
- VX: liquid hazard; persistent
- Penetrate skin, eyes, lungs
- Loss of consciousness, seizures, apnea, death
- Diagnosis made clinically, confirmed by laboratory test

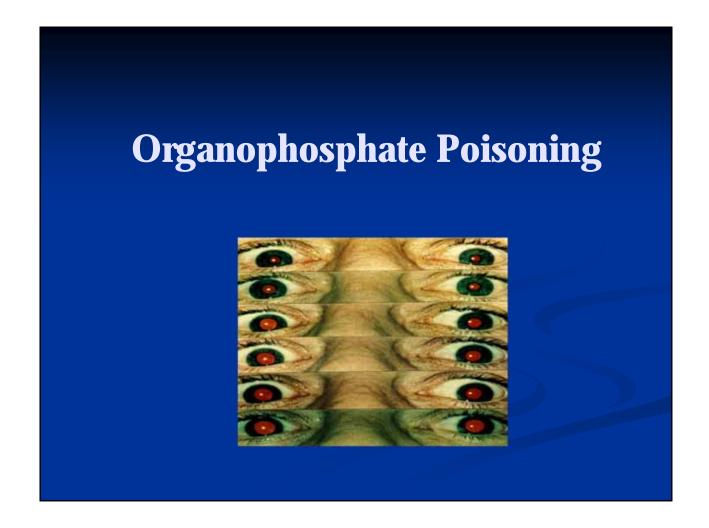
NERVE AGENT SYMPTOMS Mnemonics for Nerve Agent Exposure

"SLUDGEM"

- **S** Salivation
- **L** Lacrimation
- **U** Urination
- **D** Defecation
- **G** GI distress
- **E** Emesis
- **M** Miosis (pinpoint pupils)

"DUMBBELS"

- **D** Diarrhea
- **U** Urinary incontinence
- **M** Miosis/Muscle fasciculations
- **B** Bronchorrhea
- **B** Bronchospasm
- **E** Emesis
- **L** Lacrimation
- **S** Salivation







Nerve Agents Treatment (Continued)

- Airway/ventilation
- Antidotes
 - Atropine
 - 2-PAMCl
 - Diazepam









PHARMACEUTICALS





- <u>Pediatric Atropen</u> FDA recently approved in various strengths
- Pralidoxime (2PAM-Cl) FDA approved for children <16, September 2010 either in multidose vial or auto-injector.
- Some medical protocols describe an <u>off-label</u> use. This is between individual physician and patient

STANDARD CONTAINERS

The CHEMPACK Project provides two types of containers:

- **Emergency Medical Service (EMS) Container: Designed** for emergency responders
 - Mostly auto-injectors (allows for rapid administration)
 - Some multidose vials for variable dosing with elderly or pediatric patients
- <u>Hospital Container</u>: Designed for hospital dispensing
 - Mostly multidose vials for variable dosing and prolonged treatment
 - Also contains auto-injectors for rapid use

CHEMPACK PATIENT NUMBERS (FOR NERVE AGENT ANTIDOTE)

- EMS 454 patients
- Hospital 1,000 patients
- Funding
- DoD Sarin Model*:
 - 30% severe exposure
 - 40% moderate exposure
 - 30% light exposure
- * Not all nerve agents are created equal



"Fallout over chemical attack risk"

-The Guardian, 2/22/05



"New fears U.S. will be struck again" –Sacramento Bee, 7/31/05



"Chemical Spill In Dearborn Sends Workers To Hospital" –Detroit.com

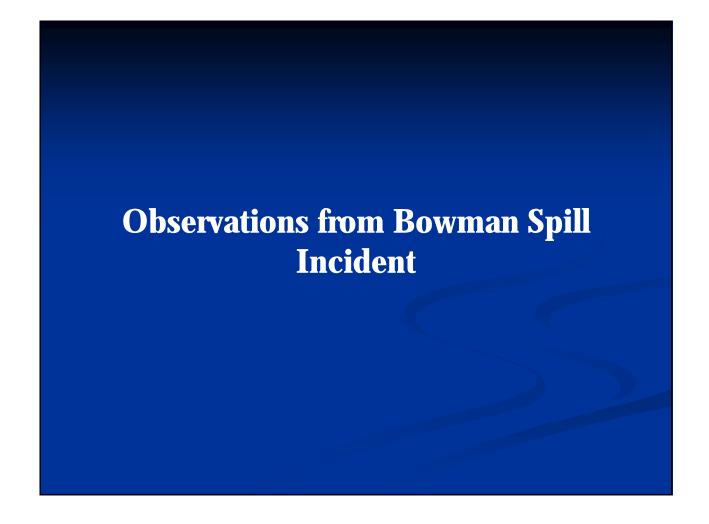
"CDC shipping 'chem-packs' to states

Long-awaited antidotes against chemical weapons"
-MSNBC, 8/3/05



CA O-P Incidents

- 1999- Fresno Salt Shaker case(100)
- **2007 Sacto Farm Workers (30)**
- 2/2007 Marin malathion suicide
- 7/2007- truck accident near Delano
- Redding Barrel falls off truck
- El Dorado- Barel falls off truck
- 12/31/13- suicide attempt Napa





SITE RESPONSIBILITIES

- Provide name and DEA registrant numbers of personnel signing for CHEMPACK
- Provide list of all personnel with access to CHEMPACK

SITE RESPONSIBILITIES

(continued)

- Assume custody of CHEMPACK materiel
- Only Pre-position CHEMPACK materiel with approval from CDPH/EPO and CDC
- Agree to break CHEMPACK container seal only when the following conditions are met:

CDC CONDITIONS FOR USING CHEMPACK DRUGS

- Threatens the medical security of the community; and
- Places multiple lives at risk; and
- Is beyond local emergency response capabilities; and
- The material is medically necessary to save human life

CASE STUDY

- Man self-administered Malathion in Napa County on 12/31/13 at 1143hrs
- Hospital requested 2-PAM from CHEMPACK site in Sonoma County
- CHP picked up via helicopter
- 2-PAM administered 110 min from time of ingestion and 83 min from time pt arrived at hospital
- Patient survived and discharged

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- The information presented here will be kept on a need-to-know basis
- The information presented here is <u>not</u> covered under the Freedom of Information Act (FOIA)*

*Protected under 42 USC§ 247d-6b





Response Considerations (unique in each OA)

A few questions to get you thinking.....

If you were IC and needed CHEMPACK material, who would you contact?

What is the chain of events that would occur from that point until you had your material?

Where does your organization keep information for CHEMPACK program?

Site Locations
Types of Containers
Contact Information

What entity in your City (or OA) is identified to transport CHEMPACK material to Pre-Hospital or Hospital locations?

Are there options to optimize transport for any given situation?

If you were IC and made decision to deploy CHEMPACK material to pre-hospital treatment site, how would you determine which medications and how much of each?

After Pre-Hospital treatment you need to get CHEMPACK material to each hospital receiving patients... what are your options for doing this?

So, now that your interests have been peaked.....



Take it from here for future training/exercises! Be involved... Be ready.

IN CONCLUSION...

- CHEMPACK Project has the potential to save lives in case of a nerve agent attack or accidental exposure
- The effectiveness of the CHEMPACK Project depends on how well we plan and train





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