Division of Emergency Preparedness

October 2025

Indiana CHEMPACK Plan

Indiana Department of Health

Table of Contents

APPENDICES:

ATTACHMENTS:

Promulgation Statement

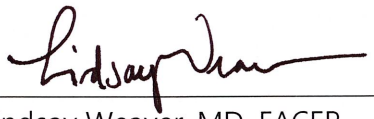
LINDSAY WEAVER, MD, FACEP
STATE HEALTH COMMISSIONER
INDIANA DEPARTMENT OF HEALTH
INDIANA CHEMPACK PLAN
PROMULGATION

The primary role of government is to provide for the welfare of its citizens. The welfare and safety of citizens is never more threatened than during disasters. The goal of emergency management is to ensure that mitigation, preparedness, response, and recovery actions exist so that public welfare and safety are preserved.

The plan provides a comprehensive framework for statewide emergency management during a chemical or nerve agent exposure emergency. It addresses the roles and responsibilities of government organizations and provides a link to local, state, federal, and private organizations and resources that may be activated to address disasters and emergencies in the State of Indiana.

The plan ensures consistency with current policy guidance and describes the interrelationship with other levels of government. The plan will continue to evolve, responding to lessons learned from actual disaster and emergency experiences, ongoing planning efforts, training and exercise activities, and federal guidance.

Therefore, in recognition of the public health emergency preparedness and response responsibilities of state government and with the authority vested in me as the State Health Commissioner of Indiana, I hereby promulgate the State CHEMPACK Program Plan.



Lindsay Weaver, MD, FACEP
State Health Commissioner
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Signature Page

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Executive Summary

The toxic effects of chemical/nerve agents require immediate drug intervention; the best outcome for those exposed is more likely if treated within moments of exposure. Indiana is most at risk for an organophosphorus or carbamate pesticide incident, as these chemicals are used and transported throughout the state, and nerve agents, such as Sarin or VX, which terrorists may release. While a terrorist nerve agent release is possible, a highway or rail accident near a populated area is more likely. Should either event occur, first responders and local hospitals may not have enough resources to treat victims. Poison Control recommends that antidotes required for mass casualty incidents be stocked so that no less than five 100kg patients be treated for 24 hours.

The federal CHEMPACK program augments local resources of nerve agent antidotes and other pharmaceuticals. The program is a collaborative effort between the State of Indiana and the federal government. The Indiana Department of Health (IDOH) manages the program for the state. The Strategic National Stockpile (SNS) at the Administration for Strategic Preparedness and Response (ASPR) manages the program federally.

The CHEMPACK program provides enough diazepam, 2-PAM chloride, and atropine per container for approximately 454 to 1,000 doses, depending upon container type. Most of these items come as auto-injectors that responders can use quickly to protect themselves and treat victims. Each container is sealed to prevent inadvertent entry that would prevent the SNS from extending the shelf life of the materiel and substantially increase the programs' cost. Indiana has agreed by signing the Memorandum of Agreement (MOA) with ASPR that local resources must be utilized first and that the CHEMPACK materiel is supplemental when local resources become insufficient to save lives.

While CHEMPACK materiel remains federal property, Indiana is responsible for the administrative control of the cache locations, while hospitals manage deployment and operational control within their jurisdiction. The SNS requires the locations to be secure and environmentally controlled to ensure the continued efficacy and availability of the materiel. Indiana has strategically placed CHEMPACKs in locations around the state to provide maximum geographic coverage for incidents of chemical/nerve agent release. However, the state may move CHEMPACK materiel to special high-risk events such as large public gatherings that warrant additional security.

Record of Changes

Change #	Date	Part Affected
1	8/1/2024	Moved TRANSPORTATION from RESOURCES to CONCEPT OF OPERATIONS and added verbiage that a transportation plan should be preestablished with closest CHEMPACK sites.
2	8/1/2024	Moved CHEMPACK STORAGE REQUIREMENTS from RESOURCES to CONSIDERATIONS
3	8/1/2024	Moved CHEMPACK CONTAINER MOVES from RESOURCES to CONSIDERATIONS
4	8/1/2024	Moved RESPONSIBILITIES from CONSIDERATIONS and merged with ROLES AND RESPONSIBILITIES under RESOURCES
5	8/1/2024	Moved CHEMPACK CONTAINER MOVES from RESOURCES and merged with PERMANENT/TEMPORARY/EMERGENCY CONTAINER MOVES under CONSIDERATIONS
6	8/1/2024	Added "contacts closest CHEMPACK" verbiage in CHEMPACK DEPLOYMENT QUICK REFERENCE chart
7	8/1/2024	Changed name from CHEMPACK-HOSPITALS and CHEMPACK-EMS to CHEMPACK SITES under ROLES AND RESPONSIBILITIES
8	8/1/2024	Added verbiage regarding the need for a transportation agreement as well as primary, secondary, tertiary contacts of nearest CHEMPACK site under HOSPITALS section
9	8/1/2024	Renamed DOCUMENTATION to CHAIN OF CUSTODY DOCUMENTATION under RESOURCES
10	8/1/2024	Merged HOSPITAL PHARMACY PREPAREDNESS and PRIMARY INCIDENT PREPAREDNESS sections to alleviate redundancy under CHEMICAL/NERVE AGENT PREPAREDNESS section

Record of Distribution

Plan #	Office/Department	Representative	Signature

Planning Agencies

Within each plan or annex, an agency or organization has been given the designation of primary, supporting, non-governmental or local agencies based on their authorities, resources and capabilities. The primary agency identifies the appropriate support agencies that fall under this plan and collaborates with each entity to determine whether they have the necessary resources, information and capabilities to perform the required tasks and activities within each phase of emergency management, including activations in the State Emergency Operations Center (SEOC) and impacted areas. Though an agency may be listed as a primary agency, they do not control or manage those agencies identified as supporting agencies. The agencies listed below are part of the Whole Community Planning Committee for this plan/annex.

IDOH Agency Divisions

Division	Planning Functions
Executive Offices	The Executive Offices Division consists of the IDOH Divisions/Offices that support the State Health Commissioner. The planning function of the Executive Offices Division is to provide the final review of the CHEMPACK Plan and subject matter expertise over IDOH's health policy and program recommendations.
Office of Legal Affairs	The planning function of the Office of Legal Affairs is to provide subject matter expertise for legal advice to the Department of Health, as needed.
Office of Finance	The planning function of the Finance Division at IDOH is to provide subject matter expertise for procuring and tracking the usage of all financial records relating to payroll, resource deployments, and expenditures during a disaster or event response.
Emergency Preparedness	To mitigate the loss of life, the planning function of the Division of Emergency Preparedness assists public health entities, health care coalitions, healthcare organizations, and other public health and healthcare partners to respond to and recover from all hazard incidents by identifying, developing, equipping, testing, and executing plans in a timely manner. This division also includes the Logistics and Administrative Services Departments.

Division	Planning Function
Emergency Preparedness	Administrative Services provide subject matter expertise for activities relating to building management, real estate leasing, parking, and security, among others. Logistics manages and coordinates the public health supply chain.
Lab Services Division	IDOH maintains the Laboratory Services Commission for the support of state public health, environmental and food protection programs. The Laboratory Services Commission provide specific, high quality, and necessary laboratory tests, test data, and test interpretations to federal, state, and local health, environmental, and food protection programs. The data from these tests is required for effective and efficient detection and response to public health, environmental and food protection emergencies and for surveillance and detection of communicable diseases, environmental hazards and their health effects, and food contaminations and their health effects.

Supporting State Agencies Functions During a Chemical/Nerve Agent Event

ESF 1: Transportation		
Primary Agency	**Support Agencies**	**Planning Functions**
Indiana Department of Transportation (INDOT)	IDHS, ISP, INNG, IDOE, IDOC, IDOA, BOAH, SPD, IDOL, IDOH	Subject matter expertise on state public road support; transportation safety; restoration/ recovery of transportation infrastructure; movement restrictions; damage and impact assessment
ESF 5: Emergency Management		
Primary Agency	**Support Agencies**	**Planning Functions**
Indiana Department of Homeland Security	All	Subject matter expertise on coordination of incident management and response efforts; issuance of mission assignments; resource and human capital; incident action planning; financial management for immediate response needs
ESF 8: Public Health and Medical Services		
Primary Agency	**Support Agencies**	**Planning Functions**
Indiana Department of Health (IDOH)	IDHS, EMS, INDOT, INNG, ISP, OFBCI, FSSA, BOAH, Department of Commerce, IDOA, State Budget Agency,	Provide subject matter expertise on public health; medical support; mental health services; mortuary services

	IURC, Department of Insurance, Department of Labor, SPD, State Treasurer, IHA	
ESF 10: Oil and Hazardous Materials Response		
Primary Agency	**Support Agencies**	**Planning Functions**
Indiana Department of Environmental Management (IDEM)	IDNR, IDHS-HAZMAT, INDOT, IDOH, ISP, INNG, EMS, Department of Insurance, FSSA, IDOA, SPD	Subject matter expertise on oil and hazardous materials (chemical, biological, radiological, etc.) response; spill restoration, short-and long-term environmental cleanup
ESF 13: Public Safety and Security		
Primary Agency	**Support Agencies**	**Planning Functions**
Indiana State Police (ISP)	IDNR, State Excise Police, INNG, IDHS, Dept. of Correction, Dept. of Labor, IDOH, FSSA, INDOT, IDOA	Subject matter expertise on law enforcement and military assistance; security planning and technical resource assistance; public safety/security support/escort support; support to access, traffic, crowd control and evacuation

Local Organizations

Local Organizations	
Organization	**Planning Functions**
Local Health Departments	Subject matter expertise on local health department functions/capabilities
Indiana Frontline Healthcare Centers	Subject matter expertise on assessment of exposure to chemical/nerve agents
Indiana Emergency Medical Service Providers	Subject matter expertise on assessment of exposure to chemical/nerve agents
Indiana District Healthcare Coalitions (HCCs)	Subject matter expertise on healthcare coalition (HCC) functions/capabilities

HHS Domains and Preparedness Capabilities Matrix

The information in this section was derived from Centers for Disease Control and Prevention (CDC)'s Public Health Emergency Preparedness Capabilities, the Administration for Strategic Preparedness and Response (ASPR) Health Care Preparedness and Response Capabilities, as well as the Health and Human Services (HHS) Domains. The ASPR NOFO dated June 18, 2024 provides the following language about the two sets of capabilities: "States will utilize both the upcoming National Health Care Preparedness and Response Capabilities and the Health Care Preparedness and Response Capabilities for Health Care Coalitions (formerly known as the 2017 – 2022 Health Care Preparedness and Response Capabilities) to support your approach to whole community health care readiness." The domains and capabilities relevant to the plan are highlighted in gray and bolded as necessary as shown in the table below. The aim of this section is to illustrate what phase of response the plan being presented is utilized in as well as to identify capabilities this plan will fulfill.

ASPR Health Care Preparedness and Response Capabilities

ASPR Health Care Preparedness and Response Capabilities for Health Care Coalitions	
1	Foundation for Health Care and Medical
2	**Health Care and Medical Response Coordination**
3	**Continuity of Health Care Service Delivery**
4	Medical Surge

ASPR National Health Care Preparedness and Response Capabilities (2024)	
1	**Incident Management and Coordination**
2	Information Management
3	Patient Movement and Distribution
4	**Workforce**
5	**Resources**
6	Operational Continuity
7	**Specialty Care**
8	**Community Integration**

CDC Public Health Emergency Preparedness and Response Capabilities

CDC Public Health Emergency Preparedness and Response Capabilities			
1	**Community Preparedness**	**9**	**Medical Materiel Management and Distribution**
2	**Community Recovery**	**10**	Medical Surge
3	**Emergency Operations Coordination**	**11**	Non-pharmaceutical Interventions
4	**Emergency Public Information and Warning**	**12**	Public Health Laboratory Testing
5	Fatality Management	**13**	Public Health Surveillance and Epidemiological Investigations
6	**Information Sharing**	**14**	**Responder Safety and Health**
7	Mass Care	**15**	Volunteer Management
8	Medical Countermeasures Dispensing and Administration		

Public Health Response Readiness Framework

2024-2028 PHEP Program Priorities - Defines Excellence in Response Operations

HHS Domains

Community Resilience	Incident Management	Information Management	Surge Management	Countermeasures and Mitigation	Bio surveillance
Foundation for Health Care and Medical Readiness **Community Preparedness** **Community Recovery**	Foundation for Healthcare and Medical Readiness Health Care and Medical Response Coordination **Continuity of Health Care Service Delivery** **Emergency Operations Coordination**	Health Care and Medical Response Coordination Public Information and Warning **Information Sharing**	**Continuity of Health Care Service Delivery** Medical Surge Fatality Management Mass Care Medical Surge Volunteer Management	Foundation for Health Care and Medical Readiness **Continuity of Health Care Service Delivery** Medical Countermeasure Dispensing **Medical Materiel Management and Distribution** Non-pharmaceutical Interventions **Responder Safety and Health**	Public Health Laboratory Testing Public Health Surveillance and Epidemiological Investigation

Crosswalk between Response Readiness Priorities and PHEP Capabilities

Objective of CHEMPACK Plan	Response Readiness Priority	PHEP Capability
Provides a comprehensive framework for statewide emergency management during a chemical or nerve agent exposure	Prioritize a risk-based approach Incorporate health equity practices	Medical Materiel Management and Distribution Responder Safety
Establishes roles and responsibilities of government organization	Enhance partnerships	Community Recovery Emergency Operations Coordination
Provides a link to local, state, federal, and private	Expand local support	Community Preparedness

organization and resources that may be activated in an emergency.		Emergency Public Information and Warning Information Sharing

Community Lifelines

A lifeline provides indispensable service that enables the continuous operation of critical business and government functions, and is critical to human health and safety, or economic security. In the table below, community lifelines are identified and those relevant to the plan are highlighted.

Lifelines	Functions
Safety and Security	Law Enforcement/Security, Search and Rescue, Fire Services, Government Services, Community Safety
Communications	Infrastructure, Alerts, Warnings and Messages, 911 and Dispatch, Responder Communications,
Food, Water, Sheltering	Food, Water, Shelter, Agriculture
Transportation	Highway/Roadway, Mass Transit, Railway, Aviation, Maritime
Health and Medical	**Medical Care, Patient Movement, Public Health, Fatality Management, Medical Supply Chain Responder Communications, Financial Services**
Hazardous Material	**Facilities, Non-fixed Sites**
Energy (Power and Fuel)	Power, Fuel

I. Purpose, Scope, and Assumptions

Introduction

The toxic effects of chemical/nerve agents require immediate drug intervention within moments of exposure; the CHEMPACK containers carry potent antidotes and symptomatic treatments for use by first responders in the event of an attack or unintentional release. Exposed individuals may require continued treatment and long-term hospital care, based on the dosage and duration of their exposure.

The CHEMPACK Program is uniquely different from the Strategic National Stockpile (SNS) push package in that it is stored closer to where it may be needed, or "forward placed." Forward placement enables emergency medical personnel to administer these life-saving drugs in a timely manner, which is the basis of the CHEMPACK concept. The ASPR, working with the states, assists in the strategic placement of these products into cache sites selected by state, city, or local officials. Sites are maintained by the CHEMPACK Program as a sustainable supply of pharmaceuticals readily available to emergency first responders and hospital emergency treatment facilities as a supplement to local supplies, as a secondary response.

A. Mission

The mission of the Indiana CHEMPACK Program is to provide a secondary response to save lives against a chemical/nerve agent release. Additionally, this plan provides the procedures for the deployment of CHEMPACK supplies within the State of Indiana.

B. Purpose

In the event of a natural and/or intentional incident employing chemical nerve agents, Indiana must be prepared to respond quickly to save lives. Unlike many other chemical or biological agents, which may not produce ill effects for hours or days, the time frame for an effective response to a nerve agent attack is measured in minutes. The CHEMPACK program originally created by the CDC is 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 currently under the management of the Administration for Strategic Preparedness and Response (ASPR).

There are two types of CHEMPACK containers: the Emergency Medical Services (EMS) CHEMPACK and the Hospital CHEMPACK. The EMS CHEMPACK materiel is designed for pre-hospital medical providers, and the antidotes contained in the EMS CHEMPACK are mostly auto-injectors for speed and ease of use. The Hospital CHEMPACK is designed for use by hospital medical staff, and the antidotes contained in the Hospital CHEMPACK are primarily multi-dose vials intended for continued care.

C. Scope

Prior to any event, state, district, county, and local emergency response groups must have knowledge and a complete understanding of the following plan. This plan is for all first responders and hospitals. With unified cooperation among all responding agencies, an event may be handled in a controlled and efficient manner.

D. Situation

ASPR has provided Indiana with 38 CHEMPACK containers: 28 containers designated as hospital CHEMPACKs and 10 designated as EMS CHEMPACKs. Currently, both the hospital and EMS CHEMPACK containers have been staged throughout the 10 IDOH districts under the oversight of a local hospital or EMS agency.

E. Assumptions and Limitations

As it is impossible to address every variable that may impact the effectiveness of a plan, every plan will inevitably rely upon assumptions and possess limitations. This is by no means a comprehensive list.

1. Planning Assumptions

- Hospitals and first responders have the responsibility of acquiring and maintaining their own supply of chemical/nerve agents as their primary response
- Emergency medical personnel will complete training on the administration of chemical/nerve agent antidotes
- Hospitals are trained in decontamination procedures or have established relationships with local responders that will perform decontamination as needed
- All CHEMPACK containers are stored in facilities in accordance with FDA requirements
- First responders and emergency medical personnel are aware of the CHEMPACK program, and the location of the nearest CHEMPACK through planning with local ESF-8 partners and the District Healthcare Coalitions (HCC's)
- Other healthcare and emergency management entities may have a locally maintained nerve agent antidote supply separate from the federal CHEMPACK program

2. Planning Limitations

- CHEMPACKs are intended as a secondary response after exhausting the local supply
- CHEMPACK deployment, though planned to be quick, is not immediate
- CHEMPACKs are used for treating organophosphate exposures and are limited in their scope of treatment

II. Concept of Operations

A. General

Chemicals/nerve agents present two imperatives for survival:

Antidote

An exposed person has mere minutes to receive an antidote before s/he is beyond recovery. Most first responders and local hospitals should carry or stock modest supplies of chemical/nerve-agent antidote for this reason.

Symptomatic Treatments

Exposed persons who receive antidote and survive the initial exposure will require urgent hospital care and certain drugs to mitigate long-term damage that a chemical/nerve agent release may cause.

In the event of an exposure to a chemical/nerve agent or if an organophosphate has been released, or is suspected as a source of contamination, whether intentional, unintentional, an act of terrorism, or a domestic act, lifesaving antidotes and medications will be needed. The need for antidotes and medications, as well as the recognition of a chemical/nerve agent release, may not immediately be apparent. Instead, the first signs of a release may be a surge of 911 calls or EMS responses, or a medical surge at a hospital facility, either by direct walk-ins or from EMS transport.

CHEMPACK use generally falls into three primary categories:

- CHEMPACK-Hospital – Hospitals that have a CHEMPACK stored at their facility for treatment at the facility or available for deployment
- CHEMPACK-EMS – Emergency Medical Services or other agencies that have a CHEMPACK stored at their facility available for deployment
- All other hospitals, EMS, or other first responder agencies that do not have a CHEMPACK

Any of the above can either directly use or request CHEMPACK materiel during an incident requiring it.

B. CHEMPACK Materiel

The materiel contained inside a CHEMPACK container consists of the following medications in various amounts and administration means:

Atropine sulfate – Blocks the effects of excess acetylcholine at the site of action; available in multi-dose vials and auto-injector (Atropen and Mark I/DuoDote)

Pralidoxime chloride (2PAM) – Reactivates acetylcholinesterase, thereby reducing the levels of acetylcholine; available in multi-dose vials and auto-injectors (Mark I/DuoDote)

Diazepam – Reduces the severity of acetylcholine-induced convulsions that can contribute to death or long-term neurological effects in survivors; available in multi-dose vials and auto-injector

Note: The Mark I Nerve Agent Antidote Kit is a dual-chambered auto-injector containing 2mg atropine sulfate and 600mg pralidoxime chloride. Mark I injectors will eventually be phased out for DuoDote injectors. Future sustainment will also be removing sterile water for injection from all CHEMPACK.

1. Hospital CHEMPACK Container

The Hospital CHEMPACK Container consists mostly of vials of symptomatic treatments but also contains Mark I kits, diazepam auto-injectors, and a supply of 20cc vials of sterile water for injections (SWFI). A single Hospital CHEMPACK Container can provide 1,000 doses.

Hospital CHEMPACK Container – Treatment Capacity 1,000 doses			
	Unit Pack	*Cases per Container*	*QTY*
Pralidoxime 300mg auto-injector*	240	2	480
Atropine sulfate 0.4mg/ml 20ml	100	11	900
Pralidoxime 1gm inj. 20ml	276	10	2760
Atropen 0.5 mg	144	1	144
Atropen 1.0 mg	144	1	144
Atropen 2.0 mg**	136	4	544
Diazepam 5mg/ml auto-injector	150	1	150
Seizalam (Midazolam) 5mg/ml vial, 10ml	50	10	500
Diazepam 5mg/ml vial, 10 ml	50	3	150
Sterile water for injection (SWFI) 20cc vials***	100	1	100
Security temperature monitoring system			1

SATCO C DEA container			1

*If Mark 1/DuoDote auto-injector is included in the container, the pralidoxime 300mg and atropen 2.0mg will not be included

**If the pralidoxime 300mg and atropen 2.0mg are included in the container Mark 1/DuoDote auto-injectors will not be included

***Hospital containers stored at non-medical treatment facilities will receive 28 cases of sterile water

2. EMS CHEMPACK Container

The EMS CHEMPACK Container is intended to support first responders. It contains primarily antidote in the form of Mark I kits/DuoDotes and diazepam auto-injectors, a limited supply of vials of symptomatic treatments, and a supply of 20cc vials of sterile water for injection (SWFI). A single EMS CHEMPACK Container contains 454 doses.

EMS CHEMPACK Container for 454 Doses			
	Unit Pack	*Cases per Container*	*QTY*
Mark 1 auto-injector/DuoDote*	240	5	1,200
ATNAAs**	200	6	1,200
Pralidoxime 300mg auto-injector***	240	5	1,200
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
Atropen 2.0mg***	136	9	1,224
Diazepam 5mg/ml auto-injector	150	2	300
Seizalam (Midazolam) 5mg/ml vial, 10ml	50	1	50

Sterile water for injection (SWFI) 20cc Vials****	100	2	100
Security temperature monitoring system			1
SATCO C DEA container			1

*If Mark 1/DuoDote auto-injector is included in the container the ATNAAs, pralidoxime 300mg and atropen 2.0mg will not be included

**If ATNAA is included in the container Mark 1/DuoDote auto-injector, pralidoxime 300mg, and atropen 2.0mg will not be included

***If the pralidoxime 300mg and atropen 2.0mg are included in the container Mark 1/DuoDote auto-injectors and ATNAA will not be included

****EMS containers stored at non-medical treatment facilities will receive two cases of sterile water

C. CHEMPACK Deployment Criteria

The decision to open and deploy a CHEMPACK is a medically necessary decision that must be ordered by an emergency department physician, hospital pharmacist, or EMS medical director. All CHEMPACK requests, internal or external, must confirm with the ordering emergency department physician, hospital pharmacist, or EMS medical director the following criteria is met:

1. A chemical/nerve agent or organophosphate has been released or is suspected as the source of contamination.
2. A threat exists to the public health of the community and the assets are needed to save human lives.
3. Local resources are anticipated to be inadequate or expended.

See **Appendix A – CHEMPACK Deployment Quick Reference**

D. Requesting CHEMPACK

If a healthcare professional or first responder believes a CHEMPACK is needed in response to a suspected chemical/nerve agent or organophosphate release, an emergency physician, hospital pharmacist, or EMS medical director should be contacted to initiate the request in accordance with the local ED or EMS protocols.

The emergency department physician, hospital pharmacist, or EMS medical director shall make a request to the CHEMPACK cache personnel or nearest CHEMPACK site (if not the current location) when warranted and CHEMPACK opening and deployment criteria are met.

E. CHEMPACK Opening and Deployment

The CHEMPACK contents may be used directly at the hospital, alternate care site, or incident as needed. The CHEMPACK contents may come from a CHEMPACK-Hospital or a CHEMPACK-EMS location, as best determined during the incident. Once the CHEMPACK is opened, the contents become the property of the State of Indiana, the receiving hospital, or jurisdiction and are ineligible for the Shelf-Life Extension Program (SLEP).

CHEMPACK requests for transfer of materiel to another site or location should follow the CHEMPACK Materiel Deployment Chart as a guide on how much should be removed from the container to be sent, unless specifically directed, and implement the CHEMPACK Materiel Transportation Plan if requested off-site.

The materiel should be transported to the requesting location, and the CHEMPACK Chain of Custody Form must be completed by the appropriate person (ED staff, receiving hospital, incident commander, medical branch director, EMS supervisor, etc.).

See **Appendix B – CHEMPACK Materiel Deployment Chart**
See **Appendix D – CHEMPACK Materiel Transportation Plan**
See **Attachment 1 – CHEMPACK Chain of Custody Form**

F. Transportation

The method of CHEMPACK asset transportation will vary between sites and should be outlined in all CHEMPACK cache site plans. Potential agencies that may be willing to commit a non-cost memorandum of understanding (MOU) to help in an emergency include air medical services, local and county police departments, local emergency management agencies, local fire departments, local EMS, and private hospital security. Such MOUs should be pre-planned to the furthest extent allowable.

See **Appendix D – CHEMPACK Materiel Transportation Plan**

G. CHEMPACK Container Opening Notification

Anytime a CHEMPACK container is opened, the opening site will implement CHEMPACK Deployment Notification Procedures.

See **Appendix C – CHEMPACK Deployment Notification Procedures**

Once the CHEMPACK door has been opened, an automatic alert is sent to Paragon Robotics via remote monitoring. The IDOH CHEMPACK coordinator will contact the ASPR and provide information regarding the incident and CHEMPACK opening; the ASPR may also contact the CHEMPACK-Hospital and CHEMPACK-EMS. The IDOH CHEMPACK coordinator will also notify the IDOH ESF-8, IDOH Division of Emergency Preparedness (DEP) management, the Indiana Poison Center (IPC), and the Indiana Department of Homeland Security (IDHS) Watch Desk of the incident.

DEP management will notify the Assistant Commissioner of Public Health Protection, who will then inform the IDOH Policy Group.

During an event, the District HCC should work with the affected hospitals, EMS providers, dispatch centers, emergency management, first responders, etc. to help coordinate the treatment and transport of patients to a hospital that has CHEMPACK materiel or help the facilitation of CHEMPACK materiel movement.

H. Additional CHEMPACK Resources

If additional CHEMPACK materiel is needed beyond the original container, the IDOH CHEMPACK coordinator will facilitate the movement of further materiel. The DEP director will be informed of this continued need by the coordinator. The DEP director will notify the Assistant Commissioner of Public Health Protection, who will then inform the IDOH Policy Group. In any event, requiring a CHEMPACK opening, the nearest CHEMPACK-Hospital or CHEMPACK-EMS within the district should prepare to assist with additional CHEMPACK requests as needed. In a large release or exposure, this may warrant the IDOH MCM Coordinator requesting supplemental assistance from the ASPR.

All hospitals should always place human life as the priority factor. As per the Indiana and ASPR MOA, the IDOH and the ASPR reserve the authority to request, open, and move CHEMPACK, as needed, based on the situation.

If the criteria are not met, or confirmation cannot be made, the CHEMPACK Facility should immediately contact the Indiana Poison Center (800-222-1222) or the IDOH CHEMPACK Coordinator for further guidance.

See **Attachment 2 – Indiana CHEMPACK Contact Info**

I. Toxicological Advisory Support

The Indiana Poison Center (IPC) is an independent, nonprofit agency providing coverage and services for the entire state of Indiana. It serves as both an emergency telephone service and an information resource center, with services available to the public and healthcare professionals 24 hours a day, 365 days a year. The IPC is the designated Regional Poison Information Center for Indiana and is accredited by the American Association of Poison Control Centers (AAPCC). It is a collaborative effort of the Indiana Department of Health (IDOH), Indiana University Health (IU Health), the Federal HRSA Poison Control Program, and healthcare providers throughout the state. Services are free to the public and are kept confidential.

The IPC can provide the following information:

- CHEMPACK locations throughout the State as needed
- Toxicological need for opening or requesting a CHEMPACK

- Information regarding expected clinical effects
- Patient management options
- Access to a board-certified medical toxicologist

III. Chemical/Nerve Agent Preparedness

As a level of redundancy, District HCCs, IDOH, the IDHS Watch Desk, and Indiana Poison Center should have awareness of **CHEMPACK-Hospital** and **CHEMPACK-EMS** cache locations. These entities serve as a central information center in the time of an emergency and may be required to facilitate CHEMPACK resource sharing.

Signs and Symptoms
Signs and Symptoms of a chemical/nerve agent release can be described by the acronym ***SLUDGEM:***
S – Salivation **L** – Lacrimation (tear production) **U** – Urination **D** – Defecation **G** – Gastrointestinal distress, may include vomiting **E** – Emesis **M** – Muscle Twitching & Miosis (constricted pupils)

The forward placement of CHEMPACK containers in various locations (caches) throughout the state will provide increased availability of specialized medications to the affected areas. Outside the hospital setting, it is essential all first responders (EMS, fire, police, etc.) and public safety officials are aware of the CHEMPACK program and know who to contact during an emergency to obtain further information and direction. During an actual event, first responders must be aware of the signs and symptoms of a chemical/nerve agent release, treatment of these agents, and where and how to obtain them.

A. Treatment

A combination of Atropine Sulfate, 2-PAM, and Diazepam is used to treat a chemical/nerve agent release. Actions of this combination include vasodilation, drying of the mouth, an increase in pulse rate, inhibition of contractions of the GI tract, ureter, and bladder, and reduction of salivary, bronchial, gastric, and sweat gland secretions.

See **Attachments 5 - Pediatric Nerve Agent Exposure Treatment**
See **Attachment 6 – Adult Nerve Agent Exposure Treatment**

B. CHEMPACK Program and Local Response Planning

All healthcare and first responders who may potentially be involved in the response or care of a chemical/nerve agent release should be aware of the Indiana CHEMPACK Program. While it is not

feasible nor intended for every physician, nurse, EMT, police officer, etc. to know the location of every CHEMPACK location, it is important to know the program and resources that exist, and who to contact.

During an emergency, first responders should contact on-line medical direction or EMS. Healthcare practitioners should contact their emergency department or pharmacy. It is important that each local jurisdiction and district determine and plan for how and where they would request a CHEMPACK prior to an incident.

C. Hospital and First Responder Preparedness

As the CHEMPACK is designated for secondary response to a chemical/nerve agent release, preparedness for chemical and nerve agent exposures through maintaining the appropriate countermeasures and antidotes that may be needed is critical. Exposure to an organophosphate requires a near immediate response to be effective; IDOH strongly recommends that all local hospitals and first responders maintain their supply of antidote in accordance with their scope of practice and authority.

As a guide, the Indiana Poison Center has developed the Recommended Stocking Levels of Antidotes for Poisoning. This guide, while not limited to only chemical and nerve agent poisonings, includes guidance for several different chemical and nerve agents.

See **Attachment 3 – IPC Recommended Stocking Levels of Antidotes for Poisoning**

D. Information Sharing

The following professionals should be aware of all CHEMPACK-Hospital and CHEMPACK-EMS in their jurisdiction or the locations of the next closest.

1. Local Hospitals and Healthcare

- Emergency department: physicians, pharmacists, physician assistants, nurse practitioners, charge nurses, department managers, and other key medical, administrative, or managerial staff as deemed appropriate
- Hospital preparedness coordinators and/or duty officers
- Pharmacy department directors and/or pharmacist in charge
- Other local health care providers who have a direct health role deemed appropriate, especially those involved in the care of exposed individuals

2. Local Response Agency Officers and Managers

- Local public health
- Dispatch centers/ PSAP
- Fire departments/HAZMAT
  - Emergency management
- EMS
- Law enforcement
- Other public safety

IV. Resources

The following is a list of resources required for the execution of this plan. Other commonly available items, such as communications equipment, are assumed to be available, and thus are not listed individually.

A. Ancillary Samples

A CHEMPACK contains sterile water for injection of 2-PAM but does not contain needles, syringes, tubing, and compatible fluids. The list below indicates ancillary items that hospitals and EMS should either purchase or have immediate access to use CHEMPACK materiel or other nerve agent treatment caches. *Note: Future sustainment will be removing sterile water for injection from all CHEMPACK, the amount needed is listed below.*

Supply	Approximate Quantity Required
20 ml syringes	100
3 ml syringes	450
1-1 ½ " 18 gauge needles	200
5/8" 22-25 gauge needles	100
1" 22-25 gauge	400
Normal Saline 100ml bags	50
20 ml of sterile water per injection (SWFI)	100

B. Chain of Custody Documentation

IDOH has provided the necessary documentation for chain of custody. Each chain of custody form will have four copies; one will stay with the CHEMPACK Hospital, one will go to the transporting agency, one will go to the requesting facility or agency, and the fourth will go to IDOH. IDOH will make a copy and forward it to the ASPR. CHEMPACK Chain of Custody Forms should be pre-printed and staged near each CHEMPACK.

See **Attachment 1 — CHEMPACK Chain of Custody Form**

C. Roles and Responsibilities

1. Indiana Department of Health

The Indiana Department of Health (IDOH) is responsible for overseeing and managing the CHEMPACK program throughout the state of Indiana. IDOH will designate a CHEMPACK coordinator to oversee the CHEMPACK program, as well as primary and backup points of contact. The CHEMPACK coordinator is responsible for keeping the DEP director informed of all activations, continued need, and movement of any cache. At the discretion of the DEP director, they will ensure the Assistant Commissioner of Public Health Protection and the IDOH Policy Group have situational awareness.

IDOH oversees the receipt, placement, storage, maintenance, monitoring, reporting, and deployment of assets. Additionally, IDOH coordinates the movement of assets to special high-risk events such as major sporting events or other extraordinary large public gatherings where intelligence indicates a specific threat.

See **Attachment 2 – Indiana CHEMPACK Contact Information**

2. Indiana Department of Homeland Security

The Indiana Department of Homeland Security (IDHS) is responsible for developing training standards permitting the administration of chemical/nerve agent antidotes by EMS personnel. The IDHS Watch Desk is responsible for keeping an official use-only list of CHEMPACK locations provided by IDOH to be used as reference only during a chemical/nerve agent release involving hazmat; chemical, biological, radiological, nuclear and explosive (CBRNE) specialists, or other response agencies.

3. Hospitals

Local hospitals have the responsibility to keep all essential hospital professionals informed of the CHEMPACK program, the location of the nearest CHEMPACK cache, along with its primary, secondary, tertiary points of contact, as well as a transportation agreement with nearest CHEMPACK site. Local hospitals are also responsible for recognizing the signs and symptoms of a chemical/nerve agent release through training.

4. CHEMPACK Sites

CHEMPACK-hospitals and CHEMPACK-EMS are responsible for storing and maintaining CHEMPACK caches in accordance with the listed storage requirements and will ensure quality assurance to ASPR/FDA guidelines.

CHEMPACK assets must only be used when lives are at stake and local resources are insufficient. CHEMPACK assets will be provided free-of-charge to patients during such an event.

Each site must designate and provide cache personnel physical access to the CHEMPACK room and containers; physical access must be available at all times, requiring a level of redundancy in personnel. Each site shall provide primary and alternate points of contact for each cache location.

The following are also the responsibilities of each CHEMPACK site:

1) Have an operational plan for storage, monitoring, deployment use, and administration of CHEMPACK assets, which will address asset placement, distribution, coverage areas, security, and transport

2) Provide SNS the name, title/position, office phone number and alternate number, of those who have access to CHEMPACK containers and CHEMPACK assets

3) The cache site/project area will be responsible for all costs associated with the storage of CHEMPACK container(s).

4) Contact the CHEMPACK program as soon as possible after detecting any non-compliant condition but not later than one hour after detecting a non-compliant deviation of climate control

5) Maintain the integrity of the CHEMPACK container seal until authorized state or local officials determine that deployment is necessary to respond to a nerve agent release is warranted OR to prevent the potential loss of life

6) Notify ASPR within 24 to 48 hours of a deployment and report the type(s) and amount of CHEMPACK assets: (1) used in the deployment; and (2) remaining in the CHEMPACK container

7) Any movement of CHEMPACK containers must be approved by ASPR

8) Upon request from CHEMPACK, cache locations will provide access to their cache location to allow CHEMPACK to perform reviews

9) CHEMPACK and /or cache site personnel will inventory CHEMPACK containers approximately every 12 to 24 months or as required by CHEMPACK

10) Agree to comply with all applicable federal, state, and local requirements regarding storage, use, and handling of controlled substances

11) Designate a pharmaceutical or medical professional with a DEA-registration who will sign for and accept custody for CHEMPACK assets. Contact

information (name, license number, primary and alternate phone number) for the DEA registrant will be given to CHEMPACK and IDOH CHEMPACK manager

12) Ensure that cache site possesses a valid, separate, DEA registration

5. Federal

ASPR retains ownership of all CHEMPACK assets and CHEMPACK containers, including after such assets and containers have been delivered to cache site and custody has been assumed.

ASPR will coordinate materiel rotation and resupply.

6. EMS and Other On-Scene Incident Management

EMS, first responders, or any other public safety professionals with a role in incident management are responsible for recognizing the signs and symptoms of a chemical/nerve agent release.

7. Indiana Poison Center

The Indiana Poison Center maintains a 24-hour number available for providers for consultation and toxicological expertise. The IPC is responsible for keeping an official use-only list of CHEMPACK locations provided by IDOH to be used as reference only during a chemical/nerve agent release involving Hazmat, CBRNE specialists, or other response agencies.

V. CHEMPACK Considerations

A. Map of Cache Locations

Each of the 10 Public Health Preparedness districts in Indiana have access to at least one CHEMPACK. The cages are split up into three cache types, hospitals, EMS, and hospital/EMS. Each cache site location is provided on the CHEMPACK Cache Location Map.

See **Appendix E – CHEMPACK Cache Location Map**

B. CHEMPACK Paperwork

1. ASPR CHEMPACK SharePoint

The ASPR CHEMPACK SharePoint site provides a place to retrieve CHEMPACK information, exchange planning and training documents, and finding CHEMPACK points of contact. The ASPR CHEMPACK SharePoint site has a cache locator map providing all the cache locations with other resources, including resource plans, mutual aid agreements, training, and more. The Indiana workspace shares folders of the cache sites, container moves documents, extended not relabeled (ENR), and memorandum of agreement (MOA).

The preceding information can be found at https://www.orau.gov/CHEMPACK/.

2. Memorandum of Agreement (MOA) between HHS, ASPR and the State of Indiana

To effectively respond to a public health nerve agent poisoning event(s), the Secretary of Health and Human Services (HHS) Office of the Administration for Strategic Preparedness and Response (ASPR) agrees to pre-position CHEMPACK assets at cache locations. Each cache location agrees to the terms, conditions, and responsibilities contained within the MOA, outlined below. This MOA is independent of, and supplements, any agreement between ASPR and the State of Indiana concerning the Strategic National Stockpile (SNS) but supersedes any previous agreements concerning CHEMPACK assets.

C. CHEMPACK Storage Requirements

The following outlines the storage requirements as agreed upon in the CHEMPACK MOA between the ASPR and State of Indiana:

- Provide a locked room or cage for storage of CHEMPACK containers
- CHEMPACK assets to control access and ensure compliance with applicable federal, state, and local regulations
- Install and monitor, on a 24-hour basis, an intrusion detection device that alerts cache location personnel of intrusions or attempted intrusions into the secure storage area

- Conduct and record monthly security checks to visually inspect and confirm the integrity of CHEMPACK container seals. All security check records will be made available to the ASPR during annual on-site inspections.
- Ensure each CHEMPACK container is locked with an ASPR-provided padlock, and key access is limited to personnel authorized by cache location's DEA-registrant and/or the cache location pharmacy director.
- Maintain minimum aisle widths of 72 inches, door widths of 34 inches, and other clearances to allow easy access to and maneuvering of CHEMPACK containers.
- Equip cache locations with appropriate equipment and structures (e.g., hydraulic lifts, forklifts, loading docks, ramps) for rapidly accessing, moving, and transporting CHEMPACK containers.
- Store CHEMPACK containers in a temperature-controlled environment meeting the current United States Pharmacopeia definition of controlled room temperature that encompasses the usual and customary working environment of 20°C to 25°C (68°F to 77°F); that results in a mean kinetic temperature calculated to be not more than 25°C (77°F); and that allows for excursions between 15°C and 30°C (59°F and 86°F) that are experienced in pharmacies, hospitals, and warehouses. An article with storage at controlled room temperature can be stored and distributed in a cool place, unless otherwise specified in the individual monograph or on the label. Cool room temperature is any temperature between 8°C and 15°C (46°F and 59°F). An article for which storage in a cool place is directed, may be stored and distributed in a refrigerator, unless otherwise specified by the individual monograph or on the label.
- For use with the security and temperature monitoring system (STMS), maintain: (1) one dedicated 120VAC, 60HZ, 10W, UL-listed power outlet connected to an existing facility emergency generator or other uninterrupted power supply (UPS) device; and (2) insure a strong, steady cellular signal. The CHEMPACK team will work with the site location to improve the signal or connect via alternative method.
- Maintain the CHEMPACK containers and CHEMPACK assets in buildings and facilities that provide proper design and construction; lighting; ventilation, air filtration, and air heating and cooling; plumbing; sewage and refuse; hand washing and toilet facilities; sanitation; and maintenance in accordance with 21 CFR §§ 211.42- 211.58
- Maintain fire detection and alarm systems, and fire suppression systems as required by federal, state, and local pharmaceutical regulations and fire codes

- Store only ASPR-provided CHEMPACK Assets in CHEMPACK containers; storage of non-ASPR provided assets in CHEMPACK containers, including state-owned nerve agent antidotes, is not permitted

D. CHEMPACK Product Rotation

Since CHEMPACK began as a pilot in 2002, the SNS had formed invaluable partnerships with state and project area coordinators while working to protect the health of the American people. The goal is to continue these partnerships now and, in the future, working together to keep the nation safe. When delivering MCM drop shipment, jurisdictions are responsible for accepting delivery, rotating expiring product, completing required documentation, repacking, and returning expired product to the SNS. All materiel and shipping costs will continue to be the responsibility of the SNS.

ASPR's Strategic National Stockpile released an instructional training video intended for state and local public health partners involved in the CHEMPACK program to use as a reference tool and for training to help educate on the drop shipment process for rotating and resupplying product in forward-deployed CHEMPACK containers.

CHEMPACK – Drop shipment instructional video can be found at:
https://www.youtube.com/watch?v=vLMph8tM_dQ

See **Appendix J – CHEMPACK Drop Shipment/Product Rotation**

1. Shelf-Life Extension Program (SLEP)

The Shelf-Life Extension Program (SLEP) is an FDA program that conducts research on the potency and stability of pharmaceutical materials past their labeled expiration date. The result of the program is the deferment of replacement costs for selective date sensitive pharmaceuticals by extending their use life under FDA guidelines. For pharmaceuticals to be eligible for shelf-life extension, the product must have been continuously monitored through the CHEMPACK monitoring system and maintained in accordance with ASPR storage standards and be made available for sampling and testing as required by the SLEP. Materials extended through SLEP will be relabeled with a new expiration date.

E. CHEMPACK Monitoring System Replacement

The CHEMPACK program replaced the Sensaphone monitoring system with the security and temperature monitoring system (STMS), a modern system which primarily utilizes LTE-M cellular connectivity to provide real-time connection to a central monitoring server. For most sites, the replacement installation was quick and efficient, however some CHEMPACK containers are in areas with little or no cellular signal strength. We estimated that 25% of cache sites may fall into this category. The SNS/CHEMPACK team, along with their partner

contractor, Paragon Robotics, may need to discuss potential solutions to provide Internet connectivity for sites with little or no cellular strength.

F. CHEMPACK Container Moves

The SNS CHEMPACK program was developed and funded to pre-position nerve agent antidotes for use by local health professionals to save lives in the event of an incident. CHEMPACK containers are placed in many locations across the United States and are provided at no cost to local municipalities.

Any container movement must be planned and executed in close coordination with the IDOH CHEMPACK coordinator, as the materiel remains the property of the ASPR. Any facility that seeks an emergency or non-emergency move should contact, via phone or email, the IDOH CHEMPACK coordinator. Planned moves require at least 30 days of notice to obtain ASPR approval. In addition, the IDOH Policy group will review the move to ensure that adequate resources are available in all jurisdictions.

1. Permanent Cache Location Moves

The HCC is required per IDOH HPP Grant Requirements to approve any CHEMPACK cache locations requesting relocation and placement within their district. HCCs provide funding to CHEMPACK cache locations for the sustainment and operations of the supportive services and support of the caches. The HCC may evaluate the placement of CHEMPACK cache locations within their district to best support their community needs based on population, threats, and hazards to the jurisdiction. The HCCs are only permitted to relocate the designated number of caches within their district.

Cache host sites must maintain a level of readiness to maintain and deploy CHEMPACK assets during emergencies.

The IDOH Division of Emergency Preparedness MCM/CHEMPACK Program and Administration for Strategic Preparedness and Response (ASPR) Strategic National Stockpile (SNS) CHEMPACK Program have final approval of all CHEMPACK cache location movements. Authorization from ASPR SNS is required prior to movement of a cache, approval takes a minimum of 30 days.

Cache locations must ensure compliance with ASPR and IDOH CHEMPACK Program standards and procedures as outlined within the Indiana CHEMPACK Plan. These include, but are not limited to, an active DEA licensure, a secure temperature-controlled room, appropriate staffing to facilitate product rotations, and the ability to facilitate cache movement and deployment during activation.

See **Appendix I – Cache Site Survey**

See **Appendix J – Cache Site Location Sketch**

See **Appendix F – Permanent Relocation Procedures**

2. Temporary Cache Location Moves

Cache locations may temporarily transport CHEMPACK containers for federally designated special events (i.e., National Special Security events, championship sporting events, major political conventions, state fair, and large-scale or high-risk public event etc.) for the purpose of strategically pre-positioning CHEMPACK containers.

See **Appendix G –Temporary Relocation Procedure**

3. Emergency Container Moves

Responsible CHEMPACK cache site personnel may conduct an emergency move of their cache CHEMPACK container(s) to safeguard these vital assets in the event of an unforeseen emergency that threatens the required security or viability of the CHEMPACK materiel. To better ensure this happens, it is recommended that each cache site adopt procedures for safeguarding CHEMPACK assets in an emergency that poses either a potential or an actual threat to CHEMPACK products in their custody.

See **Appendix H – Emergency Relocation Procedures**

VI. Plan Maintenance

A. General

IDOH is responsible for revising plans to ensure the most up-to-date information is included. Specific updates may include: the number of CHEMPACK placed, procedures for opening, and coordination of the incident and information. Each CHEMPACK facility is responsible for updating notification and transportation protocols.

B. Frequency

IDOH will review this plan at least annually to ensure up-to-date and correct information. Additionally, the IDOH will review this plan after activation of the plan, whether in response to a real-world incident or exercise.

C. Training and Exercise

This plan should be exercised by the IDOH a minimum of one time after implementation of the plan. Individual CHEMPACK facilities may request process and transportation of simulated CHEMPACK materiel at any time and is recommended to do so at least once every three years.

VII. Authorities and References

The following provides Indiana code citations related to CHEMPACK response activities. The following should not be considered to be an exhaustive list. For additional public health preparedness citations, please reference the **IDOH Administrative Preparedness Plan**. These citations may be used as a reference; however, the full text of the law should be consulted before utilizing or enforcing any law during or in preparation for an emergency. Additionally, the IDOH Office of Legal Affairs and local government counsel should be consulted, whenever necessary.

CHEMPACK Use Legal Authorities and References		
General		
Code	Usage	Description
IC 10-14-3-11	*Governor's Emergency Powers*	If an emergency is beyond local control, the governor can: ○ Assume operational control of all or part of emergency management functions ○ Make, amend, or rescind orders, rules, and regulations ○ Coordinate with other states or federal government ○ Employ any measures regarding recommendations from IDOH or local health departments ○ Use resources from state and local governments ○ Establish agencies, offices, and appoint personnel
IC 10-16-7-7	*Activation of National Guard*	Governor can activate the Indiana National Guard in cases including public disasters and any time the governor considers necessary
IC 5-10-13	*Death and Disability Benefits for Emergency and Public Safety Employees*	• "Exposure-risk disease," including anthrax and smallpox • Applies to certain state and local employees, including individuals at high risk for occupational exposure to an exposure-risk disease in the line of duty • Applies to employees diagnosed with a health condition caused by exposure-risk

		disease employee was exposed to while in the line of duty
Disaster Declarations/Proclamations		
Code	Usage	Description
IC 10-14-3-12	*Disaster Declaration; Governor's Powers under a Disaster Declaration*	▪ Disaster declaration procedure ▪ Under a disaster declaration, the governor can: o Suspend provisions of regulatory statutes o Use state and local resources o Use state agencies and personnel for emergency services o Commandeer or use private property o Assist in evacuations o Suspend or limit the sale of alcohol o Make provisions for temporary emergency housing o Allow out-of-state health practitioners to practice in Indiana o Give authority to allocate drugs, food, other resources, and services
IC 15-17-10-11	*Animal Health Emergency Declaration*	Board of Animal Health has authority to request emergency funding to address animals deemed hazardous to citizens or animals of Indiana
IC 10-14-3-29	*Local Disaster Emergency*	Local disaster declarations can be made by the principal executive of the local government. Local governments cannot use a disaster declaration to prohibit individuals employed in emergency public service from traveling on highways within the local jurisdiction.
Emergency Rulemaking and Suspension of Laws		
Code	Usage	Description
IC 10-14-3-11 **IC 10-14-3-12**	*Governor suspending laws*	▪ The governor may make, amend, or restrict orders, rules, and regulations during an emergency

		▪ The governor may suspend provisions of regulatory statutes during a disaster declaration
IC 10-14-3-22	*State agencies suspending laws*	Indiana state agencies may make, amend, and rescind orders, rules, and regulations when necessary for emergency management purposes
IC 10-14-3-22	*Local governments suspending laws*	Local governments may make, amend, and rescind orders, rules, and regulations when necessary for emergency management purposes
Limiting Transmission		
Code	Usage	Description
IC 16-18-2-327.5	*Serious Communicable Disease*	Definition of serious communicable disease
IC 16-41-6-2	*Compulsory Testing for Communicable Diseases*	Upon court order, the state health commissioner or local health officer can compel examination of an individual who may have a communicable disease or other disease that is a serious and present danger to health
IC 16-18-2-302.6 **IC 16-19-3-9** **IC 16-41-9** **IC 10-14-3-12.5**	*Quarantine*	• Definition of quarantine • SHC and local health officers have the authority to quarantine and take measures to prevent and suppress disease • Quarantine procedure
IC 16-18-2-194.5 **IC 16-41-9**	*Isolation*	• Definition of isolation • Isolation procedure
IC 16-41-9-5	*Mentally Ill, Dangerous, or Gravely Disabled Disease Carrier*	State or local health officers may, pursuant to IC 12-26-5, seek to detain an individual carrying a dangerous communicable disease if he/she is deemed mentally ill, dangerous, or gravely disabled

IC 16-19-3-10 **IC 16-20-1-24**	*Closing Schools and Banning Public Gatherings*	• IDOH has the authority to order schools to close and forbid public gatherings to prevent or stop epidemics • Local health officers have the authority to order schools to close and forbid public gatherings to prevent or stop epidemics
IC 16-41-9-3	*Excluding Infected Students from Attending School*	• Local health officers may exclude a student from school if he/she has a serious communicable disease that is transmitted through normal school-related contacts and the disease poses a substantial threat to the school community • Students deemed to no longer have the serious communicable disease shall be given a certificate of health and readmitted to school
IC 16-20-1-21 **IC 16-20-4-18**	*Local Health Department Communicable Disease Control*	Local health departments have the duty and authority to take any action authorized by law or IDOH to control communicable diseases
IC 15-17-10	*Diseased Animals*	State and federal government can examine, quarantine, and condemn diseased or dangerous animals
IC 16-41-5	*IDOH Inspection of Private Property*	IDOH has situational authority to enter private property to conduct an inspection of communicable disease.
IC 16-20-1-23	*Local Health Department Inspection of Private Property*	Local health departments have situational authority to enter any premise to inspect, investigate, evaluate, conduct tests, or take samples to determine compliance with public health laws/rules and for prevention and suppression of disease.
Treatment		
Code	Code	Code
IC 16-41-9-1.7	*Immunizations*	• Immunization programs must include information on benefits and risks of immunization

		• No adult can be immunized without his/her consent • No child can be immunized without his/her parent/guardian's consent • Individuals who refuse immunization can be subjected to isolation or quarantine
IC 16-19-4-11 **IC 25-0.5-11**	*Administration of Immunizations by Healthcare Providers*	The state health commissioner has the authority to issue a standing order, prescription, or protocol allowing pharmacists and providers regulated by any of the licensure boards listed in IC 25-0.5-11 to administer immunizations
IC 16-38-5-2	*Documentation of Immunizations*	▪ Providers administering immunizations or their designee must provide immunization data to immunization data registry ▪ No emergency exception
IC 10-14-3-23 **IC 16-31-1-3** **IC 16-41-1-1**	*Exception to compulsory medical treatment*	The government cannot compel an individual to submit to physical examination, medical treatment, or immunization if the individual or his/her guardian decides to rely on spiritual means or prayer to prevent or cure disease or suffering
IC 16-41-16	*Infectious Waste*	Instructions for handling infectious waste

Points of Disbursement (POD)			
Code		Usage	Description
IC 10-14-3-33.5	*Regulation of Firearms during Emergencies*	State and local governments cannot prohibit or restrict the lawful possession, transfer, sale, transportation, storage, display, or use of firearms or ammunition during a disaster emergency, energy emergency, or local disaster emergency. Some exceptions: school property, postsecondary education institutions, emergency shelter care child caring institution, private secure facilities, emergency shelter care group homes, domestic violence shelters, etc.	

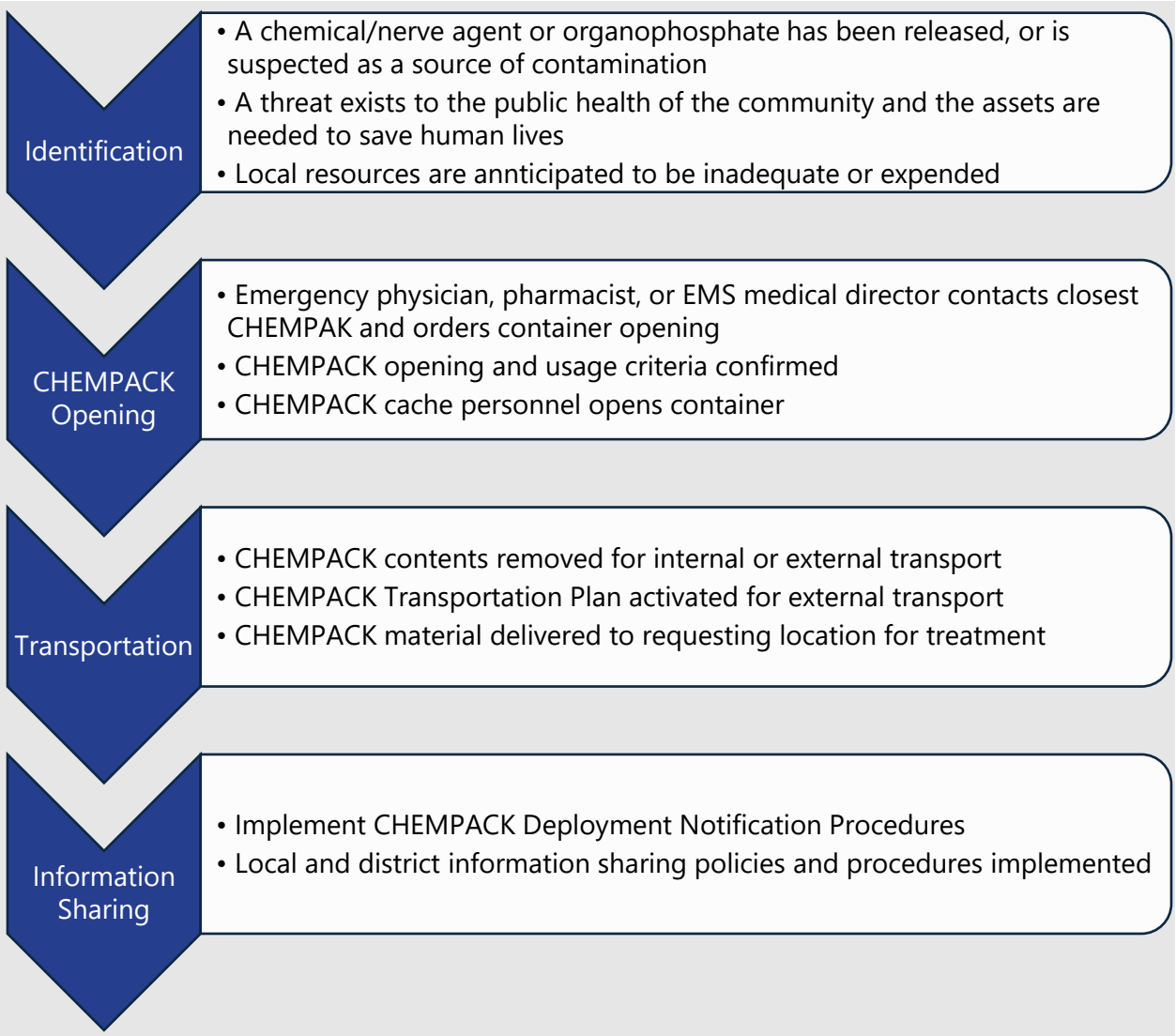
Surveillance		
Code	Usage	Description
IC 16-19-10-8	*Counterterrorism Surveillance*	IDOH must report and monitor data on symptoms and health syndromes for outbreaks of dangerous disease and health conditions
IC 16-41-2 **IC 16-41-3** **410 IAC 1-2.5**	*Communicable Disease Surveillance*	IDOH has the authority to make rules establishing reporting, monitoring, and preventing communicable disease
512 IAC 1-2-1 **512 IAC 1-2-2**	*School Attendance Reporting System for Outbreaks*	• School corporations and accredited nonpublic schools must develop an attendance system for reporting symptoms and health syndromes from outbreaks or suspected outbreaks of disease or other health conditions that are a danger to public health • When the percentage of students absent equals or is greater than 20%, schools must report the percentage of students absent to the local health department
Licensure		
Code	Usage	Description
IC 10-14-3-15	*Exceptions to Licensure Requirements for Emergency Management Workers*	Professional, mechanical, or other skill-related licensure requirements do not apply to emergency management workers during a disaster emergency
IC 16-31-3-3	*Exceptions to EMS Certification or Licensure Requirements*	Certification or licensure is not required for an emergency ambulance service, EMT, ambulance, EMS non-transport vehicle, or ALS when providing EMS services during a major catastrophe or disaster when EMS resources are insufficient
IC 16-31-3.5-2	*Exceptions to Emergency Medical*	Training requirements for emergency medical dispatchers do not apply during a major

	Dispatch Requirements	catastrophe or disaster when emergency medical dispatch resources are insufficient
IC 10-14-5-5	*Exceptions to Licensure Requirements related to EMAC resources*	• Individuals with professional, mechanical, and other skills who are requested through EMAC will be considered licensed in the receiving state if they are licensed in any EMAC member state • The governor of the receiving state can put limitations and conditions on the scope of practice of these individuals
IC 10-14-6.5-5	*Exceptions to Licensure Requirements related to interstate mutual aid resources*	• Emergency responders licensed in another state are considered licensed in Indiana when providing aid related to an interstate mutual aid agreement • The emergency responders' scope of practice is limited to the responders' license and the equivalent license in Indiana
Legal Immunities		
Code	Usage	Description
PREP Act	*Immunity for Administration or Use of Countermeasures*	• Federal law that provides immunity from liability for claims of loss related to administration or use of countermeasures • Secretary of Health and Human Services can issue a PREP Act declaration at any time, not just during emergencies • Excludes acts of willful misconduct • Current declarations include pandemic influenza countermeasures
IC 34-30-13.5	*Immunity for Healthcare Providers and Facilities*	• Only applies when the governor has declared a disaster • Applies to healthcare services, provided before, after, or during the disaster declaration, in response to an event that resulted in a disaster declaration • Healthcare provider must be licensed in Indiana
IC 34-30-12.5	*Immunity for Health Care Provider*	• Healthcare provider includes physicians, healthcare facilities, nurses, paramedics, and EMTs and their medical staff

	Providing Smallpox Immunization	• Healthcare provider administering medical countermeasure against an actual or potential bioterrorist incident or public health emergency is immune from civil liability for any injury or damage resulting from the administration of the medical countermeasure • Applies only when federal government authorizes IDOH to administer medical countermeasures
IC 16-31-6-4	*Immunity for Paramedics and EMTs*	EMS, government, and healthcare individuals/entities are not liable for acts or omissions by paramedics or EMTs while treating a patient in good faith in connection with a disaster declaration for an act of terrorism
IC 16-39-7-1	*Immunity for Destruction of Health Records*	A provider is not liable for destroying or failing to maintain a health record, in good faith, in connection with an emergency declaration or other disaster
IC 25-38.1-4-7	*Immunity for Veterinarians*	Veterinarians and veterinary technicians are immune from damages to the owner of an animal the veterinarian or veterinary technician provides emergency treatment to, including euthanasia
Emergency Mutual Aid		
Code	Usage	Description
IC 10-14-3-10.8 **IC 10-14-3-16** **IC 10-14-3-17** **844 IAC 5-9-8**	*Indiana Intrastate Mutual Aid Compact*	Creates a mutual aid compact between participating local governments, fire departments, and private individuals in Indiana
IC 10-14-5	*Emergency Management Assistance Compact (EMAC)*	• Indiana may request emergency resources from and provide emergency resources to other states participating in EMAC • The requesting state will reimburse the providing state for any loss, damage, or expense related to provided resources,

		unless the providing state determines reimbursement is unnecessary
IC 10-14-6.5	*Interstate Mutual Aid Agreement*	• State or local governments may enter into mutual aid agreements with state or local governments of other states for emergencies that do not require a state or local emergency declaration
IC 10-14-3.5	*Uniform Emergency Volunteer Health Practitioners Act*	Registered volunteer health and veterinary health practitioners licensed in Indiana or another state can provide services in Indiana while an emergency declaration is in effect

APPENDIX A: CHEMPACK DEPLOYMENT QUICK REFERENCE



APPENDIX B: CHEMPACK MATERIEL DEPLOYMENT CHART

The following guide represents suggested materiel to send when a deployment request is received for CHEMPACK materiel. The materiel sent may be modified based on the nature of the request, or specifically requested items. Each CHEMPACK site should reserve some materiel to treat additional exposed patients, if applicable.

Hospital CHEMPACK Container					
	Cases	**Reserve**	**Hospital Deployment**	**EMS Deployment**	**Color**
Mark 1/DuoDote auto-injector	2	0	0	2	Yellow
Atropine Sulfate 0.4mg/ml 20ml	11	5	6	0	Blue
Pralidoxime 1gm inj. 20ml	10	5	5	0	Red
Atropen 0.5 mg	1	0	0	1	Purple
Atropen 1.0 mg	1	0	0	1	Gray
Diazepam 5mg/ml auto-injector	1	0	0	1	Green
Diazepam 5mg/ml vial, 10ml Seizalam (Midazolam) 5mg/ml vial, 10ml	3 10	3 4	0 6	0 0	Orange
Sterile water for injection 20cc Vials	28	14	14	0	White
EMS CHEMPACK Container					
	Cases	**Reserve**	**Hospital Deployment**	**EMS Deployment**	**Color**
Mark 1/DuoDote auto-injector	5	2	0	3	Yellow
Atropine Sulfate 0.4mg/ml 20ml	1	0	1	0	Blue
Pralidoxime 1gm inj 20ml	1	0	1	0	Red
Atropen 0.5 mg	1	0	0	1	Purple
Atropen 1.0 mg	1	0	0	1	Gray
Diazepam 5mg/ml auto-injector	2	1	0	1	Green
Seizalam (Midazolam) 5mg/ml vial, 10ml	1	0	1	0	Orange
Sterile water for injection 20cc Vials	2	1	1	0	White

IDOH recommends color coding or color labeling CHEMPACK materiel to aid in the quick identification of cases during an event where a pharmacist is not available for loading. The above-designated colors are the standard colors selected by IDOH and should be followed if incorporated. *Note: labeling may only be done during a materiel rotation (drop shipment).* ***The CHEMPACK container cannot be opened for labeling.***

APPENDIX C: CHEMPACK DEPLOYMENT NOTIFICATION PROCEDURES

In the event a CHEMPACK Container is opened, the CHEMPACK facility will alert the following:

NOTIFICATIONS		
Partnering Agency	**Primary Contact (Name/Number/Email)**	**Secondary Contact (Name/Number/Email)**
IDOH CHEMPACK Coordinator	Garrett L. Anderson Mobile: 765-516-4915 GAnderson2@health.in.gov	Derek A. Sebold Mobile: 317-431-7145 DSebold@health.in.gov
Local Health Department		
Local Dispatch		
Local EMA		
District HCC		
Indiana Poison Center	1-800-222-1222 24-hour number	

CHEMPACK FACILITY CONTACTS			
Primary (Name/Number/Email)	**Secondary (Name/Number/Email)**	**Tertiary (Name/Number/Email)**	**Drop Shipment (Name/Number/Email)**

Please inform the IDOH CHEMPACK Coordinator when the facility contacts are changed

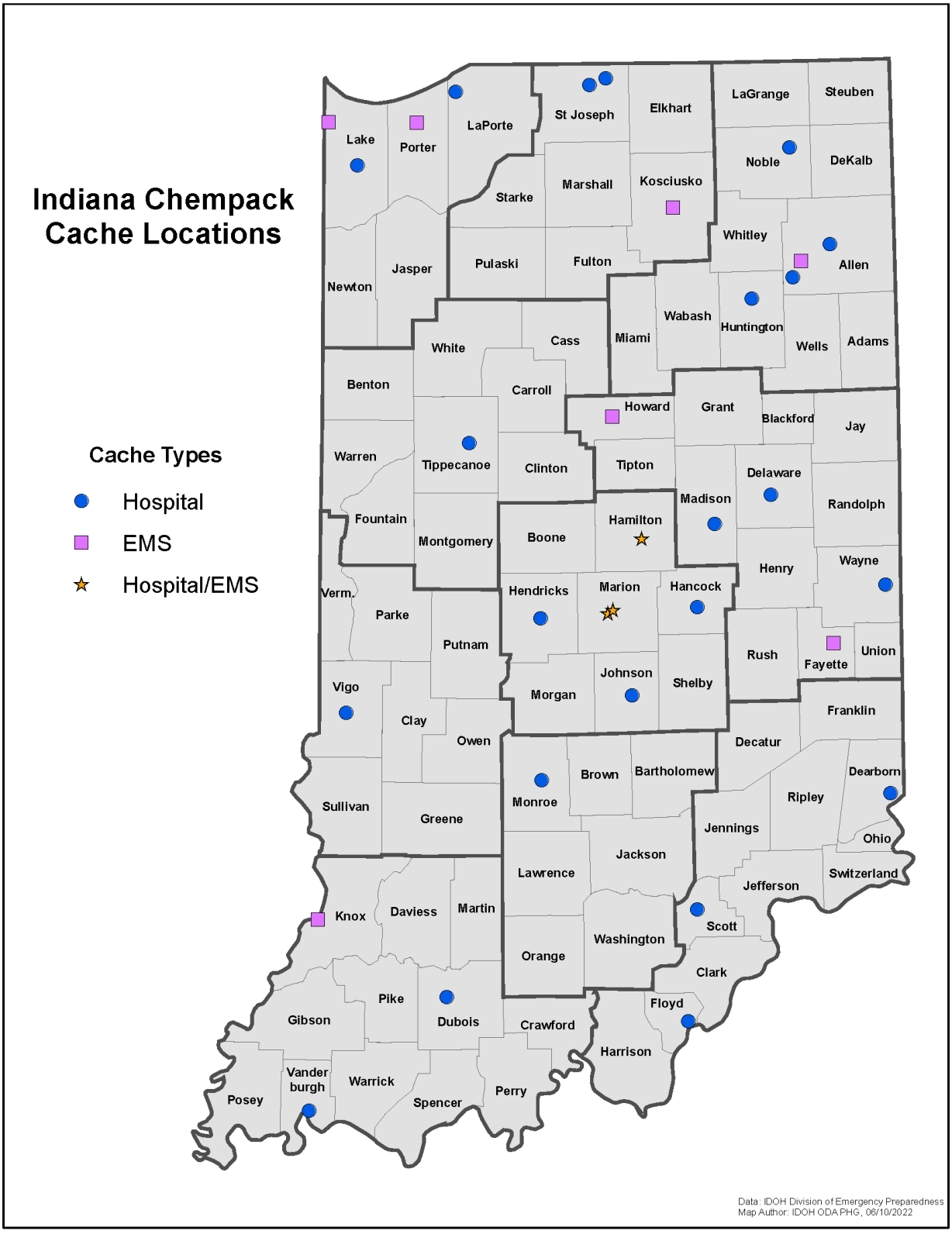
APPENDIX D: CHEMPACK MATERIEL TRANSPORTATION PLAN

In the event CHEMPACK materiel has been requested outside the CHEMPACK site, the following procedures have been identified to perform transport of the requested materiel.

IDENTIFIED TRANSPORT PROCEDURES
Transport Option no.1
Transport Option no.2
Transportation Option no.3

Materiel must be accompanied by the CHEMPACK Chain of Custody form (Attachment 1) and unused materiel returned to the CHEMPACK site.

APPENDIX E: CHEMPACK CACHE LOCATION MAP



APPENDIX F: CHEMPACK PERMANENT RELOCATION PROCEDURES

The guidance in this section applies primarily to local support of permanent movement of container to a new approved cache site.

1. Cost Considerations

The HCC is required to approve any CHEMPACK cache locations requesting relocation and placement within their district. The HCC may evaluate the placement of CHEMPACK cache locations within their district to best support their community needs based on population, threats, and hazards to the jurisdiction. The HCCs are only permitted to relocate the designated number of caches within their district. This move is determined by local officials, the cost of such a movement must be borne in full by the local municipalities if the movement is not coordinated with CHEMPACK to be completed during normal sustainment.

2. Requirements

Should the need for a permanent move of a CHEMPACK container occur, ensure that you coordinate your proposed container movement with ASPR SNS CHEMPACK Team far in advance of movement; a minimum of 30 days. Before requesting a container move, a cache site survey of the new location must be completed and approved. It is critical that this coordination occur, as SNS CHEMPACK maintenance staff will outline specific instructions as they pertain to the affected container(s). As a means of reducing the costs associated with container movement, Project area/cache site(s) should attempt to have containers movements occur during a sustainment (product rotation) period.

A. Current Cache Location(s)

1) Cache address
2) Commercial delivery/loading dock address
3) DEA registrant's name, title, and contact information
4) Copy of DEA facility license number
5) Describe container movement

B. Propose New Cache Location(s)

1) Cache address

2) Commercial delivery/loading dock address

3) DEA registrant's name, title, and contact information

4) Proposed date(s) for ASPR CHEMPACK team visit(s) (if required)

5) Completed required paperwork that provide proof of the following:

   a) The storage location can maintain a temperature between 66-77 degrees Fahrenheit

   b) Maintain around-the-clock on-site physical security for the container(s). Acceptable forms of security include:

      i. A locked cache room or cage with monitored security system (as identified in the MOA and the Cache Site Survey)

      ii. Direct observation of security personnel via line of sight, CCTV, motion sensor, or other monitored security device

   c) The storage location must supply an electrical outlet and a strong cellular signal (and back-up emergency power) for the STMS

C. Container Movement Plan

1) Transportation arrangements

   a) Carrier (i.e., FedEx Custom Critical, or other temperature-controlled conveyance)

   b) 24-hour contact information for vehicle drive (FedEx typically includes a photo of the driver)

   c) 24-hour contact information for the vendor's operations center

2) Dates and times of container moves

3) Will all the container(s) be moved at one time?

4) Date and time of departure from the cache location

5) Date and time of arrival at the proposed location

6) State point-of-contact information during the period of the move (i.e., state person, SNS coordinator)

APPENDIX G: CHEMPACK TEMPORARY RELOCATION PROCEDURES

The guidance below applies primarily to local support of designated special events (e.g., political convention, major sporting event). While the district CHEMPACK operational plan has likely addressed the positioning of their CHEMPACK assets to account for strategic population centers, there are certainly events that occur which may require re-positioning of assets to provide adequate coverage. "Temporary" is defined as no longer than five days for the purpose of this discussion.

1. Cost Considerations

Whereas the primary purpose of a temporary movement of a CHEMPACK container(s) is to support a special event as determined by local officials, the cost of such a temporary movement must be borne in full by the local municipalities. SNS does not provide funding for such contingencies.

2. Restrictions

The conditions for such temporary container movement(s) are that:

a) The storage location can maintain temperature between 66 to 77 degrees Fahrenheit

b) Maintain around-the-clock on-site physical security for the container(s). Acceptable forms of security include:

   1) A locked cache room or cage with monitored security system (as identified in the MOA and Cache Site Survey)

   2) Security provided by the contract carrier (e.g., dual driver team with one person always located with truck, with lock and seal on truck door)

c) The storage location can supply an electrical outlet and a strong cellular signal for the STMS

d) Maintain fire detection and alarm systems, and fire suppression systems as required by federal, state, and local pharmaceutical regulations and fire codes

e) You coordinate your proposed temporary container movement(s) with the ASPR SNS CHEMPACK Team far in advance, minimum of one month, of the event.

It is critical that this coordination occur, as SNS CHEMPACK maintenance staff will outline specific instructions as they pertain to the affected container(s).

3. Container Movement Procedures

For temporary movements of a CHEMPACK container(s) by non-ASPR CHEMPACK personnel, provide the following information to your regional team coordinator at least 48 hours prior to the planned movement of the containers:

a) Notify the CHEMPACK program of proposed container(s) relocation a minimum of 48 hours prior:

   1) Container number(s)
   2) Reason for relocation
   3) Proposed Date(s)

b) The project area representative's notification must be made telephonically or in writing to the designated ASPR CHEMPACK Program Preparedness Branch program consultant AND the CHEMPACK regional team coordinator.

c) The project area representative must maintain temperature and security requirements described in the above listed restrictions.

d) Complete a Container Movement Plan and forward to your regional team coordinator.

APPENDIX H: CHEMPACK EMERGENCY RELOCATION PROCEDURES

Responsible CHEMPACK cache site personnel may conduct an emergency move of their cache CHEMPACK container(s) to safeguard these vital assets in the event of an unforeseen emergency that threatens the required security or viability of the CHEMPACK materiel.

1. Scope

Almost any CHEMPACK storage site is vulnerable to a natural or man-made emergency that can threaten container integrity (e.g., flooding from internal or external sources or an HVAC loss that could allow your storage area temperature to exceed an upper or lower threshold). If steps are taken in such an emergency to protect CHEMPACK assets, it will happen because facility decision-makers responsible for safeguarding them acted promptly, decisively, and appropriately. To better ensure this happens, it is recommended that each storage site adopt procedures for safeguarding CHEMPACK assets in an emergency that poses either a potential or an actual threat to CHEMPACK products in your custody.

2. Planning

Factors for a CHEMPACK storage site point of contact (POC) to consider when developing these emergency repositioning procedures include:

a) Explore alternate locations within your facility (e.g., areas that are on higher floors if the CHEMPACK container(s) in your custody are in a basement at risk of flooding) to which it may be possible to relocate the container(s) temporarily if they are threatened in an emergency where the facility still has power and adequate on-site security.

b) Negotiate agreements with nearby facilities, that meet CHEMPACK standards for a secure and environmentally acceptable setting, to place your container(s) temporarily in a storage site emergency.

c) Also maintain a current list of the names and emergency contact information for persons at each level within your District, Regional, and PA Emergency Preparedness and Response (EP&R) organization.

d) In an emergency that threatens your CHEMPACK container(s), and in which you have ruled out moving them temporarily to an alternate area within your facility, invoke

some or all of your agreements with nearby facilities. If that cannot happen and if time permits, work your way up the Healthcare Coalition (HCC) organizational chain to reach a contact person who can help coordinate the temporary relocation of the container(s) in question.

e) If time permits, contact the ASPR SNS CHEMPACK monitoring center or its on-call alert technician at 888-693-5518 and do the following:

   1) Request that the monitoring center disable the alarm.

   2) Explain the steps you are taking to safeguard the container (described below).

   3) Follow the on-call maintenance technician's instructions. These instructions will be very close to the product rotation instruction. These were designed to help you protect the integrity of the CHEMPACK product in your custody and, where possible, to help ensure that you can maintain U.S. Federal Drug Administration (FDA), Drug Enforcement Administration (DEA), and Shelf-Life Extension Program criteria for the product.

f) Carefully unplug each container from its power outlet, as well as any "quick disconnects" between containers, where applicable.

g) Move each container to the identified emergency location and re-establish connectivity, i.e., plug in the STMS. If an identified emergency location is not available, do the following to the best of your ability:
   1) Find a secure (locked) area with controlled access in which to place the CHEMPACK container(s).

   2) Ensure that the area has environmental controls to maintain the temperature within the acceptable range.

   3) Establish a surveillance schedule for 24/7 coverage (a security guard should be assigned to monitor the container[s]) and "hand" log the following:

      i. Temperature (i.e., remains within the acceptable range)

      ii. The condition of door seals (i.e., remain unbroken).

   4) Continue surveillance until you can return the container(s) to the approved CHEMPACK storage site, or into other storage arrangements you have made in agreement with the staff of the ASPR SNS CHEMPACK Program.

APPENDIX I: CHEMPACK CACHE SITE SURVEY

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

State/PA:		**Date:**
Name:		**Phone:**
Name of facility:		
Address:		
No. EMS:	**No. HSP:**	**Total Containers:**

Accessibility	**Yes**	**No**	**Comments** (if applicable)
1. Is the cache location accessible to large trucks?	☐	☐	
a. Maximum trailer length - 20ft ☐ 24ft ☐ 48ft ☐ 53ft ☐			
2. Is a loading dock with dock plate or fork lift available?	☐	☐	
3. Minimum 72" aisles and 34" for SATCO C and 44" for SATCO B doorways in and out of the facility?	☐	☐	
4. Sloped hallways and/or ramps?	☐	☐	
5. Are elevators available that can accommodate the container and personnel?	☐	☐	
6. Do obstacles (doors/aisles) limit your movement route options?	☐	☐	
7. Is there an alternate route for unloading if primary access is blocked? If Yes, note all pertinent differences from the primary access point in the comments.	☐	☐	

Official CHEMPACK container dimensions: 60.5" (Height) X 32.5" (Width) X 60.5" (Length)

Space	**Yes**	**No**	**Comments** (if applicable)
7. Room dimensions Width____ ft x Length ____ ft ____sq ft Note: See attached cache storage facility diagram.			
8. Total # Containers ____ x 40 sq ft. _____ (required sq ft)			
9. 40 square feet per container?	☐	☐	

Environmental Conditions	**Yes**	**No**	**Comments** (if applicable)
10. System to maintain temperature between 68° to 77° F	☐	☐	
11. Is mold visibly present?	☐	☐	
12. Is there a secure thermostat to regulate environmental conditions?	☐	☐	
13. Are personnel designated to respond to correct room temperature deviations within one hour of Sensaphone alarm?	☐	☐	

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14. Is there adequate lighting to ensure CHEMPACK personnel can clearly identify lot numbers and product expiration dates?	☐	☐	

Environmental Conditions continued	Yes	No	Comments (if applicable)
15. Is the location free of pesticides, solvents, petroleum products, and flammable materials? If flammable or hazardous material are present, they at least 50 feet away from the container or properly stored in an appropriate Hazmat/Flammable Storage Locker	☐	☐	
16. Is the cache location clear of trash?	☐	☐	
17. Does the cache location have pest control?	☐	☐	

Reference: CFR Title 21, Part 211

Phone Lines	Yes	No	Comments (if applicable)
18. Is there one dedicated Plain Old Telephone System (POTS) phone line per Sensaphone?	☐	☐	
a. Total number of dedicated POTS line(s) required:_____			
19. Point of Contact for POTS line verification:_____			
20. Phone number for Point of Contact:_____			

Electrical Power	Yes	No	Comments (if applicable)
21. Is there one dedicated 120 VAC, 60 Hz power outlet with surge protection available per Sensaphone?	☐	☐	
a. Total number of 120 VAC, 60 Hz outlet (s) required: _____			
22. Is back-up emergency power available?	☐	☐	
a. What Type: Facility emergency generator ☐ Un-interruptible Power Supply (UPS) (2.5w for 12 hrs ☐ Portable generator ☐			
23. Distance (unobstructed) between phone line & outlet _____ft.			

Security and Alarm Response	Yes	No	Comments (if applicable)
24. Does the storage location have controlled access that meets the DEA requirements? Reference: CFR Title 21 Part 1301 Section 1301.72	☐	☐	
25. Is there access control present and if so what type? i.e. card key, touch pad, key lock	☐	☐	
26. Is DEA registrant or a designated representative aware of all personnel with cache site access?	☐	☐	

27. Is a security or surveillance system available and operational?	☐	☐	
28. Identify the type of security system: a. Motion sensor ☐ Door contact switch ☐ Security camera ☐ Glass Break ☐ b. Are security camera images recorded? How long are they maintained and stored?	☐	☐	

Security and Alarm Response continued	Yes	No	Comments (if applicable)
29. Do the security or pharmacy personnel physically monitor the sensor on a 24-hour basis? a. Is the facility located in an urban or rural area?	☐	☐	
30. Does the security system detect movement in and around the CHEMPACK containers?	☐	☐	
31. Are there personnel assigned to respond within 15 minutes of a security alarm?	☐	☐	
32. Type of building and location of container? i.e. Hospital, Warehouse and 1st floor or basement. Describe in comments section			
33. Are lights present around the exterior of facility? Does the facility have an exterior patrol? i.e. Contract guards or some patrol schedule.	☐	☐	

Fire Detection & Suppression	Yes	No	Comments (if applicable)
34. Is there a fire detection system available?	☐	☐	
a. What type?_____			
35. Is there a fire suppression system available?	☐	☐	
a. What type?_____			

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

DEA Registrant	
Name:	Title:
Phone:	Mobile:
FAX:	Email:
DEA Registrants License Number:	

Is the DEA Registrants license number valid for this site? ☐ **Yes** ☐ **No**

Primary Point of Contact (POC) Primary and Alternate 24/7 POCs are required; please complete all applicable	
Name:	Title:
Phone:	Mobile:
FAX:	Email:
Alternate POC	**Additional POC**
Name:	Name:
Title:	Title:
Office:	Office:
Mobile:	Mobile:
Pager:	Pager:
Security - 24 hour Number	**Pharmacy / Main Facility - 24 hour Number**
Phone:	Phone:
Ask for:	Ask for:
*******Please circle primary 24hr contact for Sensaphone Alerts*******	

It is required that the below issues be addressed prior to fielding this location:

It is recommended that the following issues be addressed prior to fielding:

I have been provided a copy of this Site Survey Checklist and briefed on the contents of the survey conducted.

Signing on behalf of the Cache Location	Signing on behalf of CHEMPACK
Name: Title:	Name: Title:
Date Signed	Date Signed

The information on this form is believed to be accurate as of the time of the Survey, based upon direct observations and information provided by Cache personnel.

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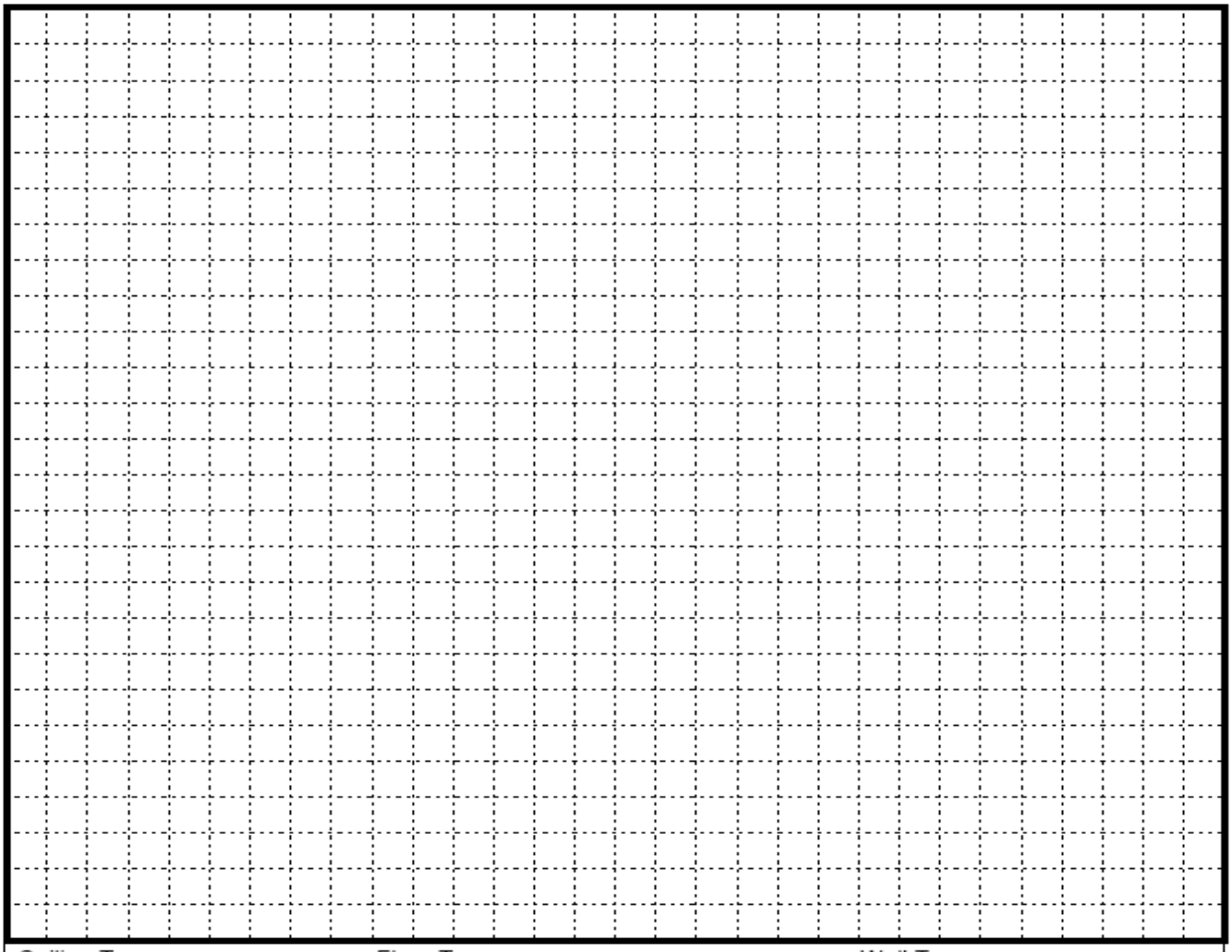
APPENDIX J: CHEMPACK CACHE LOCATION SKETCH



Ceiling Type: Floor Type: Wall Type:

Comments:

Power Outlet		HVAC	HVAC Vent		Door (note width)
Emergency Power Outlet		Light	Light (note type)	Ext	Fire Extinguisher
Dedicated Analog Line		EMS	EMS Container	SD	Smoke Detector
S	Motion Sensor	HSP	Hospital Container	F	Fire Sprinkler
C	Security Camera	Pipe	Pipe	T	Thermostat
DCS	Door Contact Switch		Window	D	Drain

CHEMPACK Region:_____ BTPA (Site):_____ Location:_____	**CHEMPACK Project Office** **Division of the Strategic National Stockpile** **Centers for Disease Control and Prevention**	**Title: Cache Location Sketch** Date:_____ Drawn by:_____ Scale 1 Grid = _____

APPENDIX K: GUIDE TO CHEMPACK DROP SHIPMENT/PRODUCT ROTATION

This is a guide for receiving and rotating materiel, each location may be slightly different.

Receive and Return Instructions

Each product shipment is done via drop shipment and will contain the following (items in ***bold*** will be specific to each cache location):

a) New state loan agreement (SLA) for container ***EMS-8502 (Bayhealth Medical Center)***, the type of container, its assigned numerical identifier and the facility name.
b) Controlled substance transfer form (CTF) – (only if replacing controlled substances)
c) Container configuration diagram (DR1804F) or already on the door pouch
d) Green security seal(s) ***005521***
e) Return shipping label(s)
f) Tamper-proof tape – (To seal return shipping boxes with controlled substances only)
g) Total number of boxes shipped: (***6***)
h) TempTale serial number: ***Yes DNT1803J80*** (Only one sent per site for each shipment)

Please follow these steps:

1. Upon receipt of the shipment, bring shipment along with container key to the CHEMPACK container storage room.
2. Count and verify that the number of shipping boxes received corresponds with the number of boxes indicated in "g" above. If the total number of boxes received does not match the total number of boxes shipped, notify the regional coordinator per contact information provided in step 5 below.
3. Open shipment and remove the envelope inside the shipping box. Except for the temperature monitoring device, leave it in shipment.
4. Remove all contents from the shipping box and place them to the side.
5. Inspect the shipping box(s), ensuring all contents are in good condition (i.e., shipping box and contents not tampered with or damaged). If tampered with or damaged, immediately contact: **Garrett Anderson, 765-516-4915, GAnderson2@health.in.gov**

6. Break the green seal on your CHEMPACK, unlock the padlock, and disengage the door's (left and right) locking devices.
7. Identify and remove the expiring product from your CHEMPACK container and place it inside the original shipping box(s).
8. Verify the NEW product in the CHEMPACK container matches the state loan agreement, place product in the same configuration as it was removed from your CHEMPACK (see provided diagram). Place a copy of the container diagram in the container pouch.
9. Secure the CHEMPACK container by positioning the door and engaging both left and right locking devices.
10. Place the new green seal *(#0055251)* provided in the shipment, through the open hole in the left side door locking device and secure the seal until snapped tight. Secure the padlock through the right-side door locking device. Ensure the padlock is locked.
11. Sign the new SLA and (if applicable) the CTF.

NOTE: If you use a letter of designation for whomever is assigned as the proxy signatory, please ensure a copy is also included with the return paperwork.

12. Place a copy of the signed SLA and CTF in the container door pouch.
13. Place signed original SLA and CTF (if applicable) inside the return shipping envelope (return label included).
14. Place the envelope (contains temperature monitoring device) in the shipping box(s) with the expired product to be returned.
15. Close and tape the shipping box(s), place the return label on top of the original shipping label of the shipping box(s). If controlled items are shipped place tamper resistance tape that's provided on the outer shipping box(s).
16. When the shipping box(s) are ready for pick up:
    Contact **UPS at: 1-800-742-5877**, to arrange for transportation. If there is no routine pickup at your site, please call the above carrier number to schedule return pickup. NOTE: Press 0 to speak to a UPS representative, have available return shipping tracking number(s) for account verification. There are no additional charges incurred to your facility. If the carrier asks for payment information, please contact **Garrett Anderson at 765-516-4915**

APPENDIX L: ACRONYMS AND DEFINITIONS

ASPR – Administration for Strategic Preparedness and Response

CDC – Centers for Disease Control and Prevention

CHEMPACK - A national program funded by the CDC to implement the "forward" placement of nerve agent antidotes and to provide state and local governments a sustainable resource that increases their capability to respond quickly to a nerve agent event.

Cache location – A facility that stores CHEMPACK containers.

CHEMPACK containers – Drug Enforcement Agency (DEA) – approved, self-monitoring, SATCO units containing CHEMPACK Assets, padlock, CHEMPACK-serial-numbered container seal, and a temperature and security monitoring device.

Drop ship – Shipping of CHEMPACK products from SNS repositories directly to a CHEMPACK cache site and return shipment via mail using a contracted transportation carrier. This involves CHEMPACK cache site personnel or other recipient representative(s) coordination the delivery, receipt, replacement, return shipment of product(s) and completion of all required documentation. The cost to implement drop ship will be the responsibility of ASPR.

Extended not Relabeled (ENR) – Product has been tested through the Shelf-Life Extension Program and extended by Food and Drug Administration (FDA) for use beyond the manufacturer's original expiration date; however, product labeling will not reflect the new extension date.

IPC – Indiana Poison Center

Memorandum of agreement (MOA) – A legal document written between parties that describes the terms and details of the partnership agreement.

Shelf-life - The time frame in which a medication has been proven safe and effective.

Strategic National Stockpile (SNS) – The SNS is a federal medical response infrastructure to provide supplement medical countermeasures such as supplies, medicines, and devices needed by states, tribal nations, territories and the largest metropolitan areas during public health emergencies.

ATTACHMENT 1: CHEMPACK CHAIN OF CUSTODY FORM

Container Type: ☐ **Hospital** ☐ **EMS**

CHEMPACK Facility: _____

Hospital Representative

Name: _____

Title: _____

Content	Unit Pack	Cases Sent	Cases Received
Mark 1 auto-injector (2mg/600mg)	240		
Atropine Sulfate 0.4mg/ml 20ml	100		
Pralidoxime 1gm inj 20ml	276		
Atropen 0.5 mg	144		
Atropen 1.0 mg	144		
Diazepam 5mg/ml auto-injector	150		
Diazepam 5mg/ml vial, 10ml	50		
Sterile water for injection 20cc Vials	100		

Transporting Agency: _____

Transport Agency Contact Information: _____

_____

Receiving Location: _____

Representative

Name: _____

Title: _____

Date: _____

Contact Number:

Complete and Fax copy to: **Indiana Department of Health**
Division of Emergency Preparedness
ATTN: IDOH CHEMPACK Coordinator

Fax: 317-234-3724

ATTACHMENT 2: INDIANA CHEMPACK CONTACT INFORMATION

Primary CHEMPACK Coordinator

Garrett Anderson
Indiana Department of Health
Division of Emergency Preparedness
Mobile: 765-516-4915
Email: GAnderson2@health.in.gov

Secondary CHEMPACK Coordinator

Derek A. Sebold
Indiana Department of Health
Division of Emergency Preparedness
Office: 317-234-3492
Mobile: 317-431-7145
Email: DSebold@health.in.gov

Indiana Department of Health

317-233-1325
2 N. Meridian St
Indianapolis, IN 46204

IDHS Emergency Operations Center Watch Desk

1-800-669-7362 24-hour number

Indiana Poison Center

1-800-222-1222 24-hour number

ATTACHMENT 3:

RECOMMENDED STOCKING LEVELS OF ANTIDOTES FOR POISONING

Available Forms	Indications	Dose (Load | Maintenance)[1]	Stocking Level[2,3]
Tier 1: Potentially life-saving, immediate access needed, multiple victims possible			
Atropine Sulfate Injection	1 mg/mL x 1 mL 0.4 mg/mL x 20 mL	Cholinesterase Inhibitors	1-5 mg/dose (or more)	825 mg
Hydroxocobalamin (Cyanokit®)	5 g/vial kit	Cyanide	5 g, may repeat x 1	10 kits
Naloxone (Narcan®)	1 mg/mL x 2 mL & 10 mL	Opioids	0.4 - 2 mg, up to 10 mg	40 mg
Pralidoxime (2-Pam, Protopam®)	50 mg/mL x 20 mL	Cholinesterase Inhibitors	1 g	90 g
Sodium Nitrite Injection / Sodium Thiosulfate Injection (Nithiodote®)	30 mg/mL x 10 mL 250 mg/mL x 50 mL	Cyanide, Hydrogen sulfide	1-2 kits	10 kits
Tier 2: Potentially life-saving, immediate access needed, usually single victims			
Deferoxamine (Desferal®)	100 mg/mL x 5 mL	Iron	5-15 mg/kg/hr	36 g
Digoxin Immune Fab (DigiFab®)	40 mg/vial	Digoxin, Digitoxin	Individualized or 10 vials	20 vials
Ethanol ***PO***	Commercial liquor products	Methanol, Ethylene Glycol	Call toxicologist if IV dosing needed	360 g
Fat Emulsion, Intravenous	20% x 500 mL	Local anesthetics Cardioactive drugs	300 mg (1.5 mL)/kg load, may repeat, 5 mg (0.025 mL)/kg/min x 60 min	3 x 500 mL
Fomepizole (Antizol®)	1 g/mL x 1.5mL	Methanol, Ethylene glycol	15 mg/kg IV load | 10mg/kg q 12hr x 4, then 15 mg/kg q 12hr	1 vial (load only) 4 vials (full course)
Glucagon for Injection	1 mg/mL x 1 mL & 10 mL	Beta Blockers	5 mg | 1-5 mg/hr	250 mg
Insulin, Regular	100 units/mL x 10 mL	Calcium Channel & Beta Blockers	1 unit/kg load, then 0.5 – 1 unit/kg/hr (titrate to max 10 units/kg/hr)	24 vials
Methylene Blue	5mg/mL or 10 mg/mL x 10 mL	Methemoglobinemia	1-2 mg/kg	600 mg
Octreotide (Sandostatin®)	0.1 mg/mL	Sulfonylureas	SQ, IV: Adult: 50-100 mcg Child: 1 mcg/kg or 1 mcg/kg/hr	300 mcg
Pyridoxine IV	100 mg/mL x 10 mL	INH, Theophylline	mg-for-mg or 5 g	24 g
Tier 3: Emergency, access needed within 4 hours			
N-acetylcysteine (Mucomyst®) ***PO***	20% x 10, 30 & 100 mL	Acetaminophen	140 mg/kg then 70 mg/kg q 4hr x17 doses	56 g
N-acetylcysteine (Acetadote®) ***IV***	20% x 30 mL		IV: 150 mg/kg over 60 min | 12.5 mg/kg/hr x 4 hr then 6.25 mg/kg/hr over 16 hrs (Max Dose Wt = 100 kg)	30 g (5 vials)
Crotalidae Polyvalent Immune Fab (Ovine) (CroFab®)	10 mL vials	North American Crotalids	4-6 vials for initial control, then 2 vials q6 hr x 3	12 vials
Dimercaprol (BAL in Oil®)	100 mg/mL x 3 mL	Lead, Arsenic, Mercury	IM: 3-5 mg/kg q 4 hr	2.4 g
Edetate Calcium Disodium	200 mg/mL x 5 mL	Lead	Adult: 50-75 mg/kg/d x 5d Child: 1-1.5 g/m²/d x 5d	5.25 g
Glucarpidase (Voraxaze®)	1000 units/vial	Methotrexate	50 units/kg	5 vials
Physostigmine (Antilirium®)	1 mg/mL x 2 mL	Anticholinergics	1-2 mg | 1-2 mg/hr	50 mg
Rabies Immune Globulin, Human (Imogam Rabies-HT®, HyperRAB S/D®)	150 units/mL x 2 mL, 10 mL 300 units/mL x 1 mL	Rabies Post-exposure Prophylaxis (Non-Immunized)	IM: 20 units/kg @ bite site and remaining @ distant deltoid	1500 units
Rabies Vaccine, Human Diploid Cell (Imovax Rabies®, RabAvert®)	2.5 units/mL x 1 mL	Rabies Post-exposure Prophylaxis	IM Non-immunized: 1 mL in deltoid @ Days 0, 3, 7, 14 IM Immunized: 1 mL in deltoid @ Days 0 & 3	1 mL
Succimer (DMSA, Chemet®)	100 mg capsules	Lead, Arsenic, Mercury	PO: 10 mg/kg TID x 5d, then 10 mg/kg BID x 14d	3 g
Tier 4: Urgent but not emergent			
Flumazenil (Romazicon®)	0.1 mg/mL x 5 mL & 10 mL	Benzodiazepines	0.3 mg: max: 3 mg	12 mg
Leucovorin	10 mg/mL x 10 mL & 50 mL	Methotrexate, Methanol	Call toxicologist for dosing	1 g
Phytonadione (Mephyton®)	10 mg/mL x 1 mL	Vitamin K Antagonists	10 mg | Individualized	100 mg
Uridine Triacetate (Vistogard®)	10 g packet	5-Fluorouracil	10 g PO q6 hr x 20 doses	40 g

[1] All dosing regimens are intravenous (IV) unless specified otherwise.
[2] If dosing regimen is more than 1 day, only first day's amount is used as the stocking level.
[3] Tier 1 antidote-stocking levels are based on estimated needs to treat five 100kg patients for 24 hours. All other tiers are based on one 100kg patient for 24 hours.

INDIANA POISON CENTER

Mar-2020

ATTACHMENT 4: SAMPLE HOSPITAL CHEMPACK DEPLOYMENT PLAN

Current Status: *Active* **Effective:** *6/1/2008*

Chempack Deployment Plan

PURPOSE

To provide a guide for *LOCATION* employees and physicians to access the Hospital Chempack and Emergency Medical Services (EMS) Chempack stored at *LOCATION*

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DEFINITIONS AND ACRONYM KEY

ASPR: Administration for Strategic Preparedness and Response, the federal agency that oversees the Chempack program.

EMS Chempack: ASPR Unit containing antidoes for treatment of nerve agent; used for field deployment with antidotes in auto-injectors for rapid use by EMS.

Hospital Chempack: ASPR Unit containing antidotes for treatment of nerve agent treatment designed for use by hospital staff with antidotes in multi-dose vials.

POLICY

LOCATION along with select Indiana Department of Health (IDOH) Preparedness District *NUMBER* hospitals are participants in the Chempack program. The Chempack containers will be placed in facilities called host hospitals. The host hospitals consist of select facilities geographically distributed throughout IDOH Preparedness Districts.

The Chempack program, managed by the Administration for Strategic Preparedness and Response (ASPR) is designed to place nerve agent antidotes in communities to support a quick response to a nerve agent attack. Chempacks are intended as a secondary response after exhausting local antidote supplies. There are two types of Chempack containers: the EMS Chempack and the Hospital Chempack. EMS Chempack materials are designed for pre-hospital medical providers and the antidotes contained in the EMS Chempack are mostly auto-injectors for speed and ease of use. The Hospital Chempack is designed for use by hospital medical staff, and the antidotes contained in the Hospital Chempack are primarily multi-dose vials.

PROCEDURE

Chempack Deployment

LOCATION is authorized to break open the Chempack container seal and use of the contents only when it is determined that a nerve agent release has threatened the medical security of the community, placed multiple lives at risk, is beyond local emergency response capabilities, and the supplies and material are medically necessary to save lives.

1. ***When to open the Chempack***
    a. The decision to open a Chempack is a medical necessity decision
    b. Suspected exposure to nerve agent occurs and *LOCATION* is alerted by one of the following mechanisms:
        i. Casualties enter hospital and are identified by Emergency Medicine physicians and/or on-scene EMS personnel.
        ii. A "recipient facility" contacts *LOCATION* to request the *LOCATION* Chempack.
    c. Emergency Operations Plan is initiated, and Command Center activated. MESH is notified via pager at (xxx) xxx-xxxx.
    d. *LOCATION* will use in-stock medications to provide treatment until that supply is exhausted.
2. ***Internal distribution***
    a. Once the supply of antidote medications are unable to meet the needs of patients, the *LOCATION* Chempack will be requested to be released by the ED physician coordinator and/or the Incident Commander or his/her designee in consultation with Pharmacy.
        i. Call the Inpatient Pharmacy at (xxx) xxx-xxxx to speak to the pharmacist in charge.
        ii. The pharmacist in charge will access the key to the pharmacy storage room located on the second floor of the *LOCATION*, Inpatient Pharmacy.
        iii. The pharmacist will unlock the secured Inpatient Pharmacy area.
    b. IDOH will be notified by the Incident Commander or his/her designee by calling Garrett Anderson, IDOH Chempack Coordinator, at 765-516-4915.
    c. Distribution of the medication in the ED will be determined by the ED physician coordinator, ED charge nurse, Trauma faculty, Incident Commander, and/or EMS supervisor.

d. Pharmacist will complete the appropriate paperwork as designated in the State plan which is with the Chempack.

3. ***External distribution***

a. Requests from other institutions for the Chempack made by an emergency physician, hospital pharmacist or EMS Medical Director may be facilitated as long as the request meets the requirements outlined above.

b. *LOCATION* stores both an EMS and Hospital Chempack Container and the requester should state which container is needed.

c. Chempack may be released as long as it is not currently in use and following the Chain of Custody and processes outlined by the Indiana Chempack Program.

d. Copies of all paperwork should be made and kept upon the release of the Chempack.

4. ***Requesting additional support***

a. If the *LOCATION* Chempack supplies are depleted and there are still casualties, surrounding district Chempacks will be requested. The Incident Commander or his/her designee should contact the IDOH to facilitate the acquisition of additional Chempack inventory.

The most recent version of the Indiana Chempack Program is maintained with the Chempack in Pharmacy for reference along with required paperwork.

Additional and more specific information for the Chempack and documentation can be found in the **Indiana State Chempack Program Plan** attached to this policy.

Approval Signatures

Approver	Date
LEGAL ADMINISTRATION MANAGER	4/5/2024
CHIEF EXECUTIVE OFFICER	4/5/2024
SENIOR COUNSEL, PRIVACY DIRECTOR	4/4/2024
MANAGER EMERGENCY PREPAREDNESS/RESPONSE	12/13/2023

ATTACHMENT 5: Pediatric Nerve Agent Exposure Treatment

Mild Exposure

Patient can walk and talk, may present with miosis, rhinorrhea, increased salivation, and nausea

Infant (0-2 years, <10kg)
Atropine 0.2mg

Child (2-10 years, 10-25kg)
Atropine 1mg

Adolescent
(>10 years, 26-50kg)
Atropine 2mg

Pralidoxime can be **considered** for mild treatment at the dosage suggested for moderate exposure

May repeat 5-10 minutes until symptoms resolve

Moderate Exposure

Patients with mild dyspnea, ataxia, miosis, or muscle cramping

Infant (0-2 years, <10kg)
Atropine 0.5mg
Pralidoxime 600mg

Child (2-10 years)
Atropine 1mg
Pralidoxime 15mg/kg (IM) or 600mg

Adolescent
(>10 years, 26-50kg)
Atropine 2mg
Pralidoxime 1200mg

May repeat 5-10 minutes until symptoms resolve

Severe Exposure

Patients may have severe respiratory distress, seizures, extreme **SLUDGEM** (See Below)

Infant (0-2 years, <10kg)
Atropine 1mg
Pralidoxime 600mg

Child (2-10 years, 10-25Kg)
Atropine 2mg
Pralidoxime 15mg/kg (IM) or 1200mg

Adolescent
(>10 years, 26-50kg)
Atropine 4mg
Pralidoxime 1800mg

Diazepam can be considered for treatment

May repeat 5-10 minutes until symptoms resolve

If pediatric patient is >50kg, administer treatment per adult dosing guide.

Supportive Treatment

Assisted Ventilation as needed to relive respiratory distress.

Repeat Atropine – at 5-10 minute intervals until secretions have diminished and breathing is comfortable or airway resistance has returned to near normal.

Phentolamine for 2-PAM induced hypertension – 1mg IV

Diazepam for convulsions – 0-5 years: 0.2-0.5mg IV
>5 years: 1mg IV

Color Coding and Unit Amounts for ATROPENS

- 0.5 mg autoinjector
- 1 mg autoinjector
- 2 mg autoinjector
  (May not be available in all CHEMPACK caches)

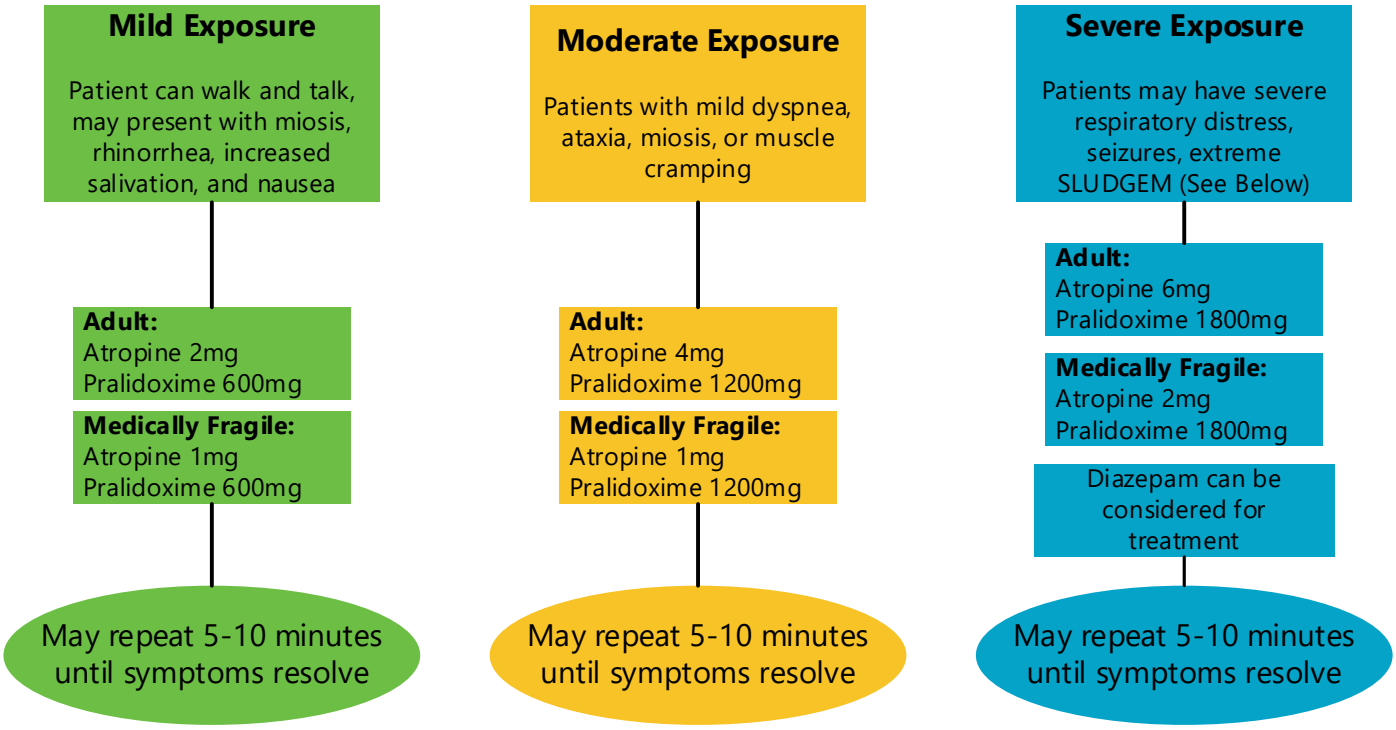
AUTO-INJECTORS ARE PREFERED

All medications can be given IV, IM, or IO

Medications may come packaged as either DuoDotes, Mark I kits, ATNAA kits, individual Atropen + Pralidoxime Autoinjectors, or in individual medication vials.

S – Salivation
L – Lacrimation (tear production)
U – Urination
D – Defecation
G – Gastrointestinal Distress
E – Emesis
M – Muscle Twitching & Miosis

ATTACHMENT 6: Adult Nerve Agent Exposure Treatment



Supportive Treatment

Assisted Ventilation as needed to relive respiratory distress.

Repeat Atropine – 2 mg IM at 5-10 minute intervals until secretions have diminished and breathing is comfortable or airway resistance has returned to near normal.

Phentolamine for 2-PAM induced hypertension – 5 mg IV

Diazepam for convulsions – 5 mg IV

Color Coding and Unit Amounts for ATROPENS

- 0.5 mg autoinjector
- 1 mg autoinjector
- 2 mg autoinjector

(May not be available in all CHEMPACK caches)

AUTO-INJECTORS ARE PREFERED

All medications can be given IV, IM, or IO

Medications may come packaged as either DuoDotes, Mark I kits, ATNAA kits, individual Atropen + Pralidoxime Autoinjectors, or in individual medication vials.

S – Salivation
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