2025 Community Based Emergency Response Seminar

Chemical Emergency Response Tabletop Exercise



CBERS Planning Partnership











Time	Topic
8:30 am	Registration
9:00 am	Welcome, Introductions, Objectives and Ground Rules
9:15am	Special Topic & Capability Briefs:
	20 Min-Office of Drinking Water
	20 Min-Department of Environmental Quality
	20 Min-Environmental Health
	20 Min-Division of Consolidated Laboratory Services
	20 Min-Chempack
10:45am	BREAK
11:00 am	Exercise Module I-Small Group Discussion
11:45 am	Exercise Module I-Large Group Discussion
12:00 pm	Working Lunch
12:30 pm	Exercise Module II-Small Group Discussion
1:30 pm	Exercise Module II-Large Group Discussion
2:00 pm	BREAK
2:30 pm	Hotwash
3:00 pm	Closing Comments
3:30 pm	Adjourn



2025 CBERS Overview

The purpose of the 2025 Community Based Emergency Response Seminar (CBERS) is to bring together Public Health, Emergency Management, Laboratories, Environmental programs, Healthcare Coalitions, State Emergency Response Commission, Local Emergency Planning Committees (LEPC's), Public Safety and other partners responsible for coordinating response and recovery efforts to a Chemical Mass Casualty Incident.



Objectives and Aligned Capabilities

- Discuss risks, hazards and threats and the capabilities to assess the health needs of the population in response to a Chemical Mass Casualty Incident.
- Discuss strategies to distribute, dispense or administer Medical Countermeasures to the public in response to a Chemical Mass Casualty Incident.
- Examine and discuss agency roles in response to a Chemical Mass Casualty Event.
- Assess multi-agency coordination in response to a Chemical Mass Casualty Event in accordance with existing plans, policies and procedures.
- Discuss initial actions for the recovery phase of the locality in response to a Chemical Mass Casualty event.

- Public Health Emergency Preparedness Capabilities: Community Preparedness, Community Recovery, Emergency, Operations Coordination, Information Sharing, Medical Countermeasures Administration and Dispensing, Medical Surge, Public Health Laboratory Testing, Responder Safety and Health
- Healthcare Preparedness Capabilities: Healthcare and Medical Response Coordination, Medical Surge
- Department of Homeland Security Core Capabilities: Planning, Operational Coordination, Emergency Public Information and Warning, Environmental Response Health and Safety, Public Health, Healthcare and Emergency Medical Services, Health and Social Services



Special Topic & Capability Briefs

VDH Office of Drinking Water

20 Minutes

Welcome to the Office of Drinking Water!

Jessica Coughlin, CEI





What is Drinking Water?

Water for human consumption which includes drinking, handwashing, bathing, showering, cooking, dishwashing, and maintaining oral hygiene.

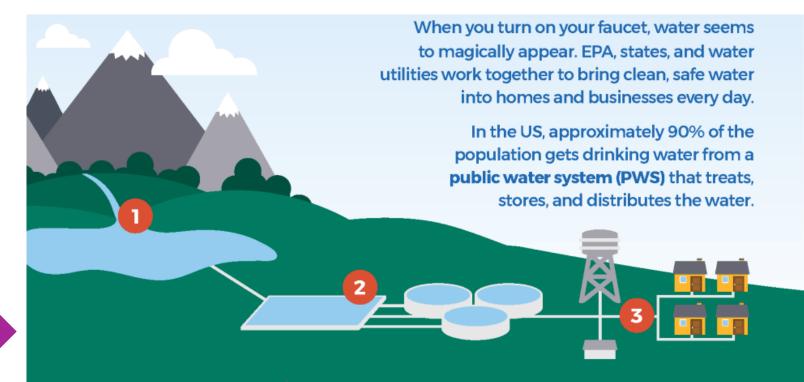








How Clean Water Gets to Your Faucet



1. Water Sources

The source of the water flowing from your tap may be hundreds—even thousands—of miles away. Most PWS use surface water as their source of water—for example, a lake, river, or reservoir—while some public water systems use ground water sources, such as aquifers.

2. Water Treatment

The PWS treats the source water to make sure it's safe. The Safe Water Drinking Act requires EPA to establish and enforce the safety standards that all PWS must follow. Treatment methods include filtration and disinfection to remove debris and bacteria.

3. Water Storage & Distribution

After treatment, the PWS may store the water in holding tanks. Eventually, the water is pumped and distributed to communities through water mains—large, buried pipes—and water lines (smaller pipes that run from the main to a residence or business).



Legal FAQs

THE SAFE DRINKING WATER ACT (SDWA)

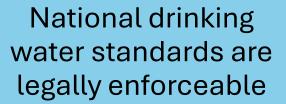
- Passed by Congress in 1974 to protect public health by regulating the nation's public drinking water supply.

-The law was amended in 1986 and 1996 and requires many actions to protect drinking water and its sources—rivers, lakes, reservoirs, springs, and ground water wells.



SDWA recognizes
that since everyone
drinks water,
everyone has the
right to know what's
in it and where it
comes from.

All water suppliers must notify consumers quickly when there is a serious problem with water quality.



- Both US EPA and states can take enforcement actions against water systems not meeting safety standards.





ODW FAQs

What is a public waterworks?

• Provides piped water for human consumption to at least 15 connections OR regularly serves an average of 25 persons per day for at least 60 days of the year (restaurant, motels, parks, breweries, wineries, wedding venues, campgrounds, and marinas)

ODW regulates 2,825 waterworks in Virginia.

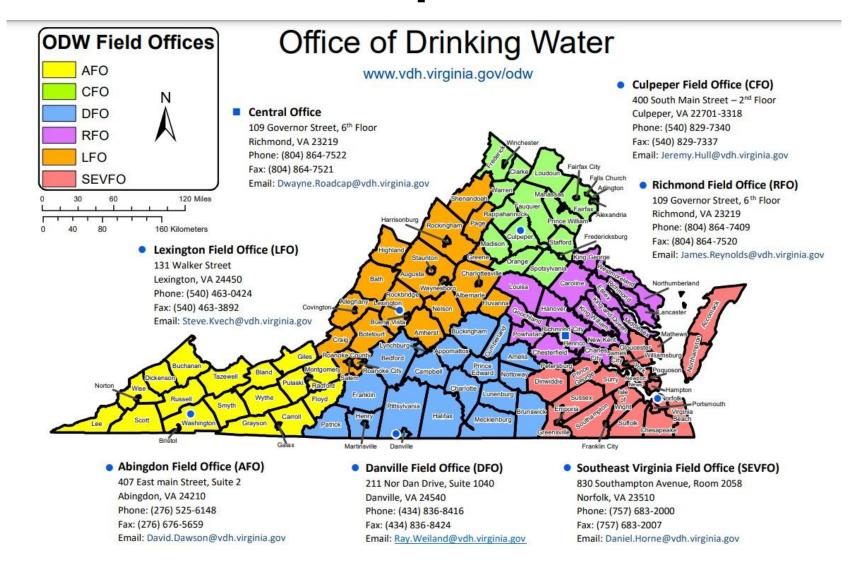
- 20 of the largest waterworks serve over 55% on the population
- Only ~1% of the population in Virginia is not served by a public waterworks in some capacity

ODW is the <u>regulatory office</u> that oversees all <u>public waterworks</u> systems in Virginia. We then report to the EPA.

- We perform sanitary surveys
- We issue construction and operations permits
- We enforce chemical and bacteriological water quality
- We provide technical assistance
- We provide financial and construction financial assistance to waterworks
- We coordinate with other state agencies and provide Emergency Management technical assistance



Regional Field Office Map





What We Do Not Do

We <u>do not</u> provide emergency drinking water resources

We do not do anything related to sewage (DEQ), unless it is affecting a water source used for drinking water



We <u>do not</u> regulate private connections into homes or businesses

We <u>do not</u> regulate private wells or septic systems (OEHS)

 We do regulate waterworks that use community wells to provide water

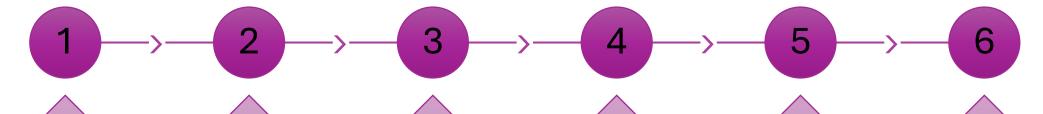
We <u>do not</u> issue advisories for recreational water uses (OEHS)

- Shellfish
- Swimming



So, What is a Water Emergency???





Situations in which there is not flowing water that affects critical infrastructure (correctional centers, long term care facilities, hospitals), large populations, extended situations (longer than 4-5

days)

Any residential location under a Do Not Drink (DND), Do Not Use (DNU), or without drinking water or expected to be without drinking water for more than 12 hours that affects greater than 3,000 customers

When a Do Not Use is issued – Possible containments in the water Any hazmat that will impact a drinking water intake in less than 4 hours and is not properly controlled or results in a DNU/DND

Some largescale Boil Water Advisories (BWA) (5,000+ customers) Large scale, catastrophic disasters (Hurricanes, earthquakes, tornado, cyber attack, etc.)



A "Few" Water Emergencies Recently in VA

Town of Appalachia – Drought

Page County – BWA lasting many months due to negligent owner. In legal enforcement currently.

Charles City County – long-term petroleum leak into the drinking water wells. Serves hot food.

City of Winchester – Anatoxin-A Harmful Algal Bloom

South Hill – Warehouse fire with contaminants entering two watersheds

Arlington County – Aqueduct Algal Bloom/increased turbidity

Orange County – Unknown odor – Do Not Use advisory

SW Virginia – Hurricane Helene

Richmond City (Central Virginia Region) – Large scale no water, BWA

SW Virginia – Winter storm/Flooding





One Lesson Learned in Each Emergency Is Consistent...



PREPARE NOW!

- Waterworks
- Locality Emergency Management
 - State Emergency Management (VDEM)
- Public Health
 - Office of Drinking Water (VDH ODW)
 - Local Health District
 - Environmental Health (VDH OEHS)
- Healthcare

- Officials)
- State Government (Elected Officials)
- Federal Government (EPA)
- Environmental Quality (DEQ)

- Communications
- Local Government (Elected



BUT Water also has Long-Term Public Health Consequences

LACK of reliable
Drinking Water

Arsenic Compliance

Disinfection Byproducts

Lead and Copper

Total Coliform

PFAS (Forever Chemicals)

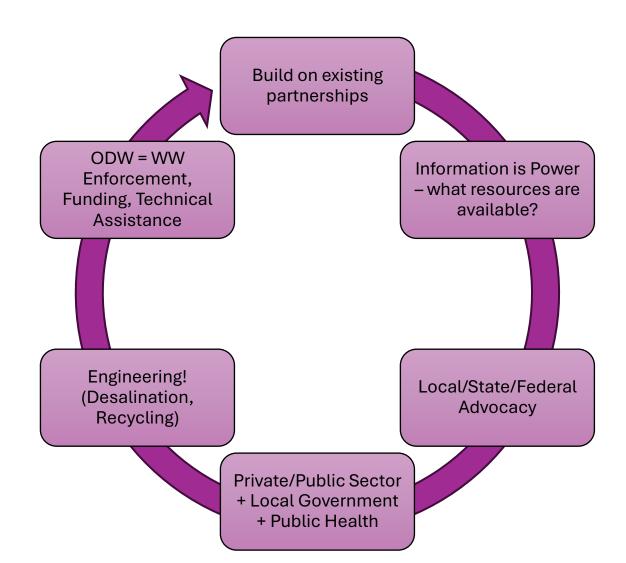
Nitrates

Volatile Organic Chemicals (VOCs)



Not So Quick Fixes to Not So Small Problems











Office of Pollution Response & Emergency Preparedness

Program Overview

Elizabeth "Beth" Lohman, Manager

Office of Pollution Response & Emergency Preparedness

Virginia Department of Environmental Quality

PREP PROGRAM OVERVIEW

Pollution Response

The program receives on average 5,000 multimedia pollution reports annually from the public, permittees, responsible parties, and response partners. Reports include the release of oil, hazardous materials, sewage, and other materials from fixed facilities, transportation facilities, and other sources.

Emergency Preparedness

During disasters and large-scale pollution incidents, the program coordinates with federal, state and local response partners to plan for and respond to medium and large-scaled events. PREP serves on federal, state, and local planning committees and serves as the liaison to the Virginia Emergency Support Team (VEST).





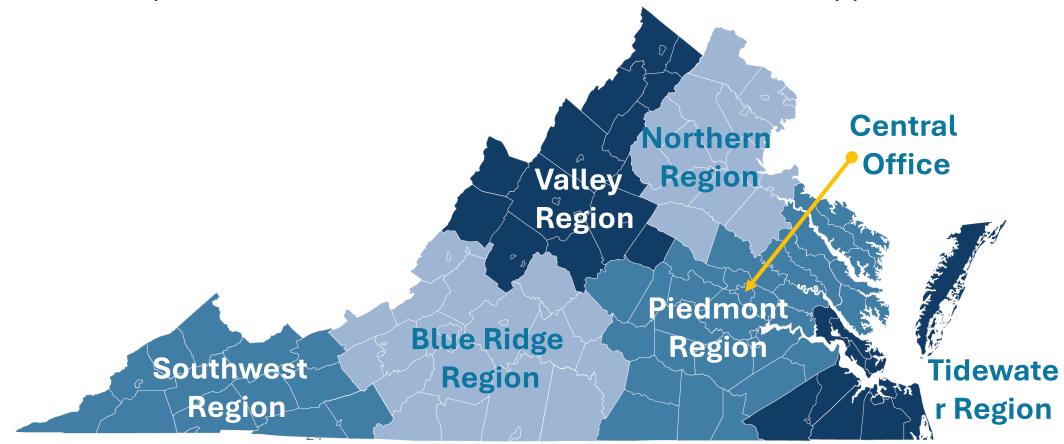


PREP PROGRAM OVERVIEW

Central Office: Program Manager, 2 Planners, GIS/Data Coordinator

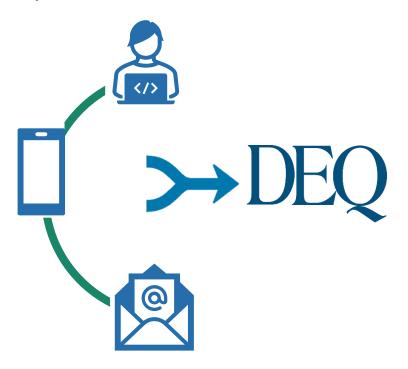
6 Regional Offices: 12 Pollution Response Coordinators

+800 staff to provide scientific, technical and administrative support



INITIAL NOTIFICATIONS

The public, permittees, or other agencies may submit a pollution report to DEQ.



OR

If a pollution report is submitted to VDEM, a SWAN notification is sent.









*When surface water is threatened or impacted

STATE ON-SCENE COORDINATOR (SOSC) ROLE













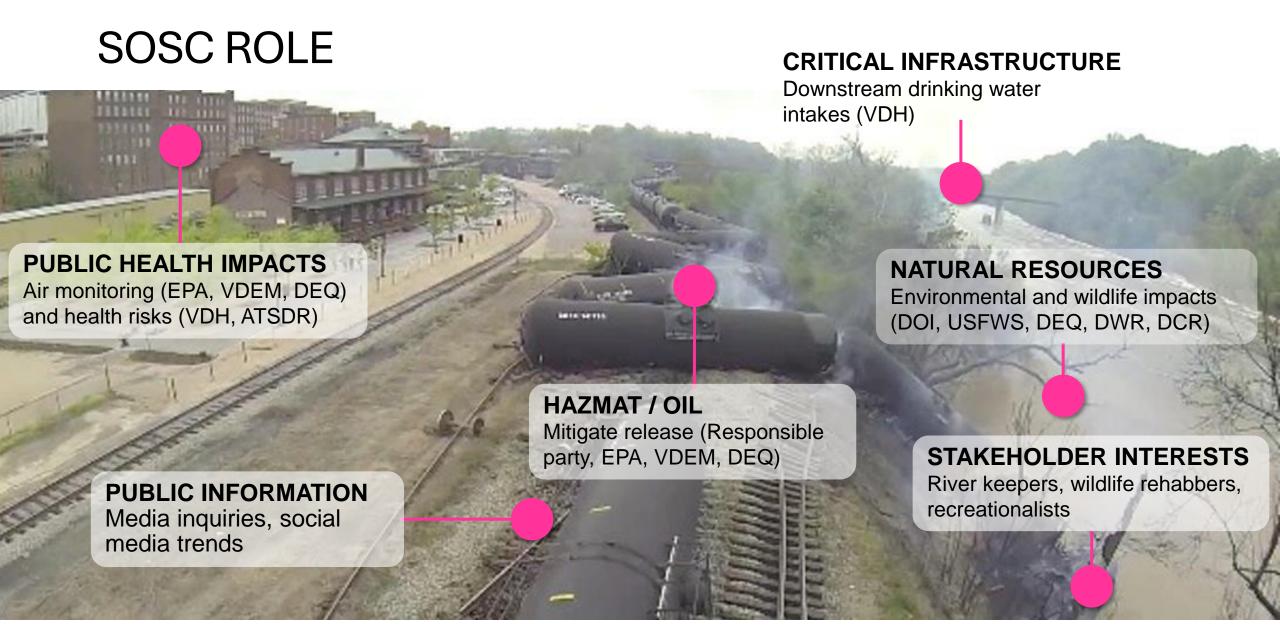












RESOURCES

- Work with Responsible Party first to take corrective actions.
- If RP is unresponsive, unavailable, or unknown, DEQ can access contracting resources to mitigate immediate threats.

Contracting

- State-Lead Contract
- Emergency Procurement

Funding Mechanisms

- Virginia Petroleum Storage Tank Fund
- Virginia Environmental Emergency Response Fund





WATER SAMPLING

In partnership with DEQ's Water Quality Monitoring and Assessment Program:

- Field water chemistry measurements (pH, dissolved oxygen, conductivity)
- Water quality sampling*
- Analysis via Department of Consolidated Laboratory Services (DCLS)
- When it comes to issuing advisories, DEQ collects and provides data to VDH, and VDH reviews and makes the determination on whether to issue an advisory.





^{*}Limited capability when acute hazardous substances are present 29

FEDERAL RESOURCE REQUESTS



When state capabilities are exceeded, DEQ can make a resource request to EPA and/or USCG for additional support:

- Air monitoring
- Water sampling and analysis
- Site assessments

Virginia Emergency Support Team (VEST)



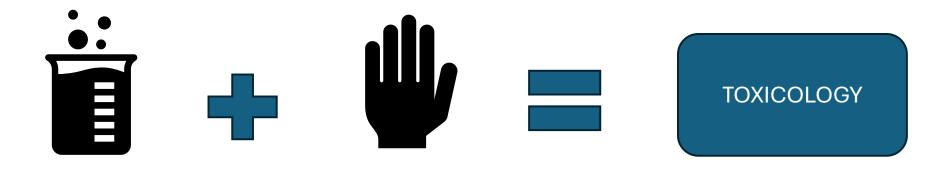
Under the Commonwealth of Virginia's Emergency Operations Plan (COVEOP), DEQ supports the VEST when activated and has the following roles/responsibilities:

- ESF 10 (Oil/Hazmat): Co-Lead
- ESF 3 (Public Works): Support
- ESF 8 (Public Health): Support
- ESF 11 (Agriculture): Support
- ESF 15 (Public Information): Support

VDH-Office of Environmental Health Toxicology Program

Toxicology equation

Chemical Release + Exposure = Toxicology



What we do

- 1. Evaluate the toxicity and characteristics of chemical(s) released
- 2. Determine how the public is being exposed
- 3. Compare the chemical concentrations with available comparison values to determine if there is potential risk
- 4. If there is potential risk, calculate exposure dose

What we do

- 5. Evaluate health risks with acute, intermediate, and chronic exposure
- 6. Evaluate non-cancer and cancer health risks
- 7. Determine what environmental concentrations are acceptable
- 8. Make recommendations to reduce people's exposure

What we Provide

- 1. Determine safe concentrations of chemicals in people's environment
- 2.Advise other VDH programs, local health districts, local and state agencies when chemical releases occur
- 3. Respond to public, media outlets, and officials regarding impact of chemical exposures on health
- 4. Prepare guidance documents, fact sheets, and other materials to help educate the public about risks of chemical exposures

Role in Emergency Release

- 1. Determine if there is a hazard present
- 2. Determine what concentration of chemical is safe in the environment
- Interpret environmental sampling results, make recommendations on how to respond
- 4. Support public education and communication efforts

Who we work with

- Federal Partners
 - Agency for Toxicology and Disease Registry
 - U.S. Environmental Protection Agency
- State and local agencies
 - Offices in VDH
 - Local Health Departments
 - Department of Environmental Quality
 - Department of Agricultural and Consumer Services

Chemical Response Plan

Virginia Department of Health

Emergency Response Plan

State Chemical Emergency Epidemiology Response Plan



For Official Use Only

Developed by
Division of Surveillance and Investigation
and Division of Environmental Epidemiology
Virginia Department of Health
109 Governor Street
Madison Building
Richmond, VA 23219
(804) 864-8141
July 2018



VDH Emergency Response Plan

Base Plan and Annexes

Base Plan

Annex A: Reserved for Future Use

Annex B: Tactical Communications, Information Technology, and Information Sharing

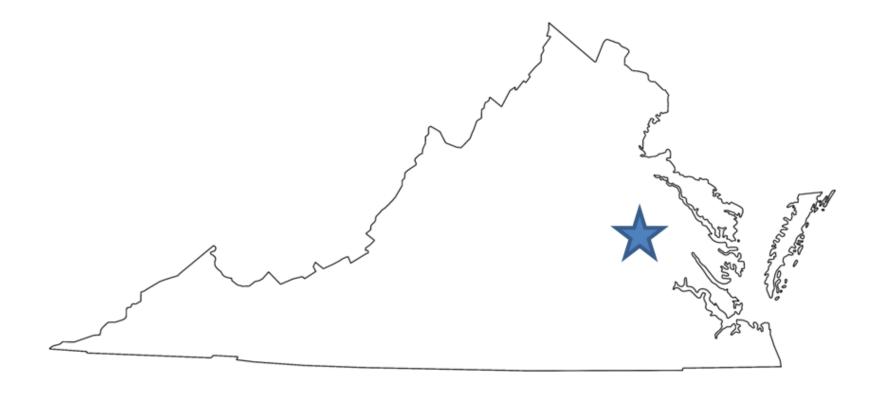
Annex C: Epidemiological Response

Tab 1. Radiological Response Appendix

Tab 2. Chemical Response Appendix

https://vdhweb.vdh.virginia .gov/emergencypreparedness

Where you can find us



> We are located in the central office in Richmond, Virginia.

How to contact us: toxicology@vdh.virginia.gov





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Division of Consolidated Laboratory Services

Our mission is to promote a healthier, safer world through quality laboratory service



- The Commonwealth's public health, environmental, agricultural, and consumer protection laboratory
- Providing around-the-clock, high quality analytical testing services and support to local, state and federal agencies that serve to protect the health, safety and security of the public

9 million TESTS
PERFORMED annually

170,000⁺
DRINKING & ENVIRONMENTAL
WATER TESTS PERFORMED each year

1 million SAMPLES
RECEIVED annually

EACH YEAR 350,000 TEST COLLECTION KITS DISTRIBUTED

More Than

95,000 BABIES SCREENED
annually for 33 genetic disorders

Customers Served Local/State/Federal Agencies

Federal

- CDC
- FBI
- Dept. of Defense
- USAMRIID
- USDA
- Dept. Homeland Security
- FDA
- EPA
- Armed Forces Institute of Pathology
- NIH
- Others....

State

- Dept. of Health
- Dept. of Agriculture
- Dept. of Environmental Quality
- Dept. of Corrections
- Attorney General's Office
- State Police
- Dept. Emergency Management
- Dept. Labor & Industries
- Game and Inland Fisheries
- Others....

Local

- Fire Departments
- Law Enforcement
- Hospitals
- Public Health Depts.
- Veterinarians
- Animal Protection
- City Emergency Planners
- Public Water Suppliers
- Others....



DCLS' Network Participation and Partnerships

- Virginia Department of Agriculture and Consumer Services
 - FDA Food Protection Rapid Response Team
 - Manufactured Food Regulatory Programs Standards (MFRPs)
 - Customer Complaints
 - Routine inspection and retail sampling
- Virginia Department of Health
 - CDC Laboratory Response Network
 - CDC Epidemiology and Laboratory Capacity Cooperative Agreement
 - Foodborne and Waterborne, Cross-cutting Lab Capacity
 - Outbreak investigation support
- Food and Drug Administration
 - Laboratory Flexible Funding Model
- U.S. Department of Agriculture
 - Food Emergency Response Network





















Virginia Agency Partnerships

- Virginia Department of Health
 - Office of Drinking Water
- Virginia Department of Environmental Quality
 - Air, soil, recreational water, surface and ground water
- Department of Corrections
 - Monitoring for illegal or improper drug use
 - Clinical specimens and wastewater







Consolidated in 1972, offering a variety of laboratory testing services in support of public health

- Newborn Screening
- Lab Certification
- Drugs of Abuse
- Clinical
 - Microbial Reference
 - Immunology and Virology
 - Molecular Detection and Characterization
 - Sequencing and Bioinformatics
- Environmental Regulatory
 - Inorganic Nonmetals
 - Trace Organics
 - Motor fuels
 - Pesticides
 - Metals
 - Water Microbiology
 - Radionuclides







- Food Regulatory
 - Food Microbiology
 - Food Chemistry
 - Feed and Fertilizer
- Support Laboratories
 - Scientific Services
 - Sample Support Services
 - Data and Information
- Emergency Response
 - CDC: Laboratory Response
 Network Biological and
 Chemical
 - Food Emergency Response Network (FERN): Biological, Chemical, and Radiochemical

Emergency Response Activities

- Chemical spills/releases
- Animal poisonings
- Suspicious mail
 - Unknown powders
 - Glitter bombs
- Malicious use/misuse of chemicals
- Rabies virus testing
- Droughts and hurricanes

- Infectious Disease outbreaks
 - Measles and Mumps
 - Influenza
 - Norovirus
- Unexplained illnesses/deaths
- Ebola and Zika viruses







Chemical and Radiological Agent Detection

- Analysis type depends on
 - Suspected agent and sample type
 - Natural or accidental release, intentional release, terrorism related
- Types of agents
 - Chemical: Organic, inorganic, pesticides, metals, volatiles, semivolatiles
 - Radiological: Alpha, Beta, Gamma
- Types of samples
 - Human specimens
 - Food and beverages
 - Environmental air, water, soil



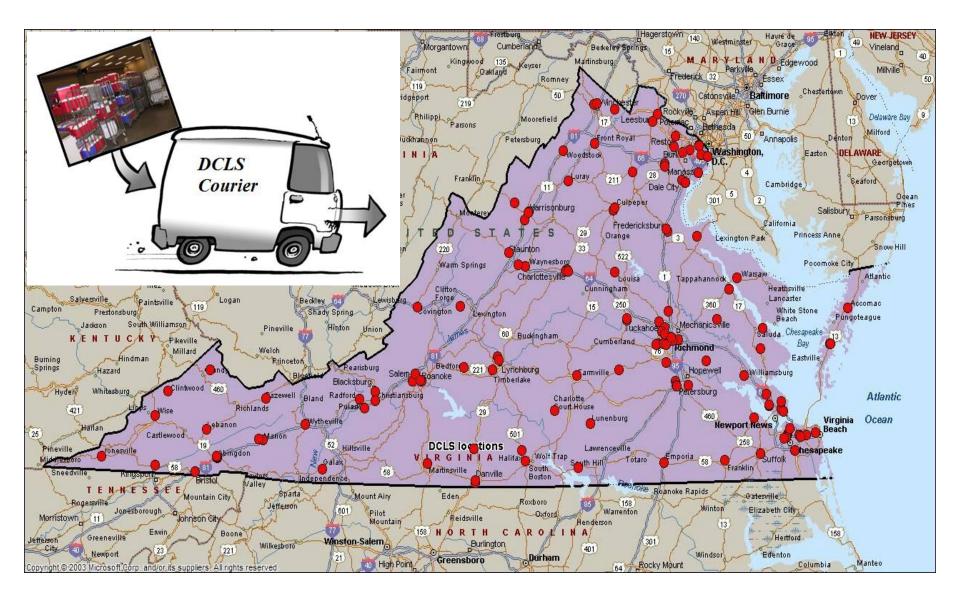




Sample Collection and Handling

- Samples/specimens are received daily from hospitals, health departments, law enforcement, DEQ offices, VDH Programs, VDACS, and distributes others
- DCLS prepares collection kits for use by Virginia agencies and partners for clinical and environmental sample collection
- Instructions for collection, handling, and transport of samples available on DCLS website
 - <u>Division of Consolidated Laboratory Services</u>
- Contact DCLS for emergency testing and sample transport needs
 - After hours emergency number 804-335-4617

DCLS Statewide Courier



Chemical Emergency Response

Chemical Emergency Response Testing

- Laboratory Response Network
 - Chemical (LRN-C)
 - CDC
- Food Emergency Response Network (FERN)
 - FDA
 - USDA



Laboratory Response Network

 Established in 1998 by the Centers for Disease Control and Prevention



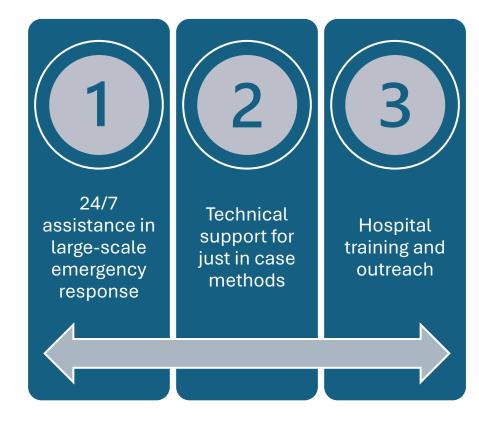
Responds to chemical terrorism and other public health emergencies

 Virginia was one of the original four laboratories selected to receive LRN funding



 Detect biological threats and emerging infectious disease quickly and accurately

Laboratory Response Network -Chemical (LRN-C)

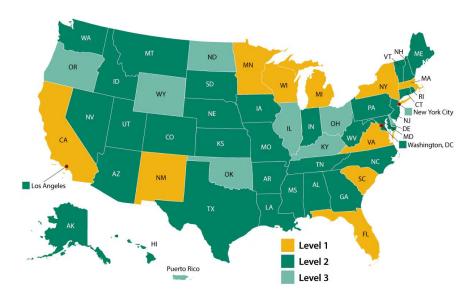


CDC Surge Capacity
Model

- 10 Level-1 laboratories
- 44 laboratories can identify toxic chemical exposures
- 54 member laboratories located in the U.S. and one U.S. territory
- All laboratories without testing capabilities are trained to package and ship to other network laboratories in the event of an emergency
- ~ 8,500 clinical samples can be processed, tested, and reported to CDC within a 24hour period network-wide



LRN-C





- Human exposure to chemical weapons or industrial chemicals
- Urine, whole blood, and serum specimens
- Surge capacity for large-scale emergencies



LRN-C Partnerships

Founding partners



















What can DCLS test for in clinical specimens?

Chemical weapons metabolites

- Lewisite
- Nitrogen mustards
- Organophosphate nerve agents
- Sulfur mustards

Metals

- Arsenic, inorganic
- Arsenic, total
- Barium
- Beryllium
- Cadmium
- Lead
- Mercury
- Thallium
- Uranium

Pesticides

- Carbamates
- Organophosphates
- Tetramine

Toxic industrial chemicals

- 1, 2-Dichloroethane
- Benzene
- Carbon tetrachloride
- Chloroform
- Ethylbenzene
- Styrene
- Tetrachloroethylene
- Toluene
- m+p-Xylene
- o-Xylene

Toxic gases

• Cyanide











Food Emergency Response Network (FERN)

 Established by the FDA and USDA in 2004

 Virginia was one of the original laboratories selected to receive FERN funding

- Outbreak testing
- Surveillance
- Total dietary studies

Testing disciplines



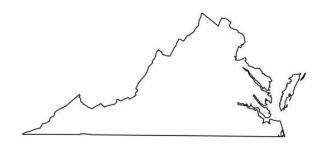
Biological



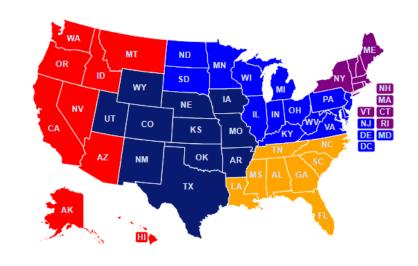
Chemical



Radiochemical



FERN



Central region

- Integrates most food testing laboratories at federal, state, and local levels
- Approximately 168 laboratory members located in all 50 states and Puerto Rico

FERN





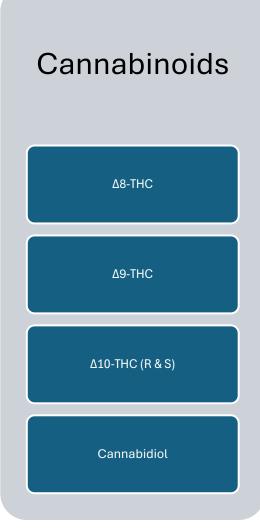
- Food defense
 - Laboratory surge capacity
 - Screening for poisons and toxins
 - Increasing capability/capacity

 Human food product testing



What chemicals can DCLS test for in foods and beverages?

Toxic and Nutritional Elements Arsenic, inorganic Arsenic, total Cadmium Copper Chromium Lead Manganese Mercury Molybdenum Nickel Selenium Strontium Thallium Tungsten Zinc





What chemicals can DCLS test for in foods and beverages?

Poisons and Toxins

Alkaloid toxins

Ethylene glycol

Mycotoxins

Ricinine

Pesticides

Brodifacoum

Diazinon

Ethiofencarb

Oxamyl

Tetramine

Other

Amygdalin

Cyanuric acid

Fluoroacetate

Melamine

But what if the causative agent is unknown?



Chemical Terrorism Preparedness and Response Laboratory



- On call 24/7/365
- Staff members rotate weekly

 Instructions available for sample collection, packaging, and shipping of unknowns

How does DCLS analyze unknown samples?





- Non-targeted screening for various chemicals
- High resolution mass spectrometry
- Detection and confirmation in clinical, environmental, and food matrices

Summary

- DCLS, as a state laboratory, is committed to providing comprehensive and quality laboratory testing services for our customers and the citizens of the Commonwealth
- Our efforts continue to focus on laboratory technologies and partnerships which enable Virginia to respond to current and future public health, environmental, agricultural, and consumer protection needs
- Chemical emergency response testing for clinical, food, and environmental matrices is available 24/7
- DCLS has the capacity to respond to large-scale emergencies involving chemicals and human exposures

Contact us!

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Virginia's CHEMPACK Program



Introduction and Overview

- This presentation is targeted towards:
 - Hospital personnel
 - First responders (Police, Fire, EMS)
 - 911 Communications Center personnel
 - Public health personnel
 - Local emergency managers



Objectives

- Describe the Chempack Program
- Determine which situations may require Chempack assets
- List the agencies involved in Chempack
- Explain the roles involved in Chempack



What is CHEMPACK?

Chempack containers are federally owned, locally managed packages of pharmaceuticals to treat patients following a chemical/nerve agent exposure. These containers are stored in secure locations in local jurisdictions around the country to enable rapid response to an incident.

Three medical countermeasures are included in the CHEMPACK to treat the effects of nerve agent exposure:

- Atropine Sulfate
- Pralidoxime (2PAM)
- Diazepam treats seizure activity



Virginia Allocations

- Virginia has 50 Chempack containers strategically located in 42 locations throughout the commonwealth
 - 42 EMS Containers
 - 8 Hospital Containers
- Over 97% of Virginia's population is within one hour of a container



What is CHEMPACK?

These medications are provided in different configurations of autoinjectors and multi-dose vials.









Container Configurations

EMS Containers:

- Geared towards field use
- 85% autoinjectors
- Estimated number of doses 454

Hospital Containers:

- Geared to clinical care environments
- 85% multi-dose vials
- Estimated number of doses 1,000

Note - the two can be used interchangeably





Why Chempack?

- To provide, monitor, and maintain a nationwide program for the <u>forward</u> placement of nerve agent antidotes.
- To provide state and local governments a <u>sustainable</u> resource and improve their capability to respond quickly to a nerve agent incident.
- Nerve agents can cause rapid nervous system failure
- Antidotes can reverse symptoms if administered in a timely manner
- Most hospitals & pharmacies don't stockpile nerve agent antidotes
- CHEMPACK antidotes are packaged to be rapidly administered



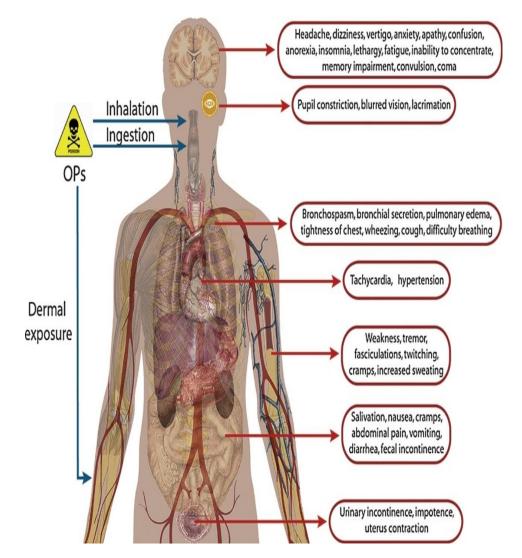
What are the benefits of the Chempack Program?

- State, local governments, and hospitals, typically have limited chemical/nerve agent antidote stocks.
- The forward placement and position of CHEMPACKs allows for a much faster deployment of antidotes for local use versus the SNS twelve-hour response time.
- Federal assets are available to the locality at little to no cost other than the maintenance storage requirements.
- Assets are maintained locally and replenished as they're needed.
- The Chempack Program participates in the extended shelf-life program.



Nerve Agents and Organophosphates

- One of several categories of potentially harmful chemicals
- Can be inhaled, swallowed, or absorbed through the skin
- They attack the central nervous system and can result in serious injury or death





Nerve Agents / Organophosphate Pesticides

Туре	Names	Characteristics
Chemical Weapons	-GB (Sarin) -GA (Tabun) -GD (Soman) -GF (Cyclosarin) -VX -Fourth Generation Agents (FGA)	-Extremely toxic (very low LD50) -Can be inhaled, swallowed, or absorbed through the skin & mucous membranes -Highly persistent; pose a significant cross contamination hazard -Most likely to be encountered as a liquid rather than vapor (do not easily evaporate) -FGAs are very low volatility nerve agents
Organophosphate Pesticides	-Parathion -Malathion -Chlorpyrifos -Diazinon -etc.	-Low to medium toxicity (less than chemical weapons) -Can be inhaled, swallowed, or absorbed through the skin & mucous membranes -Used as insecticides -Commonly used in agricultural practices



Nerve Agent / Organophosphate Exposure Pneumonics

S.L.U.D.G.E.

Salivation (excessive production of saliva)

Lacrimation (excessive tearing)

Urination (uncontrolled urine production)

Defecation (uncontrolled bowel movement)

Gastrointestinal distress (cramping)

Emesis (excessive vomiting)

B.A.M.

Breathing difficulty (wheezing)

Arrhythmias (bradycardia, ventricular arrhythmias, AV blocks)

Miosis (pinpoint pupils)

Three C's of CNS effect

Confusion

Convulsions

Coma

D.U.M.B.E.L.S. (Muscarinic)

Diarrhea

Urination

Miosis

Bradycardia / Bronchospasm / Bronchorrhea

Emesis

Lacrimation

Salivation / Secretion / Sweating

Days of the week (Nicotinic)

Mydriasis

Tachycardia

Weakness

Hypertension / Hyperglycemia

Fasciculation's



Notable Nerve Agent Attacks

- Tokyo Subway attack, Sarin
 - March 20, 1995
 - 5 coordinated attacks on 3 lines of the Tokyo Metro during rush hour
 - 688 ambulance transports
 - 278 hospitals saw 5,510 patients
 - 17 critical exposures
 - 37 severe exposures
 - 984 moderate exposures with vision problems
 - The rest (~85%) were considered "worried well"
 - 14 fatalities
 - 13 in the first 48 hours. A 14th was bedridden for 25 years and passed away in 2020.

 Tanaka, Richi; Tatsumi, Kenji (20 March 2020). "Woman bedridden since AUM cult's 1995 sarin gas attack on Tokyo subway dies at 56". The Mainichi. Retrieved 6 May 2021



When Should a Chempack Container be Deployed?

CHEMPACK resources should be deployed in the event of a <u>suspected</u> nerve agent / organophosphate incident that has the <u>potential</u> to:

- Overwhelm local supplies of antidotes
- Put lives at risk
- Threaten the health of the community



Who can request or Open a Chempack Container?

CHEMPACK resources can be requested or opened at the discretion of a competent authority.

- Ultimately, the request is at the discretion of the on-scene incident commander, hospital physician, or hospital pharmacist.
 - Can be Fire, EMS, HazMat (field).
 - Can be deployed for internal hospital use.
 - Can be deployed to another hospital.
- Approval from VDH/ASPR is <u>not</u> required to open the container in the event of an emergency.



How to Request a Chempack Container

A Chempack Container can be requested for quick deployment according to the policies and procedures of Local Health District and its partners.

- Each Local Health District is responsible for coordinating with local partners to develop a
 deployment and use plan that meets the needs of the district and its partners.
- If you don't know what your area deployment and use plan looks like, please contact your
 VDH Local Health Emergency Coordinator
- The Regional Healthcare Coordination Center (RHCC), VDH, and the Local Health District all
 play a role in communicating and coordinating resources during and after deployment.



VDH Roles and Responsibilities

State Level

- Maintain state program guidance.
- Coordinate with ASPR/SNS on agreements, product sustainment, and security measures.
- Develop backup deployment plans.
- Make appropriate notifications in the event of a deployment.
- Coordinate non-emergency container moves.
- Support local/regional training and exercises.

Local Level

- Develop, maintain, and exercise local deployment plans in conjunction with local fire, law enforcement, emergency management, and hospital partners.
- Conduct quarterly inspections.
- Coordinate shelf-life extension program (SLEP) drop shipments.
- Coordinate site visits for upgrades and calibration.
- Maintain partnerships and meet regularly to maintain awareness of Chempack resources.



Notification Protocols & Deployment

