

CHEMPACK DEPLOYMENT IN SOUTH CAROLINA

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Abstract

The purpose of this project is to identify strategic locations and forward place chemical antidotes though out the State of South Carolina utilizing statistical informatics to determine locations and emergency movement of the assets in an accidental or intentional nerve agent or insecticide release. Once these assets are in place, they will provide another response modality to safeguard the citizens of South Carolina.

This project has helped me to strengthen my communication skills to insure that everyone understands the importance of this project to their community if the antidotes are needed. This project required the bringing together a diverse group of response partners with varying priorities and its successful completion required that I employ partnership/team building skills to reach the desired outcome.

Background

The Department of Health and Human Services is the primary agency for coordinating health, medical and health-related social services under the Federal Response Plan. The Centers for Disease Control and Prevention (CDC) play a major enabling role to state emergency response systems for chemical and biological antiterrorism. One of the key response programs is the CDC's Strategic National Stockpile (SNS) program. The SNS program's 12-Hour Push Package is a multi-hazard response package of pharmaceuticals and medical supplies designed to be delivered to a state within 12 hours of the decision to deploy. This 12-Hour response time is too long in the event of a nerve agent attack or accidental exposure. State and local government agencies and hospitals carry limited supplies of treatments for nerve agent exposure. These nerve agent antidotes have variable shelf lives and are costly to replace. The primary purpose of the CHEMPACK program is to enhance state and local capabilities to save lives with a readily available sustainable resource. South Carolina is a state with a little over 4.3 million people and was allocated \$1.55 million of nerve agent antidotes and supplies.

Project Description, Objectives, and Methodology

The mission of the South Carolina CHEMPACK project is to implement and field a forward placement of nerve agent antidotes that will enable local jurisdictions access to a sustainable resource that increases their capability to respond quickly to a nerve agent event.

Objectives

1. Develop and implement the concept of “forward” placement of nerve agent antidotes.
2. Develop basic guidelines and project procedures
3. Brief all proposed cache locations
4. Determine site locations and have a Memorandum of Agreement in place with the cache location prior to deployment
5. Complete cache location inspection prior to deployment with national CHEMPACK staff.

Methodology

Objective #1: Develop and implement the concept of forward placement of nerve agent antidotes.

At the time that the planning for this project began the South Carolina Department of Health and Environmental Control (SCDHEC) was in the process of consolidating from 12 Health Districts into 8 Health Regions. This change necessitated establishing maps to identify the new Region boundaries and the Public Health Preparedness Director who would be responsible for the regional public health emergency planning. The next step was to determine the number of CHEMPACK containers that we could receive for the allocation we were given. This in turn would determine the potential number of cache locations.

The next step was to approach the SCDHEC GIS division to help us determine the best geographic location for each cache. Since hospitals have the necessary state and federal licensing to take custody of the drugs, have the necessary equipment to decontaminate the victims as they arrive and the majority of victims will self-report to the hospital within the first hours of exposure, hospitals were chosen as the primary cache location sites. The GIS division located all of the hospitals in the state on a map and superimposed them over the new DHEC Health Regions. Sites were then selected so that no cache location in the state would be more than 25 miles from any other cache location. This scenario allowed for three extra containers to be placed in hospitals along the major interstate across state. The three hospitals selected for the additional container also have air ambulance capabilities.

Objective #2: Develop basic guidelines and project procedures.

After determining where the cache locations needed to be placed, a diverse committee of public health and community partners was brought together to successfully carry out this project. Representatives from the following groups participated in the planning: SCDHEC Bureau of Drug Control, SCDHEC Office of General Counsel, SCDHEC Division of Biostatistics and Health GIS, SCDHEC Office of Public Health Preparedness, SCDHEC Bureau Environmental Quality Control, SCDHEC Health Services, SCDHEC Health Regulations, South Carolina Hospital Association, South Carolina Emergency

Management Division, Health Services Health Region staff and participating hospitals. All participants of the committee were briefed on the project and its importance to the people of South Carolina. The guidelines for the project from the Centers for Disease Control and Prevention (CDC) were presented to insure that these guidelines in no way would place the hospitals in violation of any federal or state regulations. A memorandum of agreement was signed between the CDC and SCDHEC to receive the assets in the state and a memorandum of agreement was written for our Regional Public Health Preparedness Directors to take to the cache location hospitals in their region. These memorandums of agreement delineated each party's responsibility in the project. A state level CHEMPACK emergency operations plan was written as an annex to the state level SNS plan and a template for the Region/Hospital CHEMPACK plan was prepared. During each phase of the project we communicated the plans and progress to the CDC CHEMPACK project consultants.

Objective #3: Brief all proposed cache locations

Once we had all of our materials together we then briefed the Regional Public Health Preparedness (PHP) Directors who had been working with the hospitals in their Public Health Region to write the hospital and regional mass casualty plans. The PHP Directors reviewed our selections but were allowed the final decision on the placement of the containers in their region in coordination with their regional mass casualty planning committees. The Regional PHP Directors then scheduled briefings with each of their selected cache location sites. These briefings were scheduled to meet the time requirements of the hospital and required the attendance of a representative from the hospital administration, the director of pharmacy, the physical plant engineer, safety officer, emergency department director, infection control practitioner and training staff. In addition to briefing the participating hospitals, we also briefed the Directors of Pharmacy at the SC Society of Health System Pharmacists annual Directors breakfast meeting, the SC Pharmacy Association, the participants at the SC Nursing Summit, participants at the SC Hospital Association Summit and through the SC Area Health Educators Consortium. All twenty-nine briefings were done in person by the SC CHEMPACK point of contact, the alternate point of contact and the Region Public Health Preparedness Director and were completed by the end of April 2005.

Objective #4: Determine site locations and have a Memorandum of Agreement in place with the cache location prior to deployment.

Upon determining the final cache site locations, the Regional PHP Directors met with the hospitals in their respective regions to review the CDC specifications for a storage site with the hospital. The hospitals were instructed to make no modifications to the cache location until the CDC made the official cache location site visit report. The memorandum of agreement between DHEC and the cache location host facility was presented to the hospital at this time for their review.

Objective #5: CHEMPACK national staff must complete cache location inspection prior to deployment.

The final site inspections of the cache locations were completed in July 2005 by the CHEMPACK national staff accompanied by the SC CHEMPACK point of contact, the alternate and the Region PHP Director. The CDC identified the site modifications that were necessary to store the CHEMPACK containers. The Region PHP Directors then followed up with the hospitals to ensure that the changes had been made to the CDC specifications and the memorandums of agreement had all been signed. The funding requests to use HRSA National Hospital Bioterrorism Preparedness funds to retrofit the storage cache were sent directly to the SC CHEMPACK point of contact to be hand carried to the HRSA grant manager to ensure prompt processing of the request. The CDC inspections were completed by the middle of July 2005 and all site modifications and memorandums of agreement were completed by the end of August 2005.

Results

By September 1, 2005, South Carolina was ready to receive the CHEMPACK assets at the various site locations around the state. At that time the CDC CHEMPACK program announced a suspension of fielding activities and did not specify when fielding would resume. This suspension of fielding was very disappointing to everyone involved who had worked so very hard to overcome many obstacles to make this project a success.

Among the obstacles that were overcome are the following:

- (1) This is a completely voluntary program with no funding source and participation is dependent upon the cache location perceiving the project has value to the community and the hosting facility is a good community partner.
- (2) The project requires that the hospital commit to a secure storage space when they are already overcrowded and that they install and maintain a dedicated analog phone line to the cache location.
- (3) This project required renovations and up fitting of space to be completed in a very short period of time.
- (4) The cache location creates another monthly inspection and report by hospital pharmacy staff.
- (5) Hospital staff saw this program as another unfunded mandate and an additional burden on their space and time.
- (6) This project required the support of many different departments in the hospital as well as our Public Health Preparedness Directors.

To overcome these and other obstacles we made all of our presentations in person and met the schedule of the site host location. We felt that the program was important enough to bring it to the site location to brief the maximum number of hospital staff at one time. We were respectful of everyone's time and feelings. We tried to show that this was a team effort and why it was advantageous for the site to host the CHEMPACK cache and for the community as a whole. We worked all of our communications through our Regional PHP Director who had been working on a variety of projects with the hospitals and lived in the community. We always outlined the positives of the project and offered solutions to the negatives. We answered any questions we received promptly and cut through "red tape" where possible. The steering committee was kept informed of the progress along the way without being overburdened with the details.

Even though the fielding was suspended we continued with the project development. We briefed the South Carolina Board of Pharmacy and the South Carolina Bureau of Drug Control on the CHEMPACK project to ensure that these two licensing and regulatory agencies were fully aware of the project and would not ask the site locations to do anything in violation of the CHEMPACK Memorandum of Agreement. We completed the development and reproduction of the training package that will be distributed to every hospital in state whether or not it is a CHEMPACK cache site. We also developed a larger training package that can be loaned to the hospitals for in-service classes. The Region PHP Directors are continuing to work with the hospitals on the development of the region and hospital CHEMPACK emergency operations plans and standard operating procedures.

My mentor is the Executive Director of the Office of Public Health Preparedness, Dr. Max Learner, and as such is continually updated on the progress of all CHEMPACK related activities. Without his support of the project along every step of the way it would not have been possible.

Conclusion

This project benefits the communities in the State of South Carolina by providing another readily available response asset in the event of an intentional nerve agent chemical release or in inadvertent large scale organophosphate poisoning. This project also brought together a broad range of emergency response partners on the state and community level. It provided everyone involved with the planning and execution of the project the opportunity to develop a close working relationship. Through this close working relationship local emergency management, the hospitals and public health were able to better understand each other's roles and capabilities in a large-scale chemical event. Looking down the road this project has set the stage for similar projects involving the strategic forward placement of federal and/or state response assets in the local communities of South Carolina so that these assets will be readily available when needed to mitigate the effects of an untoward event.

Leadership Development

The fielding of the CHEMPACK program in South Carolina involves a cooperative effort among a diverse group of seemingly unrelated and often competing participants to insure the strategic placement of the CHEMPACK assets. This program is new to South Carolina and requires a blended public and private partnership to insure its success. To complete the rollout of this voluntary program in a timely fashion required the blending of public and private management styles.

We had to ensure that all of our communications clearly conveyed the importance of the project to the state, local hospitals and the community at large. The first challenge that had to be overcome was to convince our Regional PHP Directors that this was an important project that needed their immediate attention even in the face of the

reorganization and the other projects with which they were involved. This was accomplished by initially explaining the project to them and setting up a short-term timeline with only one goal for them to accomplish within that timeline. As each task was completed the next goal was presented with the timeline for that task. As each task was added, the task and its importance were explained and discussed with our Regional PHP Directors. We kept in constant communication with our PHP Directors and made sure that all concerns raised by the hospitals were alleviated. We provided our PHP directors with all meeting materials in advance so there were never any “surprises”. This prevented the project from becoming overwhelming to our regional planners. All meetings for the initial briefings with the cache locations were arranged by the Regional PHP Directors, and Harvey Hoots and I met their schedule. This often meant we left our office by 6AM many mornings to be at a hospital meeting by 8AM. Once the Regional PHP Directors were comfortable with the program we set out and that we were going to meet their schedules and allow them, in conjunction with their regional mass casualty planning committee, to determine the final cache locations in their region, we had their full support for this project and it became a team effort between the central office and the regional planners to convince the hospital administrations of the value of this project.

The next major challenge was to convince the hospitals that this was a necessary project for them to devote time, floor space, personnel and financial support. Many of the larger healthcare systems expressed that they felt this was another unfunded mandate imposed on them by government. Some expressed concerns that this was a health department project so leave the containers in the health department. Even within some healthcare facilities, certain areas such as the emergency planner and the emergency department were immediately in favor of the project but administration was not. Again our communications skills became very vital to the success of the project. We explained in detail the responsibilities of the host facilities. Assured the hospital administrations that everything we were asking them to do was in compliance with all governmental regulations. We also explained in detail to the hospitals the responsibilities of the state and federal CHEMPACK programs. By carefully addressing all the hospital’s concerns, we were able to convince all of the selected locations to host the CHEMPACK container. By ensuring that everyone understood the importance of the CHEMPACK assets to their hospital and their community we were able to create within the various departments of the hospital a CHEMPACK team to form a CHEMPACK partnership with the state and federal CHEMPACK programs. As a side note, many of the smaller rural hospitals within the state said that they felt honored to be chosen as a cache location.

The most valuable lesson that I learned through this project was that most people found it easier to support the project when they had a clear understanding of what needed to be done and why. Clearly communicating the project’s goals and importance to the project partners was vital to the success of the project. They also seemed to be more comfortable working on smaller pieces of the project within a defined time frame as this project was not their only responsibility. Since the end goal was clearly defined and unchanging, the input from our internal and external partners was to the point and invaluable. This project forced me to strengthen my communication and partnership/team building skills. As of today, the fielding of this project is still on hold at the federal level. This on-hold

status will further test our communication skills to maintain the enthusiasm for this project among the team members. We plan to maintain communications with our cache locations through our Region PHP Directors with frequent updates on the federal status of the program.

Reviewers

Dr. Max Learner, Executive Director Office of Public Health Preparedness

Mr. John Brown, Director of Planning & Research Office of Public Health Preparedness