



# The CHEMPACK Training and Exercise Program: A Collaboration Between State, Local, and Academic Agencies

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## ABSTRACT

In order to better ensure rapid access to and appropriate use of CHEMPACK assets in the event that they are needed, Massachusetts has developed a successful multi-disciplinary program to increase awareness of the Massachusetts CHEMPACK plan and to support key stakeholders in their development of regional plans. The program was developed with collaboration among a variety of state, local, and academic partners. This multi-phase training program consists of regional in-person seminars, three web-based courses, distribution of just-in-time training materials, and exercises. In the first round of in-person seminars, the CHEMPACK program trained 200 individuals from multiple disciplines. The web-based course was released in January and the second round of seminars will take place in February and March. Just in time training materials will be distributed at these seminars. Tabletop exercises will be conducted in the summer of 2009. This training program is based on the Homeland Security Exercise and Evaluation Program (HSEEP) building-block approach.

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## INTRODUCTION

In Massachusetts, the Strategic National Stockpile (SNS) program is a part of the Emergency Preparedness Bureau within the Massachusetts Department of Public Health. Massachusetts has 351 municipalities and 7 Emergency Preparedness Regions in which the SNS program conducts its planning efforts. In addition to planning for the receipt, staging, storage, and distribution of medical assets, the SNS program manages the CHEMPACK assets.

The purpose of the CHEMPACK Program is to pre-position antidotes to expedite the treatment of individuals exposed to nerve agents. Massachusetts maintains 40 containers of chemical antidotes located at hospitals across the Commonwealth. This strategic placement of assets allows for rapid deployment of chemical antidotes to hospitals and first responders should an industrial accident or a terrorist action occur in Massachusetts or in a bordering state.

Following the placement of all 40 containers in 2007, Massachusetts SNS planners recognized the need for a program to introduce first responders (Law Enforcement, Fire Services, Emergency Medical Services, and Public Health), first receivers (Emergency Department Personnel), and hospital administrators to the available assets and encourage regional planning efforts.

## METHODS AND MATERIALS

In the spring of 2007, a workgroup was formed to begin planning for CHEMPACK assets. The workgroup met monthly to develop and implement a multi-phase training and exercise plan.

The workgroup agreed upon three distinct phases of the training program: individual level training, exercises and drills, and just in time training materials. The individual level training consisted of face-to-face seminars and web-based modules to provide an overview of the CHEMPACK program and stimulate local and regional planning efforts.

Following completion of the Individual-Level Training, participants will take part in one of five regional tabletop exercises. The exercise is designed to provide opportunities for facilities that host CHEMPACK containers and their neighboring communities to talk through their collective response to a nerve agent event. These exercises will also serve as an opportunity to assess whether further training is needed.

Finally, the workgroup developed just-in-time reference guides on how and when to deploy CHEMPACK assets. They will be made available to all relevant audiences.

## RESULTS

In the first six face-to-face seminars, 200 people were trained throughout the Commonwealth. Overall, the participants rated the quality and educational content of the seminars a 1.7 on a scale of 1-4 (1 being excellent, 4 being poor). When asked if content was relevant to their practice, participants reported an average score of 4.1 on a scale of 1-5 (1 being strongly disagree, 5 being strongly agree).

Overall participant comments were positive and several constructive comments will improve the training. Many individuals reported the program increased awareness of the availability of the assets for emergency planners. Many participants felt the program provided a great overview with good information, knowledgeable speakers, and clear and concise slides. Several people reported a redundancy in slides and unnecessary clinical information. Most notably, many participants felt the seminars could be lengthened due to pertinent conversation and planning concerns raised during the presentations.

The workgroup developed just-in-time training materials such as a template plan for CHEMPACK activation, field guides for Emergency Medical Services and Hospital Providers and helpful algorithms (Figure 1).

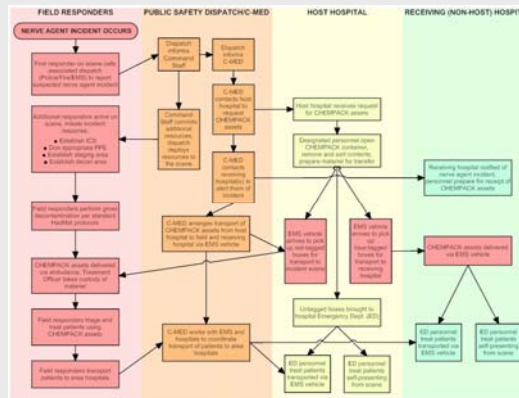


Fig. 1 – CHEMPACK Activation Process

## DISCUSSION

While the training materials and educational sessions have been highly rated as useful in conveying important CHEMPACK program information, they have also been of substantial utility in identifying potential, previously unrecognized challenges in the program. For example, in Massachusetts, the conduit between the hospitals and responders in the field is a network of radio operators and emergency response professionals collectively called Coordinated Emergency Medical Direction (CMED). In the MA CHEMPACK plan, CMED is also tasked with a central role in CHEMPACK deployment. There were several planning concerns and issues raised during the face-to-face seminars regarding this role of CMED, with many participants questioning the current procedures and the assumptions regarding CMED's ability to simultaneously manage information in Multiple Casualty Incident (MCI) and CHEMPACK assets.

Additional feedback during the sessions included suggestions that training sessions be conducted for all CHEMPACK host facilities and non-host facilities in order to further define roles and familiarize staff with the program, and that more pediatric information be included in future seminars.

Next steps for this training program include completion of the second round of seminars, distributing just in time training materials and developing regional tabletop exercises. After completion of the tabletop exercises, it is our intent to assist emergency planners in conducting drills and full-scale exercises. The SNS program aims to store two training containers from the CDC for this purpose.

## CONCLUSIONS

This building-block approach of individual level training, exercises and drills, and just in time training materials has been successful in Massachusetts.

Multiple agencies and jurisdictions have come together to begin planning for CHEMPACK assets. This program has increased awareness, stimulated planning, and enhanced communication between our partners.

## REFERENCE

1. Massachusetts Department of Public Health, Emergency Preparedness Bureau, Draft Plan, CHEMPACK Project, September 2008.