

# BLUEGRASS HEALTHCARE COALITION MEETING

DECEMBER 21<sup>ST</sup>, 2023

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
Welcome and Approval of Previous Meeting Minutes	<ul style="list-style-type: none"> <li>Minutes approved from previous meeting without questions or changes – motion by Mike Hennigan; 2<sup>nd</sup> by Mike Poynter</li> </ul>	
Grant Application Update	<ul style="list-style-type: none"> <li>Lauren Neustaedter is close to submitting grant applications to 3 funding sources. Dave has been getting her the last bit of required information for each application and we hope to hear soon on the status of those submissions, though we recognize that there is no guarantee of funding approval. However, she is very experienced with this process, and we are thankful to have contracted with her in the hopes of receiving additional funding to supplement that of our federal project.</li> </ul>	
LTC Subcommittee – Now “Senior Living Communities”	<ul style="list-style-type: none"> <li>Our intern Olivia Gregory has begun outreach to Assisted Living and Memory Care facilities to encourage membership and participation in our coalition. As mentioned in previous meetings, many of these types of facilities are moving toward a “medical model” due to changes in their CMS compliance standards. This will mean that they have additional emergency preparedness requirements which could be satisfied through engagement with our coalition and our other Senior Living Communities subcommittee members.</li> </ul>	
Coalition App Development	<ul style="list-style-type: none"> <li>Development of our coalition branded app is continuing, and we plan to meet with the company doing that work again in January to review the base level look and functionality of the app.</li> </ul>	
Redundant Communications Drill	<ul style="list-style-type: none"> <li>Received a good number of replies to this quarter’s drill. Performing this drill is required by our federal project manager – ASPR. Having redundancy in forms of communications used during emergencies and disaster is essential to ensure those needing to receive these communications do so, especially if the nature of the emergency has impacted one or more of the communication methods. This is also one of the reasons we have worked towards developing a coalition app as it will allow for an additional communication method through push notifications.</li> </ul>	
ChemPack Program – Heather Walls	<p>***See Heather’s attached presentation slides for full details on what was presented. Additional discussion outlined below.***</p> <ul style="list-style-type: none"> <li>Heather has been with KDPH for <b>[redacted]</b> years and previously had worked in Environmental Mgmt. She then moved into Preparedness and did volunteer management for MRC. She is now the Cities Readiness Coordinator and is involved in work related to the Strategic National Stockpile and ChemPack. In her work, she has realized that many people who need to know about ChemPack and need to know where they are located do not. She intends on doing this presentation with each coalition to improve that understanding. Assisting with exercises is also a goal for Heather.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Staging locations were originally selected after first speaking with proposed facilities and ensuring that they had the ability and willingness to manage this. These ChemPacks require quite a bit of space, must be climate controlled, and must be secure. Therefore, some facilities needed to retrofit areas to support storing these containers for which some funding was provided.</li> <li>• ChemPacks are specifically for chemical incidents. No medications are stored for nuclear or radiological response.</li> <li>• ChemPacks can be moved to and positioned for larger events that have a greater risk for attacks/incidents such as the derby.</li> <li>• Working to identify locations in neighboring states close to the border to assist with nearer response than to have to access them in further KY counties.</li> <li>• Utilizing a ChemPack does not require moving the entire container and contents. Individual boxes of medications can be grabbed and quickly transported in a police vehicle when needed. This also doesn't require notification and approval – just go get what you need!</li> </ul>	
<p>National Healthcare Coalition Conference</p>	<ul style="list-style-type: none"> <li>• Dave and Tara Long presented at the National Healthcare Coalition Conference in Nov. Their presentation was focused on CSEPP and the benefits that it has provided to our region's preparedness and response capabilities.</li> <li>• At the conference was Jennifer Hanna, Director of ASPR's Office of Health Care Readiness. She discussed some of the changes coming with regard to Healthcare Preparedness Program deliverables, specifically with how the identified "capabilities" have been revamped and are increasing from 4 to 8, and what will be included or changing. These capabilities are now Incident Management and Coordination, Information Sharing, Patient Moving and Distribution, Workforce, Resources, Operational Continuity, Specialty Care, and Community Integration. At-Risk Populations are likely to be of significant focus when our funding announcement is made, and the deliverables are established for the upcoming 5-year cycle.</li> </ul>	
<p>Trainings/Exercises</p>	<ul style="list-style-type: none"> <li>• Next Triage Tuesday – Jan. 2<sup>nd</sup></li> <li>• Next NDMS Bed-Reporting Exercise – Jan. 11<sup>th</sup></li> <li>• CBRNE TTX – Feb. 15<sup>th</sup> @ UK's EOC (90 Building)</li> </ul>	<ul style="list-style-type: none"> <li>• JT to begin targeted outreach with Hospitals/EMS to schedule additional patient-tracking training</li> </ul>

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	<ul style="list-style-type: none"> <li>Disaster Preparedness 101 Training – Mar. 19<sup>th</sup> @ Eastside Public Library in Lexington</li> </ul>	<ul style="list-style-type: none"> <li>Will be pushing this date back, possibly into April. More details to come.</li> </ul>
Senior Living Communities Meeting	<ul style="list-style-type: none"> <li>Extreme Weather TTX – Jan. 18<sup>th</sup> @ Sayre Christian Village 11:30am-2:30pm</li> </ul>	
RPC Updates	<ul style="list-style-type: none"> <li>Just held the Region 13/14 LHD meeting prior to the coalition meeting during which they discussed how to enter POD information and plans for an upcoming POD activation drill for each county within the region. Currently working on entering AFN data/information/agency contacts for this quarter’s deliverables. Have performed a number of ALICE active-shooter trainings around the region with more scheduled to come. Also facilitating HSEEP classes within and outside our region.</li> </ul>	
NDMS Updates	<ul style="list-style-type: none"> <li>NDMS full-scale exercise date will be changing. More details to come.</li> </ul>	
Epi Updates	<ul style="list-style-type: none"> <li>Flu: 360 total flu cases reported out on Monday, all of which were lab-confirmed PCR tests. Had been averaging about 40 cases per week, but this number has been steadily increasing since last week and is projected to be much higher in the coming week(s). Many of these have been from children &lt;5 years old. A new data point being tracked is for individuals who were vaccinated against flu last year but not this year and so far ~25% of cases this year fall into this category. 1 flu related death so far this year in a 101 year old individual.</li> <li>COVID-19: Have surpassed 130,000 cases of COVID-19 in Fayette Co. Will now only be tracking PCR confirmed tests and will no longer be counting probable cases from antigen-positive/rapid-testing in LTC facilities. Currently have 30 individuals hospitalized for COVID-19.</li> <li>RSV: Have been getting a lot of requests for RSV data, however RSV is not a reportable condition unless in an outbreak setting. Therefore, Epi’s are not currently tracking this and are only able to use surveillance data coming out of hospitals such as ED visits.</li> <li>Have submitted several national presentation abstracts regarding the recreational water source Legionella outbreak that occurred during the summer. One interesting aspect of this outbreak was that it would not have been known about had not a local infectious disease doctor epi-linked the cases and reported their findings. Communication and collaboration amongst the local and regional Epi partners are what helps address these types of events quickly and effectively.</li> </ul>	
Next Coalition Mtng.	<ul style="list-style-type: none"> <li>Feb. 22<sup>nd</sup> @ Fayette Co. HD, 650 Newtown Pike</li> </ul>	

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## ATTENDEES

Dave Carney	Heather Walls	Carl Hinson	Michael Hennigan	Taylor Dailey
Lauren Sword	Karen Dailey	Mike Poynter	JT Moore	Chris Kitchens
Shane Bussell	Bethely Morton	Lindsey Elliott	Keri Noe	Tonya Watkins
Jacob Cook	Tiffany Hubbard	Gene Thomas	Angela Kik	Ken Kik
Mary Rose Bauer	Ashley Walo	Terri Schoebel	Rebecca Lynn	Hollie Sands
Amanda Coomer	Lindsay Ames	Sandy Darling	Ralph McCracken	Jenny Bardroff
Kim Yazel	Vicki Sanderson	Tyler Sands	Amber Burkhart	Kelli Griffin
Chuck O'Neal	Kim McHatton	Joanne Luke	John Thomas	Skip Castleman
Candie McMaine	Kevin Stidham	Darcy Maupin	Shaun Caldwell	Sharon Berry
Andrea Viney	Drew Chandler			

# CHEMPACK Program

## Heather Walls

12/21/23



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**TEAM**   
**KENTUCKY**<sup>®</sup>

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CABINET FOR HEALTH  
AND FAMILY SERVICES

# Discussion Topics

🛡️ What is a CHEMPACK?

🛡️ Where are CHEMPACKs located?

🛡️ What should I know about CHEMPACK?

# Strategic National Stockpile (SNS)

- Managed by Administration for Strategic Preparedness and Response (ASPR)
- National Repository of:
  - Antibiotics
  - Antidotes
  - Antitoxins
  - Life-support medications
  - IV administration
  - Airway maintenance supplies
  - Medical/surgical supplies



# Strategic National Stockpile: Components

- 🛡️ 12-hour Push Package
- 🛡️ Managed Inventory
- 🛡️ CHEMPACK
- 🛡️ Federal Medical Stations (FMS)



# What is a CHEMPACK?

- 🛡️ The CHEMPACK is prepositioned federal repositories of nerve-agent antidotes staged in secure locations across the state.
- 🛡️ Medications within the CHEMPACK treat symptoms of nerve agent exposure
- 🛡️ CHEMPACKs increase a local jurisdictions ability to rapidly respond to a large scale chemical incident.
- 🛡️ Placement ensures availability to state and local emergency responders



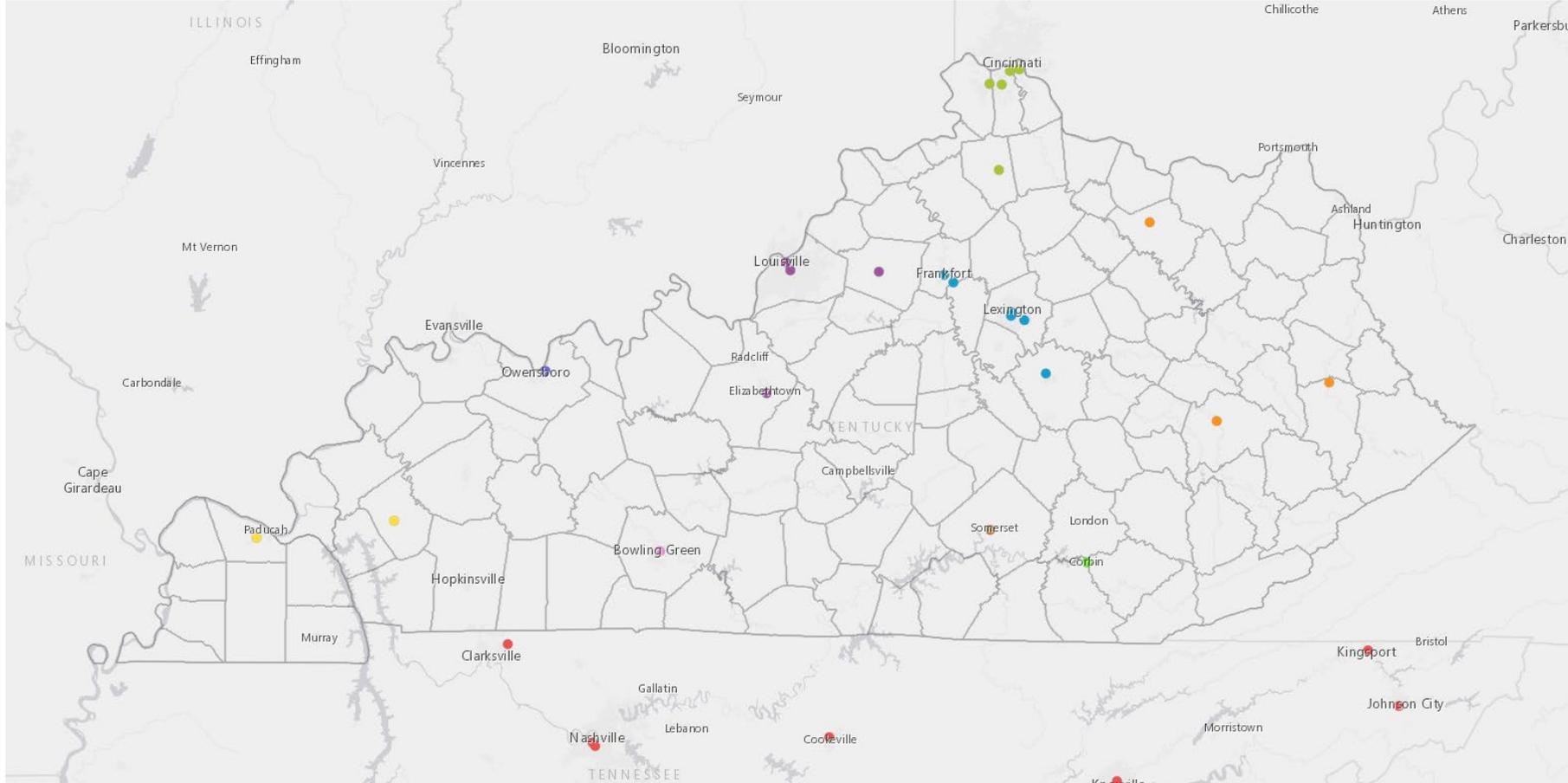
# What is a CHEMPACK?

- Terrorist use of chemical weapons and accidental chemical releases including agricultural chemicals may trigger use of a CHEMPACK.
- Likely choices of WMDs could be nerve agents or other organophosphates.
- The normal 12 hour SNS response window is not adequate when dealing with exposures to nerve agents and other organophosphates.
- Having forward placement of sustainable repositories of antidotes in numerous locations is key to saving lives of affected persons.



# Where are CHEMPACKs located?

<https://arcg.is/0eCOer0>



# What should I know about CHEMPACKs?

- 🏥 Hospital container: Designed for hospitals, the medication comes in multi-dose vials.
  - The hospital containers have enough nerve agent antidote kits to treat 1,000 victims.
  - Emergency Medical Service (EMS) container: For use by first responders, the medications come in auto-injectors.
  - EMS containers have enough to treat 450 victims.
- 🏥 The antidote medications include:
  - Atropine
  - Pralidoxime (2-PAM)
  - Mark-1 Kits (Atropine + 2-PAM)
  - Diazepam

# What should I know about CHEMPACKs?

- 🛡️ The packs are monitored continuously by ASPR/SNS.
  - If the pack is unplugged or opened a notification will be sent to ASPR/SNS
  - This happens also in the event of electrical failures and call-down begins.
  - Items are replaced via drop shipments to the host agency/contact.
- 🛡️ CHEMPACKs can be prepositioned for large events if pre-planning of the movement is coordinated with ASPR/SNS thru the state contact.
- 🛡️ On-scene Incident Commander (EMS, Hazmat, Hospital etc.) will determine the need. They will request deployment through host agency during emergency.
  - Plans to host a CHEMPACK exercise in FY 24-25

# Kentucky CHEMPACK Program

## Hospital CHEMPACK Containers:

Gearred to clinical care environment;  
Contains 85% multi-dose vials that must be reconstituted;  
Up to 1000 casualty capacity

## EMS CHEMPACK Containers:

Gearred to first responder field usage;  
Contains 85% auto injectors;  
Up to 454 casualty capacity

## Events that warrant opening a CHEMPACK container

Any of the following events, when local resources will be exhausted:

- Accident with organophosphate pesticides at a farm or industry or during transport;
- Terrorism event with nerve agent exposure to possible agents Sarin, Soman, Tabun or VX.

KDPH CHEMPACK Coordinator:  
Heather Walls 502-229-0777  
heather.walls@ky.gov



## Event Occurs

Presence of Organophosphates or Nerve Agents or public presenting with signs and symptoms of exposure.

## Use of Local Resources

Hospitals/EMS are equipped with nerve agent antidotes based on the type of hospital and public it serves.

## Need for CHEMPACK

Local resources have been depleted or it is known that local resources will not be enough for the amount affected

## Contact Closest CHEMPACK

Notify the chosen contact in your region to start the deployment of the CHEMPACK to your location. Open container and administer drugs needed for the incident.

## Contact KDPH and SNS

As soon as possible contact the KDPH CHEMPACK Coordinator and provide an event summary and detailed list of contents used.

## SNS Will Replenish Used Materials

After event SNS will provide a shipment with replacement materials and any security mechanisms needed for the CHEMPACK

# Questions?



# Thank you!

## Heather Walls

Strategic National Stockpile (SNS)/  
Cities Readiness Initiative (CRI) Coordinator

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