

Position Statement In Support of Stocking Neutralization and Decontamination Medical Products/Devices in CDC CHEM Packs For Chemical Warfare Agents (CWA) / Chemical Weapons of Mass Destruction (CWMD)

Background

International and American communities face a growing threat from chemical warfare agents (CWA) such as VX nerve agent, HD (Mustard), GA (Tabun), GB (Sarin), GD (Soman), GF (Cyclohexyl Sarin), and T-2 toxin. Nerve agents are organophosphorous compounds that act by inhibiting acetylcholinesterase, an enzyme that aids in the breakdown of the neurotransmitter acetylcholine. Ultimately death will occur in victims exposed to CWAs if not neutralized, decontaminated, and treated in a very short period of time.

Currently, the CDC CHEMPACK has antidotes for nerve agent attacks and large-scale organophosphate (pesticide) poisoning, but have no process for rapidly neutralizing or decontamination of CWA exposed human victims. CWA exposed victims require specialized neutralizing medical components or reactive skin decontamination lotion (RSDL) in order to maximize the effectiveness of antidotes, and reduce contamination of EMS personnel and first receivers.

The importance of stocking neutralization and decontamination medical capabilities and/or reactive skin decontamination lotion in the CDC CHEMPACK is an operational and safety concern for EMS. The 1995 Tokyo Japan CWA terrorist subway attack that killed 12 people and injured over 1,000 people identified the need for immediate neutralization and decontamination in addition to administering CWA antidote. Recent global events involving CWA/CWMD have once again increased the need for reactive skin decontamination lotion (RSDL) to be stocked with CWA antidote stockpiles and CDC CHEMPACK program.

Currently, there are many acknowledgements of the use of a RSDL neutralizing and decontamination process. Examples include: its adoption and use by US Department of Defense, US State Department, Canadian Ministry of Defence, and many NATO countries. Moreover, the U.S. Department of Health and Human Services CHEMM website Chemical Hazards Emergency Medical Management, (http://chemm.nlm.nih.gov/na_prehospital_mmg.htm) and the 2005 Occupational Health & Safety Administration's (OSHA) First Receiver Best Practices both speak specifically to the requirements for decontamination with respect to CWA /CWMD exposure victims (https://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html).

IAEMSC Position and Recommendation: The IAEMSC recommends that CWA / CWMD antidote stockpiles and the CDC CHEMPACK be appropriately stocked with FDA approved specialized decontamination and neutralizing medical products, including a reactive skin decontamination lotion (RSDL), to appropriately treat CWA / CWMD victims and protect responders.

APPROVED: IAEMSC Board of Directors

Washington, DC

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