



710.2

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE
WELTGESUNDHEITSORGANISATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

REGIONAL OFFICE FOR EUROPE
BUREAU REGIONAL DE L'EUROPE
REGIONALBURO FÜR EUROPA
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО



UNITED NATIONS
DEVELOPMENT
PROGRAMME

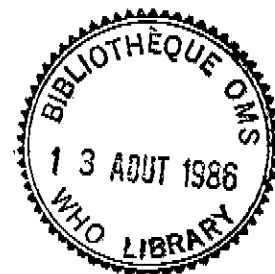
710 2

INDEXED

EUROPEAN COOPERATION ON ENVIRONMENTAL HEALTH ASPECTS OF THE CONTROL OF CHEMICALS

245

EXECUTIVE SUMMARY



Workshop on Response of the Public Health System
to Acute Poisonings (including Accidents)

Lodz, Poland

25-29 June, 1984

*poisoning
poison control centers*

WHO/EURO ICP/CEH 503/m04

UNDP RER/82/002

529

Introduction

The purpose of the Workshop was to review the organizational aspects of the response of the public health systems to acute poisonings, including the role of hospitals and specialized institutions, as currently practised in the ten countries participating in the UNDP-supported project "European Cooperation on Environmental Health Aspects of the Control of Chemicals", and to establish a mechanism for inter-institutional and international collaboration and coordination on this subject.

The following aspects were discussed:

- survey of organizational aspects of response of public health system to acute poisonings and accidents;
- methodology of rescue, treatment and rehabilitation of affected people;
- manpower development and training;
- prevention of acute poisonings;
- establishment of an ongoing structure of cooperation among national institutions; and
- discussion of the functions and tasks of the proposed international Lead Institute, Institute of Occupational Medicine, Lodz, Poland.

List of participants is attached in Annex 1.

The participants described the situation in their own countries and discussed the working papers submitted to the meeting, as well as other background documentation.

Conclusions and Recommendations

1. Organizational aspects

1.1 The organization of poison control services existing in the countries represented at the meeting vary greatly in their organizational patterns, structures and functions. Therefore, a survey of services should be implemented to assist the governments in determining the most functional form of their respective poison control services, according to their needs and means.

A questionnaire has been prepared by the Institute of Occupational Medicine, Lodz, under contract to the WHO Regional Office for Europe, for a survey to be implemented jointly with the World Federation of Associations of Clinical Toxicology Centers and Poison Control Centers (hereinafter referred to as WFCTCPCC), acting in collaboration with the Commission of the European Communities and the International Programme on Chemical Safety. Participants in the Workshop should assist in collection of the relevant information in their respective countries.

1.2 Emergency and post-emergency health care should be organized in the context of a national policy and supplemented by strategies, tactics, contingency plans, guidelines and information systems.

Referral systems of patients, samples, data and incidents are necessary in any type of organizational structure and should be well defined vertically and horizontally.

Poison control centres should operate in the context of an integrated health care system. Dialogue and collaboration between the responsible personnel in poison control centres and other medical specialists (clinical and academic) as well as specialists from nonmedical sectors (agricultural etc.) and industry are essential for the understanding of intoxication processes, the management of cases, the interpretation of the data and the furthering of scientific research in this area.

1.4 Surveillance, whether intensive or routine, should be rationally organized in view of the actions to be taken. In addition to the physicians and specialists, auxiliary health care personnel can successfully participate in surveillance when adequately trained.

1.5 Poison information and control centres should be equipped by telex to facilitate information retrieval and to avoid misunderstandings by telephone.

2. Technical aspects

2.1 Correct clinical diagnosis of acute poisoning should be based on good history taking, complete physical examination, appropriate use of laboratory support and, whenever necessary, advice from other expert sources.

2.2 Laboratory technologies must be evaluated and used according to criteria based on advantages, disadvantages and costs.

2.3 Standardized laboratory methods should be made available nationally, and preferably internationally, so that results become comparable.

2.4 Emphasis should be given to the establishment of adequate referral lines to enable the paediatric intensive care units to manage cases of intoxication of infants and children.

2.5 Prevention of acute poisoning, including primary, secondary and tertiary measures, should receive more attention when national policies and strategies are formulated.

2.6 Public education should be strengthened and appropriate audiovisual materials should be developed, disseminated and used in the schools, media and special campaigns.

3. Manpower development and training

3.1 In addition to training professional clinical toxicologists, the manpower development programme should include courses in clinical toxicology and other related subjects to be given to:

(a) other professions, e.g. physicians, pharmacists, veterinarians, nurses and chemical engineers; and

(b) field personnel, e.g. public health nurses, agricultural instructors and inspectors, police, fire brigade, and industrial inspectors.

3.2 The outline curriculum for training of clinical toxicologists as reviewed and amended by the Workshop should be used as a basis for development of model curricula for use by the educational institutions.

In addition, curricula for other personnel mentioned in section 3.1 (a) and (b) should be developed and tested. Audiovisual aids should be developed to supplement these curricula and to assist the national institutions in organizing the training courses.

3.3 The Workshop welcomed the initiative of the participants from Poland to organize a short training course in 1985, possibly in collaboration with other countries (e.g. Czechoslovakia in clinical toxicology). Detailed proposals on the contents, scope and form of these courses should be developed and transmitted to the Chief Technical Adviser for consideration and action, after consultation with the respective governments.

3.4 Exchange of experts should form an integral component of the manpower development programme. The Institute of Occupational Medicine in Lodz should establish contact with the participating institutions as well as with the WFCTCPC and other centres of excellence to ascertain the availability of training places and training candidates. Feasibility of instituting pairing arrangements will be investigated, whereby the institutes from the UNDP-supported countries would enter into permanent collaborative arrangements with the institutes of highly developed countries on a one-to-one basis.

4. Information collection and flow

4.1 The systematic collection of information, the appropriate interpretation of results, the provision of data to the relevant responsible bodies and the timely feedback are all important aspects to be considered when the response of health care systems to acute poisonings is assessed.

4.2 Data from all possible sources on toxic substances, epidemiological features of incidents, preventive diagnostics, and therapeutic and rehabilitation measures should be collected and made available for manual and/or computerized retrieval.

4.3 A feasibility study should be launched to ascertain the possibility and costs of establishing an international information system based on the system already developed by the International Register for Potentially Toxic Chemicals and incorporating the clinical data to be developed by WFCTCPC as well as other relevant systems. A consultation should be organized to review the findings of the feasibility study and recommend further action.

4.4 An information bulletin should be published semiannually, containing information on case histories, methodological developments, organizational arrangements and other relevant activities taking place in the participating countries, as well as elsewhere. The information contained in the Newsletter published periodically by the European Association of Poison Control Centers should be disseminated as widely as possible.

4.5 A study on the epidemiology of acute poisonings should be formulated and launched, in cooperation with the Accident Prevention Programme of the WHO Regional Office for Europe, using, to the extent possible and as appropriate, the minimum data set on accidents developed by that programme. As the first step, a full study protocol should be prepared for discussion with national principal investigators. After testing in the pilot phase, the protocol should be amended, disseminated and implemented.

5. Structure for institutional and international cooperation

5.1 A structure for cooperation on the subject of the response of the public health systems to acute poisonings (including accidents) should be set up, including:

a) collaboration between the countries participating in the UNDP-supported project,

(b) collaboration between the UNDP-supported countries and other European countries;

(c) cooperation with the World Federation and European Association of Poison Control Centers and other non-governmental organizations;

(d) cooperation with ECE, SMEA, IPCS, IRPTC and other intergovernmental bodies and programmes, including other programmes implemented by the WHO Regional Office for Europe.

5.2 To establish a framework for permanent collaboration between the countries participating in the UNDP-supported project, a Lead Institute should be appointed to lead and coordinate the project work related to response to acute poisoning. It is recommended that the Institute of Occupational Medicine in Lodz be entrusted with this leading role, within the framework of the UNDP-supported project "European Cooperation on Environmental Health Aspects of the Control of Chemicals" as specified in objective 7 of project document RER/82/002.

5.3 The collaborative programme of work, to be implemented by the Lead Institute during phase II of the project operations lasting until 31 December 1986, should essentially consist of:

5.3.1 Formulation and implementation of the survey of services mentioned in para 1.1 above and publication of the report containing the information produced by this survey.

5.3.2 Formulation and implementation of the feasibility study on establishment of an international information system mentioned in para 4.3 above, and organization of the meeting of national principal investigators to recommend further action on this subject.

5.3.3 Institution and publication of the semiannual information bulletin described in para 4.4 above.

5.3.4 Formulation and implementation of the study on epidemiology of acute poisonings as described in para 4.5 above, including processing of data developed through the study and preparation and dissemination of the interpretative report describing the results of the study.

5.3.5 Development of model curricula for training courses described in para 3.1 (a) and (b) above and implementation of short training courses on subjects and in locations to be subsequently agreed upon.

5.3.6 Establishment of a framework for international and inter-institutional exchange of experts described in para 3.4 above and coordination of the exchange programme.

5.3.7 Periodical review of the national priorities related to the problem of acute poisonings (including accidents) and adjustment of the programme of international cooperation on this subject to respond to the national priorities.

5.3.8 Organization of meetings on subjects of common interest.

5.4 A detailed workplan covering the activities specified in the preceding paragraph should be prepared in consultation with the Chief Technical Adviser before the 31 July 1984 for inclusion in the formal agreement assigning the lead role to the Institute of Occupational Medicine in Lodz, to be signed before 31 August 1984.

LIST OF PARTICIPANTS

POLAND*

Professor T. Bogdanik
Institute of Occupational Medicine
ul. Teresy 8
90-144 Lodz

Professor M. Bogusz
Forensic Medicine
Cracow

Professor J. Hanke
Institute of Occupational Medicine
ul. Teresy 8
90-144 Lodz

Professor J. Indulski
Institute of Occupational Medicine
ul. Teresy 8
90-144 Lodz

Dr W. Jaraczewska
Institute of Occupational Medicine
ul. Teresy 8
90-144 Lodz

Dr J. Jeske
Institute of Pediatrics
Medical Academy
Lodz

Dr E. Kralkowska
Institute of Occupational Medicine
ul. Teresy 8
90-144 Lodz

Dr E. Malczewska
Institute of Occupational Medicine
ul. Teresy 8
90-144 Lodz

Professor W. Zegarski
Institute of
Gdansk

* expenses not covered by WHO

TEMPORARY ADVISERS

Dr Z. Adamis
Head of Department for Toxicology
National Institute of Occupational
Health
P.O.Box 22
1450 Budapest
Hungary

Mrs N. Besbelli
Refik Saydam Central Institute
of Hygiene
c/o Mrs Y. Shaw, WHO Office
c/o Resident Representative of the
United Nations Development Programme
P.K. 407
Ankara
Turkey

Dr A. Borges
Centro Informacao Antivenenos
(Poison Control Centre)
National Institute of Medical Emergency
Rua Infante d. Pedro 8
F-1700 Lisbon
Portugal

Dr M. Govaerts
Chef, Centre Anti-Poisons
15, rue Joseph-Stallaert
1060-Brussels
Belgium

Dr I. Gut
Institute of Hygiene and Epidemiology
Srabarova 48
100-42 Prague 10
Czechoslovakia

Dr P. Kulling
Swedish Poison Information Centre
Karolinska Hospital
Box 60500
S-10401 Stockholm
Sweden

Dr M. Sammut
Department of Health
15 Merchants Street
Valletta
Malta

Dr M. Spassovski
Institute of Hygiene and Occupational Medicine
Boulevard Dimitar Nestorov 15
Sofia 1431
Bulgaria

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dr A. Gilad
Chief Technical Adviser, UNDP-supported project RER/82/002

Dr J.T. Jones
Regional Officer, Prevention of Accidents

Dr W. Wahba
Consultant, Appropriate Technology for Health

Headquarters

Dr J. A. Haines
International Programme on Chemical Safety