DOWNLOAD PDF SECTION 2: APPROACH TO SPECIALIST TOXICOLOGY PROBLEMS

Chapter 1 : Toxicology Handbook : Dr. Lindsay Murray :

The Toxicology Handbook is written for hospital-based doctors at all levels and is divided into six sections, including an approach to the poisoned patient, specific toxins, antidotes, toxinology and antivenom.

This chapter introduces the public health assessment process and serves as a road map to the rest of the manual. It provides an overview of the various steps in the process, introduces the multi-disciplinary team approach that you will use for most of your public health assessments, and describes the specific role of the health assessor and team leader and how various team members fit into the process. Throughout this manual, the public health assessment process will be distinguished from the public health assessment document. ATSDR partners may find that some discussions in this chapter, and the manual in general, are not necessarily relevant to their particular procedures e. This chapter addresses the questions: The evaluation of data and information on the release of hazardous substances into the environment in order to assess any [past], current, or future impact on public health, develop health advisories or other recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects 42 Code of Federal Regulations, Part 90, published in 55 Federal Register , February 13, A public health assessment is conducted to determine whether and to what extent people have been, are being, or may be exposed to hazardous substances associated with a hazardous waste site and, if so, whether that exposure is harmful and should be stopped or reduced. The public health assessment process enables ATSDR to prioritize and identify additional steps needed to answer public health questions, and defines follow-up activities needed to protect public health. There are a number of goals of the process that you should keep in mind throughout your assessment. Evaluate site conditions and determine the nature and extent of environmental contamination. Define potential human exposure pathways related to site-specific environmental contaminants. Identify who may be or may have been exposed to environmental contamination associated with a site past, current, and future. Examine the public health implications of site-related exposures, through the examination of environmental and health effects data toxicologic, epidemiologic, medical, and health outcome data. Address those implications by recommending relevant public health actions to prevent harmful exposures. Identify and respond to community health concerns and clearly communicate the findings of the assessment. Top of Page 2. This manual describes an approach to conducting public health assessments that incorporates each of them. Nature and extent of contaminationâ€”What is the spatial and temporal extent of site-related contamination? Have contaminants migrated off site? Demographics population size and susceptibility â€”Who is being exposed, and do any special populations need to be considered e. Pathways of human exposure past, current, and future â€”How might people be exposed to site-related contamination e. What are the site-specific exposure conditions e. Health effects and disease-related dataâ€”How do expected site-specific exposure levels for the identified hazardous substances compare with the observed health effect levels from toxicologic, epidemiologic, and medical studies , and with any available recommended exposure or tolerance limits e. How do existing morbidity and mortality data on diseases compare with observed levels of exposure? Both types of assessments attempt to address the potential human health effects of low-level environmental exposures, but they are approached differently and are used for different purposes. One needs to understand these differences to know how to interpret and integrate the information generated by each of these assessments. The quantitative risk assessment is used by regulators as part of site remedial investigations to determine the extent to which site remedial action e. The risk assessment provides a numeric estimate of theoretical risk or hazard, assuming no cleanup takes place. It focuses on current and potential future exposures and considers all contaminated media regardless if exposures are occurring or are likely to occur. By design, it generally uses standard default protective exposure assumptions when evaluating site risk. The public health assessment is used by ATSDR to identify possible harmful exposures and to recommend actions needed to protect public health. ATSDR considers the same environmental data as EPA, but focuses more closely on site-specific

exposure conditions, specific community health concerns, and any available health outcome data to provide a more qualitative, less theoretical evaluation of possible public health hazards. It considers past exposures in addition to current and potential future exposures. The general steps in the two processes are similar e. Remedial plans based on a quantitative risk assessment represent a prudent public health approachâ€"that of prevention. By design, however, quantitative risk assessments used for regulatory purposes do not provide perspective on what the risk estimates mean in the context of the site community. The public health assessment does. The process is more exposure driven. The process identifies and explains whether exposures are truly likely to be harmful under site-specific conditions and recommends actions to reduce or prevent such exposures. Three situations can trigger a public health assessment: ATSDR receives a "petition" to evaluate a site or release. After the initial information gathering, ATSDR decides whether a public health assessment should be conducted. Not every petition results in a public health assessment. ATSDR receives a request from another agency. State and federal regulatory agencies and state, local, and tribal health departments may request that ATSDR use its public health evaluation expertise to provide a technical consultation for a proposed or completed action. This type of evaluation is often conducted as an abbreviated public health assessment. ATSDR staff and its government partners i. Early in the process, the team leaderâ€"generally you, the health assessorâ€"establishes a team composed of individuals who contribute to the site-specific technical and communication needs of the site. Experience has shown that a team approach is very effective, especially at more complex sites. The mix of the team will depend on the nature and complexity of site issues and may change over the course of the assessment as more information becomes available. Team members may include scientists e. Those who support the assessment will vary from site to site. The regional representative is a vital link between ATSDR; federal, state, and tribal partners; and the community. For many sites, your team may require a health communication specialist to ensure that appropriate community involvement and outreach mechanisms are established. Figure illustrates the individuals and groups that may play a role in the public health assessment process. Communities often play an important role in the public health assessment process. For a particular site, the community generally consists of people who live and work at or around the site. The community may include, for example, residents, site or facility personnel, members of local action groups, local officials, tribal members, health professionals, and local media. Community members are a resource for and a primary audience and beneficiaries of the public health assessment process. They can provide important information and ideas that may prove valuable input to the public health assessment. For example, they can often supply site-specific information that might otherwise not be documented. As you conduct your assessment, community members may also want to know what the process involves, what they can and cannot expect, what conclusions you reach, and in general how ATSDR and the public health assessment process can help address their concerns. The relationship you build with the community through your public involvement and communication activities will influence how much community members trust you and thus, ultimately, how they react to your public health messages and recommendations. For all these reasons, effective involvement of and communication with the community is important throughout the public health assessment process. Since , ATSDR has embraced the philosophy of continuous improvement of and increased attention to its community involvement and health education efforts, which include identifying and reaching out to the concerned public; informing and educating; promoting interaction and dialogue; involving communities in planning, implementing, and decision-making; providing opportunity for comments and input; and collaborating in developing meaningful partnerships. Chapter 4 provides guidance on how to plan for and conduct community involvement activities. By reading Chapter 4 before the subsequent chapters, which provide guidance on the technical aspects of the public health assessment process, you will be better able to incorporate public involvement and basic communication principles into all the activities you perform at a site. The public health assessment process involves multiple steps, but consists of two primary technical componentsâ€"the exposure evaluation and the health effects evaluation. These two components lead to making conclusions and recommendations and identifying specific and appropriate public health actions to

prevent harmful exposures. Integral to the entire process are effective fact finding and thorough scientific evaluation. Identifying and understanding the public health concerns of the site communityâ€”as well as involving and effectively communicating with the publicâ€”is another important component of the process. Good communication among ATSDR, other agencies, and the community is essential throughout the public health assessment process. The exposure evaluation involves studying the environmental data and understanding if and under what conditions people might contact contaminated media e. The information compiled in the exposure evaluation is used to support the health effects evaluation, which includes a screening component, a more detailed analysis of site-specific exposure considerations and of the substance-specific information obtained from the toxicologic and epidemiologic literature. An additional consideration, although not always available, is an evaluation of health outcome data for the community of interest. The specific steps in the process are summarized below and detailed in Chapters 3 through 9. Figure maps out the overall public health assessment process. The evaluation is an iterative, dynamic process that considers available data from varying perspectives. The process is not always linear. Further, because sites are different, not every aspect of the public health assessment process described in this manual will apply to all sites. Another very important point to remember about the process is that public health assessment teams should not wait to complete the entire step-by-step assessment process before recommending an action to address a public health hazard. Instead, the team should immediately focus its efforts on the public health hazard, confer with all stakeholders, and coordinate and implement appropriate actions to minimize exposures and protect public health. The public health assessment process often requires the consideration of multiple data sets. As you do so, you should identify data gaps and limitations, such as the need for further environmental sampling. You need to quickly gain some baseline information about your site. Once you start to build an information base, you can start developing a strategy for conducting the public health assessment. To help ensure a consistent approach across sites, the following steps should be followed: Perform an initial review of site files and general sources of site information e. Initial scoping efforts will help you identify the type of environmental, exposure, and community health concern information you may need to pursue. Identify and communicate with site contacts e. During site scoping you will also determine when to conduct the site visit. The site visit should be viewed as a prime opportunity for meeting with the local community and gathering pertinent site information, in addition to providing you with first-hand knowledge of current site conditions. Define roles and responsibilities of team members internal and external. Identify core team members as early as possible. As described in Section 2. Establishing the team early will foster better communications throughout the public health assessment process. Establish communication mechanisms internal and external. Establish government agency, tribal, site, community, and other stakeholder contacts early in the process. Develop a schedule for team meetings, start considering how to present the findings of your assessment, and develop health communication strategies.

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Chapter 2 : Toxicology Handbook (edition) | Open Library

Section 2: Approach to specialist toxicology problems Approach to special problems: Approach to snakebite, mushroom poisoning, plant poisoning Toxidromes: Serotonin syndrome, Neuroleptic Malignant Syndrome, anticholinergic syndrome, cholinergic syndrome.

Those aspects of the human health and disease that are determined by factors in the environment. It also refers to the theory and practice of assessing and controlling factors in the environment that can potentially affect health. Environmental health as used by the WHO Regional Office for Europe, includes both the direct pathological effects of chemicals, radiation and some biological agents, and the effects often indirect on health and well being of the broad physical, psychological, social and cultural environment, which includes housing, urban development, land use and transport. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, as well as genetics. They also carry out that role by promoting the improvement of environmental parameters and by encouraging the use of environmentally friendly and healthy technologies and behaviors. They also have a leading role in developing and suggesting new policy areas. Researchers and policy-makers also play important roles in how environmental health is practiced in the field. In many European countries, physicians and veterinarians are involved in environmental health. The environmental health profession had its modern-day roots in the sanitary and public health movement of the United Kingdom. This was epitomized by Sir Edwin Chadwick , who was instrumental in the repeal of the poor laws , and in was the founding president of the Association of Public Sanitary Inspectors, now called the Chartered Institute of Environmental Health. Each of these disciplines contributes different information to describe problems and solutions in environmental health, but there is some overlap among them. Environmental epidemiology studies the relationship between environmental exposures including exposure to chemicals, radiation, microbiological agents, etc. Observational studies, which simply observe exposures that people have already experienced, are common in environmental epidemiology because humans cannot ethically be exposed to agents that are known or suspected to cause disease. While the inability to use experimental study designs is a limitation of environmental epidemiology, this discipline directly observes effects on human health rather than estimating effects from animal studies. Toxicology has the advantage of being able to conduct randomized controlled trials and other experimental studies because they can use animal subjects. However there are many differences in animal and human biology, and there can be a lot of uncertainty when interpreting the results of animal studies for their implications for human health. Exposure science can be used to support environmental epidemiology by better describing environmental exposures that may lead to a particular health outcome,identify common exposures whose health outcomes may be better understood through a toxicology study, or can be used in a risk assessment to determine whether current levels of exposure might exceed recommended levels. Exposure science has the advantage of being able to very accurately quantify exposures to specific chemicals, but it does not generate any information about health outcomes like environmental epidemiology or toxicology. This can in turn be used to develop and implement environmental health policy that, for example, regulates chemical emissions, or imposes standards for proper sanitation. Concerns[edit] This article is in a list format that may be better presented using prose. You can help by converting this article to prose, if appropriate. Editing help is available. January Environmental health addresses all human-health-related aspects of the natural environment and the built environment. Environmental health concerns include:

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Chapter 3 : Environmental health - Wikipedia

Toxicology Handbook 2nd Edition. An updated guide to the approach, assessment and management of poisoned patients Poisoning is a common emergency department presentation, and is the third major cause of hospital admission in Australia.

Communicate findings The steps listed in Table 6. For example, the order of the first three listed steps is highly variable â€" a health department often verifies the diagnosis and establishes the existence of an outbreak before deciding that a field investigation is warranted. Conceptually, control measures come after hypotheses have been confirmed, but in practice control measures are usually implemented as soon as the source and mode of transmission are known, which may be early or late in any particular outbreak investigation. Each of the steps is described below in more detail, based on the assumption that you are the health department staff member scheduled to conduct the next field investigation. Prepare for field work The numbering scheme for this step is problematic, because preparing for field work often is not the first step. Only occasionally do public health officials decide to conduct a field investigation before confirming an increase in cases and verifying the diagnosis. More commonly, officials discover an increase in the number of cases of a particular disease and then decide that a field investigation is warranted. Sometimes investigators collect enough information to perform descriptive epidemiology without leaving their desks, and decide that a field investigation is necessary only if they cannot reach a convincing conclusion without one. Regardless of when the decision to conduct a field investigation is made, you should be well prepared before leaving for the field. The preparations can be grouped into two broad categories: Good preparation in both categories is needed to facilitate a smooth field experience. Scientific and investigative issues As a field investigator, you must have the appropriate scientific knowledge, supplies, and equipment to carry out the investigation before departing for the field. Discuss the situation with someone knowledgeable about the disease and about field investigations, and review the applicable literature. In previous similar outbreaks, what have been the sources, modes of transmission, and risk factors for the disease? Assemble useful references such as journal articles and sample questionnaires. Before leaving for a field investigation, consult laboratory staff to ensure that you take the proper laboratory material and know the proper collection, storage, and transportation techniques. By talking with the laboratory staff you are also informing them about the outbreak, and they can anticipate what type of laboratory resources will be needed. You also need to know what supplies or equipment to bring to protect yourself. Some outbreak investigations require no special equipment while an investigation of SARS or Ebola hemorrhagic fever may require personal protective equipment such as masks, gowns, and gloves. Finally, before departing, you should have a plan of action. What are the objectives of this investigation, i. What will you do first, second, and third? Having a plan of action upon which everyone agrees will allow you to "hit the ground running" and avoid delays resulting from misunderstandings. Management and operational issues A good field investigator must be a good manager and collaborator as well as a good epidemiologist, because most investigations are conducted by a team rather than just one individual. The team members must be selected before departure and know their expected roles and responsibilities in the field. What is the role of each? Who is in charge? If you have been invited to participate but do not work for the local health agency, are you expected to lead the investigation, provide consultation to the local staff who will conduct the investigation, or simply lend a hand to the local staff? And who are your local contacts? Depending on the type of outbreak, the number of involved agencies may be quite large. If criminal or bioterrorist intent is suspected, law enforcement agencies and the Federal Bureau of Investigation FBI may be in charge, or at least involved. Staff from different agencies have different perspectives, approaches, and priorities that must be reconciled. For example, whereas the public health investigation may focus on identifying a pathogen, source, and mode of transmission, a criminal investigation is likely to focus on finding the perpetrator. Sorting out roles and responsibilities in such multi-agency investigations is critical to accomplishing the disparate

objectives of the different agencies. A communications plan must be established. The need for communicating with the public health and clinical community has long been acknowledged, but the need for communicating quickly and effectively with elected officials and the public became obvious during the epidemics of West Nile Virus encephalitis, SARS, and anthrax. The plan should include how often and when to have conference calls with involved agencies, who will be the designated spokesperson, who will prepare health alerts and press releases, and the like. When a federal agency is involved in the survey of 10 or more individuals, the data collection instrument must first be cleared by the White House Office of Management and Budget OMB. In addition, operational and logistical details are important. Arrange to bring a laptop computer, cell phone or phone card, camera, and other supplies. If you are arriving from outside the area, you should arrange in advance when and where you are to meet with local officials and contacts when you arrive in the field. You must arrange travel, lodging, and local transportation. Many agencies and organizations have strict approval processes and budgetary limits that you must follow. If you are traveling to another country, you will need a passport and often a visa. You should also take care of personal matters before you leave, especially if the investigation is likely to be lengthy. Top of Page Step 2: Establish the existence of an outbreak An outbreak or an epidemic is the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time. Usually, the cases are presumed to have a common cause or to be related to one another in some way. Many epidemiologists use the terms outbreak and epidemic interchangeably, but the public is more likely to think that epidemic implies a crisis situation. Some epidemiologists apply the term epidemic to situations involving larger numbers of people over a wide geographic area. Indeed, the Dictionary of Epidemiology defines outbreak as an epidemic limited to localized increase in the incidence of disease, e. This aggregation of cases seems to be unusual, but frequently the public and sometimes the health agency does not know the denominator. For example, the diagnosis in one neighborhood of four adults with cancer may be disturbing to residents but may well be within the expected level of cancer occurrence, depending on the size of the population, the types of cancer, and the prevalence of risk factors among the residents. One of the first tasks of the field investigator is to verify that a cluster of cases is indeed an outbreak. Some clusters turn out to be true outbreaks with a common cause, some are sporadic and unrelated cases of the same disease, and others are unrelated cases of similar but unrelated diseases. Even if the cases turn out to be the same disease, the number of cases may not exceed what the health department normally sees in a comparable time period. Here, as in other areas of epidemiology, the observed is compared with the expected. The expected number is usually the number from the previous few weeks or months, or from a comparable period during the previous few years. For a notifiable disease, the expected number is based on health department surveillance records. For other diseases and conditions, the expected number may be based on locally available data such as hospital discharge records, mortality statistics, or cancer or birth defect registries. When local data are not available, a health department may use rates from state or national data, or, alternatively, conduct a telephone survey of physicians to determine whether they are seeing more cases of the disease than usual. Finally, a survey of the community may be conducted to establish the background or historical level of disease. Even if the current number of reported cases exceeds the expected number, the excess may not necessarily indicate an outbreak. Reporting may rise because of changes in local reporting procedures, changes in the case definition, increased interest because of local or national awareness, or improvements in diagnostic procedures. A new physician, infection control nurse, or healthcare facility may more consistently report cases, when in fact there has been no change in the actual occurrence of the disease. Some apparent increases are actually the result of misdiagnosis or laboratory error. Finally, particularly in areas with sudden changes in population size such as resort areas, college towns, and migrant farming areas, changes in the numerator number of reported cases may simply reflect changes in the denominator size of the population. Whether an apparent problem should be investigated further is not strictly tied to verifying the existence of an epidemic more cases than expected. Sometimes, health agencies respond to small numbers of cases, or even a single case of disease, that may not exceed the expected or usual number

of cases. As noted earlier, the severity of the illness, the potential for spread, availability of control measures, political considerations, public relations, available resources, and other factors all influence the decision to launch a field investigation. You are not sure if either group of cases is a cluster or an outbreak. What additional information might be helpful in making this determination? Top of Page Step 3: Verify the diagnosis The next step, verifying the diagnosis, is closely linked to verifying the existence of an outbreak. In fact, often these two steps are addressed at the same time. Verifying the diagnosis is important: First, review the clinical findings and laboratory results. If you have questions about the laboratory findings for example, if the laboratory tests are inconsistent with the clinical and epidemiologic findings , ask a qualified laboratorian to review the laboratory techniques being used. If you need specialized laboratory work such as confirmation in a reference laboratory, DNA or other chemical or biological fingerprinting, or polymerase chain reaction, you must secure a sufficient number of appropriate specimens, isolates, and other laboratory material as soon as possible. Second, many investigators â€" clinicians and non-clinicians â€" find it useful to visit one or more patients with the disease. If you do not have the clinical background to verify the diagnosis, bring a qualified clinician with you. Talking directly with some patients gives you a better understanding of the clinical features, and helps you to develop a mental image of the disease and the patients affected by it. In addition, conversations with patients are very useful in generating hypotheses about disease etiology and spread. They may be able to answer some critical questions: What were their exposures before becoming ill? What do they think caused their illness? Do they know anyone else with the disease? Do they have anything in common with others who have the disease? Third, summarize the clinical features using frequency distributions. Are the clinical features consistent with the diagnosis? Frequency distributions of the clinical features are useful in characterizing the spectrum of illness, verifying the diagnosis, and developing case definitions. Top of Page Step 4: Construct a working case definition A case definition is a standard set of criteria for deciding whether an individual should be classified as having the health condition of interest. A case definition is a standard set of criteria for deciding whether an individual should be classified as having the health condition of interest. A case definition includes clinical criteria and â€" particularly in the setting of an outbreak investigation â€" restrictions by time, place, and person. Whatever the criteria, they must be applied consistently to all persons under investigation. The case definition must not include the exposure or risk factor you are interested in evaluating. This is a common mistake. For example, if one of the hypotheses under consideration is that persons who worked in the west wing were at greater risk of disease, do not define a case as "illness among persons who worked in the west wing with onset betweenâ€¦" Instead, define a case as "illness among persons who worked in the facility with onset betweenâ€¦" Then conduct the appropriate analysis to determine whether those who worked in the west wing were at greater risk than those who worked elsewhere.

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Chapter 4 : Toxicology - Wikipedia

** Special populations: Paediatric poisoning: 1 tablet can kill (list), special precautions in management (overnight stay, paracetamol, risk of charcoal etc); Pregnancy and lactation and poisoning; and Geriatric poisoning Section 3: Toxic Drugs (78 chapters) * Approach to diagnosis, investigation and management of the poisoned patient with all of the common drug presentations.*

Learn how to plan well, keep members involved, and create real leadership opportunities in your organization and skills in your members. Why do you need facilitation skills? How do you facilitate? How do you plan a good facilitation process? Facilitating a meeting or planning session: Facilitator skills and tips Dealing with disrupters: Preventions and interventions What are facilitation skills? Community organizations are geared towards action. There are urgent problems and issues we need to tackle and solve in our communities. But for groups to be really successful, we need to spend some time focusing on the skills our members and leaders use to make all of this action happen, both within and outside our organizations. One of the most important sets of skills for leaders and members are facilitation skills. These are the "process" skills we use to guide and direct key parts of our organizing work with groups of people such as meetings, planning sessions, and training of our members and leaders. While a group of people might set the agenda and figure out the goals, one person needs to concentrate on how you are going to move through your agenda and meet those goals effectively. This is the person we call the "facilitator. Facilitation has three basic principles: A facilitator is a guide to help people move through a process together, not the seat of wisdom and knowledge. The most important thing is what the participants in the meeting have to say. So, focus on how the meeting is structured and run to make sure that everyone can participate. This includes things like: If you want to do good planning, keep members involved, and create real leadership opportunities in your organization and skills in your members, you need facilitator skills. The more you know about how to shape and run a good learning and planning process, the more your members will feel empowered about their own ideas and participation, stay invested in your organization, take on responsibility and ownership, and the better your meetings will be. Meetings are a big part of our organizing life. We seem to always be going from one meeting to the next. The next session in the Tool Box covers planning and having good meetings in depth. Remember, these facilitation skills are useful beyond meetings: Can anyone learn to facilitate a meeting? Yes, to a degree. Being a good facilitator is both a skill and an art. It is a skill in that people can learn certain techniques and can improve their ability with practice. It is an art in that some people just have more of a knack for it than others. Sometimes organization leaders are required to facilitate meetings: To put it another way, facilitating actually means: Understanding the goals of the meeting and the organization Keeping the group on the agenda and moving forward Involving everyone in the meeting, including drawing out the quiet participants and controlling the domineering ones Making sure that decisions are made democratically How do you plan a good facilitation process? A good facilitator is concerned with both the outcome of the meeting or planning session, with how the people in the meeting participate and interact, and also with the process. While achieving the goals and outcomes that everyone wants is of course important, a facilitator also wants to make sure that the process if sound, that everyone is engaged, and that the experience is the best it can be for the participants. In planning a good meeting process, a facilitator focuses on: Climate and Environment Logistics and Room Arrangements Ground Rules A good facilitator will make plans in each of these areas in advance. Climate and Environment There are many factors that impact how safe and comfortable people feel about interacting with each other and participating. The environment and general "climate" of a meeting or planning session sets an important tone for participation. Key questions you would ask yourself as a facilitator include: Is the location a familiar place, one where people feel comfortable? A comfortable and familiar location is key. Is the meeting site accessible to everyone? If not, have you provided for transportation or escorts to help people get to the site? Psychologically, if people feel that the site is too far from them or in a place they feel is "dangerous," it may

put them off from even coming. If they do come, they may arrive with a feeling that they were not really wanted or that their needs were not really considered. This can put a real damper on communication and participation. Is the space the right size? This can cause a real break in the mood and feeling of your meeting or planning session. You want folks to stay focused and relaxed. Logistics and Room Arrangements Believe it or not: Some things to consider are: Having chairs in a circle or around a table encourages discussion, equality, and familiarity. Avoid them at all costs. Places to hang newsprint: You may be using a lot of newsprint or other board space during your meeting. Can you use tape without damaging the walls? Is an easel available? Is there enough space so that you can keep important material visible instead of removing it? Is there a table for folks to use? Grumbling stomachs will definitely take folks minds off the meeting. Do you need outlets for coffee pots? Can you set things up so folks can get food without disrupting the meeting? Microphones and audio visual equipment: Do you need a microphone? Can someone set up and test the equipment before you start? To build a safe as well as comfortable environment, a good facilitator has a few more points to consider. How do you protect folks who are worried their ideas will be attacked or mocked? How do you hold back the big talkers who tend to dominate while still making them feel good about their participation? Much of the answer lies in the Ground Rules. Ground Rules Most meetings have some kind of operating rules. When you want the participation to flow and for folks to really feel invested in following the rules, the best way to go is to have the group develop them as one of the first steps in the process. Common ground rules are: Begin by telling folks that you want to set up some ground rules that everyone will follow as we go through our meeting. Put a blank sheet of newsprint on the wall with the heading "Ground Rules. If no one says anything, start by putting one up yourself. That usually starts people off. Write any suggestions up on the newsprint. When you are finished, ask the group if they agree with these Ground Rules and are willing to follow them. Make sure you get folks to actually say "Yes" out loud. It makes a difference! Start the meeting on time Few of us start our meetings on time. Those who come on time feel cheated that they rushed to get there! Start no more than five minutes late, ten at the maximum and thank everyone who came on time. Wait until after a break or another appropriate time to have them introduce themselves. Welcome everyone Make a point to welcome everyone who comes. Thank all of those who are there for coming and analyze the turnout attendance later. Go with who you have. Make introductions There are lots of ways for people to introduce themselves to each other that are better than just going around the room. The kinds of introductions you do should depend on what kind of meeting you are having, the number of people, the overall goals of the meeting, and what kind of information it would be useful to know. Some key questions you can ask members to include in their introductions are: How did you first get involved with our organization? In pairs, have people turn to the person next to them and share their name, organization and three other facts about themselves that others might not know. Then, have each pair introduce each other to the group. Form small groups and have each of them work on a puzzle. Have them introduce themselves to their group before they get to work. This helps to build a sense of team work. In a large group, have everyone write down two true statements about themselves and one false one. Then, every person reads their statements and the whole group has to guess which one is false.

Chapter 5 : wikitox:wikitox_home [My DokuWiki]

*Table of Contents. Section 1: Introduction * Who are the authors * Scope of the book * Handbook of acute management of common poisonings. * Hands on and practical approach.*

Chapter 6 : Chapter 2: Public Health Assessment Overview | PHA Guidance Manual

Clinical and Translational Toxicology Specialty Section. The Clinical and Translational Toxicology Specialty Section (CTTSS) is a subgroup of the Society of Toxicology, the membership of which has expertise in all aspects of clinical and

translational toxicology.

Chapter 7 : Principles of neurological rehabilitation - Oxford Medicine

Section 2 - 15 chapters on global contributions (scientific societies; national validation centres, key laboratories and regulatory bodies). Section 3 - special areas of interest - chapters on cosmetics, drugs, food safety, inhalation toxicity, carcinogenicity and reproductive toxicology, biologicals, and clinical (human) studies.

Chapter 8 : Toxicology Handbook 2nd Edition | booksmedicos

Additional community concerns not related to potential exposure pathways may be addressed in the community concerns section of the written public health assessment or the public health action plan (see Section).

Chapter 9 : Principles of Epidemiology: Lesson 6, Section 2|Self-Study Course SS|CDC

Toxicology Specialist 13 - 14 Possession of a master's degree in a physical, biological, or environmental science with 10 semester (15 term) credits in toxicology, 14 semester (20 term) credits in chemistry (including inorganic, organic.