

However, after the Sixth Review Conference States Parties of the BWC formalized the new approach and recognized the importance of safety and security of biological resources and started cooperation with the scientific, medical, commercial and educational communities.

So called 2007–2010 BWC intersessional process of the work started with significant involvement of NGOs, the scientific community, academics, commercial industry and civil society.

New synergy among key international organizations as WHO, OIE, FAO and OPCW, and actors dealing with the BWC directly or indirectly is crucial in the areas of disease surveillance, fighting chemical weapons, and opposing the threat of bioterrorism.

In such a vision, the BWC will be key, both as a clear and fundamental legal norm, and as a forum for coordination of the various activities.

Biological Weapons Convention will play an ever more important role in efforts to maximize the benefits offered by biotechnology while minimizing its potential for malign and hostile use.

Key Words/Phrases: Biotechnology, BTWC, Biosafety and Biosecurity, Biothreat



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11. THE ROLE OF POISON CONTROL CENTERS IN CBRN INCIDENTS

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Poison Control Centers (PCCs) have historically played a limited, parallel role in management of CBRN incidents; they are frequently called for advice by the public or health care providers when such incidents occur, but in many cases are not considered an integral part of the CBRN disaster emergency response team, lacking a "place" in the Incident Command Structure (ICS). This is unfortunate, as PCCs represent an important public health resource. The roughly 60 centers in the U.S. are available 24/7, 365 days/year. Telephones are manned by professionals, including pharmacists and nurses with additional specialized training in poisoning response. PCC medical directors are generally trained in Emergency Medicine, Pediatrics or Preventive Medicine, with subspecialty training in Medical Toxicology. Many toxicologists attend specialized training in the radiation emergency management at REAC/TS. PCCs have extensive databases for poisoning management coupled with GIS surveillance. This combination of expertise and information renders PCCs well prepared to advice on decontamination and treatment of CBRN-contaminated victims. Their toxicology expertise allows their participation in risk assessment. PCCs are highly trusted by the community, enhancing their role in risk communication. We recently initiated a program that provides guidance on activation of PCCs by the Region 6 Regional Response Team (RRT6), Co-Chaired by the US Environmental Protection Agency (EPA) and the US Coast Guard, serving as the federal component of the National Response System for the states of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The program will be described, with emphasis on how PCCs may work within ICS.



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12. URGENT MEDICAL RESPONSE IN CBR INCIDENTS

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