



**OPCW**

**Technical Secretariat**

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International Cooperation and Assistance Division

S/585/2006

16 August 2006

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**NOTE BY THE TECHNICAL SECRETARIAT**

**CALL FOR NOMINATIONS  
FOR CANDIDATES FOR A COURSE ON  
THE MEDICAL ASPECTS OF DEFENCE AGAINST CHEMICAL WEAPONS  
TEHRAN, ISLAMIC REPUBLIC OF IRAN  
4 – 8 NOVEMBER 2006**

1. On behalf of the Government of the Islamic Republic of Iran and the Organisation for the Prohibition of Chemical Weapons (OPCW), the Director-General wishes to invite Member States to nominate candidates for the eighth course on the medical aspects of defence against chemical weapons, to be held from 4 to 8 November 2006, in Tehran, the Islamic Republic of Iran.
2. The course has been designed primarily for medical doctors, although applicants from the paramedical professions will also be considered. The course will be particularly valuable for medical professionals who are new to the field of chemical defence, and who do not have an extensive background in the medical aspects of defence against chemical weapons. It will provide a unique opportunity for them to gain insights from Iranian physicians who have personally treated victims of chemical weapons in field situations.
3. The participants will be provided with an overview of the nature of chemical weapons and their effects, and an update on international efforts to eliminate chemical weapons. The course will enable medical personnel to gain an understanding of the problems which they may encounter if they participate in national or international responses to incidents involving chemical weapons, and also of the assistance and further training that is available through the OPCW. It will provide an ideal foundation for those who wish to attend specialised training courses offered by other States Parties in the future. The course will include both theoretical lectures and case studies involving patients suffering from the chronic effects of exposure to chemical weapons. The details of the subjects that will be covered during the course are presented in Annex 1.
4. The course will be held at the International Medical Centre for Training and Treatment against Chemical Weapons (IMCTTCW) in Tehran, in the Islamic Republic of Iran.



5. All activities during the course will be conducted in English. No interpretation facilities of any kind will be provided. Nominated candidates are therefore expected to have a good command of the English language, both written and oral.
6. Background material on the subjects to be covered, as well as a detailed programme of activities and timings, will be sent to the successful candidates in advance, to allow them to prepare for the course. Upon request, this material may be sent to the relevant Permanent Representations to the OPCW, to be forwarded to participants.
7. The Secretariat expects to be able to sponsor the participation of a limited number of participants. Each nomination should specify whether sponsorship is a condition of the nominee's participation. For sponsored participants, the Secretariat will cover the costs of travel, meals, and medical insurance, and will provide a limited subsistence allowance to cover sundry expenses. The Secretariat will also arrange and pay for accommodation for sponsored participants.
8. When making travel arrangements for sponsored participants, the Secretariat will seek the most-economical options. It will purchase tickets and send them to participants. In order for the Secretariat to keep costs to a minimum, participants are expected to arrive **no earlier than Friday, 3 November 2006**, and to depart **no later than Thursday, 9 November 2006**. The Secretariat's agreement is required for any changes to the arrival and departure dates. The Secretariat will not cover expenses unrelated to the meeting or that result from changes to travel arrangements it has not authorised. Sponsored participants shall bear all costs resulting from changes they make, including cancellations, once the Secretariat has purchased tickets.
9. Member States are invited to submit the names of candidates for the course to the Secretariat **no later than 15 September 2006**. Nominations received after that date will not normally be considered. All nominations, together with the information requested in the questionnaire for candidates (found in Annex 2), should be addressed to the Director, International Cooperation and Assistance Division, OPCW, Johan de Wittlaan 32, 2517 JR The Hague, The Netherlands. Applications may also be submitted by fax to: +31 (0)70 416 3209, or by e-mail to [EmergAssistBr@opcw.org](mailto:EmergAssistBr@opcw.org). Selected participants will be contacted within two weeks of the submission deadline.
10. Additional information on the course may be obtained from the International Cooperation and Assistance Division. The contact persons are Ms Nune Aghayan, +31 (0)70 416 3208, and Ms Silvana Braccini, +31 (0)70 416 3217.

Annexes:

- |                         |   |
|-------------------------|---|
| Annex 1:                | Subjects to Be Covered during the Course on the Medical Aspects of Defence against Chemical Weapons                   |
| Annex 2 (English only): | Questionnaire to Be Completed by Candidates for the Course on the Medical Aspects of Defence against Chemical Weapons |

**Annex 1**

**A COURSE ON  
THE MEDICAL ASPECTS OF DEFENCE AGAINST CHEMICAL WEAPONS  
TEHRAN, ISLAMIC REPUBLIC OF IRAN  
4 – 8 NOVEMBER 2006**

**SUBJECTS TO BE COVERED**

|   |
|---|
| <p style="text-align: center;"><b>General introduction</b></p> <p>Overview of the nature of chemical weapons and their effects<br/>Introduction to protection against chemical weapons, including detection, personal and collective protection, and contamination control<br/>Performance reduction and ergonomic problems of using chemical-defence equipment</p>   |
| <p style="text-align: center;"><b>Medical aspects of exposure to chemical agents</b></p> <p>Nerve agents (pathology, signs and symptoms, diagnosis and treatment)<br/>Blister agents (pathology, signs and symptoms, diagnosis and treatment)<br/>Other agents</p>  |
| <p style="text-align: center;"><b>The Iranian experience of chemical weapons</b></p> <p>Review of the experiences and lessons learned by Iranian physicians when confronted with mass chemical casualties during the 1980s<br/>Organisation of the medical response to a chemical attack in the field<br/>Organisation and treatment of the chronic effects of poisoning by chemical weapons, with an overview of the work of the Janbasan Iranian Veterans' Foundation and the IMCTTCW<br/>Chronic effects of exposure to mustard:</p> <ul style="list-style-type: none"> <li>(a) respiratory effects</li> <li>(b) dermatological effects</li> <li>(c) ophthalmological effects</li> <li>(d) case studies (guided clinical training sessions, interviews with, and examinations of, patients exhibiting the chronic effects of their exposure to mustard)</li> </ul> |
| <p style="text-align: center;"><b>International efforts against chemical weapons</b></p> <p>Update on the implementation of the Chemical Weapons Convention, and the role of medical personnel in chemical defence and disarmament<br/>Medical aspects of investigations of alleged use of chemical weapons<br/>Further sources of international assistance available to Member States of the OPCW to prepare for, or react to, an incident involving chemical weapons</p>  |

## Annex 2

### A COURSE ON THE MEDICAL ASPECTS OF DEFENCE AGAINST CHEMICAL WEAPONS TEHRAN, ISLAMIC REPUBLIC OF IRAN 4 – 8 NOVEMBER 2006

#### NOMINATION FORM

Please submit the completed form **by 15 September 2006** to:  
The International Cooperation and Assistance Division, OPCW  
Attn: Assistance and Protection Branch  
Johan de Wittlaan 32, 2517 JR The Hague, the Netherlands  
Fax: + 31 (0)70 416 3209; e-mail: [EmergAssistBr@opcw.org](mailto:EmergAssistBr@opcw.org).

**Please type or use BLOCK LETTERS.**

|     |   |                               |                                 |
|-----|---|-------------------------------|---------------------------------|
| 1.  | Family name of nominee*   |                               |                                 |
| 2.  | First name(s)*  |                               |                                 |
| 3.  | Gender <sup>1</sup>   | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| 4.  | Date of birth   |                               |                                 |
| 5.  | Contact address<br>(Please do not give a post-office box number.) | Street                        | Number                          |
|     |   | Post code                     | City                            |
|     |   | Country                       |                                 |
| 6.  | E-mail address  |                               |                                 |
| 7.  | Telephone numbers,<br>including country and city codes            | Home                          |                                 |
|     |   | Work                          |                                 |
|     |   | Mobile                        |                                 |
| 8.  | Fax numbers,<br>including country and city codes                  | Home                          |                                 |
|     |   | Work                          |                                 |
| 9.  | Passport number   |                               |                                 |
| 10. | Date of issue   |                               |                                 |
| 11. | Place of issue  |                               |                                 |
| 12. | Expiry date   |                               |                                 |
| 13. | Affiliation   |                               |                                 |
| 14. | Professional qualifications                                       |                               |                                 |

\* Please give the first and family names exactly as they appear in the nominee's passport.

<sup>1</sup> For this and all like items below, please tick the appropriate box.

|     |   |  |                               |                             |                    |
|-----|---|--|-------------------------------|-----------------------------|--------------------|
| 15. | Area(s) of expertise  |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
| 16. | Short overview of professional career, indicating any area of special interest                                | University Name, place, and country                      | Attended from/to (month/year) | Degree/diploma              | Main area of study |
|     |   |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
|     |   |  |                               |                             |                    |
| 17. | Have you had any previous training in medical defence against chemical weapons?                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |                               |                             |                    |
|     | If yes, please provide details:   |  |                               |                             |                    |
| 18. | Have you had any actual experience examining or treating patients who have been exposed to chemical weapons?  | Yes <input type="checkbox"/>                             |                               | No <input type="checkbox"/> |                    |
|     | If yes, please provide details:   |  |                               |                             |                    |
| 19. | What is your current or expected future involvement in the field of medical defence against chemical weapons? |  |                               |                             |                    |
| 20. | Nominated by:   |  |                               |                             |                    |
| 21. | Is sponsorship a condition of participation?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                               |                             |                    |

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|-------------------------|---|--|
| 22.                     | Brief recommendation from the<br>National Authority |  |
|                         |   |  |
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|                         |   |  |
| Signed _____ Date _____ |   |  |

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