



NOTE BY THE DIRECTOR-GENERAL

**CALL FOR NOMINATIONS FOR AN ASSISTANCE AND PROTECTION
CAPACITY-BUILDING PROJECT ON CHEMICAL INCIDENT PREPAREDNESS
FOR HOSPITALS AND HEALTH CARE FACILITIES
ANKARA, TURKEY
22 – 26 OCTOBER 2018**

1. The Director-General of the Organisation for the Prohibition of Chemical Weapons (OPCW) wishes to invite Member States to identify representatives to participate in an assistance and protection capacity-building project on the subject of chemical incident preparedness for hospitals and health care facilities.
2. The project will be organised by the Technical Secretariat (hereinafter “the Secretariat”) and the Government of Turkey and will engage up to 20 administrators or clinical managers who are directly involved with the internal policies of a hospital or health care facility in an OPCW Member State. The project will require a considerable commitment from each participant, whose inputs are to include:
 - (a) the completion and submission of a facility assessment;
 - (b) participation in an assistance and protection workshop focusing on hospital operations during a chemical incident; and
 - (c) the completion and implementation of an “action plan” subsequent to the workshop.
3. The programme of the workshop will be determined according to the content of the completed assessments, and will address specific needs identified through the analysis of the data collected. The workshop will therefore focus on equipping participants to address the identified needs and effect positive change in their respective facilities with regard to chemical incident preparedness. Assessment data will be used by the project team only and will not be made public.
4. The workshop, to be held from 22 to 26 October 2018, will be hosted by the University of Health Sciences, Department of Medical CBRN¹ Defence in Ankara, Turkey.
5. National Authorities are requested to engage with the relevant ministries in their countries to identify stakeholder medical facilities and participants employed therein according to the following criteria:

¹ CBRN = chemical, biological, radiological, and nuclear.



- (a) Hospitals or health care facilities should ideally be the type of high-volume, publicly accessible medical facilities that might potentially receive casualties following a toxic chemical incident.
 - (b) Participants should be individuals with mid- to upper-level managerial authority in the operation of a hospital or health care facility as described in subparagraph 5(a) above. Those with specific responsibility in mass casualty or major incident planning are ideal. Some familiarity with acute medical care would be an advantage.
 - (c) Participants should, as a function of their role, have the ability to influence incremental policy change within their facility.
6. National Authorities are requested to use the “Designation of Institution” form attached as the Annex to this Note to identify stakeholder medical facilities and points of contact for those facilities. Thereafter, the Secretariat will liaise directly with the designated points of contact to identify participants, finalise the assessment, and make arrangements for workshop attendance.
7. National Authorities are invited to designate up to three medical facilities in their country for participation in this project.
8. Workshop space in Ankara will be limited to 20 participants and not all designated institutions will be able to send a participant during this initial phase of the project. However, institutions that have not been selected will be eligible for future workshops in subsequent phases, subject to the constraints of the resources of the Secretariat.
9. For participants selected to attend the workshop, the Secretariat will cover the costs of travel, accommodation, and meals during the workshop. Further details regarding accommodation, the course venue, and transport will be provided to all confirmed participants at a later date.
10. Designated participants must bear all costs not related to the project or that result from any changes to the itinerary made without the explicit approval of the Secretariat. All participants will be requested to obtain all necessary visas, including transit visas, before travelling to Turkey.
11. Completed designation forms should be sent to the Director, International Cooperation and Assistance Division, OPCW, Johan de Wittlaan 32, 2517 JR The Hague, the Netherlands. Forms may also be submitted by fax (+31 (0)70 416 3209) or by email (EmergAssistBr@opcw.org) with the words “Hospital Project – [name of institution]” in the subject line of the message. All materials must be received by the Secretariat **no later than 1 June 2018**.
12. Additional information on the project may be obtained from the International Cooperation and Assistance Division. The contact person is Mr Guy Valente, who can be reached by telephone (+31 (0)70 416 3423) or by email (guy.valente@opcw.org).

Annex: Designation of Institution

Annex**DESIGNATION OF INSTITUTION****Please type or use BLOCK LETTERS**This column is to be filled by the
National AuthorityThis column is to be filled by the
Point of Contact

Name of medical institution:	Name:
Address of medical institution:	Designation/title:
Name of designated Point of Contact from the above institution:	Work phone:
<p><i>As an authorised representative of the National Authority, I hereby nominate the above institution and its respective point of contact for participation in the OPCW Assistance and Protection Capacity-Building Project on Chemical Incident Preparedness for Hospitals and Health Care Facilities, and endorse all subsequent activities within the scope of the project as may be required.</i></p> <p>Name: _____</p> <p>Signature: _____</p> <p>Country: _____</p> <div data-bbox="400 1688 624 1899" style="text-align: center; border: 1px solid black; border-radius: 50%; width: 140px; height: 94px; margin: 20px auto;"> <p>Official stamp/seal</p> </div>	Mobile phone:
	Email:
	<p><i>Please answer these two initial questions to begin the assessment process. This is not a qualification and there are no wrong answers.</i></p>
	<p>1. Does your hospital have an <u>emergency operations plan</u> for major incidents?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. If you answered “Yes” above, does this plan contain provisions for the management of <u>contaminated patients</u>?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p><i>I accept this nomination to participate in the OPCW Assistance and Protection Capacity-Building Project on Chemical Incident Preparedness for Hospitals and Health Care Facilities on behalf of the institution designated by the National Authority.</i></p> <p>Signature: _____</p>