

Public health partners who may engage in emergency response

- ATSDR Regional office & HQ
- State Health Department
- City/County Health Department
- Pediatric Environmental Health Specialty Units (PEHSU)
- Poison Centers



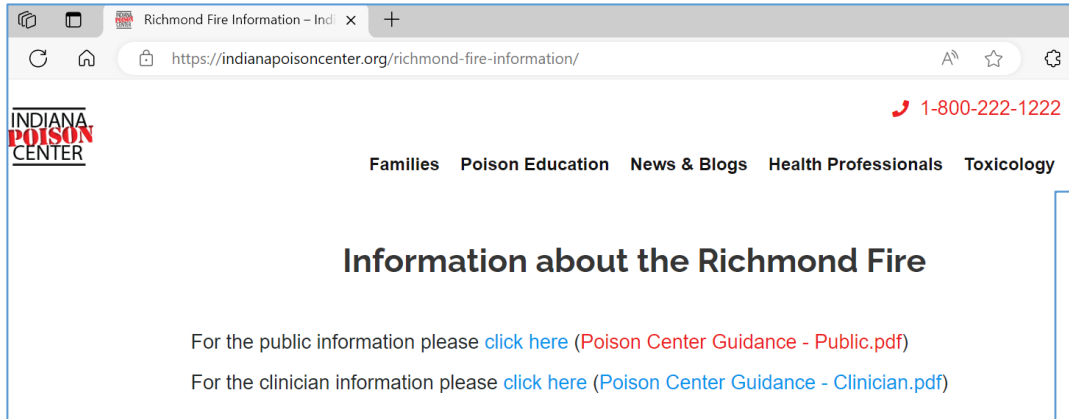


Poison Centers

- toll-free Poison Help line, 1-800-222-1222, connects you to your local poison center
- staffed 24/7 by nurses, pharmacists, and physicians



Example 1: Richmond, IN, plastics fire



Regional Poison Control Public Guidance Document Richmond Plastics Plant Fire

Background: On April 11, 2023, a fire started within a plastic recycling company located in Richmond, Indiana, near the Ohio border. The Indiana and Central Ohio Poison Centers, Wayne County Health Department, EPA, CDC, and other local, state, and federal agencies are working together to provide guidance regarding decontamination, treatment, and minimize risk of exposure to toxins released by the fire. This document contains guidance for the public about the potential health impact of this fire.

Agents: Smoke and particulate matter (PM), hydrogen cyanide, benzene, chlorine, naphthalene, carbon monoxide, asbestos.

Symptoms: Serious or long-term health effects are unlikely. Many early symptoms may have been related to smoke and/or particulate matter inhalation and stress reactions related to being involved in, or close to, an environmental incident. Eye, skin, lung, and/or throat irritation may have occurred. Smoke and/or particulate matter inhalation and chemical exposures can cause flare-ups of preexisting respiratory diseases such as asthma or emphysema. Initial symptoms of acute chemical exposure may have included nausea, vomiting, abdominal pain, dizziness, headache, fatigue, shortness of breath, cough, or wheezing.

Richmond, IN, clinician guidance

Management:

- Assess exposures and discuss with regional poison center or local public health authorities.
- Conduct a general physical examination, with particular attention to systems related to patient symptoms or concerns.
- Carefully assess the contributions of stress to the patient's symptoms, whether causative, contributory, associated, or unrelated, and provide helpful resources.
- Use supportive therapy based on the patient's presenting complaints. For example, inhaled beta agonists may be helpful for shortness of breath and wheezing.
- Based on clinical assessment, consider laboratory testing and imaging studies if indicated.


Biomarkers of exposure will likely be undetectable or very low at this point and would thus have low utility for clinical management. For example, benzene and its metabolites can be detected in breath, blood, or urine, but they have a short half-life and may be undetectable after a few days following acute exposure. Naphthalene and related compounds can be detected in blood, urine, and stool, but cannot determine the amount of naphthalene exposure or whether an individual will develop harmful effects. Specialized toxicological testing for these chemicals in this situation may **NOT** be clinically useful due to:

- lack of sensitivity and specificity
- long turnaround times
- difficulty with interpretation
- lack of population reference values
- inability to rule out exposure or guide clinical management


Example 2: East Palestine, OH, train derailment

**AMERICA'S
POISON
CENTERS**

🏠 Q4 - East Palestine Train Derailment From the SPI Perspective





America's-Poison-Centers_CE
MP4 • 1.5 GB



East Palestine Train Derailment:
SPI Response & Perspective
America's Poison Centers: SPI Webinar
November 2nd, 2023

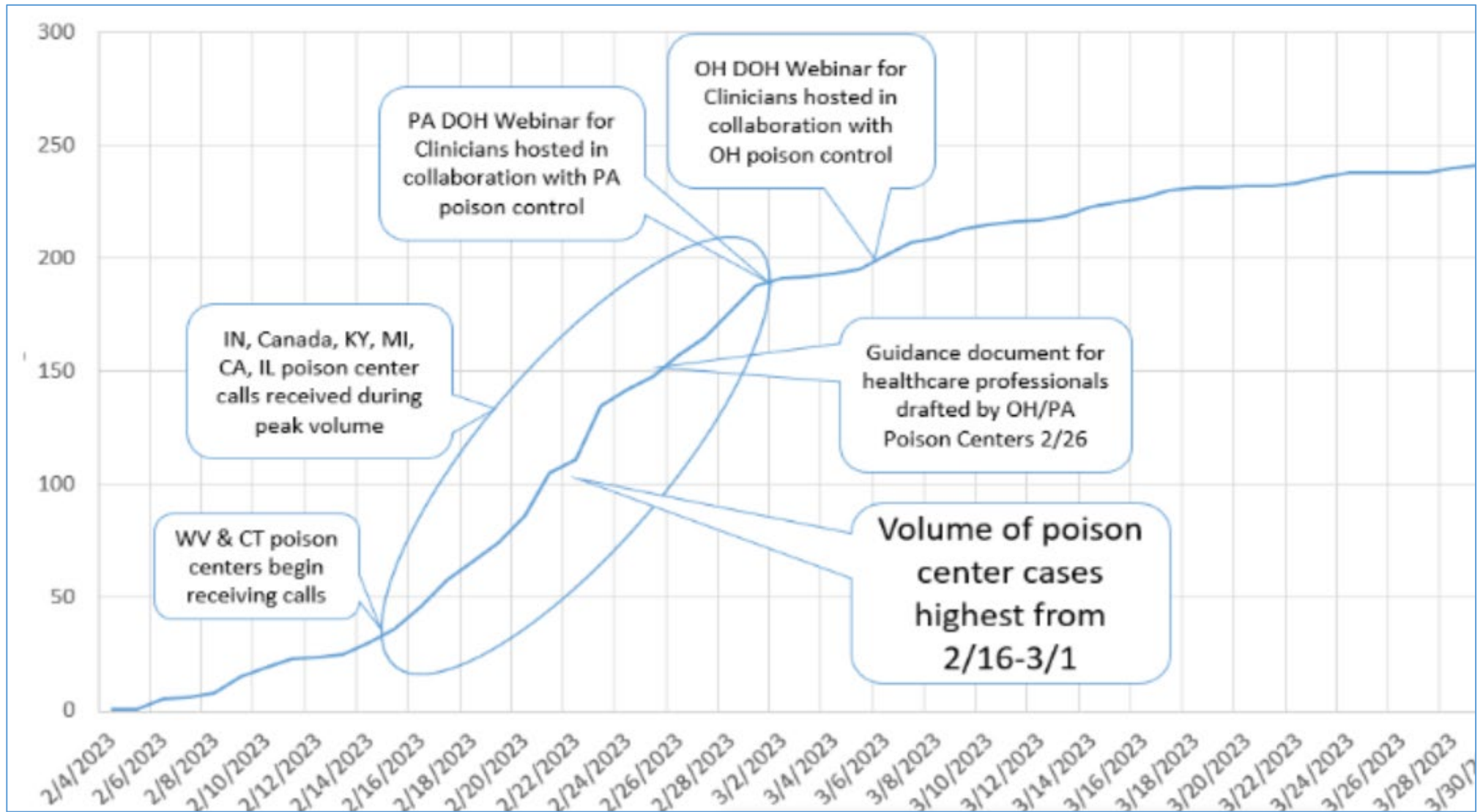
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PDF • 4.4 MB



Objectives:

- Discuss the events surrounding the release of toxicants related to the East Palestine Train Derailment and the emergency response that followed.
- Interpret and dissect the toxicology of chemicals involved and potential health risks
- Review important strategies that Specialists in Poison Information can use to reassure “worried well” callers
- Access and evaluate important lessons learned from this disaster

EPTD and volume of calls to Poison Centers



EPTD webinar details

Summary

Objective 2: Review chemicals involved

- Chemicals involved included vinyl chloride, hydrogen chloride, acrylates, particulate matter, and acrolein
- Acute symptoms mostly produced irritant effects and mild systemic effects
- Long-term effects unlikely
- Symptomatic and supportive care is mainstay of treatment
- Testing should be done based on symptoms, rather than toxicology tests for chemicals

EPTD webinar details (cont'd)

Pre-disaster preparation:

Trusted Resource: Be one and know one!

- Poison centers are seen as a trustworthy, apolitical resource

Pre-disaster preparation:

Prepare alternate channels for messaging

- Webinars
- Town hall-style meetings
- Social media

Example 3: Deep Water Horizon (R6)



(SITUATION REPORT Example)

Louisiana Poison Center



Tuesday May 11, 2010
Deep Water Horizon Incident

(EXAMPLE) Daily Situation Report (SIT REP) # 5

Reporting Period: Friday May 7 – Monday May 10, 2010

Current Situation:

- Data collected by poison centers from spill related exposure to callers name and contact number, patients name

Calls Received to Date	LA	MS	AL
General Information Calls	31	5	0
Human Exposure Calls			
Occupational	0	0	0
Non-Occupational	1(Dermal)	5 (vapor)	1(vapor)
Animal Exposure Calls	0	0	0
Media Requests	7	0	0

Engaging Poison Centers in future events – R6 model?

Region 6

Regional Response Team (RRT)/Joint Response Team (JRT)

Activation Guidance for Poison Centers (Region 6)



Protocol Region 6

Example

NRC - National Response Center - EPA/U.S. Coast Guard Headquarters

FOSC - Federal On-Scene Coordinator

RRT - Regional Response Team

DEQ - Department of Environmental Quality

R6 - Region 6

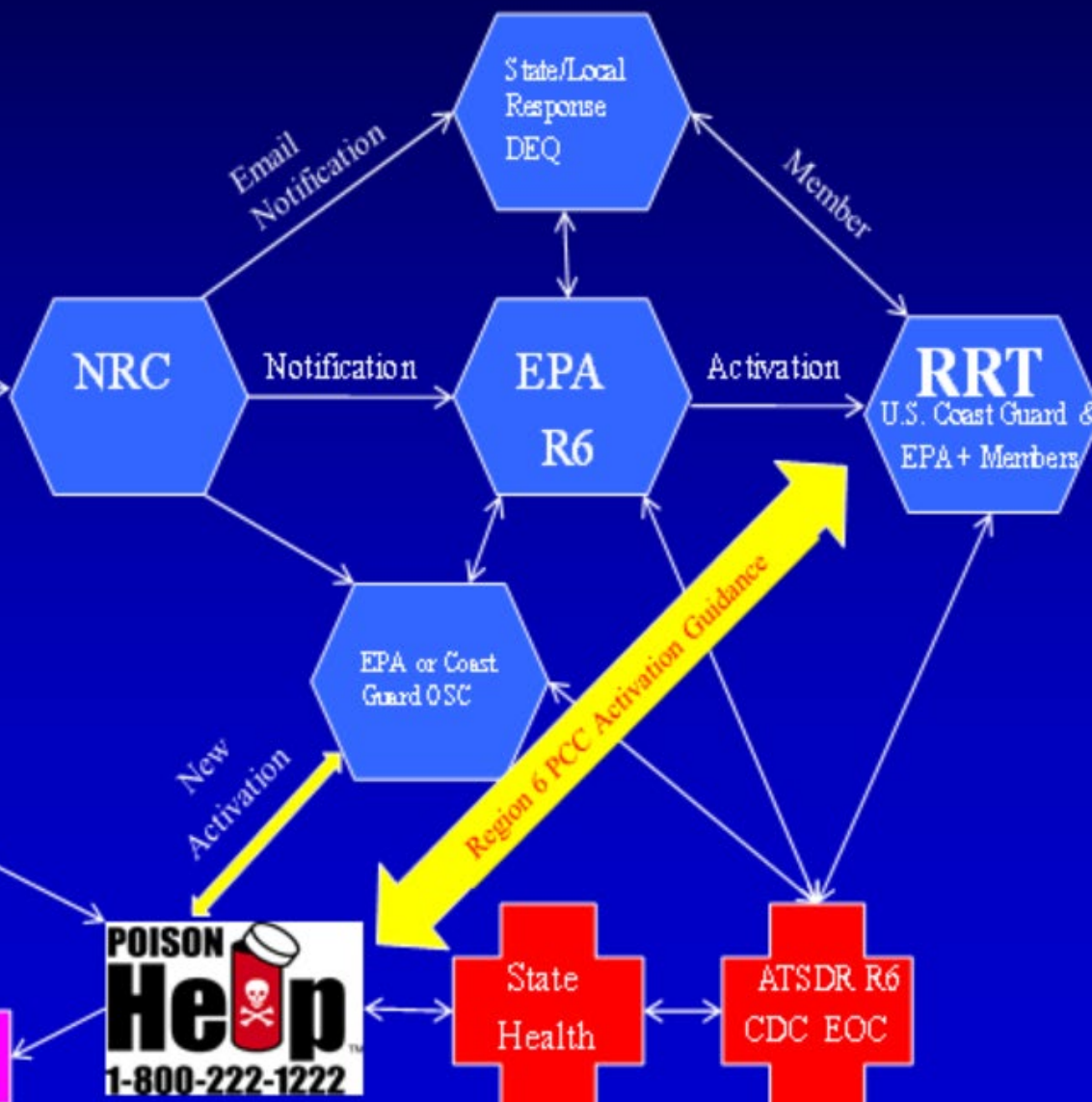
New Response Relationships



Industry
HAZMAT
Event 1st
24/hrs



CDC/NCEH 247
Data Surveillance





Your thoughts on how to implement in R5?