CORE CONCEPT

Poison Control and Drug Information Centre Management Course: Call Handling and Toxicovigilance

8 – 12 November 2026
Riyadh - KAFD district five-star

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Ref: 2001_29532 **Date:** 8 – 12 November 2026 **Location:** Riyadh - KAFD district five-star **Fees:** 20000 SAR

Introduction:

Poison control and drug information centre management, covering call handling and toxicovigilance, is a 1-week course for staff leading poison information lines and drug information services, ending with a Poison and Drug Information Centre Operating Plan for a case organisation. Centres lose credibility when round-the-clock enquiry lines run on unwritten triage rules, thin rosters, outdated references and case records too inconsistent to reveal emerging risks. Nominees supervise enquiry handling, specialist rosters or case data, and learn through case studies on call logs, rosters and coded case files. CoreConcept Training Center delivers this poison control and drug information centre management course.

Course Objectives:

- Assess a poison or drug information centre's service scope, enquiry mix, opening model and stakeholder network against a current-state baseline
- Govern call-handling and triage protocols, including enquiry intake scripts, home-management versus referral rules, callback routines and protocol review cycles
- Plan specialist in poison information staffing, shift rosters, supervision by clinical toxicologists and competence sign-off for enquiry handlers
- Manage toxicology reference resources, product formulation databases and case recording systems so that every enquiry is documented and retrievable
- Run toxicovigilance from coded case data, detecting signals such as reformulated products or new substances and reporting them to public health partners
- Coordinate antidote stock planning across hospital networks and define the centre's role in chemical incident response and public prevention outreach

Target Audience:

- Managers responsible for running poison information centres and their round-the-clock enquiry lines
- Managers responsible for hospital or network drug information services that answer professional medicine enquiries
- Supervisors responsible for specialist in poison information rosters, shift hand-over and enquiry quality review
- Leads responsible for poisoning case data, coding quality and toxicovigilance reporting to public health partners
- Coordinators responsible for antidote availability across hospitals and for the centre's role in chemical incident preparedness

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Course Outline:

Day 1: Poison and Drug Information Centre Roles and Baseline Review

- Poison Information Centre Functions From Enquiry Line to Surveillance
- Drug Information Centre Service Scope for Professional Enquiries
- Enquiry Mix Profile by Caller Type and Exposure Setting
- Stakeholder Map of Hospitals, Ambulance Services and Public Health
- Centre Baseline Assessment Using Call Volume and Response Data

Day 2: Call-Handling Protocols, Triage Governance and Information Resources

- Structured Enquiry Intake Script and Mandatory Data Fields
- Home Management Versus Hospital Referral Triage Rule Governance
- Callback and Follow-Up Routine for Managed-at-Home Exposures
- Product Formulation Database Searches Using UFI Product Codes
- Toxicology Reference Library Selection, Licensing and Update Schedule

Day 3: Staffing, Rosters, Case Records and Professional Enquiry Handling

- Specialist in Poison Information Competence Framework and Sign-Off
- Round-the-Clock Shift Roster Model With Toxicologist Escalation Cover
- Telephone Enquiry Quality Review Using Recorded Call Sampling
- Case Record System Design With Standard Exposure Coding Lists
- Drug Information Enquiry Workflow From Question Classification to Documented Reply

Day 4: Toxicovigilance, Antidote Networks, Chemical Incidents and Outreach

- Toxicovigilance Signal Detection From Coded Case Trends
- Emerging Risk Alerts on Reformulated Products and New Substances
- Antidote Stock Mapping and Sharing Agreements Across Hospital Pharmacies
- Chemical Incident Activation Role and Information Cell Arrangements
- Public Prevention Outreach and Emergency Responder Training Calendar

Day 5: Case Study Work and the Centre Operating Plan

- Case Centre Call Log Review and Triage Rule Revision
- Case Roster Redesign for Night Cover and Peak Enquiry Periods
- Case Toxicovigilance Report Built From Six Months of Coded Data
- Case Antidote Sharing Map and Incident Activation Checklist
- Poison and Drug Information Centre Operating Plan Completion

Skills You Will Gain:

- Enquiry Triage Governance
- Poison Information Roster Planning
- Enquiry Handler Competence Assessment
- Toxicology Reference Management
- Exposure Case Coding
- Toxicovigilance Signal Review
- Antidote Network Coordination
- Chemical Incident Liaison

Why Attend This Course:

- Deliver a Poison and Drug Information Centre Operating Plan to the centre director and the hospital or public health body that funds the service
- Decide which triage rules, reference sources and roster patterns the centre adopts, using call log and case data evidence
- Avoid unanswered night calls, inconsistent home-management advice and missing antidotes during a hospital or chemical incident
- Coach enquiry handlers and data coders with the intake script, quality review sheet, coding list and toxicovigilance report template

Conclusion:

Back at work, the participant hands the Poison and Drug Information Centre Operating Plan to the centre director, the funding body and partner hospitals. The director uses it to approve triage protocols, roster patterns and reference purchases; partner hospitals use its antidote map to agree sharing arrangements; and public health partners receive its toxicovigilance reporting route. After the first quarter, or after the first chemical incident activation, the centre should review response times, protocol deviations, coding completeness and antidote availability against the baseline.

Frequently Asked Questions FAQ:

What should participants know before a poison control and drug information centre management course?

Participants should already supervise enquiry handling, rosters, case data or antidote arrangements in a poison or drug information service. Bringing anonymised call logs, a current roster or a sample of coded case records helps them apply the case study exercises to their own centre.

How does poison control and drug information centre management differ from a hospital pharmacy or medication safety course?

It covers running an enquiry and surveillance centre: call triage, specialist rosters, reference databases, toxicovigilance and antidote networks. Hospital pharmacy courses manage a dispensing department, and medication safety courses prevent errors on wards; neither runs an enquiry line or community poisoning surveillance.

Why does toxicovigilance matter in poison control and drug information centre management?

Coded enquiries reveal poisoning risks no single hospital sees. Consistent case data lets a centre spot reformulated products, packaging changes or new substances early and alert public health partners, so prevention measures follow evidence rather than isolated reports.

What do participants take back from the poison control and drug information centre management course?

Participants take back a Poison and Drug Information Centre Operating Plan for a case organisation, with a revised triage rule set, roster model, coding list, toxicovigilance report template, antidote sharing map and incident activation checklist.