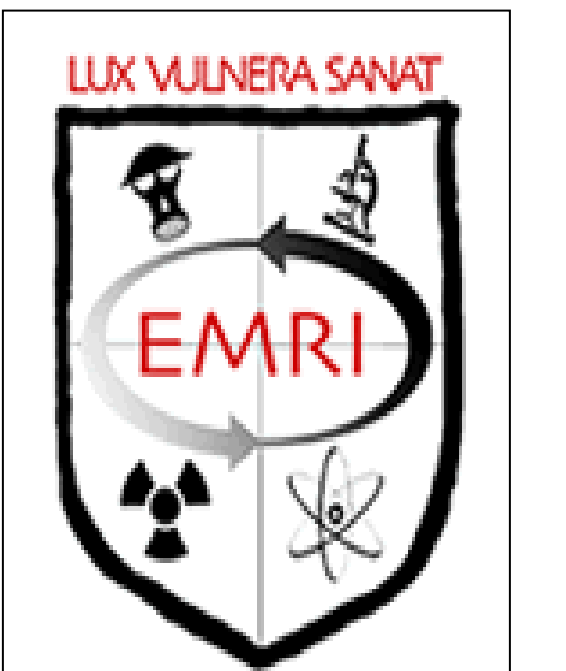


THE ROLE OF HOSPITALS IN THE RADIATION EMERGENCY PLANNING STRATEGY OF LONDON BOROUGHES (UK) ACCORDING TO THE CIVIL CONTINGENCIES ACT 2004 AND CRITICAL ISSUES POST 7/7 TERRORIST ATTACKS



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PURPOSE

This study analyzes the role of London hospitals in the current radiation emergency management strategy of their boroughs in connection with the recent 7/7 terrorist attacks and the demands of the UK Civil Contingencies Act 2004.

MATERIALS AND METHODS

We conducted a field research project in the boroughs of London and analyzed existing emergency management strategies of hospitals for radiation casualties. We analyzed the structural weaknesses of their disaster response to the terrorist attacks in July 2005, when 56 people died and about 700 people were injured, especially in the light of possible future nuclear accidents and attacks. These findings are contrasted by the demands of the current UK Civil Contingencies Act 2004.

The Civil Contingencies Act 2004

The Civil Contingencies Act 2004 of the United Kingdom and accompanying non-legislative measures are designed to deliver a single framework for civil protection in the United Kingdom. It defines an emergency as: (1) an event or situation which threatens serious damage to human welfare in a place in the UK; (2) an event or situation which threatens serious damage to the environment of a place in the UK; or (3) war, or terrorism, which threatens serious damage to the security of the UK. In addition, to constitute an emergency, an event or situation must also pose a considerable test for an organisation's ability to perform its functions.

Role of Hospitals

In the event of a major incident hospitals are alerted by the ambulance service to receive casualties. The first one will be requested to provide the medical incident officer. Receiving hospitals must, therefore, be adequately equipped to receive casualties on a 24-hour basis and be able to provide, when required, the medical incident officer and a mobile medical/nursing team. The ambulance service provide care and treatment to those injured, provide resources, equipment and medical staff, and evacuate the injured. The London National Health System's (NHS) task is to work with specialist hospitals to ensure there is an appropriate flow of information and to agree how they can support the acute hospitals during an emergency.

Capacity Problems

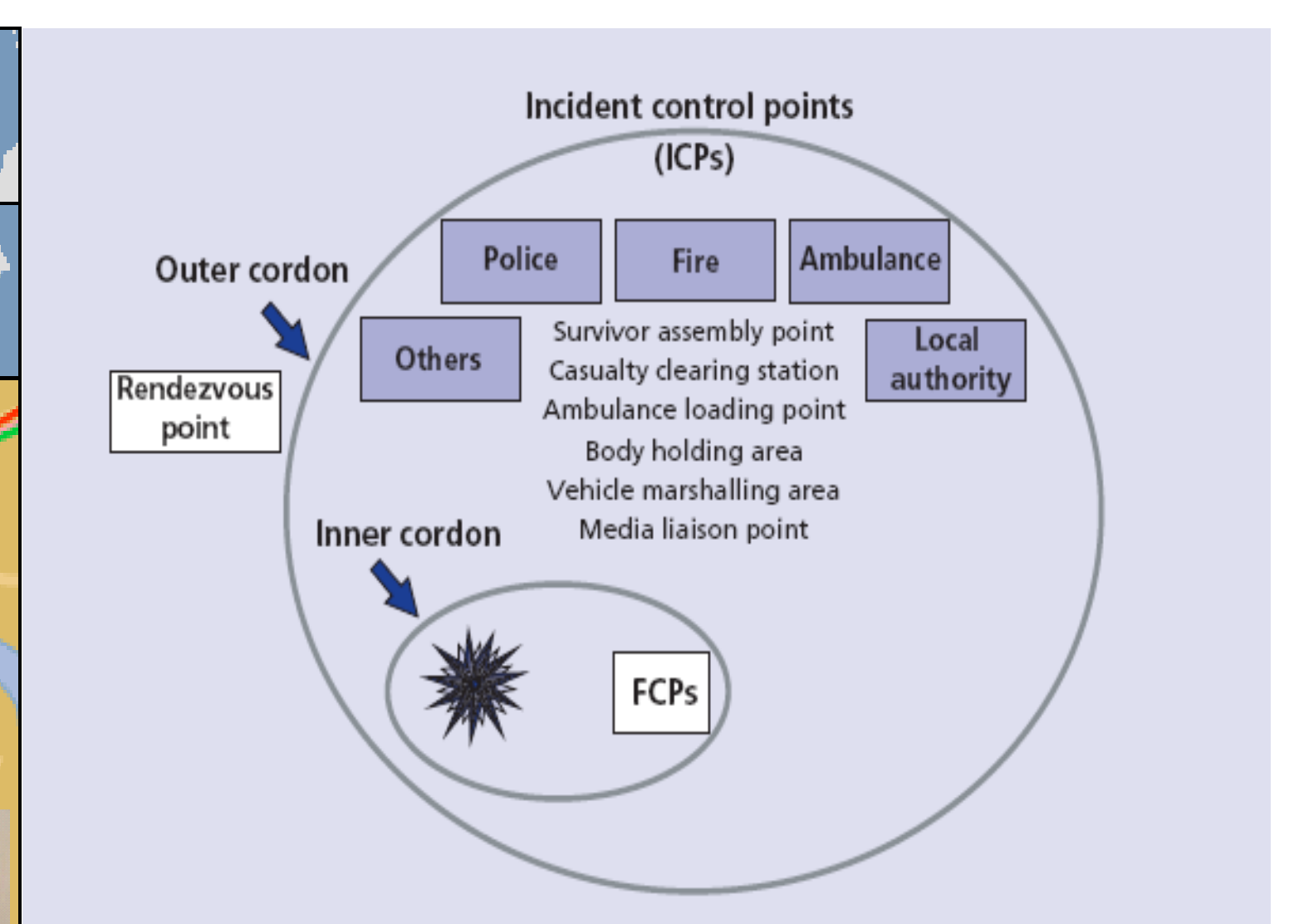
During the 7/7 Terrorist attacks "hospitals were rapidly made ready and a reserve capacity identified. 1200 hospital beds were made ready" but only within 3 hours. Schools and hotels were also used which were not prepared for this event and ambulance services were "up to capacity" during the non-cbrn attack (Conference: Facing The Major Incident Challenge: Prepare, Respond & Recover NHS Emergency Preparedness Conference 12th October 2005). Only one hospital conducted chemical and radiological monitoring of all casualties before allowing patients into its Accident and Emergency (A&E) department. As patients arrived at hospitals, they underwent a medical consultation in some to assess whether any toxic substance was present from any unexpected chemical exposure. There has been very little psychological treatment of trauma but none for most victims ("the walking wounded and shocked") who were not recorded nor received aftercare.

Picture 1



7/7/2005 attacks in London

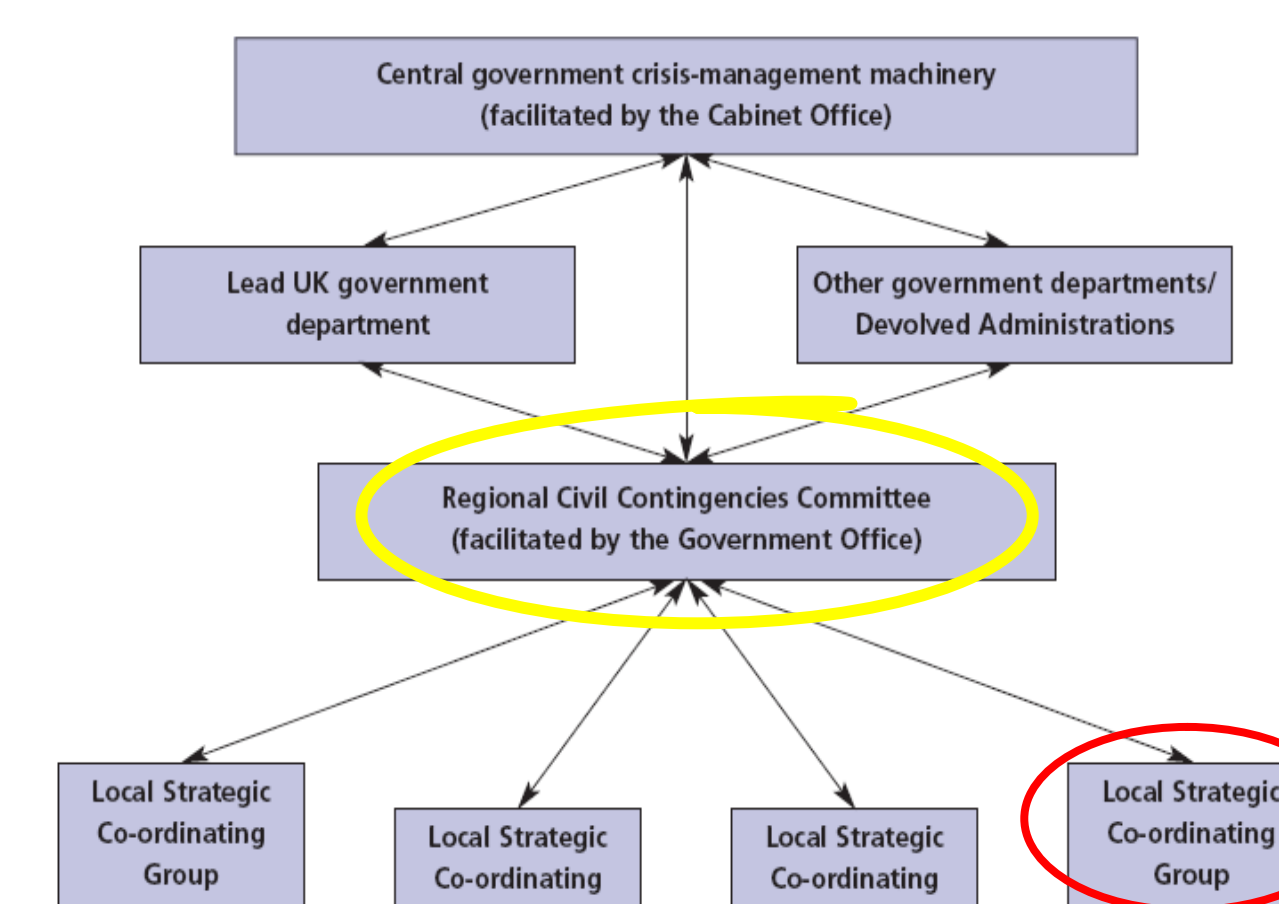
Picture 2



Cordons around an incident and responders

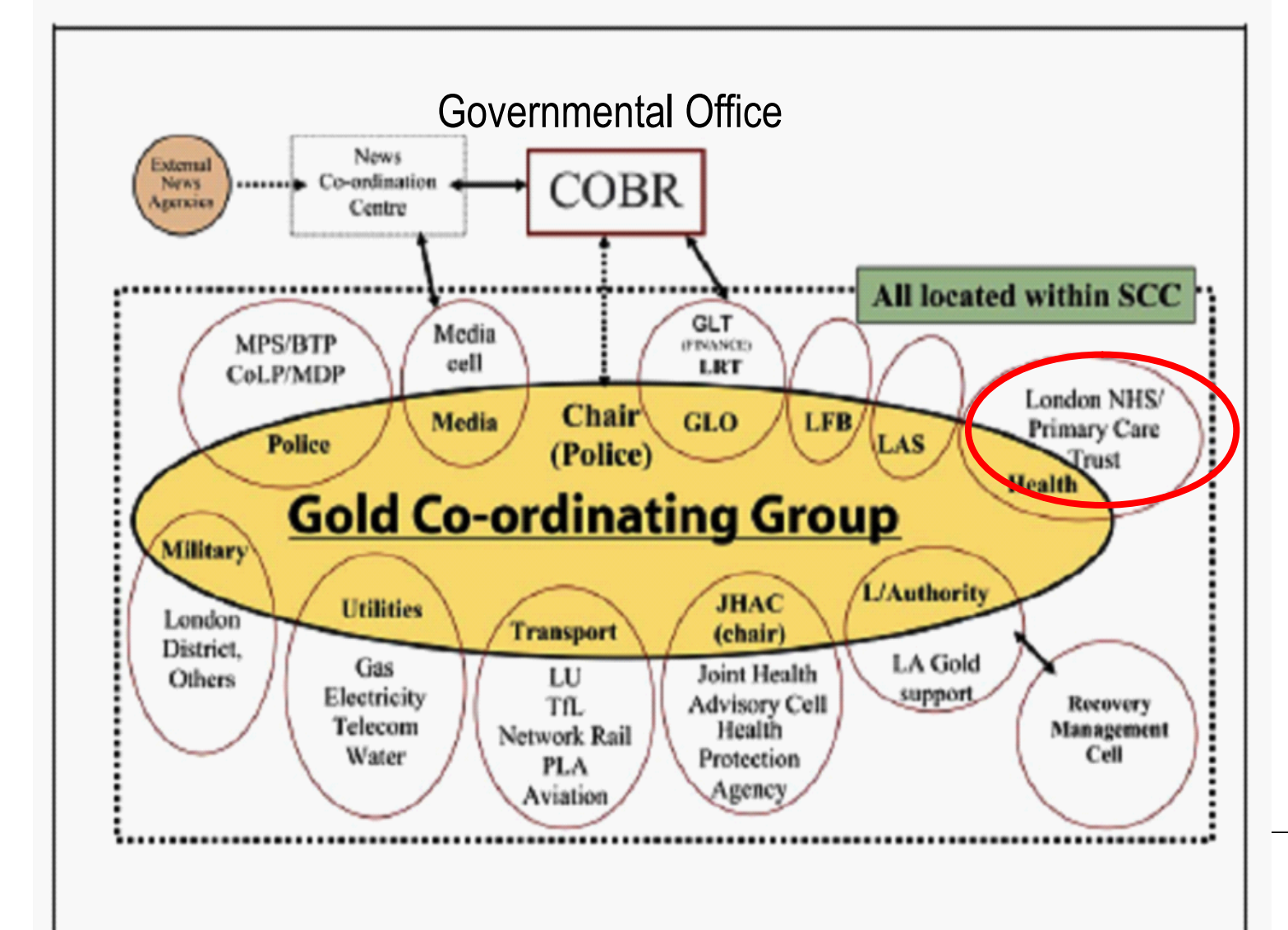
Picture 3

Figure 8.1: Regional co-ordination arrangements in England when an RCCC has been convened (simplified)²



Levels of emergency management with central co-ordinating group

Picture 4



The central co-ordinating group and the Primary Care Trusts (hospitals)

Information Problems

It was stated later that "hospitals need faster advice on whether contamination is present" as it remained unclear during the 7/7 terrorist attacks. A need for non emergency hospitals near an incident to be briefed was identified as well. Furthermore, concern was expressed by frontline services that responders dealing with the emergency had received large numbers of requests for information from government departments. The need to set up a Family Assistance Centre was identified on 8 July to provide a location where those seeking news of their partners or family members may receive information, although there had been no pre-planning for this facility because the Guidance Document, which was in development, was still a draft document and not yet in the public domain, nor had it been seen by responders. Significant problems had occurred with the international media at some hospitals and action was required to encourage foreign media to use the media centre in future, and not gather at hospitals. A template has been developed by authorities after 7/7 for situation reports, which could enable hospitals to report information on a regular basis to the NHS strategic co-ordination centre.

CONCLUSION

Despite the increasing threat of a radiological/nuclear terrorist incident or accident most London hospitals' online reports show that they remain unfamiliar with basic treatment principles of such casualties. Adequate preparations regarding training, increase of capacity and co-ordination have not been significantly improved. The hospitals' current role is limited and has not been assessed thoroughly.

References:

- London Regional Resilience Forum: The Multi-Agency Debrief, Lessons identified and progress since terrorist events of 7 July 2005, LOOKING BACK, MOVING FORWARD, Lessons identified and progress since the terrorist events of 7 July 2005; (Sept.) 2006, London.
- UK Civil Contingencies Act 2004