THE ROLE OF HOSPITALS IN THE RADIATION EMERGENCY PLANNING STRATEGY OF LONDON BOROUGHS (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 a mobile medical/nursing team. The ambulance service provides care and treatment to those injured, provides resources, equipment and medical staff, and evacuates 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 and radiological monitoring of all casualties before allowing patients to 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 for victims who were not recorded nor received aftercare.

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:

- UK Civil Contingencies Act 2004