

ER staffs: Gaps exist in hospital preparedness for dirty bombs

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Emergency room doctors and nurses around the nation worry that hospitals are not adequately prepared to handle casualties from a radioactive 'dirty bomb,' said researchers at the University of Alabama at Birmingham (UAB).

The finding underscores the need for better hospital preparedness training and clearer guidelines for managing radiological events, the researchers said. A dirty bomb combines conventional explosives and radioactive materials.

In focus groups, doctors and nurses working in emergency departments (EDs) in the Southeast, Northeast and West expressed a powerful commitment to caring for patients in the wake of a terrorist attack. But they were deeply concerned about hospital preparedness and whether ED personnel, in a dirty bomb scenario, could protect themselves and give appropriate care to contaminated patients, the researchers said.

Their findings are published in *Disaster Medicine and Public Health Preparedness*, a journal of the American Medical Association.

"This study suggests many issues urgently need to be addressed in order to meet the challenge posed by radiological terrorism," said the study's lead author, Steven M. Becker, Ph.D., UAB associate professor of public health and vice chair of the Department of Environmental Health Sciences. "There is a need for increased information and training on managing radiological events, protecting staff and treating affected

patients."

In ranking the six most-voiced concerns, the top worry was that hospitals would be overwhelmed by incoming patients, Becker said. Those patients would likely be a mix of contaminated, injured and contaminated and those fearful of contamination.

The No. 2 worry was ED professionals' need to ensure their own family's safety, which is discounted or not mentioned in many preparedness plans, Becker said. This second concern was linked closely to the No. 3 worry that ED staffing would drop below acceptable levels based on staff family needs and fears about radioactivity.

Additionally many study participants disagreed with current federal radiological management guidelines, which state that patient stabilization and treatment of life-threatening conditions should take precedence over decontamination, Becker said.

"Some stated unequivocally that they would not follow this guideline since they felt it was too dangerous to the hospital and its staff," he said. Past chemical terrorism response training has put decontamination as a first priority.

In addition to highlighting serious gaps in preparedness training, the study points to the need for easy-to-follow pocket guides, posters, ED toolkits and telephone hotlines to help manage radiological events. Also, emergency staffing levels need to better account for ED professionals' concern for family and loved ones.

"It is clear from our results that crucial preparedness work needs to be done to keep hospital EDs ready for current and future threats," said Sarah A. Middleton, M.P.H., program manager in the UAB Department of Pediatrics and co-author on the study.

Source: University of Alabama at Birmingham

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