

a mass panic state after the perception of a nuclear threat.

Conclusions: For the adequate response to the newly emerging threat of various nuclear disasters, new concepts and a new, comprehensive disaster medical system is necessary, as well as effective utilization of pre-existing resources.

Keywords: disaster response; emergency medical services; hospitals; nuclear disaster; personal protective equipment; preparedness

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Terrorist Radiological Dispersal Devices and Improvised Devices: A New Global Threat

A. Rossodivita,¹ P.D. Rumm²

1. San Raffaele Hospital Scientific Foundat, Milan, Italy
2. Food and Drug Administration, Rockville, Maryland USA

The events of 11 September 2001 have increased awareness of the dangers posed by terrorists gaining access to weapons of mass destruction and radioactive and chemical materials, as well as their means of delivery. The current resurgence of terrorism is part of a complex pattern of global changes and imbalances. It is crucial to analyze, prevent, and mitigate possible terrorist attacks, such as man-made disasters.

Nuclear, non-conventional weapons and devices are particularly suited to maximizing the number of casualties, and are more attractive to terrorists than are biological and chemical weapons. Therefore, nuclear or chemical explosion might be the next step in the escalation of terrorist attacks. The medical and healthcare infrastructure, as well as all other forces engaged in emergency responses, must be able to prevent and to treat illnesses and injuries resulting from chemical, biological, radioactive, nuclear, or explosive terrorism (CBRNE). Preparing the medical community to address these threats is a great challenge, but the consequences of being unprepared could be devastating. Preparedness must be implemented at national and international levels, with tight cooperation between countries and governments, and with a public health system program and a government policy of terrorism prevention plans. The aim of this paper is to attempt to analyze and understand a non-conventional nuclear or chemical device as a possible tool for use in a future terrorist attack.

Keywords: chemical device; explosive; nuclear device; preparedness; prevention; response; terrorism

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Session 3: Burns

Chairs: R. Kreis

The United Kingdom Burn Major Incident Plan: A Historical Mapping Exercise

D.J. Macklin

University Hospital of South Manchester, Manchester, UK

The United Kingdom National Burn Care Group published its Burn Major Incident Plan in 2006. It describes the planned multi-agency response to an incident involving a large number of burn casualties.

To carry out a form of validation for this plan, a historical mapping exercise was performed using previous

European major incidents involving multiple burn casualties to assess how it might have performed. A literature search for public and official inquiries, peer-reviewed medical literature, and online print media was performed to obtain information about the injured and their dispersal from the scene. A total of nine major incidents with >30 burn patients were reviewed in detail. Only reports of three incidents provided sufficient information regarding casualty care to allow for detailed examination and “testing” of the 2006 plan. These three incidents were: (1) the Bradford Football Stadium Fire in 1985; (2) the Manchester Airport Plane Fire in 1985; and (3) the Nightclub fire in Volendam, the Netherlands in 2001. If the 2006 Burn Major Incident Plan was implemented in each of these situations, the impact of each event would be reduced to a manageable level by dispersing duties across units within the country.

Clinical management details from major incidents are not well recorded. This is an issue that must be addressed and rectified. A national dataset-library using an Utstein-type template is essential. If a burn incident similar to the three reported incidents of this order were to happen in the UK, the 2006 Burn Plan would significantly improve the pathways to specialist care while not overwhelming the services.

Keywords: burn patients; major incident plan; mapping exercise; multi-agency response; United Kingdom

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The United Kingdom National Burn Plan

D.P. Walter, K.H. Challen

Manchester, United Kingdom

The United Kingdom Emergency Planning Guidance recognizes that the capacity of the National Health Service (NHS) for significantly burned patients would be challenged by a major event involving multiple burn victims.

The National Burn Care Group has devised a response system by which specific burn care triage occurs at the site of the incident and/or the primary receiving Emergency Departments. The system also calls for burn qualified personnel to guide initial resuscitation and temporizing measures, while a suitable, fully equipped burn care bed is identified through the National Burn Bed Bureau.

The plan will be activated following the recognition that an incident with multiple burn victims has occurred. The local Burn Service will stop direct transfer of all referred cases and apply a form of triage, before matching patients to appropriate definitive care facilities.

Burns Assessment Teams (BATs) will be mobilized from the primary receiving Burn Service or, by mutual-aid arrangements, from adjacent services. Personnel from the BATs will perform the initial assessments and make treatment recommendations, while providing information to the control point. Once the national burn bed status has been determined, the local ambulance service, potentially aided by the receiving services, will manage the dispersal of the patients to units across the country.

The plan has been adopted by the UK Department of Health to ensure that burn victims receive high-quality, specialist care at the earliest opportunity, and are admitted