

mechanisms; terrorism; trauma; trauma centers; triage  
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### Terror Australis: Preparedness of Australian Hospitals for Incidents Involving Weapons of Mass Destruction

Nicholas A. Edwards, MBBS, FRACP, FFICANZCA;<sup>1</sup>  
 Christine C. Lee, RN, BNsg, RM;<sup>2</sup> David G.E. Caldicott,  
 BSc (Hons), MBBS (London);<sup>3</sup> Alex Wurm, MBBS<sup>4</sup>

1. Staff Specialist, Intensive Care Unit, Royal Adelaide Hospital
2. Clinical Nurse, Trauma Service, Royal Adelaide Hospital
3. Registrar, Emergency Department, Royal Adelaide Hospital
4. Registrar, Emergency Department, Royal Adelaide Hospital

**Introduction:** The healthcare system will play a pivotal role in the response to mass casualty incidents from any cause. However, incidents involving chemical, biological, or nuclear (CBR) agents raise a number of key issues that are unlikely to be addressed adequately in standard major incident plans. This study aimed to assess the perceived level of Australian hospital preparedness for CBR incidents among senior emergency department physicians, as well as the resources available to them.

**Methods:** Questionnaires were mailed to the Directors of the 82 Emergency Departments in Australia that are accredited by the Australasian College for Emergency Medicine.

**Results:** Responses were received from 70 (85%). Sixty-nine reported that they had a disaster plan in place for their Department, of which 56 (81.2%) had a contingency for chemical, 53 (76.8%) for biological, and 48 (69.6%) for radiological incidents. In the past year, only 24 (34.3%) had tested their CBR plan as a tabletop exercise, and 16 (22.9%) as a field exercise. Twenty-one (30.0%) never had tested it. Ten (14.3%) had no decontamination facility, and a further 37 (52.9%) could not decontaminate more than 20 patients. However, >85% believed their hospital to be either somewhat or completely prepared for a chemical or biological incident.

**Conclusions:** Hospitals urgently require guidance from government as to what they are expected to be able to manage, as it would appear, despite perceptions to the contrary, that most would struggle to mount a meaningful response to anything but a CBR incident with very small numbers of casualties.

**Keywords:** biological weapons; chemical weapons; decontamination; drills; emergency department; exercises; hospitals; mass casualty incidents; preparedness; radiological weapons; weapons of mass destruction (WMD)

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E-mail: nedwards@mail.rah.sa.gov.au

### Regional Planning for Bioterrorism

Constance J. Doyle, MD, FACEP; Robert Domeier, MD,  
 FACEP; Jenny Atas, MD, FACEP  
 University of Michigan, Ann Arbor, Michigan USA

The Region II South Bioterrorism Planning Committee and the Advisory Committee were formed to do planning and regional coordination for biologic threats and funded under U.S. HRSA grants to the states for planning. In the state of Michigan, the planning is coordinated by established Michigan State Police Emergency Preparedness regions.

The Regional Planning Board is comprised of the local Medical Control Authorities. The Board oversees the regional prehospital system and hospitals within each region. The Board operates in conjunction with local public health and regional coordinators for public health and pharmacy to provide oversight of local and federal resources. Its charge was to review information pertaining to vulnerabilities of the infrastructure and the region's 2.6 million population. Plans for biologic events by a review of the health and safety impact on citizens; and identifying resources for communication, screening or care of exposed or worried well and ill citizens, and developing local bioterrorism response procedures and mutual aid among the region's hospitals and clinics are expected to be completed in 2003. Drills of these plans across the region will occur at the end of the planning process.

The Advisory Committee medical directors and assistant medical directors were appointed by the Regional Planning Board. These medical directors have expertise in planning for disaster care of ill and injured citizens in multiple casualty situations. Subcommittees are chaired by each of the medical director members of the Board or their assistants. These subcommittees are composed of representatives of hospitals, communications specialists, and public health representation from the county and city level. Infectious disease, emergency medical services (EMS), hazardous materials, and fire experts will be tasked with planning and review and coordination with other areas in the region and even across state or national lines for bio-emergencies. Coordination and cooperation in an emergency event and to assure that the region has a plan that is comprehensive and that will work well for all parties is essential. The county or city emergency operations coordinators have established plans for dealing with many of the disaster problems by law. The bioterrorism planning annex will be additional planning to help to codify and coordinate the responses that will include many layers of medical care. Other representatives include county and city commissioners, county sheriff, local police, state police, FBI, EMS commission chair, environmental health, Red Cross, and veterinary medicine. Work groups have been established to accomplish specific goals and tasks. The Planning Board and the Advisory Committee have met monthly since their inception. These meetings have proved an invaluable networking tool. Conference calls and email allow planning work documents and presentations on-line. Drills will test the regional planning and then plans can be adjusted to allow coordinated functioning.

**Keywords:** bioterrorism; drills; exercises; groups; planning; plans; public information; security; surveillance; veterinary  
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