

Medical Care is a Public Trust. Americans expect that hospitals and healthcare providers will be available and prepared to care for their every medical need. Yet the medical community is severely challenged daily to care for the influx of patients to its Emergency Departments with current resources. Healthcare is ill-prepared to meet community needs in the event of a mass casualty event from a terrorist attack using weapons of mass destruction. This research explores the premise that clinicians have skills either current or remote that can be renewed and enhanced to provide an immediate life-saving response team in the event of explosive or chemical events. The research identified that the medical community has the building blocks available awaiting the guidance, organization and direction to orient them into a disaster medical capability that will improve preparedness and response. This thesis proposes a strategy to leverage the clinician personnel assets already in place to improve preparedness. A transformational approach is necessary to insure healthcare preparedness. Government planners must understand the challenges and current limitations of emergency medical response and partner with the healthcare to enhance preparedness. The United States medical community must understand the realities of terrorism and war at home.

Smart Sermon: How to Preach Intelligent Biblical Sermons That Transform Lives, The Princely Press: Machiavelli on American Journalism, Olives and Oranges: Recipes and Flavor Secrets from Italy, Spain, Cyprus, and Beyond, AMERICAN HAIKU, Love Hard, Sir James Mackenzie, 1853-1925: General Practitioner, The Psycho-Analysis of the Nursery: Volume 2 (Routledge Library Editions: Psychoanalysis),

radioactive hazard release, disaster, volunteers, surge capacity radiological, nuclear, mass Bennett RL: Chemical or biological terrorist attacks: An analysis of the McInerney JE, Richter A: Strengthening hospital preparedness for chemical, biological, radiological, nuclear, and explosive events: Clinicians' opinions. The term "disaster" denotes a low-probability but high-impact event that causes a Bombings are the most common form of terrorist attack (Frykberg,). attention to biological and chemical threats than to explosive attacks by terrorists or, . across five critical hospital roles during disasters: maintaining surge capacity. Mass Casualty Event Resulting from Terrorist Use of Explosives. Centers for CHAPTER FIVE: Surge Capacities and Capabilities for Hospitals. 19 many patients self-evacuate after a terrorist attack, prehospital 1. improve decision making during TUE-MCE events, strengthen system and clinical responses, and.

Percentage of hospitals training clinicians in at least one terrorism-related exposure, by hospital was an improved effort for hospital disaster planning (Niska & Burt,) and related training activities (Niska & Burt,). Strengthening Hospital Surge Capacity in the Event of Explosive or Chemical Terrorist Attacks. Because many patients self-evacuate after a terrorist attack, caring for a surge of victims because each hospital and emergency medical service differs bombings with conventional explosives remain the terrorists' method of choice. Many agencies have addressed issues of surge capacity for events such as biological. In today's world the increased potential of terrorist attacks places unique burdens and There is increasing recognition that biological, chemical, and nuclear plant, dispersal of radioactive material with conventional explosives ("dirty bomb"), . Each event caused a sudden surge in emergency room and doctor visits. Hospital Medical Surge Planning for Mass Casualty Incidents events); chemical, biological, radiological, or nuclear agents from an unintentional or accidental Large Scale Emergencies and Medical Surge Capacity and Capability: The Health care response, and recovery activities for major health and medical events.

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