Links to continue search:

Outlienes:

The importance of logistics surge capacity

Common types Mass casualty incidents

(This would focus more on explosions, burns, lung blast abdominal blast examples, it is better to include antidotes of some chemicals in industries.)

Types of injuries in industrial environment,

explosion

smoke

resources to cover surge capacity during mass casualty event

how they measure the hospital preparedness to manage this type of injuries

I would like to make a research that measures the equipments the hospital needs during disasters, usually hospitals will consume most of the resources in response to mass casualty incidents, all the equipment will be used in 24 hours.

The global system sugest the hospital need to have resources to be able to run for 96 hours.

I will include my thesis later but this is the outline and my draft. As you see I am lost.

introduction:

The WHO defines disaster as “an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community.”

Finally, countries need to develop adaptable and resilient

healthcare systems through the adoption of the following three

approaches to emergency healthcare. In the first instance, they

need to ensure they have adequate surge capacity to ensure that

health systems can cope with large numbers of patients during

﻿disasters (WHO, 2011). Not paraphrased

Before 9/11 attack, hospital surge capacity did not receive adequate ettention. in 2002, the federal government spent over $8 billion on healthcare preparedness. the preparedness substantially focused on prepareation for bioterrorist attacks and pandemic ifluenza (Peleg & Kellermann, 2009).

a mass casualty incident occured in Australia with 4 worker exposed to sulphuric acid.the hospital was informed about the incident and the burns unit, ICU and trauma center prepared. some of the burns were deep and require surgical interventions to perform ampuations (O’Neil et al., 2011). the severity of the injury increased due to no early interventions taken and the incident was aproximately 180 Km from the hospital. Diphoterine is commonly used drug for burns. to get the best result, Diphoterine should be applied immediately to lessen the chance of tissue damage (Alexander, Wasiak, & Cleland, 2018).

an attack on a bus resulted in 33 injuries. The hospital performed14 bedside escharotomies, placed 14 central venous catheter. more than 131,000 ml of fluid was infused in the first 24 hours. around 160 ml of plasma and 4100 ml of red blood cells infused(Hang, Hu|Jianan, Wang|Chunmao, Han, 2015).

**Shalhoub. Evaluation of disaster**

shalhoub ,with help of ministry of health,decided to examine hospital disaster preparedness in private hospital in Riyadh. the aim was to understand the capabilities of private hospitals to mass casualty incidents. the study was examined all private hospital with capacity more than 100 beds. the researcher collected data only from the intervview. the main focus of the questions was the surge capacity of the hospital in MCI events.

MOH does not have standards for disaster management for the hospitals. most hospitals will seek to develop their capabilities by their own desire(shalhoub.meet any)

the result was only one hospital has helicopter landing site. the researcher adress two types of antidotes that most hospitals have, organophosphate and cyanide antidotes. however, the amount of antidotes not stated. the result showed that only 61% of 13 hospitals have stocks of antidotes .

Shalhoub study found that 9 of 15 (69.2%) of private hospitals have a plan with other hospitals to receive patients during disasters. the mean hospital surge capacity was 29 per hospital and with standard deviation 33

due to the rareness of disasters in last decades in Saudi Arabia, most. the study found that none of the EM in the 13 private hospital are expecting a MCIs. all of them have a plan but it is not clear about the ability to implement it in real MCI events. the results revealed that most of plans focused on motor vehicle collesion and floods and did not take in account all hazards approach. hospitals plans should be reviewd to address othr type of disasters such fatal storms, terrorist attack, and building collapse.

additionally, EDP these emergency disaster plans need to be revised by the sakeholders to meet the objectives. on of the concerns of private hospitals is that there are no a formal aggreement between MOH and private sector with regards the billing costs for addmitted patients in MCIs.

the inadequancy of local literature about KSA hospital preparedness for both governmental and priavate health sector. Shalhoub study focused mainly on hopital preparedness, education and training of hospital staff. it is apparent that during the few conducted drilss, there are no focus on the whether the supplies are sufficient for the hospital to manage the first 96 hours of the disaster or not. hospital need to consider how to get these supplies depending on variety of disasters.

Blast injury victims access our health-care system as a result of a

variety of individual or mass casualty events. Although blast in-

juries are increasingly generated by terrorist attacks, they can also

originate from accidental sources such as industrial accidents,

﻿natural gas explosions, and mining disasters.

Terrorist attacks can inflict hundreds of blast injury victims. They can also be generated by industrial accidents, natural gas explosions and mining disasters(Raymond,2018).