



Disaster and Mass Casualty Management in Hospitals of Greece

Evangelia Michail Michailidou^{1,2,3,4*}

¹*Intensive Medicine Department, Hippokration General Hospital, Greece*

²*Senior Student in the Department of Business Administration, University of Macedonia, Greece*

³*Masters Degree, International Medicine-Health Crisis Management, Greece*

⁴*Member of Health Response team to Crisis Situations of GHT Hippokration, Greece*

***Corresponding author:** Evangelia Michail Michailidou, Consultant, Anesthesiologist Intensivist, General Hospital Hippokratio of Thessaloniki, Konstantinoupoleos, Thessaloniki, Greece

Received: 📅 August 25, 2020

Published: 📅 September 01, 2020

Abstract

Preparing a hospital for a disaster is infinitely greater complex. Hospitals in most expansive populace centers are working at or close to full capacity. In numerous cities, healing centers and injury centers have issues, managing with a multiple-car thruway crash, much less the volume of patients likely to result from a large-scale accident. Amid crises, clinics can do a number of things to free up capacity and expand their assets. Studies demonstrate that the numbers of accessible beds, ventilators, confinement rooms, and pharmaceuticals may be efficient to care for casualties of a large-scale catastrophe. On the other hand, there are genuine physical impediments on this extension of their capabilities. The purpose of this research turned into to evaluate the information, hazard perception and mindset of the authorities, professionals, and employees at Greek hospitals to respond to terrorist attacks. A survey composed of 20 questions was being replied by 197 Healthcare Professionals and employees, using Google forms or tool in hard copy. However, numerous of the clinics do have at slightest a few of the basic components of readiness. Numerous of the healing centers do have archived and utilitarian readiness plans, give particular readiness education/training, and have fitting pharmaceutical strategies and supplies required within the occasion of an assault, including chemical or organic psychological militant operators. Tragically, agreeing to the answers of the participants most of healing centers might not increment their surge capacity or have symptomatic research facility administrations competent of analyzing, recognizing and confront biologic, chemical, nuclear, or explosive events.

Review Article

Disaster reaction entails many different network assets- from police and fireplace to clinical carriers, structural and environmental engineers, and transportation and hospitalizing specialists. The clinic performs a small but important role in this larger scene [1]. It is far the epicenter of medical care delivered to folks that are injured. Preparing a clinic for a disaster is infinitely greater complex. Planning for disasters includes a number of tough questions: For what varieties of disaster events have hospitals to prepare? Ought to every medical institution put together for disasters, or need to scientific reaction be rationalized? While reusing the extent of the catastrophe, who makes that decision,

and how does a big, complex organization shift from habitual to disaster mode? How does a hospital defend itself and its personnel from biologic, chemical, nuclear, or explosive events caused of a terrorist attack, whilst patients are contaminated? Health facility employees, whilst as it should be organized and educated, are crucial for a powerful response to each natural and guy-made disasters, which include terrorist occasions. Consequently, it's miles critical to assess the attitudes of employees in respect of risk discount and readiness for disaster control of terrorist assaults, as well as their willingness to go through normal training regarding safety approaches and reaction activities in the course of such

occasions. The purpose of this research turned into to evaluate the information, hazard perception and mindset of the authorities, professionals and employees at Greek hospitals to respond to terrorist attacks. A survey composed of 20 questions was being replied by 227 Healthcare Professionals and employees, using Google forms or tool in hard copy [2].

Informatively we estate that in the future, new publications will follow with data and answers to the questionnaire from Europe and Saudi Arabia, as well as comparisons between countries. Disaster and mass casualties are a human and health tragedy, causes, consequences in big financial losses, causes devastating blows to improvement desires, and shakes social confidence. Medical institution catastrophe preparedness presents complicated scientific operation. It's miles difficult philosophical mission. It is hard to decide how a whole lot of time, cash, and attempt should be spent in pre-paring for an event that might not occur. Health centers, whether hospitals have to be a source of electricity all through emergencies and screw ups. They need to be geared up to keep living and to keep providing vital emergencies and screw ups. This article investigates the hospital Disaster and mass casualty preparedness in Greece. The health facility represents an essential asset inside the occasion of a disaster, but it is also an inclined one. Hospitals could be damaged in the mass casualty event itself, as befell within the instances of earthquakes and terrorist attacks on abroad [3]. Obviously, each health center ought to delivery patients to alternative facilities in such situations. In addition, whilst a clinic shuts down, its personnel, automobiles, system, and supplies have to additionally be beneficial in emergencies and difficult conditions. Nearby disaster making plans ought to include plans to distribute this property as wanted through the network. Hospitals can be focused through terrorism at once or indirectly, and there has been little education for or maybe discussion of that opportunity. Hospitals need to plan for direct alternative procedures and establish plans for proscribing get right of entry to, securing perimeters, protecting water and electricity supplies, and sheltering personnel. A particular vulnerability, because of the statistics intensity of the clinic surroundings, is the medical institution's publicity to cyber-attack. Such a procedure should have a profound impact on clinical operations, communications, telemetry, facts, and many different important functions. Hospitals are also at risk of an influx of catastrophe consequences [4]. Large numbers of victims descending on a hospital can be overwhelming and diminish its effectiveness in managing casualties. The endless larger part of the vast majority of terrorist events worldwide has included customary explosives and biohazards. Government investing on readiness has burdened intensely at the altar of the cost of other needs. Trauma frameworks to speak to a basic component of disaster reaction. Government bolsters for the advancement of these systems and their coordination with the

other territorial disaster arranging endeavors does not show up to reflect acknowledgment of this truth [5].

Malpractice issues

It is lamentable, but true, that the primary reaction among some doctors these days who stand up to an emergent health crisis big's scale in an open space is to dodge association. In terrorist attack coming about in mass casualties, there likely will be a deficiency of health professors. The above ascertainment makes the interest of Clinic Planning, Doctors, and Medical caretakers for a rapid response emergency team of volunteer specialists indeed more critical and imperative. Except of the organizing of the rapid response emergency team there should be training and simulation scenarios at regular periods. Patients suspected of exposure to chemicals or biohazards can completely close down a facility if they are not decontaminated properly earlier than getting into (the same applies to vehicles as well). Every clinic ought to have adequate decontamination showers and techniques for dealing with infected sufferers because experience has taught that many sufferers "self-evacuate" from the scene of a catastrophe, bypassing on the procedure of triage and decontamination. In extreme instances, the health center needs to be prepared to lock all the way down to save the access of infected sufferers who could otherwise disable the open manner wherein hospitals usually function [6].

Hospital training and drills

The unique components of disaster reaction require specialized education, each within the clinical control of catastrophe victims and in institutional strategies that can be pretty one-of-a-kind from those underneath normal operating conditions. There are sturdy elements that education is insufficient. Severe scientific and operational deficiencies, fragmentation, and absence of standardization exist throughout a huge spectrum of key professional personnel (nurses, physicians, paramedics, administrators etc.) in both character education and coordination of a team reaction. A concerted attempt to integrate catastrophe preparedness and education into mounted expert curricula, continuing schooling, and certification programs is the most affordable strategy to those shortcomings at this factor in time. therefore, to cope with the want for competency in catastrophe medicine throughout disciplines, the committee recommends that all institutions responsible for the education, continuing education, and credentialing and certification of specialists concerned in emergency care (together with remedy, nursing, emergency clinical services and medical institution management) comprise catastrophe preparedness schooling into their curricula and competency standards [7].

Some of the replies of participants by percentages

My level of confidence that my hospital will provide me with protective gear and take precautions to protect my safety during

the encounter of terrorism attack (if the situation requires it) (Figure 1). What is your position in the hospital? (Figure 2). As a member of my department, i know what to do in the event of the encounter of terrorist attack (Figure 3).

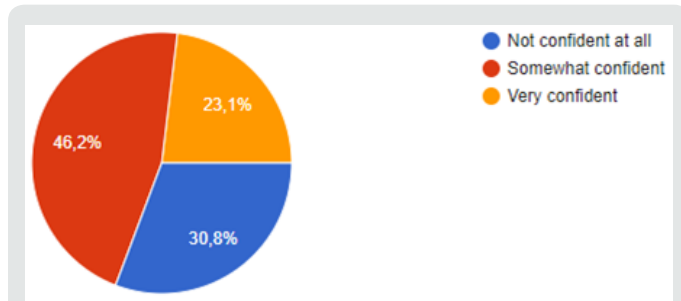


Figure 1: What is your position in the hospital?.

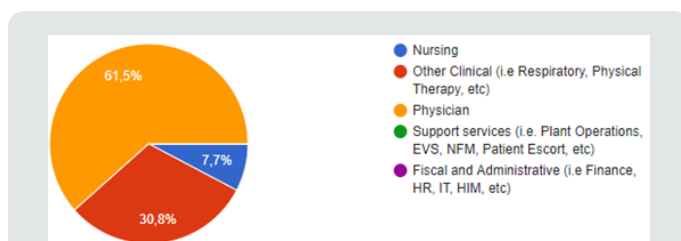


Figure 2: As a member of my department, i know what to do in the event of the encounter of terrorist attack.

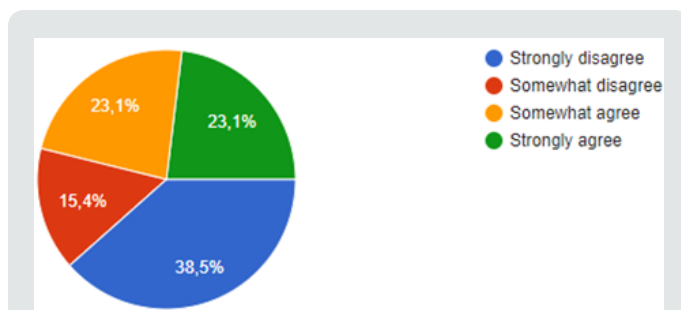


Figure 3.

Conclusion

Genuinely, primary efforts had been made to improve the preparedness of hospitals in Greece, however, there are still terrific gaps between those efforts and the preparedness status of hospitals as evident from the findings. Consequently, health care executives and policymakers should utilize the findings in this take a look at to create a broader discussion board at the nearby, nation and federal degrees for discussions about the important preparedness problems going through hospitals; Interact in efforts to behavior a full and thorough evaluation of terrorist threats to decide while and in which the following attack will occur? What kind of weapon could be used? How will the injuries/ailments and fatalities be

minimized? And what is the relative price of both preparing and recovery? Further, health care officials need to be advocated to get entry to and utilize the public investment for in preparedness to boom surge capacity and acquire wished resources and gadget for preparedness. The discoveries in this inquire about uncovering that healing center by and large are not "truly" arranged to oversee casualties of a fear based oppress or attack. However, numerous of the clinics do have at slightest a few of the basic components of readiness. Numerous of the healing centers do have archived and utilitarian readiness plans, give particular readiness education/training, and have fitting pharmaceutical strategies and supplies required within the occasion of an assault, including biologic, chemical, nuclear, or explosive events caused of a terrorist attack.

Tragically, agreeing to the answers of the participants most of healing centers might not increment their surge capacity or have symptomatic research facility administrations competent of analyzing and recognizing biologic, chemical, nuclear, or explosive events In addition, medical institution officers have to augment their protection forces on the way to provide crowd manipulate and facility command; Build federal alliances of public and private authorities so that it will get entry to backup facilities; enlarge preparedness schooling and exercise to include all stages (physicians and indirect care carriers); and upgrade their diagnostic laboratory capability to research and identify chemical or organic factors. Ultimately, health facility officials and policymakers ought to look at the modern effectiveness and appropriateness of public policy associated with the preparedness against a possible terrorist attack. Until now we did not have any case of a terrorist attack in Greece, but we have to be ready for any possible scenario. Even when we have backup processes in place to manage risk events, it is very likely that they will not be able to serve our needs. We have to understand that risk management in disaster and mass casualty is efficient where comprehensive and timely input is given to health professionals about all potential threats detected or shortcomings in current control measures and all these in relaxed and daily periods not inside the crisis.

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DOI: [10.32474/SCSOAJ.2020.05.000220](https://doi.org/10.32474/SCSOAJ.2020.05.000220)



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