

TOWARD RADIOLOGICAL PREPAREDNESS

To the Editor:

We would like to respond to “Improving Hospital Preparedness for Radiological Terrorism” that was published in the October 2008 issue of *Disaster Medicine and Public Health Preparedness*.

Through the use of focus group discussions, the authors have identified a critical information gap on the part of our nation’s emergency care providers with respect to radiological emergencies. The issues raised in the article highlight the importance of a central source of authoritative information and guidance accessible to providers at the time of an event as well as to those individuals responsible for planning a response to such events. Our goal in writing today is to reach out to your readers as well as the larger community of hospital emergency division providers with important information regarding the Radiation Event Medical Management (REMM) Guidance on Diagnosis and Treatment for Healthcare Providers, a valuable national resource accessible at <http://remm.nlm.gov>.

REMM was produced by the US Department of Health and Human Services (HHS) in cooperation with HHS’ National Library of Medicine and subject matter experts from the other HHS agencies: the National Cancer Institute, the Centers for Disease Control and Prevention, and many United States and international consultants. Its goals are to provide guidance for health care providers about clinical diagnosis and treatment during mass casualty radiological/nuclear events; provide just-in-time, evidence-based, usable information; and provide Web-based information that is also downloadable in advance to a laptop or personal digital assistant, so that it would be available during an event if the Internet is not accessible.

For medical providers, REMM is a vital source of information relating to radiological and nuclear emergencies. Its resources range from scientific background information and incident scene management to standard operating procedures and patient care guidelines. REMM also provides decision guidelines and templates for use during an actual event.

HHS and its Office of the Assistant Secretary for Preparedness and Response want to assure your readers that the federal government is actively involved in improving our nation’s radiological preparedness and response capabilities.

We would highly encourage all interested parties to become familiar with REMM, as well as the many other tools and

resources available through our local, state, and federal health departments. Information is the antidote to terrorism.

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MASS CASUALTY TRIAGE: UNIVERSAL VERSUS SPECIFIC

To the Editor:

During the last several decades, the incidence of large-scale multicasualty events has significantly increased. Therefore, modern health systems face the new challenge of successfully managing incidents that, on the one hand, involve an unprecedentedly large number of casualties with different types and severities of injury whereas, on the other hand, they are likely to have an unpredictable nature. Thus, I read with great interest the recent article by Lerner et al regarding the standardization of triage methodology across the United States at the time of disaster.¹ I utterly support the idea that a standard triage method could decrease uncertainty and confusion, by requiring health care delivery teams to follow strict guidelines. This unified approach could be enhanced, however, by the modification of the guideline according to the specific type of mass casualty incident (eg, explosion, shooting, natural disaster). Lessons learned from Israeli and other international experiences in the last few decades have demonstrated that certain types of information—pattern of injuries, number of casualties, and utilization of human medical resources—can be extrapolated to an extent from the information on previous incidents.²

Thus, if first responders and other medical teams could get the preliminary information regarding the specific nature of a mass casualty incident, then they would be able to instantly implement a triage protocol tailored specifically to this particular setting. As a result, such compatibility could, presumably, reduce overtriage or undertriage issues, consequently improving patient outcomes. This would likewise help to allocate human medical resources more effectively. For example, according to the Israeli experience, explosions that occurred in buses had the highest rate of overall mortality (21.2%) and an unprecedentedly high incidence of head and neck injuries (61.8%) among survivors, whereas bombing attacks in open spaces resulted in substantially lower overall mortality rates and a high incidence of injuries to extremities (43.6%).³ Given this information, emergency medical services could more accurately plan and implement the prehospital triage protocols.