Lessons Learned from Hospital Drills in 2008

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Introduction: One of the most important methods to promote emergency preparedness are hospital drills. Hospital drills are led by the Hospital Preparedness Branch in the Home Front Command and the Emergency and Disaster Management Division in the Ministry of Health.

In 2008, hospital drills training a wide range of scenarios, including mass-casualty events (MCEs), and chemical, biological, and earthquake drills were held in 13 large hospitals.

Lessons learned from hospital chemical drills include: (1) identifying the yellow line so there will be no bottlenecks; (2) clearing routes to transport the casualties; and (3) preventing duplication of roles or strain on hospital staff.

In the integrated site, attention could focus on conventional injuries, ignoring the signs of poisoning. This issue must be refined among medical staff for continuing medical treatment.

Lessons learned from hospital MCE drills include: (1) making the absorption plaza as large as possible for ambulances to unload casualties; (2) stay as close as possible to the evacuation location; and (3) avoiding two-way of the stretchers.

Lessons learned from hospital biological drills include: (1) working with full protection for hours is a burden; (2) a safety officer to recommend infection control and prevention must be appointed; and (3) training should be encouraged as a routine that will allow for the expansion of the ability to prevent infections.

Lessons learned from hospital earthquake drills include: (1) when departments must be evacuated, an event manager is needed to manage the staff of that department; (2) an evacuation process and quick reporting of a hospital emergency must be functional; and (3) walkie-talkies and satellite telephones must be used.

Conclusions: The lessons of each exercise were transferred to hospitals in a summary document distributed two weeks after the exercise. The hospital is required make the necessary changes based on these lessons learned. Three months after the exercise, a meeting was held with the staff and hospital industry representatives.

Keywords: drill; lessons learned; preparedness
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Differences in Parent-Child Reporting in Three Hospitalized Singaporean Children with Traumatic Stress Symptomology Post-Accidental Injury—Implications in Help-Seeking Behavior

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Studies in America and Europe consistently have found that a significant proportion (5–15%) of children and their families develop post-traumatic stress disorder following accidental injury. Despite important socio-cultural differences, there are no published studies in Singapore or Asian countries examining its prevalence in children hospitalized for accidental injuries or the emotional impact on their parents. Prospective observational research on the prevalence of traumatic stress reaction post-accidental trauma and local validation of the Screening Tool for Early Predictors of Post-Traumatic Stress Disorder (STEPP) tool (modified) for risk assessment of the development of PTSD are being performed. The cases of three Singaporean children who were hospitalized in KK Women's and Children's Hospital (KKH) for accidental trauma who developed post-traumatic stress symptomology will be described.

There were notable differences in parent and child reporting of emotional distress symptomology in these three cases of children with post-traumatic stress symptomology post-accidental injury. Though it was offered to three parents, none sought the assistance of mental professionals for their child's distress. This poster will highlight the importance in raising awareness among public and healthcare professionals on the need to recognize traumatic stress symptomology after physical injury to a child. As parents may tend to underestimate the level of emotional distress, better healthcare advocacy and public education may allow for better recognition and greater parental acceptance of assessment and intervention by mental health professionals.

Keywords: children; emotional distress; parents; post-traumatic stress disorder; traumatic stress symptomology
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Mental Health of Hospital Personnel during the Israel-Gaza Armed Conflict

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Objectives: The study goal was to check psychiatric symptoms among hospital personnel who were exposed to rockets, wounded soldiers, and civilians during the Israel-Gaza armed conflict.

Methods: Sixty-seven hospital personnel participated in the study, answering a demographic questionnaire and providing information pertaining to self-rated health, perceived social support, perceived coping, along with a battery of self-reported measures for psychiatric symptoms such as the Impact of Event Scale-Revised (IES-R), Center for Epidemiologic Studies Depression (CES-D), and the Psychosomatic Problems Scale (PSP-Scale).

Results: The results indicated that nurses had higher level of stress symptoms as measured by the IES-R (t = -3.555, p <0.001), and higher level psychosomatic symptoms as measured by the (PSP-Scale) (t = -2.510, p = 0.015).

Conclusions: During the Israel-Gaza armed conflict, physicians showed higher resilience than nurses. The reason for that might lie in medical training and the empathy of the nurses with the patients in comparison to physicians. Other explanations are also discussed.

Keywords: Gaza; hospital personnel; Israel; mental health; nurses; psychiatric symptoms
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