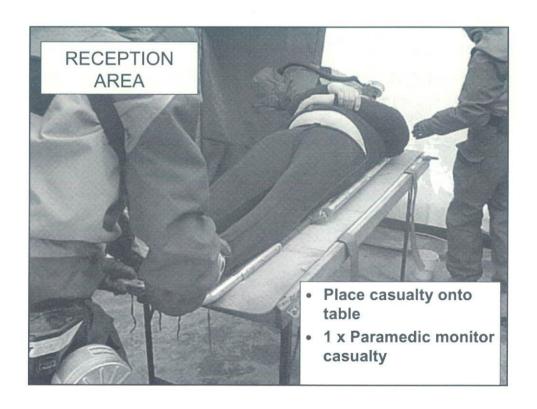


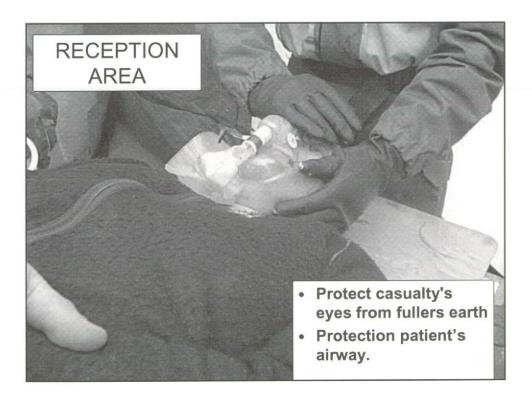
RECEPTION AREA

Move casualty into reception area

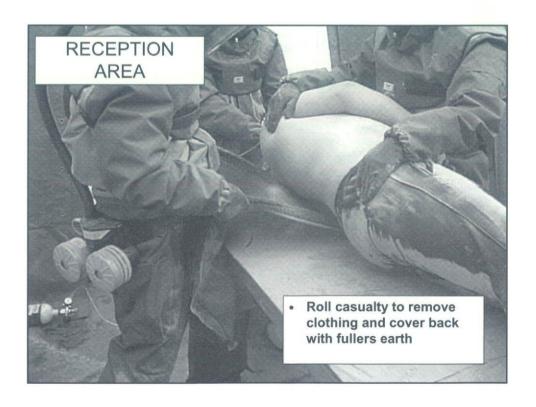


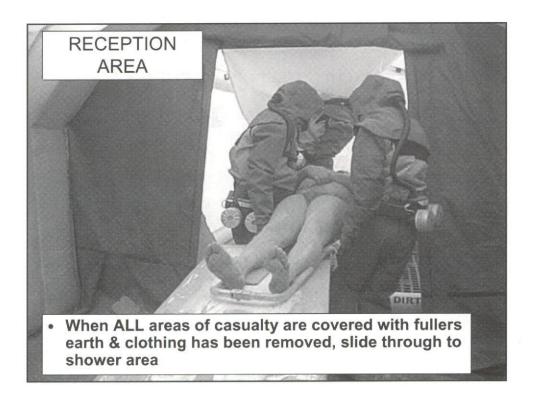


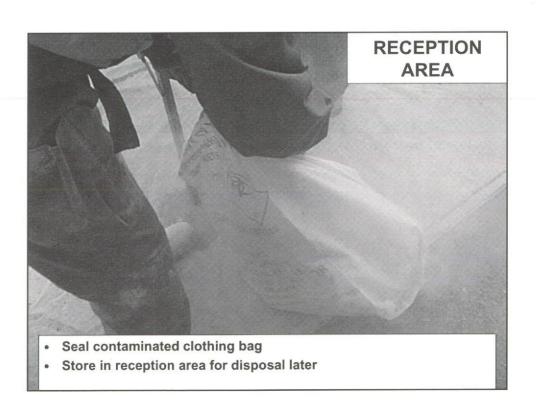
Cover casualty with fullers earth to absorb any liquid contamination on the patient's clothing or skin













RECEPTION AREA

Before the next casualty is accepted by reception area:

- Remove contaminated fullers earth, bag & store
- Check decontamination equipment
- Check decontamination personnel PPE

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THE SHOWER UNIT

SECOND PHASE DECONTAMINATION USING WATER

STAFFORDSHIRE AMBULANCE SERVICE NHS TRUST



BASIC DECONTAMINATION - USE OF WATER

- Many chemicals can react violently with water, creating an explosion or liberating toxic gases.
- There is little risk of creating a serious reaction hazard by adding large amounts of water to the small amount of residual chemical left on the body.
- In fact, the naturally occurring moisture on the skin is already reacting with the residual chemical, and hastening removal from the skin is most often preferable to leaving the chemical on the victim.



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SHOWER UNIT Dirty Clean 110 00 240v Fire point 110v lights Amb 1 Amb Water supply 4. 240v junction 7. Shower & comp air 10. Heater hose 1. Control 2. Lugger 5. Blowers 8. Heater 11. Reception 6. Evacuation 9. Fuel 3. Generator



SHOWER UNIT



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FULL DECONTAMINATION USING WARM WATER

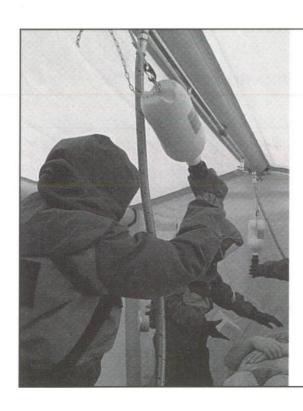
- Best available method is to use warm water.
- Care must be taken to thoroughly wash and rinse all areas of the body front and back.





SHOWER AREA

 Wash fullers earth from casualty



SHOWER AREA

 Use detergent to wash ALL areas of casualty



SHOWER AREA

- Wash all fullers earth deposits from stretcher & table
- Once complete pass casualty through to evacuation area



SHOWER AREA

Before the next casualty is accepted by shower area:

- Use shower lines to wash all contaminant into sump from unit interior, equipment & PPE
- Check decontamination equipment
- Check decontamination personnel PPE



EVACUATION AREA

PREPARING THE CASUALTY FOR TRANSPORTATION

STAFFORDSHIRE AMBULANCE SERVICE NHS TRUST

EVACUATION PAGODA 110 00 240v Fire point 110v lights Amb Water supply 7. Shower & comp air 10. Heater hose 1. Control 4. 240v junction 2. Lugger 8. Heater 5. Blowers 11. Reception 6. Evacuation 9. Fuel 3. Generator



EVACUATION PAGODA



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EVACUATION AREA

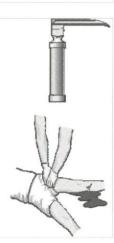
- Accept casualty onto table
- Dry using towels
- Fit casualty into disposable suit & shoes
- Move to ambulance stretcher





DECONTAMINATION ZONE - ABCs.

- To provide airway, breathing, and circulatory support for patients in the Decontamination Zone, it may be possible to insert an artificial airway, administer supplemental oxygen or nebulized bronchodilators, and assist ventilation.
- Direct pressure should be applied to control heavy bleeding.
- Paramedics wearing respirators and heavy gloves may find it difficult to insert an intravenous line or perform endotracheal intubation.



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DECONTAMINATION ZONE - ABCs

- Electronic equipment such as monitors and defibrillators generally should not be taken into this area because the equipment may be difficult to decontaminate.
- Even victims with serious trauma or medical complications (e.g., cardiac arrest) may have to wait for advanced medical care until decontamination is completed, depending on the concentration of the chemical and its potential for secondary contamination.

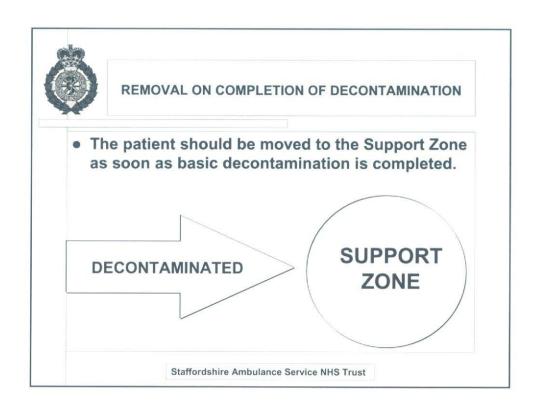




EVACUATION AREA

Before the next casualty is accepted by evacuation area:

- Bag & seal all wet towels & blankets
- Dry area
- Check decontamination equipment
- Check decontamination personnel PPE



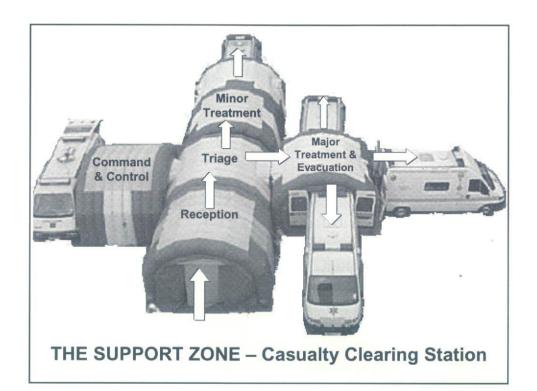




ACTION IN THE SUPPORT ZONE

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ABCS - IN THE SUPPORT ZONE

- Basic medical care can be administered readily.
- This care is initially centred on airway, breathing, and circulatory support to the patient.





SUPPORT ZONE – ADVANCED TREATMENT

- More sophisticated medical management also can begin in the Support Zone.
- A hospital team, supported by Doctors will be available to provide advanced clinical care and triage.
- Pre-hospital medical personnel should contact their the hospital base for expert advice.
- Additional advice can be provided through the local or regional public health advisers.

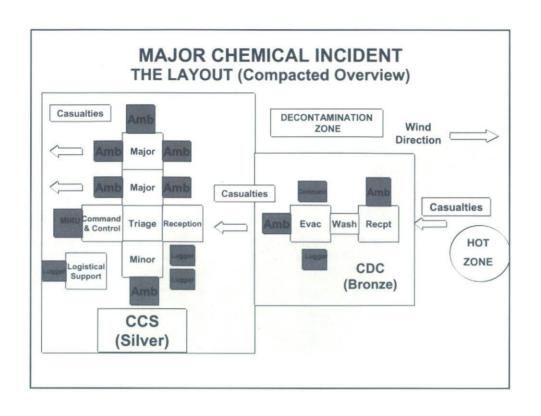
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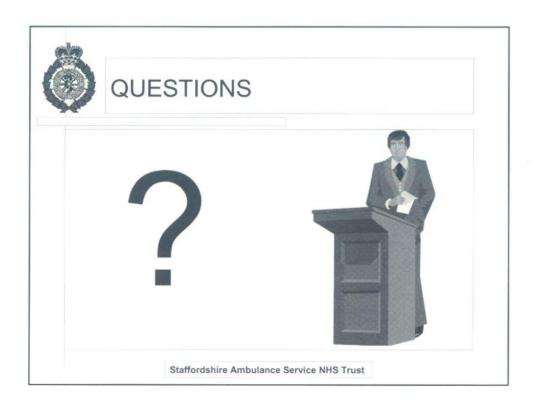


TRANSPORT TO HOSPITAL



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奥村報告 資料②

Lessons learnt

2005年9月9日 9時30分~13時30分 於 BMA (英国医師会) 本部ハーヴェイの間

挨拶

国際協力の重要性 各国代表自己紹介(英国、カナダ、フランス、ドイツ、米国、日本)

英国健康省 Bevan 女史

英国 BMA 幹部 Nathanson 女史

各機関の協力が最も重要であった。最初は、とにもかくにも現場から救出させるので精いっぱいな状況で、併せて情報の管理が重要であった。バスは BMA (英国医師会)本部のすぐ前で爆破されたが、一週間捜査上の理由でそのままにされており、その残骸を見るたびに心が痛んだものだった。被害者のみならず、救助者のカウンセリングも重要であった。

New Scotland yard の Baker 氏の講演

25 年警察に務めている刑事。IRA をはじめとして、スコットランドヤードは、30 年来テロと戦ってきた。だから、今回の事件は前代未聞の事件と言うわけではなく、これまで戦ってきた事件と何ら変らない。しかしながら、昨今のテロの傾向としては、国際化、過激化、無予告に突然、同時多発、CBRNE 利用、大量殺戮、無差別、決死といった特徴が有り、CBRNE 以外は、全てロンドンのテロの場合にもあてはまっていた。事件後、ロンドンへの通行を禁じ、ロンドン全体を封鎖した。こういう事態になると、風評や憶測が乱れ飛ぶが、警察内では根拠無き推察を禁じ、事実を積み上げて捜査した。また、マスコミに対する警察官個人の発言も禁じた。捜査では5000本のCCTVテープを点検、1800の証言を得、5300件にがさ入れし 8500文書を押収、確保し、一日500,000ポンドも使った。我々の目的は、第一に市民の生命、続いて経済を守り、国家のインフラを守り、一般市民が仕事を続けられるよう、テロの影響をいかに抑えるかにあった。テロリストトライアングルと言う考え方がある。すなわち、意図を持った犯罪者、標的とされる被害者、捜査当局の三つでる。スコットランドヤードでは、Project Griffin なる計画を持っていて、一定の講習を受けたものが