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¹Hamad Medical Corporation Ambulance Service, Doha, Qatar ²Faculty of Medicine, University of Sfax, Sfax, Tunisia

³Higher Institute of Biotechnology, University of Sfax, Sfax, Tunisia ⁴School of Health and Social Work, University of Hertfordshire, College Lane, Hatfield, HERTS, AL10 9AB, United Kingdom

⁵Weill Cornell Medicine – Qatar, Doha, Qatar

⁶Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, United Kingdom

⁷Faculty of Health Sciences, Durban University of Technology, P O Box 1334, Durban, 4000, South Africa

*Email: Hfarhat1@hamad.qa

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Qatar Health 2021 Conference

Hazardous materials and CBRN incidents: Fundamentals of prehospital readiness in the State of Qatar

Hassan Farhat^{1,*}, Padarath Gangaram^{1,7}, Nicholas Castle^{1,7}, Mohamed Chaker Khenissi¹, Sonia Bounouh¹, Naveen Pullian¹, Mohamed Khnissi¹, Imed Gargouri², Moncef Khadhraoui³, James Laughton¹, Guillaume Alinier^{1,4,5,6}

ABSTRACT

Background: Hazardous Materials and Chemical/Biological/Radiological/Nuclear (HazMat-CBRN) incidents represent a serious threat to the population and the environment¹. They require a pre-hospital medical response system well equipped and supported with logistics and clinicians with appropriate knowledge and skills to prevent exposure and mitigate risks. Our aim is to determine if the Hamad Medical Corporation Ambulance Service (HMCAS) fulfils the pre-hospital readiness requirements for such incidents.

Methods: This cross-sectional study was performed in HMCAS. An online survey assessed staff behaviour and knowledge in relation to HazMat-CBRN incidents. Responses were obtained on health risks and pre-hospital medical management of related threats in Qatar. Based on the results, a training module "HazMat Incident Management" was prepared with pre-/post-activity assessments. The results were explored using a multivariate linear regression and non-parametric Wilcoxon test for paired samples. Specialized Emergency Management (SEM) staff opinion about this training was assessed through an online survey. Both surveys' validity and reliability tests were conducted. Ishikawa cause and effects diagram was built for the identification of the factors leading to a pre-hospital successful response to HazMat-CBRN incidents.

Results: HMCAS has the proper logistics and plans to manage potential HazMat-CBRN incidents. The knowledge survey demonstrated that the pre-hospital medical staff information about this topic needs reinforcement. The multivariate linear regression (Table 1)and non-parametric Wilcoxon test (Table 2) demonstrated that this was obtained thanks to the implemented training module. The course satisfaction survey showed not only a big interest in this activity but also staff recommended more related topics². Earlier-RSDAT (Recognition, Safety, Decontamination, Antidot, Transport) is a tool proposed as a response acronym to build a successful risk-based response for HazMat CBRN incidents in pre-hospital setting³.

Conclusion: HMCAS fulfills the readiness requirements for safe and effective response to potential HazMat-CBRN incidents in Qatar. The RSDAT response matrix might help in mitigating pre-hospital response risks.

Keywords: HazMat-CBRN, risk, readiness, environment, response

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	Model	Sum of squares	Df	Mean square	F	Sig.
1	Regression Residual Total	10.550 533.504 544.054	4 180 184	2.637 2.964	0.890	0.471 ^b

Table 1. Multivariate linear regression (Anova, coefficients and model summary)

a. Dependent variable: post-test

b. Predictors: (constant), status, gender, position, pre-test

				Coefficien	tsa			
				Standardized coefficients	Т	Sig.	95.0% Confidence interval for B	
Model				Beta			Lower bound	Upper bound
1	(Constant) Pre-test Gender Position Status	10.244 0.028 0.779 0.063 0.748	1.692 0.052 0.564 0.099 0.786	0.040 0.103 0.047 0.071	6.053 0.534 1.382 0.634 0.952	0.000 0.594 0.169 0.527 0.343	6.905 -0.074 -0.333 -0.133 -0.803	13.584 0.129 1.892 0.258 2.300

a. Dependent Variable: Post-test

Model summary ^b									
					Change statistics				
Model	R	R square	Adjusted R Square	Std. error of the estimate	R square change	F change	df1	df2	Sig. f change
1	.139 ^a	0.019	-0.002	1.722	0.019	0.890	4	180	0.471

a. Predictors: (constant), status, gender, position, pre-test

b. Dependent variable: post-test

Table 2. Wilcoxon signed ranks test

		Ranks			sta	Test tisticsa
		Ν	Mean rank	Sum of ranks		Post-test - Pre-test
Post-test	Negative	0 ^a	0.00	0.00	Z	-11.721 ^b
- Pie-lesi	Positive ranks	182 ^b	91.50	16653.00	Asymp. Sig. (2-tailed)	1.00017 × 10 ⁻³¹
	Ties Total	3 ^c 185			a. Wilcoxon sig b. Based on ne	ned ranks test gative ranks.

b. Post-test < Pre-test

c. Post-test = Pre-test

Ethical approval statement: This study has been approved by the HMC Medical Research Centre as a quality improvement/audit project (Ref: MRC-01-20-372).

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REFERENCES

- [1] Lynn M. Prehospital Planning and Response to Sudden Mass Casualty Incidents. In: Lynn M. et al. (eds) Disasters and Mass Casualty Incidents. Springer, Cham; 2019. p. 11–28.
 [2] Djalali A, Della Corte F, Segond F, Metzger M, Gabilly L, Grieger F, et al. TIER competency-based training course for the
- first receivers of CBRN casualties: a European perspective. Eur J Emerg Med. 2017;24(5):371-376.
- [3] Macintyre AG, Christopher GW, Eitzen, Jr E, Gum R, Weir S, DeAtley C, et al. Weapons of mass destruction events with contaminated casualties: effective planning for health care facilities. JAMA. 2000;283(2):242-9.