

Please Complete this Approved Research Survey

Research Question:

In the past 30 years there have been multiple radiological and nuclear events that have occurred throughout the world. This short IRB approved anonymous survey is gathering data to see if health care professionals are both willing and knowledgeable to care for victims of radiological and nuclear events. Please be as honest as possible as your answers will begin to guide the future medical disaster approach to these events. The writers of this survey are an international work group dedicated to the improvement of disaster casualty management. The survey should take approximately 7 minutes.

When you are finished, please place in designated boxes. Thank you very much for your participation!
SURVEY STARTS below (Please note that the questions are on both sides of the paper)

WILLINGNESS TO MANAGE EXPOSED CASUALTIES

Item	Question to Answer	Selection Choices
1	In the event of a large-scale medical emergency, people are often scared and fearful. Please rank the following events in that may prevent you from coming to work. <i>Please Rank in order of importance to you, using numbers 1-5. Use # 1 as MOST important to you, and # 5 is LEAST. Please do NOT repeat numbers.</i>	Rank # 1 as MOST important, and rank # 5 as LEAST regarding disaster types that may prevent you from coming to work: ____ . Biological disaster such as "Bird Flu" H1N1 or smallpox ____ . Chemical disaster such as nerve agents like Sarin, Tabun, or VX ____ . Radiological disaster such as a dirty bomb explosion ____ . Nuclear disaster such as a nuclear bomb detonation ____ . Nuclear disaster such as a nuclear power plant catastrophe
2	Would you be willing to be part of a <u>scene</u> response to treat casualties where there might be radiation or nuclear material contamination? <i>Please circle ONE of the following choices</i>	YES NO
3	Would you be willing to treat casualties <u>at your hospital</u> , if only their clothes had been removed after being exposed to radiation or nuclear material contamination? <i>Please circle ONE of the following choices</i>	YES NO
4	If in the event of a nuclear detonation what would make you willing to go to work? <i>Please Rank in order of importance to you, using numbers 1-5. Use # 1 as MOST important to you, and # 5 is least. Please do NOT repeat numbers.</i> NOTE: <i>If you are not willing to go to work regardless, then select this option, and do not rank items.</i>	Rank # 1 as MOST important, and rank # 5 as LEAST regarding willingness: ____ . Antidotes are available ____ . Appropriate Personal Protective Equipment (PPE) ____ . Device (Geiger counter, etc.) to measure my exposure are available ____ . Knowing that my family is safe ____ . Someone I trust is telling me it is safe to work Option to select: ____ . Not willing to work after nuclear detonation
5	Rank what you feel will be the acute medical needs in the hours following a nuclear detonation <i>Please Rank in order of importance to you, using numbers 1-5. Use # 1 as MOST important to you, and # 5 is LEAST. Please do NOT repeat numbers.</i>	Rank # 1 as MOST important, and rank # 5 as LEAST important: ____ . Acute Radiation Sickness (ARS) ____ . Burn (Thermal) injuries ____ . Crush injuries from collapsed buildings ____ . Lacerations from broken glass ____ . Psychological trauma and behavioral illnesses

FAMILIARITY - LOCAL & COUNTRY DISASTER SYSTEM

Item	Question to Answer	Selection Choices
6	How familiar are you with disaster response teams in your country? <i>Please circle ONE of the following choices</i>	NOT FAMILIAR SOMEWHAT FAMILIAR VERY FAMILIAR
7	What disaster teams are present in your country? <i>Circle ALL that apply</i>	NONE DMAT MERT MILITARY UNSURE OTHER _____
8	Are you on a disaster response team in your country? <i>Please circle ONE of the following choices</i>	YES NO If you answer YES, please write team name: _____
9	Have you ever been involved with or responded to a natural disaster or public health emergency? <i>Please circle ONE of the following choices</i>	YES NO



NRDCM A GLOBAL INITIATIVE
NUCLEAR RADIOLOGICAL DISASTER CASUALTY MANAGEMENT



FAMILIARITY - NUCLEAR & RADIOLOGICAL CONTAMINATION RISKS

Item	Question to Answer	Selection Choices
10	In all of the radiological/nuclear events since World War II <u>about</u> how many healthcare providers have been made sick or been put at risk from treating patients contaminated with radiological material? <i>Please circle ONE of the following choices</i>	0 Providers 1 Provider 10 Providers 100 Providers Do Not Know
11	How many nuclear/radiological response/treatment courses have you completed? <i>Please circle ONE of the following choices</i>	0 Courses 1 Course 2-4 Courses 5 or more Courses completed
12	A patient arrives with a trauma emergency and burn injuries following a nuclear detonation. <u>Before</u> beginning care what type of decontamination is needed? <i>Please select ONE of the following choices</i>	Before beginning care which <u>ONE</u> following <u>must</u> be done: <input type="checkbox"/> - NOTHING, begin as if treating any other trauma emergency <input type="checkbox"/> - MUST remove and properly contain all clothing items <input type="checkbox"/> - MUST thoroughly rinse patient with water after clothing removal <input type="checkbox"/> - MUST wash patient with soap and water prior to beginning care
13	A patient arrives with a trauma emergency and burn injuries following a nuclear detonation. <u>Before</u> beginning care what is the best Personal Protective Equipment (PPE) for you and staff to wear? <i>Please circle ONE of the following choices</i>	Level A Level B Level C Level D Do Not Know
14	You are taking care of a trauma patient who has ingested or inhaled radioactive substances. Please estimate your <u>risk</u> of serious radioactivity exposure? <i>Please circle ONE of the following choices</i>	HIGH MODERATE LOW NO Risk Do Not Know

DEMOGRAPHIC & PRACTICE DESCRIPTION

Item	Question to Answer	Response Selection Choices
15	What is the year of your birth? <i>Please write in your response</i>	My YEAR of birth is: ____ _
16	What is your gender? <i>Please circle ONE of the following choices</i>	MALE FEMALE
17	What is your country of medical practice? <i>Please write the name of your country</i>	My country name is: _____
18	What is your highest education degree? <i>Please circle ONE of the following choices</i>	UNDERGRADUATE GRADUATE DOCTORATE (MBBS, MD/DO, PhD, DVM)
19	What is your type of medical practice? <i>Please circle ONE of the following choices</i>	CLINIC HOSPITAL UNIVERSITY RETIRED OTHER _____
20	Are you in the military (active or reserve)? <i>Please circle ONE of the following choices</i>	YES NO RETIRED
21	Do you work in the radiation/nuclear science field? <i>Please circle ONE of the following choices</i>	YES NO
22	What is your current occupation or primary training? <i>Please circle ONE from the following table</i>	Circle your PRIMARY TRAINING area/ discipline from the table below:

Surgeon	General Medicine	Critical Care
Emergency Medicine	Pediatrics	Public Health
Radiology	Family Practice	Anesthesia
OB-GYN	Orthopedics	Nurse
Psychiatry	EMT/Paramedic	Radiation Specialist
Other: _____		

