

A BSBMT policy towards the management of nuclear accidents or attacks

Background: A large number of nuclear accidents have occurred over the last fifty years and physicians with experience of managing people exposed to radiation have been called upon to offer their opinion and manage these patients. There is a possibility of a terrorist nuclear attack which could occur anywhere in Europe including the United Kingdom. The consensus of the European Blood and Marrow Transplantation Group is that each country should have a response to nuclear accidents, that the countries of Europe should work together co-operatively and that this whole situation requires advanced planning. At this point we could not be confident that we would respond effectively to the challenges such widespread nuclear exposure might cause. Transplant physicians such as Ray Powles and Jane Apperley have long taken an interest in this area but there has never been a co-ordinated policy from the transplant community nationally. The President of BSBMT, Professor David Marks attended the ICAS Nuclear Accident Training Course in Munich in November 2007 with the aim of developing such a policy. This policy will be a broad and generic policy that will seek to describe the problem and identify where the UK transplant community needs to direct its efforts.

The following suggested policies are for discussion.

1. BSBMT should develop a nuclear accident policy in keeping with the rest of Europe. BSBMT should seek to have a representative on the Nuclear Accident Committee of the EBMT.
2. The transplant community in the UK should take a particular interest in this problem as we have the skills to deal with this category of patient and BMT units are a logical place for these patients to be managed.
3. All major Trusts performing allogeneic transplants should have a nuclear accident policy as part of their contingency accident strategy. The lead for transplantation in that Trust should have some input into this policy.
4. The role of stem cell transplantation in these patients is limited but may save the lives of certain categories of patient, in particular radiation dose. Other therapies that are commonly used by transplant units including growth factors, anti-infective prophylaxis and possibly keratinocyte growth factor may be used in these patients.
5. There is a knowledge gap which the UK transplant community needs to close and it is anticipated there will be annual courses available and more transplant physicians should become trained in this area.
6. Although it needs to be handled sensitively transplant physicians need to make their Trusts and the government aware of the issues concerning the management of these patients. Currently we are not well prepared for such an attack and issues such as making beds available in transplant units and making resources available would be challenging problems for most of us.

This policy will need to be updated on an annual basis.

Author: David Marks. Last updated Feb 2008