MEETING TO DISCUSS STRATEGIC ISSUES FROM THE HPSS RESPONSE TO THE OMAGH BOMB

AGENDA

1. Introduction and objectives.

2. Communication.

3. Casualty transport arrangements.

4. Casualty triage, stabilisation and dispersal procedures in receiving hospitals and deployment of additional manpower.

5. Casualty documentation and information exchange among hospitals, NIAS, RUC Casualty Bureau and the Leisure Centre.

6. Reporting arrangements with Central Government including arrangements for Spanish casualties and VIP visits.

7. Use of media. [by HPSS to exchange info / how best to use : what effect?

8. Arrangements for resupply of blood, medical gases and other essential supplies.

9. Counselling support to patients and relatives during the immediate phase.

10. Dissemination of HPSS lessons learned from the response to the Omagh bomb. ? Publish report?

11. AoB. need for follow up? further exam? to practice

6. Effect of foreign nationals on M I Plan?

• Sub-points of major agenda items.

I am pleased to extend a warm welcome to Duncan McPherson, the Head of the Emergency Planning Co-Ordination Unit in the Department of Health. I know that Duncan intends to publish new NHS emergency planning guidance on 19 November 1998 and I am sure that his experience will be of assistance to our debrief.

I also welcome Don Norrie and his colleagues Harry Whan and Julie Morgan from Central Secretariat Emergency Planning Unit who in conjunction with John Townson will be acting as facilitators and summarise the issues at the end of each agenda item.

I have tabled the criteria for the debate. Only one person from each Trust will speak to appropriate agenda items.

Today's meeting will be confined to the period from the time of the first alert to the identification of the last body.

The purpose of the debrief is to exchange information about the HPSS response. The exchange should be concise, focused, positive, constructive and non-defensive. The meeting will cover elements of emergency plans, systems and liaison with other organisations in delivery of the plans.

I have arranged for sandwiches to be served at 1.00 pm and we will continue to work through lunch. I am aiming to finish the meeting in the early afternoon.

At today's meeting it is also hoped that we will agree the best means of dissemination of lessons learned from the incident and any necessary follow-up action by the HPSS, DHSS and other agencies.

An updated agenda has been tabled and the first item for discussion is communications.

M Johnston

RECORD THE PROCEEDINGS OF A MEETING TO DISCUSS STRATEGIC ISSUES FROM THE HPSS RESPONSE TO THE OMAGH BOMB

1. Introduction

This meeting took place on Friday 23 October in the Royal Arms Hotel in Omagh. The meeting started at 10.00 (ND) am. Mr McGrath gave a brief introduction which outlined the purpose of the meeting being to determine the HSS response, to open discussion to all present, to discuss what went well, what did not go well, and what areas of improvement could be identified. There were 10-11 agenda items with lunch planned at 1.00 pm and the day to finish at 2.00 pm. A range of people attended and Mr McGrath requested that only one person from each of the organisations would give a concise report on each of the agenda items and then summing up would be done at the end by John Townson. / Harry Whan ✓

Issue No 2 - Communication

Paul McCormick from the Northern Ireland Ambulance Service, opened the discussion. He commented that if radios had been better it would have assisted the situation in the sense that they could have summoned assistance in a faster manner. Dr John Martin, A&E Consultant in the Ulster Hospital, talked about a pilot that was taking place which linked ambulances directly to the A&E Department. This facilitated on-line medical advice and also gave an early warning to the A&E Department of the casualties that were being brought in. Stella Burnside, Altnagelvin Hospital, said that on the day of the bombing she had no idea what would arrive and therefore the distance and the time gave her no real advantage in preparing. The cost of new communication technology was estimated to be £40,000-£50,000. The other problem with communication meant that all calls going to an ambulance had to go through Ambulance Control Centre before they went out to the receiving hospital. The need for direct communication was thought to be very important and the need to be able to open up communication with other emergency services was also a consideration and the need to have communication between helicopter and the ambulance service. It was also thought that an identified helicopter landing site would have been helpful. This technology improvement would also be of help when it comes to the technology that is needed for the new millennium. Mr J Carson said that he was quite alarmed that communication technology was not a given - that mobile phones and communications should lead the way. It is very important that the patient knows where they are going to be. Also it is not just the technology for

communication that would be important but also we need a communication plan, this could take the manner of being a core team of senior representatives from all of the emergency centres and services to actually be centred in one place and this could be called the Emergency Control System. The ambulance radio system was particularly a problem, their handsets are known as "the brick" because they are heavy, difficult to use and really have to be held in the hand when they are being used, so there was a strong feeling that there was a need to build up a good operational and strategic communication plan. Mr Hugh Mills gave his report on the day as being "all land lines were out of action, there was overload on the remaining communications network and some bleeps and mobile phones do have blackspots." The most useful thing was the use of the local radio station and the old seven system, which was the old inter-hospital network. This network within, and between hospitals worked very well. The RUC also spoke and said that they had the power and authority to use accloc, but that they did not use it for moral reasons as many relatives and people around the country were trying to use other land lines to find out about people who were injured in the bomb. It would be thought helpful if the man on-call list could be broken into shorter lists which would allow several individuals in the hospital to go of to different departments and call in eight people each. The ideal situation would be an automated response system, where switchboard would just have to really press one button and several people would be contacted at once. There was also difficulty in that the public were also ringing in and trying to find out about their relatives and patients.

Issue No 3 - Transport

Transport on the day took the form of ambulances, private transport, peoples' cars, and ulsterbus that was taken over by the RUC and a military helicopter. The commanding officer took command of the helicopter but this would have been requested by the hospital in any event. Robert Sowney from South Tyrone Hospital gave his account. "People see the hospital as the focus and automatically go there to seek help. There is a need to plan for a large number of casualties as there were more than 200 moved to the Tyrone County Hospital. You need to be able to assess their condition and then move them on." Two hundred people arrived at the hospital and if they had been delayed at the scene the outcome could have been worse. David Bolton talked about the public response being spontaneous. His experience in the Kegworth disaster were that three medical teams went to Kegworth, but this then risks

their lives as quite often there can be primary or secondary devices, either fire or bomb risk. It was obvious that there was a need for a key person to become the central key assessor to visit the scene; look at the nature of the injuries; the range of facilities that are going to be available; who exactly is on-call around the Province and what resources can be easily commandeered, such as leisure centres, community halls, etc. The idea of central command and central control was very important and also triage at the scene.

Issue No 4 - Casualties

Dr Dominic Pinto of Tyrone County Hospital spoke about the large numbers of casualties that descended upon Tyrone County Hospital. He, himself, found access to the hospital very difficult and had to go on the wrong side of the road for some time just flashing his lights and sounding his horn. There was also a huge emotional response due to the amount of local people involved in the bomb and the fact that he knew many of them personally. There was no time to prepare A&E, huge crowds just arrived and they all would have known each other and the staff would have known them as well. His first steps were to start triage; to contact the Royal Victoria Hospital and get in touch with the Burns Unit and the Orthopaedic Unit. Dr Pinto said that the doctors and nurses were key to the success of this situation, in that they carried out immediate triage and primary care. Dr Pinto was the only surgeon available at the hospital and took stock of the injured and made decisions on who could be transferred. The two problems he identified were people who arrived saying they were doctors but may not have been and he had no way of finding out whether they were or not. This has serious medical, legal implications. The second problem was trying to stop people from doing things. People who said they were doctors or nurses who decided to start treatment without his permission. Dr Pinto also praised the nurses and said that they had been key to the success of much of the triage system. They stabilised patients; they were extremely flexible in that they started putting up drips, cleaning wounds, stopping bleeding and were very supportive. Also medical colleagues from around the Province were very supportive. He thought it was important that there was some form of senior co-ordinating role and unfortunately the staff who were usually to be hands-off and just act as a co-ordinating role were involved operationally, therefore, very poor documentation took place and written records were often neglected. Crowd control is needed as the public invaded the wards and around the hospital people were walking all over the place, into the wards, out of the wards. Dr Pinto appointed

doormen and assigned to each patient one nurse and to each ward one particular doctor. Stella Burnside spoke of the need to not only have triage as people come into the hospital, but as soon as triage takes place and people are assigned some form of injury rating, that there is then a secondary system which moves those patients on to the most appropriate area for treatment. At the same time these patients should be recorded and a tracking should follow the patients right through so that there is no risk of patients getting lost in the system. This was really to do with logistics of control. Every patient got something for pain, a tetanus toxide injection and a course of antibiotics. ****** Henry, the nurse of Tyrone County, said that many nurses turned up who had no ID and nurses came from the South of Ireland and again there was problems with registration and the feasibility of their qualification. The Cambridge Cruciform Card System was not used very much and there was a big need, identified in future, for someone to be available to identify the credentials of release staff, either medical or nursing. Relatives were obviously another consideration and it would be an important, in future, to have some way of identifying a location for relatives. Rodney Patten spoke out about his concern to say that although the doctors who turned up on the day were generalise, in future these doctors would not exist. Doctors in training now would be less experienced, have no general surgery or general medical training and also there would be less senior cover available. A problem was also identified by the use of helicopters in that sometimes the people who got air-lifted were not the most appropriate, there seemed to be no control over who was being put into the helicopters and there was an issue about staff safety around the helicopter as the blades quite often can cause injury to people walking to close while they are still rotating. Altnagelvin spoke up in that they said "the right calibre of patients did come to them, most of the patients, that is 20 out of 22 were stabilised, most had documentation. 19 to 20 of these patients arrived by ambulance and 2 to 3 of these patients arrived by helicopter but often the patients in the helicopter were less seriously injured than those in the ambulance." Altnaglevin said they felt rather helpless during the whole situation and offered to come down to Tyrone County but were told that the patients would be sent up to them and then they waited for 2 hours until the first patient arrived. There was a general feeling of panic and lack of control and there was a need to find out what forms of transport were on the road. In Altnagelvin, the emergency team were sitting around waiting for the injured for 2 hours and wondering whether they should go down or not. South Tyrone gave their account as being "the RUC informed the hospital to activate their major incident plan.

Casualties Arts.

Patients mostly arrived by car. At 8.00 pm that night, 30 or 40 more casualties arrived, they found that staff were working well beyond their normal working times and that it was important to remember to refresh staff. Staff again, claiming to be nurses, needed to be checked. They also felt that during a major incident or accident that there was a need for action cards to be made up so that each individual in the team would be able to refer exactly to what their role entailed. Altnagelvin also commented that there was a need for some form of basic written records that could very quickly be recording the patient's name, date of birth, address and their injury. Bill McConnell, the Director of Public Health in the Western Board, said "not to forget the role of the GP and the use of out-of-hours centres". Dr Paul Darragh of the Eastern Board, said that "the whole nature of the disaster was inter-disciplinary". He felt that it took too long for patients to arrive to Belfast; that he thought we should maybe look at the military to see if they have a model that they implement in disasters and not to forget the very important relationship between accident and emergency departments, the theatre and the triage interface. Stella Burnside said she felt it was very important to have senior staff available and mature nurses who have a very generalist experience and there was a need to ensure that, if in the future, we have teams of specialist doctors that the plan incorporates some method of pulling together a team of specialists to face a disaster of this nature. There was a need to consider also, liaison and partnership with the Republic of Ireland so that in future if staff do come from the South of Ireland there is emergency medical legal acknowledgement of the fact that they had trained in the South. The help that the media gave was greatly appreciated. The fact that this happened in the middle of a Saturday afternoon was useful from the point of view that all media channels were open; that it was widely broadcast around the Province; that extra staff were called into the hospital and that everybody was awake and available to come in. If this incident had happened at 2.00 am or 3.00 am in the morning there would not have been the same access to staff and no so many people would have actually heard about the incident. The major incident medical management support plans must incorporate support for staff and be practised, not just sit in a folder on the shelf. It should also incorporate action cards which break down exactly what each person in the team is supposed to do. A regional on-call rota should be kept available so that at any time, at any where in the Province, people will have access to all on-call staff throughout Northern Ireland. This would give access to the right seniority of staff and the right mix of staff. Relief staff coming to incidents should always bring some form of ID. Also there was

Central Control

the continuity of business, in that there were two car accidents in the Province at the same time of the bomb and yet they had to be taken to hospitals outside the normal facility, one went to Sligo General. Paul McCormick also commented that his ambulance staff and paramedics just accept the fact that when somebody arrives and says "I am a doctor" that they immediately accept their help. It was widely acknowledged that the bomb in Omagh, which caused a major incident in the main street, soon became a major incident at the hospital and therefore the hospital needed to be able to deal with the fact that they had now become a site which was totally over-populated with people and couldn't cope with the numbers of people coming. Also the volume of minor injuries made it more difficult to manage. This will have to be taken into consideration in the future.

TCH

Issue No 5 - Documentation (for passing info)

Altnagelvin said they found it very helpful when the police team moved into the control room on-site. This made a big difference, and there was also a need to standardise and use normal stationery. If the stationery used is only kept for a major incident it is unfamiliar with staff and they are less likely to use it, therefore a major incident should allow the use of the normal stationery and, if at all possible, that it is agreed with the other emergency services as to how this information is used. An audit should apply, as well, of the information that has been recorded and the patient confidentiality issue led to some patient's names and their injuries being published in the papers long before the hospital felt ready to give this information out. The RUC then commented that telephone lines had been opened since 6.45 pm and that 800 calls were received every 15 minutes. There were 15,600 calls over a 24-hour period incoming, and 4,500 were answered. Sky Television had been very helpful and other media and again somebody needed to act as gatekeeper for information in and information out. It seems strange that journalists were able to source information faster than the RUC. David Bolton of Sperrin Lakeland Trust, commented that the leisure centre had been an excellent site as it provided eating facilities, drinking, toilets and phones. Unfortunately, they had a list of people on the board who had been reported missing and when people found them alive and safe and well, the leisure centre were not told and therefore they were continuing to have a long list and the thought of digging through the rubble to try and find more bodies. In future it would be helpful if people could see the importance of reporting back when they find their lost relatives. The names of people were not always able to say whether they identified

the people as male or female, therefore it was very important to take down what was the gender of the missing person and their date of birth. It would be important, in future, to have a general understanding of all the resources, people, on-call staff and community resources available throughout the Province so that somebody could decide when one area gets overloaded where people can move to next. Bill McConnell again referred to confidentiality versus the need for information and the need to draw up an understanding with the media so that when they did become informed with patients' names and their injuries that they agreed not to broadcast this until it was the right time to do it.

Issue No 6 - Foreign Nationalists

Bill McConnell spoke about a book that already exists which translates standard medical phrases into about 30 different languages and that this should form part of the major incident plan for every hospital. Things like consent and anxiety with foreign nationalists can be ignored in a situation like this and it was found that the Spanish children really needed basic comfort and that this sometimes was not given in the most appropriate means. There was a Spanish medical team that arrived and again communication with this team could have been improved. Tyrone County did not have a problem, but Altnagelvin were a little surprised when they suddenly found, in their intensive care unit, a group of Spanish medical team who were looking after patients and yet the hospital had not been informed. Also, different cultures and nationalities had different death rituals and it can be useful to know other health resources in the area, such as nursing homes, which would provide a more appropriate setting sometimes for the bodies to actually go to. The police also talked about the Aliens Registration Unit that they have at Headquarters and this allows all foreign nationalists in the country to be identified at any time.

Issue No 7 - The Media

Hugh Mills spoke about how helpful the media had been in keeping the public informed. Sperrin Lakeland Trust enjoyed a good understanding and found them a source of information and beneficial in circulating information. There was a need, in future, to provide accurate but incomplete information and this was what Hugh Mills did. They found their Public Relations Officer very useful. They also started up a press centre at the hospital, keeping the media under control but yet keeping them away from under their feet. They shared the role of

spokesperson, they closed down communication for 24 hours and then another 24 hours to allow the staff to rest and to allow them to take stock of the situation. One question that was asked of Mr Mills was "when did you last test your emergency plan?" and thankfully, he was able to say it had been tested at the end of July. There was a lot of pressure from press from Saturday to Wednesday and that is why they decided to close down communication for 48 hours to take a break. Also allowing the press access to patients had to be considered on ethical grounds. The press were quite co-operative, in that they understood the need for a break as long as they were involved again after the 48 hours.

Issue No 8 - Re-supply of Consumables

The Northern Ireland Blood Transfusion spokesperson spoke about the fact that they have a system in place to deal with a huge demand, they did bleed twice above the normal bleeding sessions and, unfortunately, the radio stations gave out an urgent call for blood donors which was totally unneeded and they spent a lot of time trying to tell the public and correct that message that there was no need to panic about blood donation, as hospitals were getting people turning up saying "yes, I want to donate blood" and were totally unprepared. It is understood that the RUC will escort blood deliveries in a situation such as this. Paul McCormick talked about the need for standardisation of equipment in the ambulances as quite often, from one ambulance to another the equipment would vary; that the helicopters took equipment of them and, therefore, they were left in short supply of equipment; that had the bomb not taken place in the middle of a main street their vehicles would have been no good at getting into fields or going over any kind of rough ground. There was also a need for them to carry extra uniforms as staff were very soon in a bad condition with regard to their uniforms. He also spoke about the fact that Northern Ireland is going to have a lesser presence of the army and therefore helicopters in the future would not be quite so available and this needs to be taken into consideration. Unfortunately, the equipment sometimes that was taken in the helicopters failed to work. Mr McCormick also spoke about the fact that he is missing quite a sizeable amount of equipment and that there is a need to find some way of trying to relocate the equipment that has now disappeared.

Issue No 7 - Media continued

It was acknowledged that there is still a lot of importance to be attached to the wider community and political conflict. Sperrin Lakeland Trust had meetings every morning to discuss what messages they would be giving to the media that day. Jerry Carson said "there was a need to scramble a media team to assist colleagues on a Province-wide basis." It was also mentioned that VIPs who flooded Omagh with visits needed to be put in contact with those who were involved. It was asked "how did the management team survive all the media attention with VIPs visiting and how much briefing did they receive before their visit?"

Minute should be involved as up on actual date visit

Issue No 9 - Counselling

Counselling at this stage of the early aftermath of the bombing was considered to be inappropriate, what was really needed was basic comfort, support and befriending. David Bolton said that there was a general feeling, at the time, that being sent to the hospital meant hope and being sent to the leisure centre to find relatives meant no hope. He also acknowledged the help and support they had got from the local clergy and that there was a strong spiritual dimension to the whole disaster. A certain number of mystics and psychics also contacted Omagh to lend their support and help. These were generally not accepted. The importance to keep information flowing was also discussed. Community psychiatric nurses, social workers, other professionals all assisted relatives in identifying their dead loved ones and in each case the staff had said that they did not find it particularly morose, but quite helpful. Gabriel Carey, the Director for Mental Health and Elderly, spoke about the needs of staff. Staff do need to be counselled as they were really spending a lot of time dealing with friends and relatives who had been caught up in the bomb. The support to staff needs to be pro-active. Staff do not always come forward and say "I need help" as they feel they are professionals themselves and should be able to cope with this disaster. In the case of Sperrin Lakeland Trust, public sessions were organised for several days and weeks after the bombing where staff came along, on a voluntary basis, and talked about the incident. Staff also sought spiritual help. Marian Gibson, from South & East Belfast, helped in providing staff support, but did not get involved in the needs of the greater community. Staff were concerned about their personal image, if they were shown to be weak or vulnerable at this time, would it affect their future professional development. In some cases, the support teams went round the wards and just talked to staff, to generally find out what was their general wellbeing. There were

daily meetings held at departmental level, and throughout the hospital, and daily meetings of the management team, which proved to be very therapeutic. Sometimes people showed their emotions and this was quite acceptable. The ambulance service talked about their staff and said that there had been a lot of peer support evident, there was also group meetings and staff quite often were tearful about the situation, which was quite understandable. Bill McConnell of the Western Board, spoke of the need to look at the length of shifts that people were working during the disaster. People have to eat and drink, sometimes staff would not go home and in that case, it was decided that it was right not to send people home but to send in extra staff to support them and let them stay as long as they needed to be there as this was thought to be therapeutic. This really brought the meeting to a close and John McGrath concluded by thanking everyone for attending; thanking everyone for being so open and contributing so well to the meeting. He ended by saying that the notes would be written up; the key messages would be taken out and would be disseminated to all who attended.