



Central London Suicide Bombings

7th July 2005

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Senior Clinical Advisor to the Medical Director
London Ambulance Service NHS Trust



This talk will cover:

- A brief overview of The London Ambulance Service (LAS)
- A brief review of major incidents in London 1980 - 2005
- My personal account of the bombings, and an examination of all four sites
- Overview of LAS approach to major incidents



London Ambulance Service
NHS Trust



Who we are

The busiest emergency ambulance service in the world, that is;

Free at the point of delivery.

The only London-wide NHS Trust.

The frontline of the NHS in the capital.



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383² Miles (992² Km)

70 Ambulance Stns

3,822 clinical staff

254 Ambulances

96 Response Cars

10 Motorcycles

14 Pushbikes

1 Helicopter

(45 Station Pets)



Population 7.51M (2005)

London 1980's

Wembley
Train Crash -
October
1984. 18
injured, 6
dead

**Harrods Bomb -
December 1983.
90 injured, 5
dead**

**Regents Park
Bomb - July
1982. 30 injured,
6 dead**

Liverpool Street Train
Crash - May 1984. 40
injured

King's Cross
Underground Fire -
November 1987. 60+
injured, 31 dead

**Heathrow
Airport
Bomb - April
1984. 22
injured**

River Thames
(Marchioness) -
August 1989. 80
injured, 51 dead

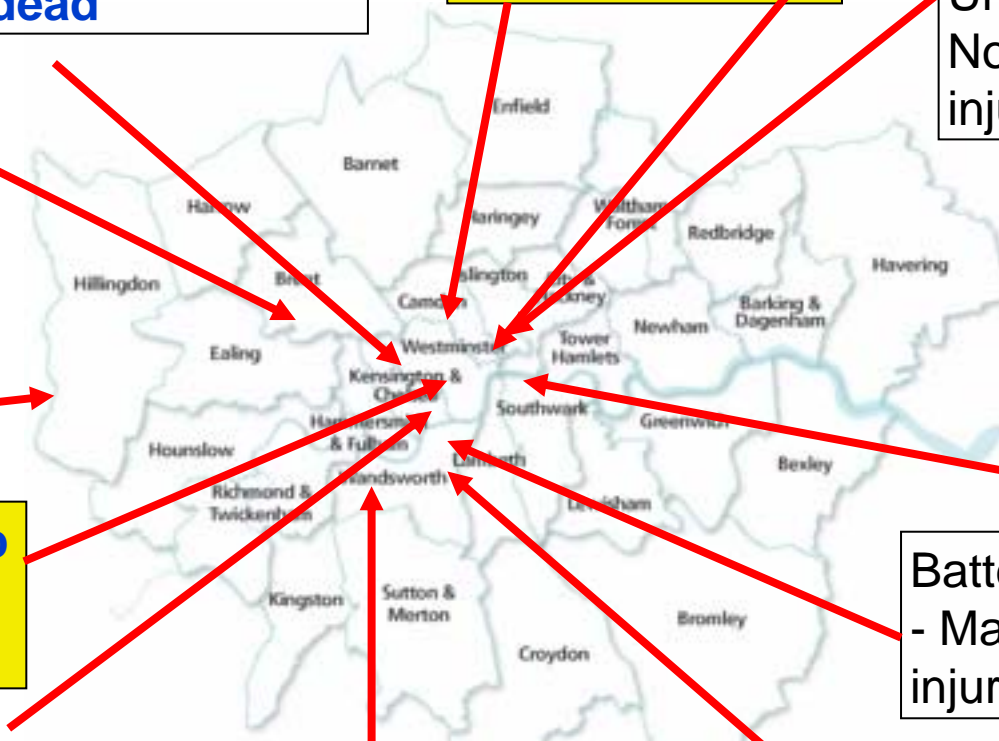
**Hyde Park Bomb
- July 1982. 22
injured, 3 dead.**

Battersea Train Crash
- May 1985. 105
injured

**Chelsea Barracks
Bomb - October 1981.
50 injured, 1 dead**

Putney Gas
Explosion -
January 1985. 10
injured, 8 dead

Clapham Train Crash -
December 1988. 123
injured, 35 dead



London 1990's

Ladbroke Grove Train crash -
October 1999. 126 injured. 31
dead

J18 City of London
Civil disturbance -
June 1999. 41
injured

Cannon Street Train
Crash - January 1991.
265 injured, 2 dead.

Poll Tax
Demonstration -
October 1990.
587 injured

Smithfield Cinema
Fire - February
1994. 12 injured, 11
dead.

Southall Train
Crash -
September 1997.
40+ injured 7
Dead

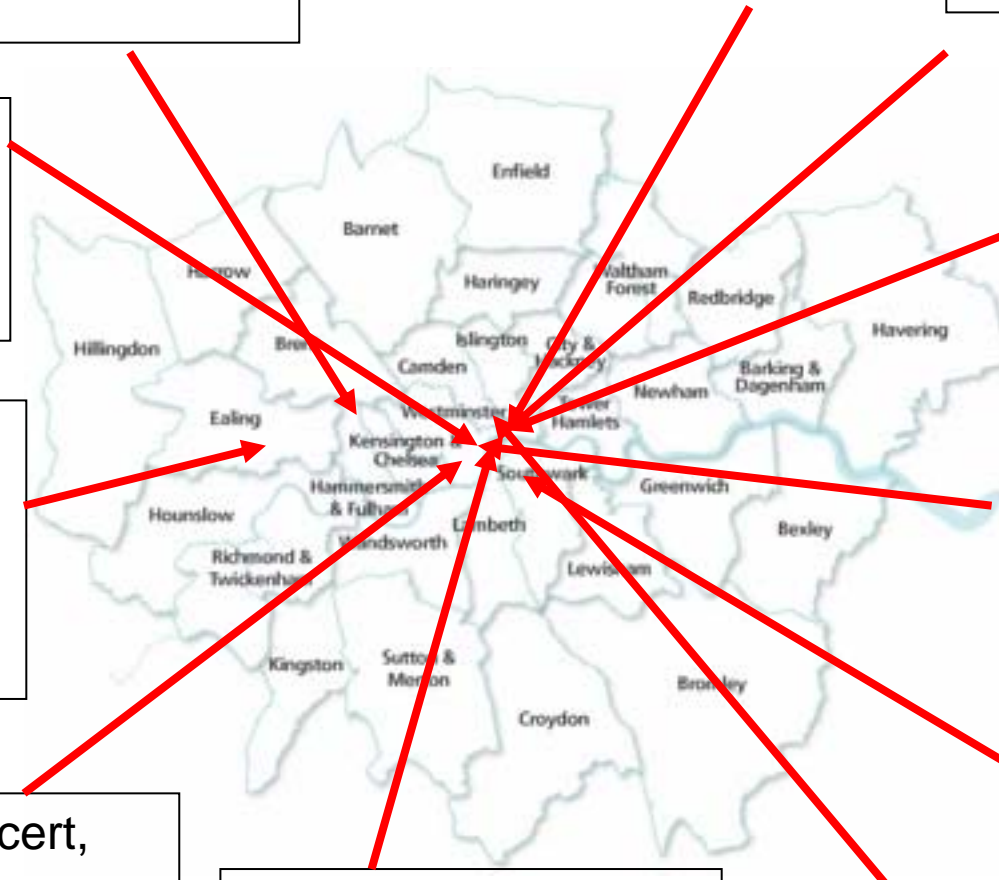
Criminal Justice Bill
Demonstration -
October 1994. 28
injured

Earls Court Concert,
Seating Collapse -
October 1994. 89
injured

**Aldwych Bomb -
February 1996. 9
injured, 1 dead**

**Compton Street Nail
Bomb - April 1999. 73
injured, 3 dead**

**Brixton Nail
Bomb - April
1999. 29 injured**



London 2000's

Alexandra Palace
Fairground
accident – June
2004. 13 injured

**7/7 Attacks London – July
2005 – 800+ Injured, 53
Dead**

Ikea Store, Edmonton
– February 2005. 10
injured.

Heathrow Plane
Crash 2008

Highbury
Underground
incident - July
2001. 70 injured

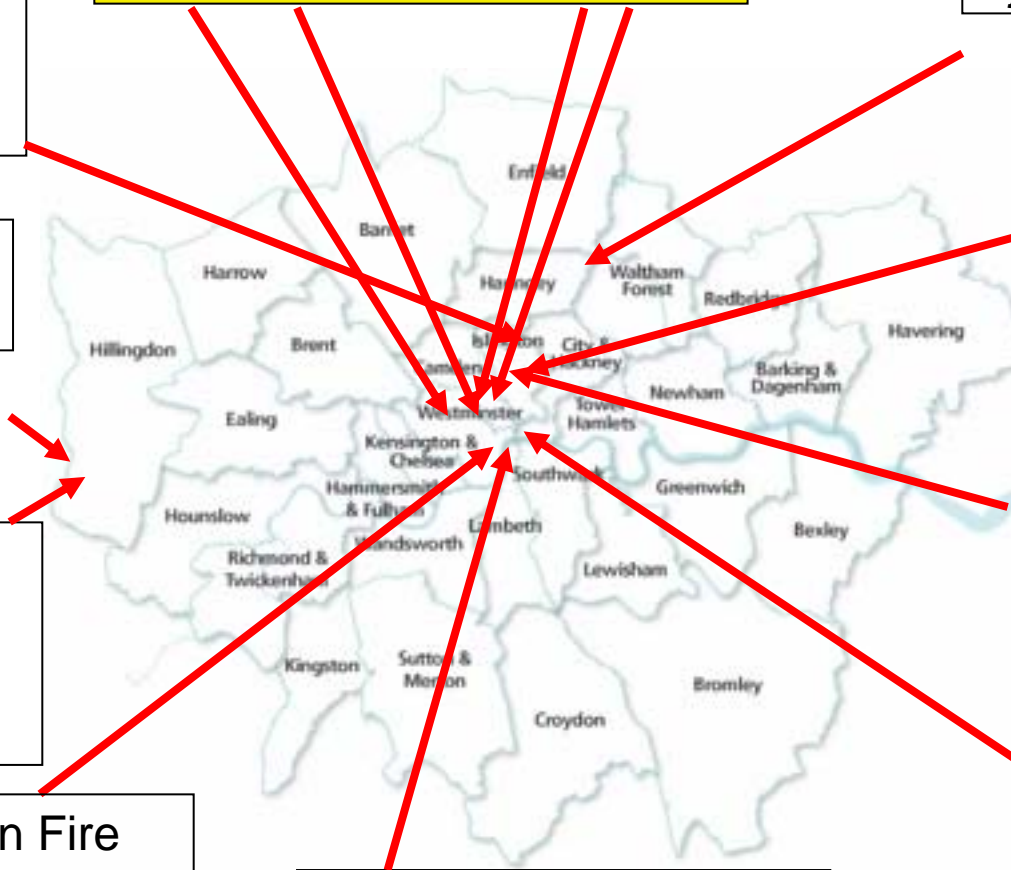
Tsunami Relief
(Operation
Bracknell) – ?
injured,

Camden Town
Underground – July
2003. 4 injured

Royal Marsden Fire
2008

Chancery Lane
Underground
derailment –
March 2003. 33
injured

Waterloo Train crash -
March 2000. Approx. 30
injured



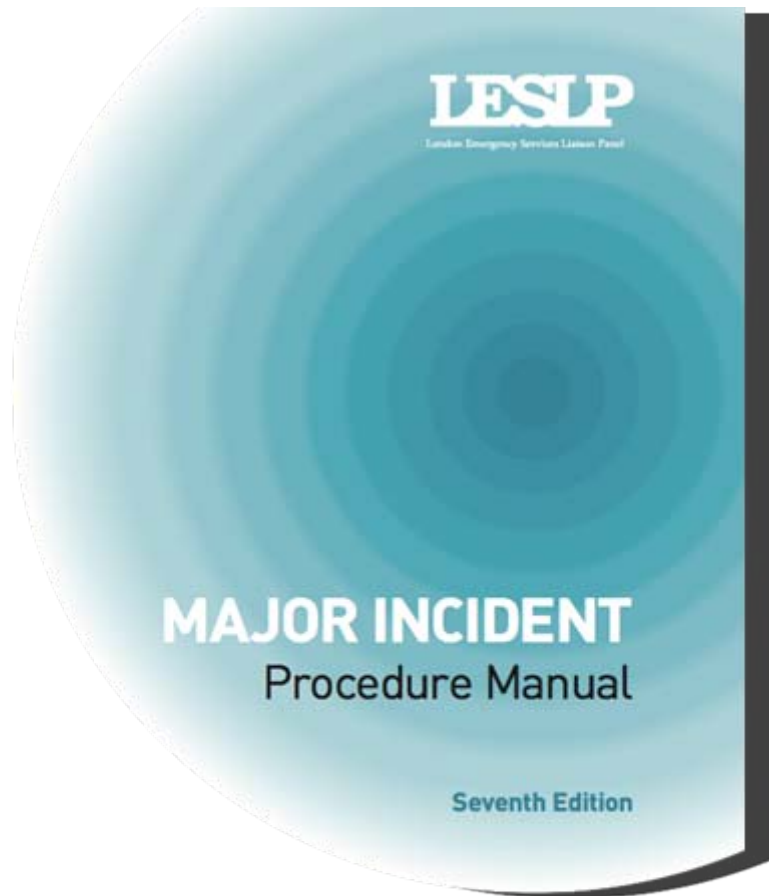


Lessons identified prior to, and during the London Assembly Enquiry (2006) and HM Coroner's Inquest 2010/11

- **Communications**
- **Medical & Logistical support**
- **Management of the incident**
- **Triage**
- **Major Incident training and exercises**



One plan for all London Emergency Services



Without it it would have been a lot worse!

EVERYONE MUST know about it, understand it and have the capability to put it into practice

Staff turnover is the enemy of such plans!



Basic Command Structure





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Soho Pub Bombing, London April 1999

Motorcycle paramedic 1st LAS resource on scene



He took on Silver
role

Supported in role as
other officers arrived

**Frontline staff get there first! Train them. Trust them.
Lead them.**



Action Cards / Aide Memoire have been personal issue to all LAS staff since 2002





Triage cards on 7th July (A large number used)





Grab packs

Labelled on on Outside



Action cards

Tabard

**Paperwork
specific to role**

That's all!!



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NHS Trust



The 6th July 2005 is the day
London wants' to remember ...



1 Bomb explodes near the front of a Circle Line train packed with commuters just as it is pulling into Edgware Road station. A number of passengers are killed instantly.

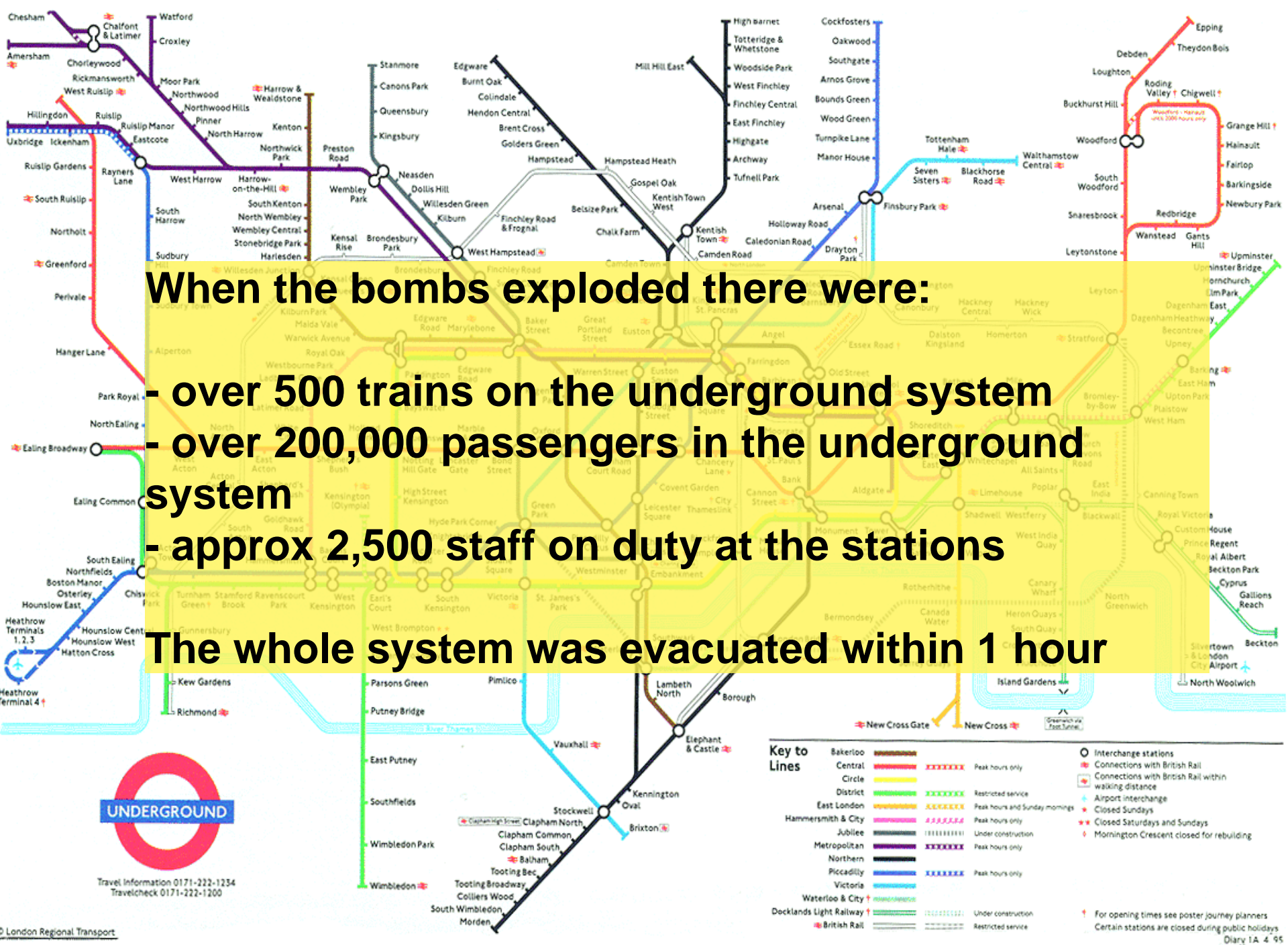
2 A second train – just pulling out of the station and travelling in the opposite direction – is hit by flying glass and debris from the first train.

3 Carriages in both trains begin to fill with smoke. Another train in a nearby tunnel feels the effects of the blast and is hit by bricks from tunnel wall.

DEPARTING TRAIN

INCOMING TRAIN

6.4 Km



When the bombs exploded there were:

- over 500 trains on the underground system

- over 200,000 passengers in the underground system

- approx 2,500 staff on duty at the stations

The whole system was evacuated within 1 hour



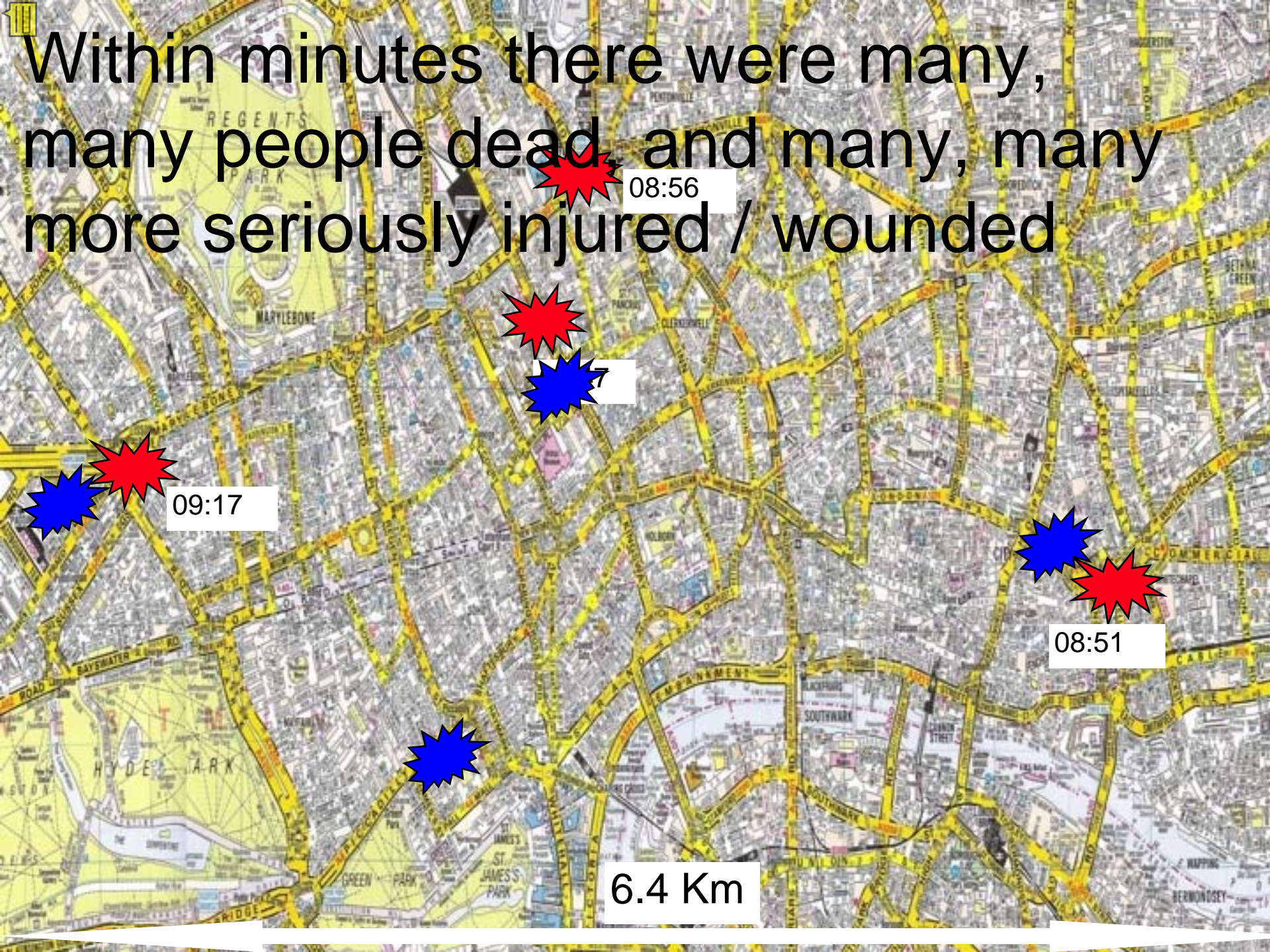
Travel Information 0171-222-1234
Travelcheck 0171-222-1200

Key to Lines

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Within minutes there were many,
many people dead, and many, many
more seriously injured / wounded

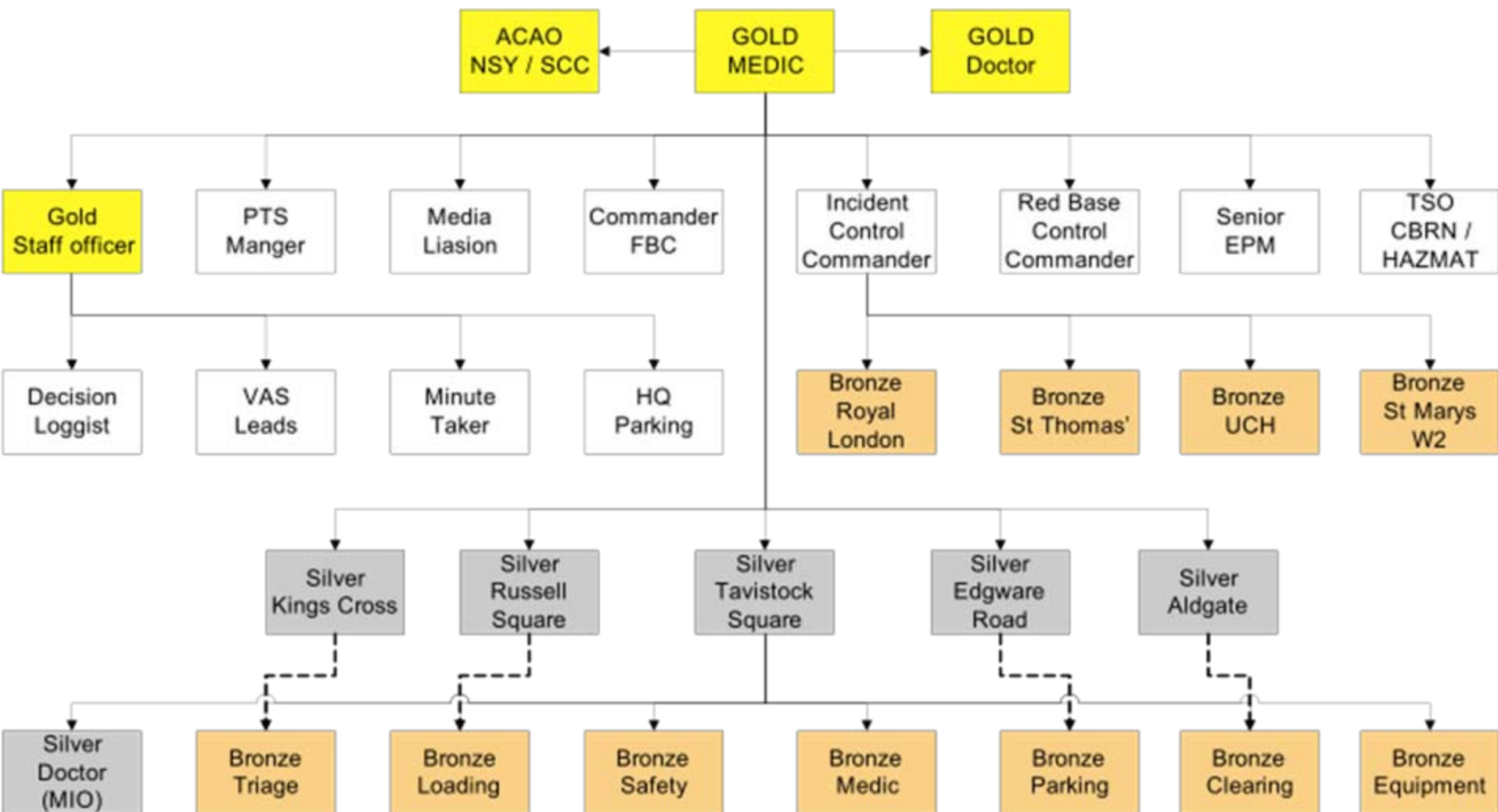




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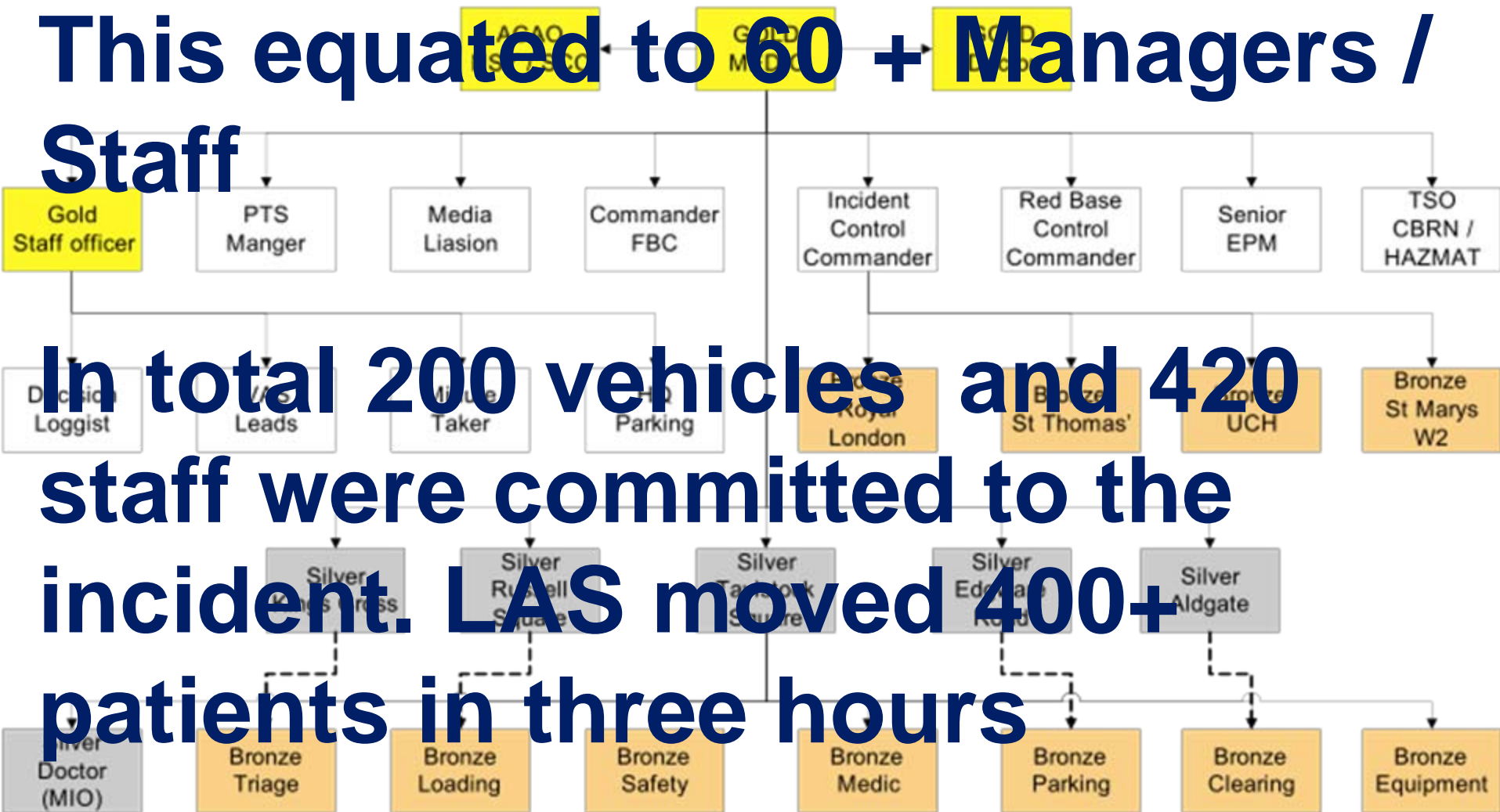
Command Structure





Command Structure

This equated to 60 + Managers / Staff



In total 200 vehicles and 420 staff were committed to the incident. LAS moved 400+ patients in three hours



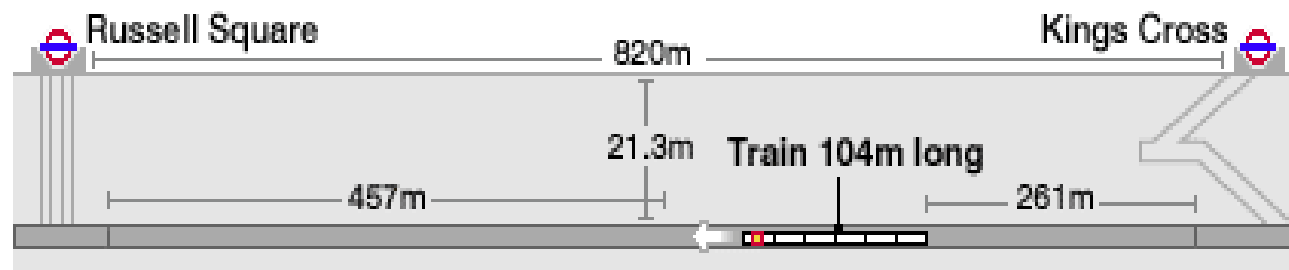
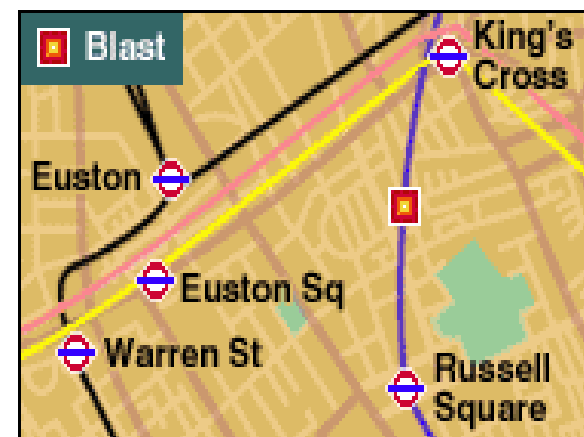
Gold Command

Keeping a service to the remainder of
London still equated to 70 calls/hour
resulting in 50 patients/hour:

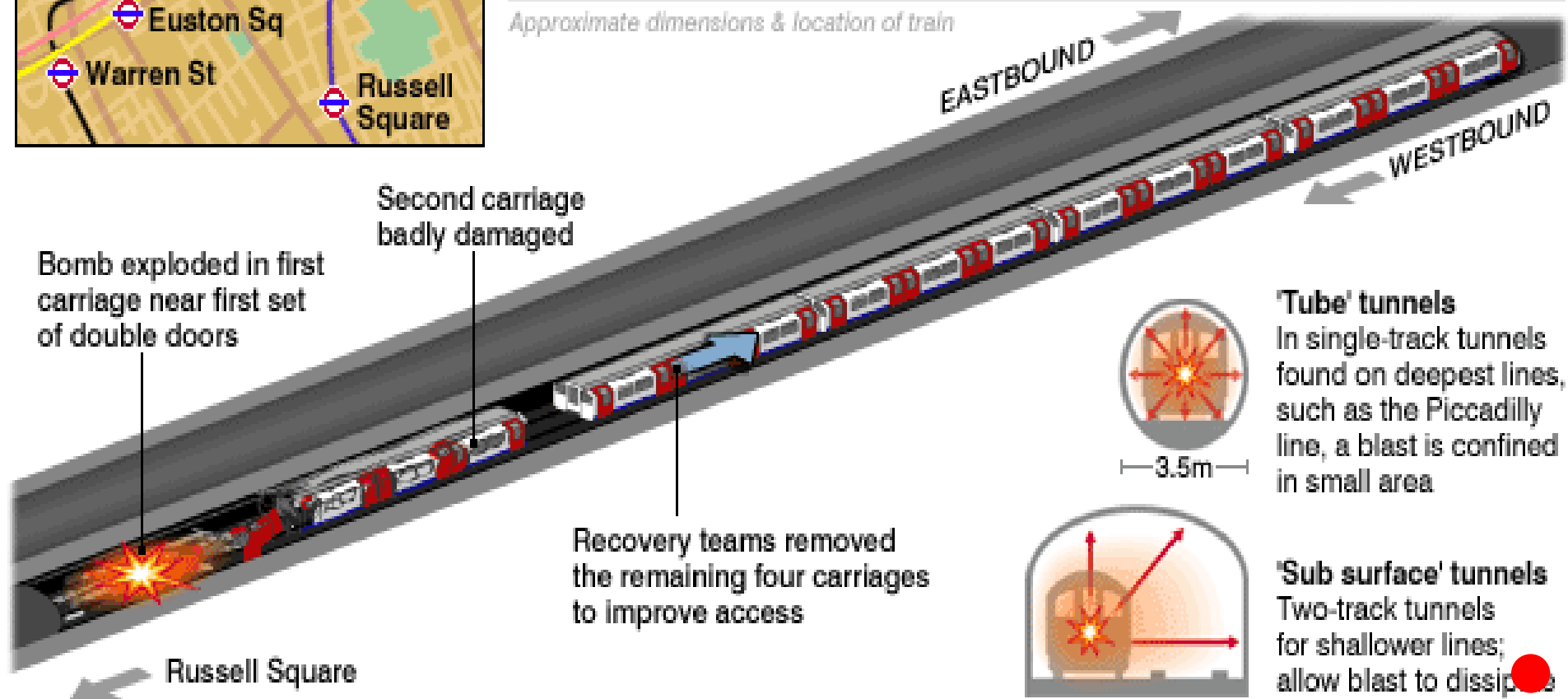
(estimate average 1.4 calls/patient)



Russell Square / Kings Cross



Approximate dimensions & location of train









UNDERGROUND

RUSSELL SQUARE

STATION

RUSSELL SQUARE STATION

Tickets and trains

Bus Stop



DECISION LOG 4.

TIME: Not sure – about 10:50 ish	DATE: 7th July 2005
NAME: Mr. David WHITMORE – Senior Clinical Advisor to the Medical Director	
RECORDED BY: Mr. David WHITMORE – at 20:00 hrs approx on 7th July 2005	
PROBLEM: too many patients in the booking hall area	
OPTIONS: A: Use the pavement area outside the Station B: Use Tesco's opposite C: Use another building D:	
OUTCOME/ACTIONS: I asked Mr. Richards to appropriate the hotel next door if it was appropriate	
RATIONALE: I was finding it very difficult to keep control over what was happening in the booking hall. In particular I could not keep an eye on all the medical staff in the booking hall. I felt it was in evryones best interests to split the patients into more manageable groups, in particular for ease of triage.	
SIGNATURE:	



DECISION LOG 5

TIME: Not sure	DATE: 7th July 2005
NAME: Mr. David WHITMORE – Senior Clinical Advisor to the Medical Director	
RECORDED BY: Mr. David WHITMORE – at 20:00 hrs approx on 7th July 2005	
PROBLEM: The medical staff on scene wanting to "just take the patients to GoS or the National, as you have no ambulances"	
OPTIONS: A: Accede to their requests as I had no idea when the ambulances would in fact arrive B: Use police transport to GoS, National Queen Square C: Stay put as I could maintain command of the situation.	
OUTCOME/ACTIONS: I made a stance and insisted tat the patients stay where they were for the time being until I had assurances that if they were to be moved to GoS or the National that these Hospital were truly able to deal with them.	
RATIONALE: I did not want to move patients any more than was necessary. I also was acutely aware that the GoS and the National may not be in any real state to deal effectively with the patients and thus only present the LAS with an un-necessary secondary transfer problem at a time when we were already pushed to the limits for vehicles of any sort. After a lot of thought and deliberation after this incident I still believ I made the correct decision at the time	
SIGNATURE:	



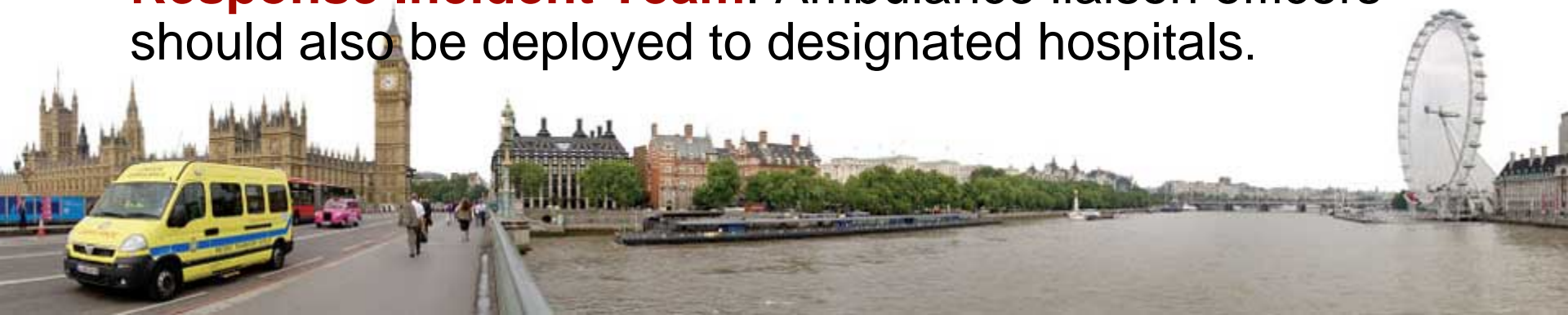
We now deploy the following Pre-Determined Attendances (PDAs)

- **Explosions, train crashes and airport incidents:**

Six ambulances and six officers are deployed upon identification of the incident or incidents, without waiting for reports from the scene.

- **Declared major incident:**

20 ambulances, 10 officers, all available Mass Casualty Equipment Vehicles, an Emergency Command Vehicle with Forward Command TEam, a **Medical Emergency Response Incident Team**. Ambulance liaison officers should also be deployed to designated hospitals.



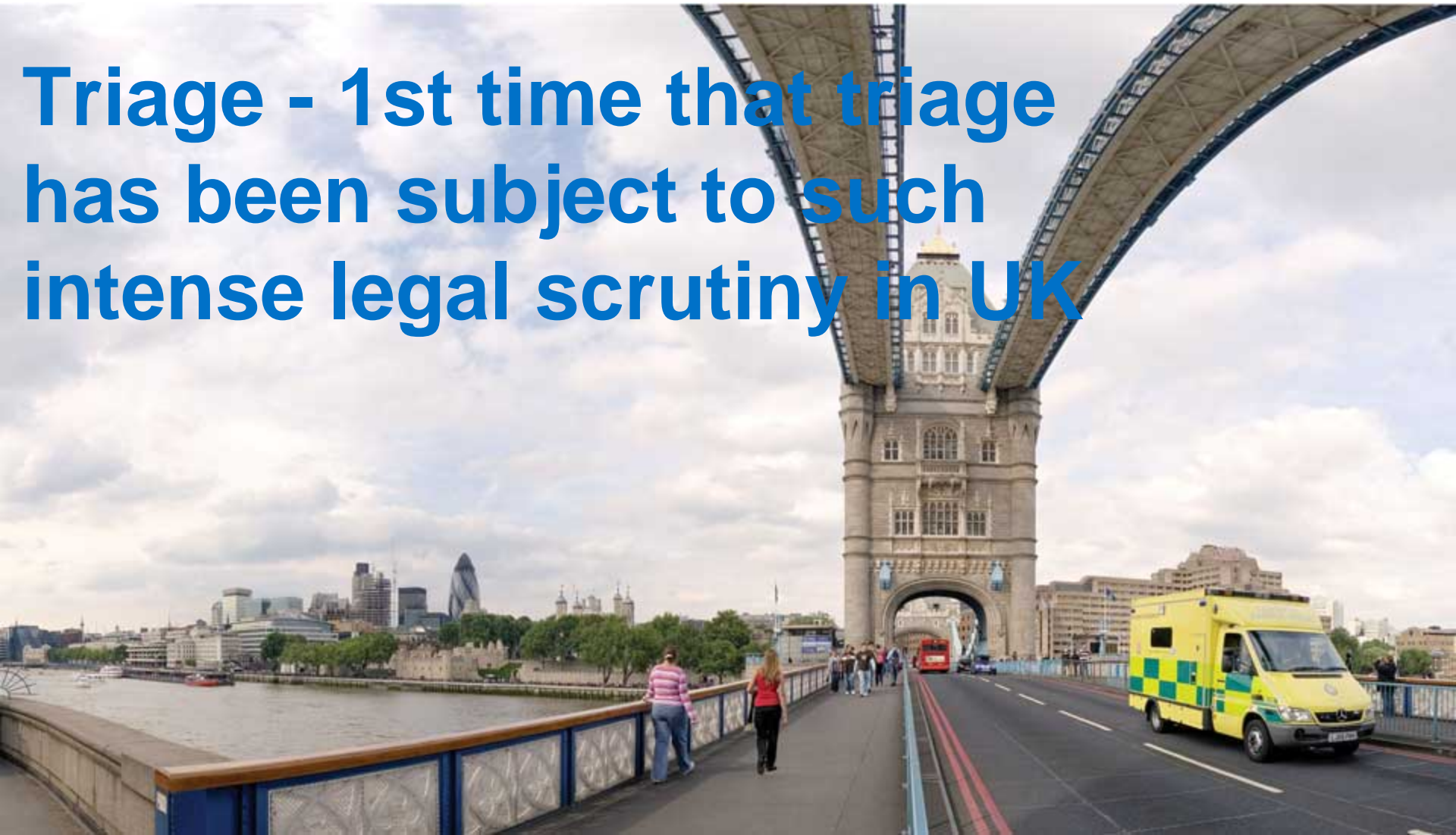




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**Triage - 1st time that triage
has been subject to such
intense legal scrutiny in UK**





One of the many success stories, but very personal to me.





GILL HICKS

SURVIVOR OF THE LONDON BOMBINGS

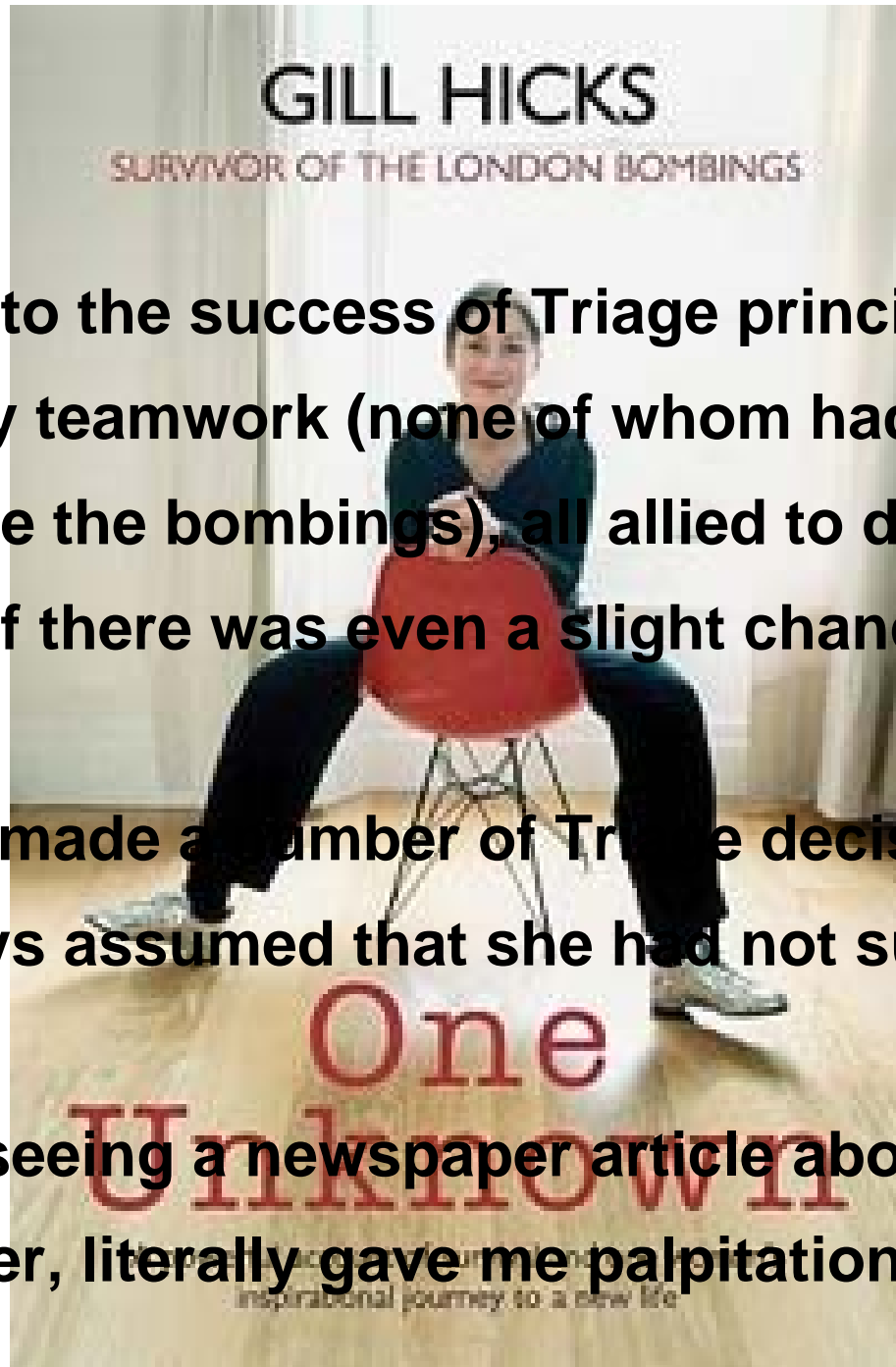
Emergency Service
NHS Trust



Testament to the success of Triage principles, multi-disciplinary teamwork (none of whom had ever met each other before the bombings), all allied to determination not to give up if there was even a slight chance.

Although I made a number of Triage decisions regarding Gill, I always assumed that she had not survived overall.

My joy on seeing a newspaper article about her some months later, literally gave me palpitations.





Gill's own words

And then I heard two words, two of the best words that I could ever hear - "P(riority) One" - and a tag of some sort was placed on me. That sounded fantastic!

One man held my hand. He didn't let go. I was so cold but I could feel his warmth.

Amendment to Bronze Triage made 2005

Primary Triage Officer

Formalised as a bronze role responsible for the initial triage of patients at the forward incident site. **Ideally a team of two**

Secondary Triage Officer

Formalised as a bronze role responsible for the triage sort of patients in the Casualty Clearing Station.





Triage Decisions

You must provide evidence to;

- Justify decisions
- Prove formal education **and** training that put those decisions into action.



Some Good Fortune

- Helicopter Emergency Service (HEMS) Clinical Governance Day
 - 18 pre-hospital doctors available +12 Paramedics
 - Able to provide good medical support on each site.
- London Ambulance Service Senior Officers Conference -100 managers in one place
- Bus explosion right outside the BMA (British Medical Association)
 - Many experienced doctors on site

1 of 2 New Incident Control Rooms



Assume Communications Fail: use runners



Patient Liaison



Appoint Patient Liaison Officer

To communicate with patients and members of the public, throughout the incident



Communications

Information overload – critical messages overlooked / Complexity of the command structure

Silver and Bronze Teams deployed to multiple sites

We will now look at a Silver Command Team remote from the Incident(s) in the Incident Control Room



Critical Incident Loggist

New role responsible for maintaining the critical incident log - a list of critical entries taken from the overall incident log highlighting those requiring urgent action.





Communications are evidence!



Communication problems

Incidents at multiple sites

Delay in despatching resources

Close location of secondary incident

Resources sent to wrong location

Lack of information to local hospitals

Clinical staff self deploy





Leadership / Training / Education for Role

Can you evidence that your
Bronze Silver and Gold are fit for
purpose??



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Exercise

Again

Again



Realism - Must stretch / test - Use professional actors



Again

Again





Do you know how
they can help you?




Do you know how
they can operate?



Exercise together
Frequently and at
all levels / roles



BUT: Do I know enough about you?



**Test and exercise my
leadership in your environment**



Staff Welfare

- Culture
- Peer Support workers
 - LINC
- TRiM (Trauma Risk Management)
- Occupational Health
- Counselling
- Welfare Department
- Attendance at scene and ongoing mental welfare



...supporting each other

listening
informal
non-judgemental
confidential



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Resilience

- Threat level at Critical for months
- Possible second terrorist cell at large
- Hundreds of suspect packages/Gridlock
- Multiple Police operations
- Ongoing GOLD multi-agency meetings
- Managers & Staff of all grades tired and “on edge”

Media Management

News Team have remarkable response times!

Initial Actions of Communications Department

Team Roles – Pre Planned

Joint Agency Working – Will they say the same thing

Managing Interviews

Days that follow – interviews, visits, tributes

Hospitals clear decks for victims

NHS Major incident alert declared

John Carvel
Social affairs editor

NHS services in London were put on major incident alert within minutes of the first explosion. The Royal London Hospital, less than a mile from the blast, was one of the first to be alerted. Crews from the helicopter emergency medical service were attending a meeting when the hospital was alerted.

Professor Ryan said he heard French, Italian and Spanish being spoken by the injured. In 19 of the 20 cases, the victims were older women. A spokeswoman said 55 casualties were treated with major injuries. One 13-year-old girl was also injured.

CARNAGE

Over 40 dead, hundreds hurt

Is terrorist bomb hit

The paramedic: Woman had lost a foot and she went into cardiac arrest



Proud: "We pulled together," said Bill Kearns. Some severe burns. We had some suction to save a person from losing the leg. They were doing some minor interventions to save them by the roadside. Mr Kearns's job was to assess patients to determine the order they should be treated in. He placed yellow cards in the order of the seriousness of the injuries.

Convoys of ambulances took away the victims for hours

One minute you are travelling and the next you are stuck. It was very distressing for me and I saw people who were badly injured. I didn't see any fatalities but I saw some who had lost part of their limbs and cut deep injuries. There were quite a lot of people who had lost limbs, including

Senior Jury Anita Atbar

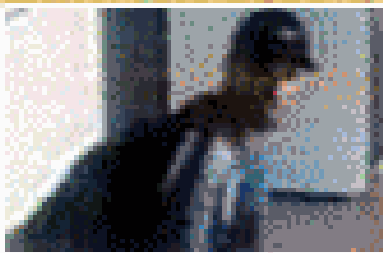
was a blinding red flash and lights flashed out. With one passenger on the bus, possibly Linn Tubb, a Piccadilly Line Tube

No. 68434 • FRIDAY JULY 5 2005 • www.timesonline.co.uk • 55p



BOMB SUSPECTS

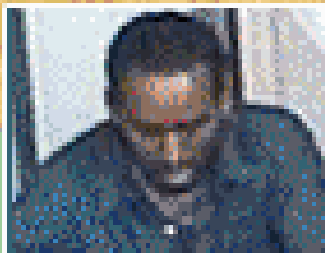
21st July 2005



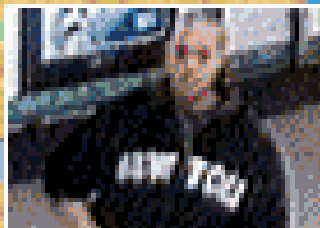
Osman Hussain



Muktar Said Ibrahim



Yasin Hassan Omar



Ramzi Mohammed

Westbourne
Park

Shepherd's
Bush

Warren Street

Hackney
Road

Bank

Oval

Stockwell

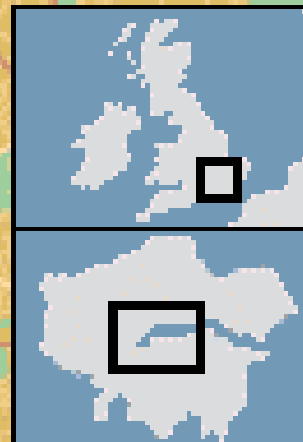
London Underground lines

— Hammersmith & City

— Victoria

— Northern

— Station





Key Messages

- First time Western Europe had seen suicide bombers. Mindsets must change
- Multiple simultaneous incident exercises required
- Triage needs constant practicing
- Extensive planning before the event is essential
 - “Role not Rank” needs extensive exercising
- Communications - if they fail how will you carry on



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NHS Trust



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<http://www.london.gov.uk/who-runs-london/the-london-assembly/publications/safety-policing/report-7-july-review-committee>

<http://7julyinquests.independent.gov.uk/>

http://www.leslp.gov.uk/docs/Major_incident_procedure_manual_7th_ed.pdf





Thank You