

# TERRORISM AND MASS CASUALTIES: ISSUES WITH PRE HOSPITAL CARE

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The mass casualty is a situation where existing medical facilities cannot cope up with number of patients it has to serve. The injured are too many to be handled at a given time. A triage thus is needed where those who have greatest chance of survival are managed on priority. This raises many ethical questions that can be debated but the issue that one would like to address here is, can an organized approach be made to victims of terrorism as a result of suicide bombing and other such cowardly acts towards civil population, and can a plan be made so as to minimize the chances of death and disability and at the same time ensure safe exit of patients to some facility, where care could be provided.<sup>1,2</sup>

The scenario in Pakistan is too dismal. Though number of suicide bomb blasts increased but hardly any policy or plans are made at official level in this regard. The already poorly managed and organized, resource scarce public sector hospitals, are left to their own, to handle the situation. Ground realities are different from what politically claimed. It is much easy to organize disaster at hospital level by developing doable plans, what is yet to be addressed is how to handle victims at the site of terrorist act.

At present there is no civil defense training system for lay people. In Pakistan this program existed in the past but over the years nothing is done to revive it, though new types of threats surfaced. The purpose of this training was to equip ordinary citizens of the country to deal with emergency situations, at that time for military attacks, to provide baseline life support measures to the victims at the site of disaster. This program existed in different countries under various names like crisis management, emergency preparedness, contingency planning, civil protection etc.

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In province of Punjab Rescue 1122 has made major contribution in providing emergency services in a trauma and disaster setting. This program can be adopted by other provinces as it is already functional and delivering. In addition a more consolidated program where ordinary citizens are also trained in dealing with trauma victims at the site of blast can save lives of many. Teaching simple measures like keeping victims supine on hard surface with inline mobilization of cervical spine can prevent further trauma. ABC of trauma must be known to all. Simple pressure to stop bleeding must be taught and working in a team with someone identified as team leader, are steps that can deliver in terms of minimizing mortality and morbidity.

At present the situation is totally chaotic. Soon after trauma a large number of ambulances reach the scene but all are ill equipped with no gadgetries and drivers too are untrained. He can only provide transportation but en route cannot resuscitate the victim. There is also no central control room to which these ambulances are connected and without any direction they just dump the patients wherever they feel appropriate. In this situation some of the hospitals are under great pressure while others hardly get any patient. Jinnah Postgraduate Medical Center in Karachi is a classical example where most of the victims are transferred while there are many other facilities, which if used judiciously, can decrease the burden of trauma victim to a single facility.

Pre hospital trauma services and management thus need attention of the health authorities. An integrated plan is the need of the hour so that victims of terrorist attacks are dealt with appropriately in a planned system that must be practical and doable. It should be based upon ground realities and facilities available. Teams well trained in terms of triage and providing emergency resuscitative and transportation services equipped with necessary equipment are needed. Programs like Advanced Trauma Life Support (ATLS) and Primary Trauma Care (PTC) are offered to health personals; their utility is thus limited to only those who reach hospitals.<sup>3,4</sup> A modified program must be devised for general population and should be available at schools,

colleges, universities, madrasahs and mosques. Big organizations like banks, corporations etc must be made responsible to train their employees as well.

Electronic media, which at present playing a grossly negative role, by just sensationalizing the issue, can be made more productive if dedicated programs related to trauma victim care are aired frequently and in series so that people can learn from them. At the time of disaster they can be used to organize the transfer of patients by directing emergency services to facilities where there is more manpower to deal with the cases. People must be educated not to gather on the roads and streets which shall be used for transfer of the victims and any by-standers and peepers must be asked to leave, so as to facilitate rescue services. Together and with consolidated efforts, a significant gain can be made.

#### REFERENCES:

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