medical counter-terrorism response for future terrorist attacks. These attacks have affected the lives of the common person in Mumbai, in terms of increased security checks, alerts, and fear of further attacks. These are areas of further research.

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(A213) Review of the Mass Casualty Incident after a Bomb Explosion in a Crowded Restaurant

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Terror struck Pune on 13 Feb. 2010 as a powerful bomb ripped apart a popular restaurant, killing nine people and injuring more than 45. A retrospective analysis of the injury patterns was done.

Materials and Methods: The CDC template, viz. "Bomb Surveillance Form" was used for the data collection, that was analyzed by SPSS version 15 software.

Results: Of the 50 survivors transferred to the four nearby hospitals, 11 (22%) of them had severe life threatening injuries, with 19 patients (38%) having primary blast injuries, Secondary type of injury was seen in, and 22% had tertiary injuries. Orthopedic (24%) and burn injuries (36%) were prominent. The mortality rate was 16%.

Discussion: The occurrence of MCI in an unexpected scenario overwhelms the medical resources and challenges the emergency medical facilities. Analysis of the injuries revealed that fatal outcome was related to presence of shock, severe lung, bowel injury, presence of more than four types of injury and greater than 50% burns.

Strengths: Highlights the importance of being able to recognize the blast injury patterns and their management.

Limitations: Inability to compare with other blast injuries due to several missing data.

Conclusion: Blast injury sustained in a small, enclosed space is one of the most serious and complicated forms of multiple trauma. Hospitals and civic authorities must be prepared to counter this menace of modem times. Not everything that is faced can be changed, but nothing can be changed until it is faced.

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(A214) Road War: A 200-Vehicle Crash, Special Report

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The last thing the world needs is another war.[1] Everyday about 3000 people die and 30,000 people are seriously injured on the world's roads.[2] Furthermore, for people who survive the crash, additional suffering and frustration occur because of administrative, legal, and social barriers.[3] Since transport to hospital usually takes 30–45 minutes, the 'golden hour' in which 48% of deaths occur is spent mainly in the prehospital environment.[4] On March 11, 2008 at 7:30 AM a very foggy morning, a major car crash occurred on the high way from Abu Dhabi to Dubai. Initial scene response was conducted by Abu Dhabi traffic police Abu Dhabi Police Ambulance and Rescue Sections helped by Dubai. Casualities were transported to 2 hospitals in Abu Dhabi; Al Mafraq and Al Rahba. The Authors describes Al Rahba hospital response that received 159 causalities (almost half of the causalities).

Results: Three victims died immediately on scene. Most of the causalities were triaged and re triaged as Priority 3 (green), suffered from extremity trauma, were treated and discharged. Twenty patients were triaged as Priority 2 (yellow) and were admitted to the hospital, Three patients were priority one (red) were admitted to the ICU, one of them died 10 days later due to severe head and chest injuries.

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(A215) Delayed Diagnosis of Injury in Survivors of the February 2009 Crash of Flight TK 1951

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Introduction: In 2009, a Boeing 737 crashed near Amsterdam, traumatically injuring 126 people. In trauma patients, some injuries initially escape detection. The aim of this study is to evaluate the incidence of Delayed Diagnosis of Injury (DDI) and the effects of tertiary survey on the victims of a plane crash.

Methods: Data collected included documentations of DDI, tertiary surveys, Injury Severity Scale (ISS) score, Glasgow Coma Scale score, number and type of injuries, and emergency intervention. Clinically significant injuries were separated from non-clinically significant injuries. Comparison was made to a crash in the UK (1989), before advanced trauma life support became practiced widely.

Results: All 126 victims were evaluated in a hospital emergency department; 66 were admitted with a total of 171 clinically significant injuries. Twelve clinically significant DDIs were found in eight patients (12%). In 65%, a tertiary survey was documented. The DDI incidences differed for several risk factors. Eighty-one survivors of the UK crash had a total of 332 injuries. Of those with > 5 injuries, 5% had a DDI, versus 8% of those with ≤ 5 injuries.

Conclusions: The DDI incidence in this study was 7% of the injuries in 12% of the population. A tertiary survey was documented in 65%; ideally this should be 100%. In this study, a high ISS score, head injury, > 5 injuries, and emergency intervention