Recent Disasters
Chair: Torben Mondorf, MD (Denmark)

The National Health Service Response to the Ladbroke Grove (Paddington) Train Crash

Richard Cocks, MSc, FRSH MIEM
Health Emergency Planning Advisor — National Health Service Executive (London Regional Office), London, United Kingdom

The train crash occurred on Tuesday, 05 October, 1999 at 08:11 hours at Ladbroke Grove Junction in west London, which is two miles west of the Paddington Station. A Thames Train 3-car, turbo class 165 diesel from Paddington to Bedwyn in Wiltshire collided with a Great Western High Speed Train en route from Cheltenham Spa to Paddington. Following the impact, there was a very severe fire that engulfed both trains. Because of the severity of the fire and the damage to the trains, the search for survivors and the dead was extremely difficult and lasted for three days. There were 31 fatalities and 259 persons injured.

The National Health Service response consisted of: 1) 36 ambulances; 2) 2 ambulance helicopters; 3) 1 Command and Control Vehicle; 4) 1 emergency control vehicle; 5) 2 emergency support vehicles; 6) 20 ambulance officers; 7) 20 ambulance trainees; 8) 1 helicopter A&E consultant; 9) 4 helicopter A&E registrars; 10) 3 helicopter paramedics; 11) 3 local doctors (BASICs); and 12) 1 Hospital Mobile Medical Team (1 surgeon, 1 anaesthetist, 1 senior house officer, 1 A&E sister, and 1 A&E nurse). Six London hospitals received casualties and a number of other hospitals across the south of England received casualties with minor injuries at A&E Departments later the day of the tragedy.

Keywords: crash; fire; medical teams; response; train

The SLEIPNER Catamaran Incident on 26 November, 1999

Olav Sønderland
Joint Rescue Coordination Centre of Southern Norway, Norge

The objective of this presentation is to give an overview of the cooperation between the Norwegian Search and Rescue (SAR) services, in this case the maritime SAR service and the Emergency Health Care Services, based on a case review of a major ship incident. The SAR services in Norway have the following functional and organisational principles:

1) *Cooperation* — Any state, county or municipality service, with an obligation and/or capacity and competence to provide resources including personel, in assisting people in an acute life-threatening emergency situation, will participate and cooperate, as necessary, in the rescue operation. This principle also includes volunteers;
2) *Coordination* — To coordinate the joint efforts of rescue resources, the police have an obligation to coordinate plans and operations for those participating;
3) *Integration* — The Norwegian SAR organisation includes land, maritime, and air rescue.

Thus, the ordinary system for Emergency Response from health services is part of the total concept of SAR in Norway. The responsibilities for specialized medical services (hospitals, ambulances) are placed on the counties, while the responsibilites for community care services, including 24-hour doctor-on-call, lie with the municipalities.

In the SLEIPNER incident, the chain of rescue activities was as follows:

1) The ship made a procedural distress call to the Coastal Radio Station Service, to alert the SAR services through the Joint Rescue Coordination Centre at Stavanger;
2) The Joint Rescue Co-ordination Centre at Stavanger, on receipt of the distress call, initiated the alerting of resources and commenced with the coordination of the rescue operation; and
3) The medical participation included hospitals in Haugesund and Stavanger, and Hospital Emergency Dispatch Centres in Stavanger, Haugesund, and Stord.

The rescue operation took place in a cold darkness, with strong winds and rough seas. Of the 85 persons on board (all were left in the water when the ship sank), 69 were saved alive, 11 were dead on arrival at the rescue vehicle, and 5 were not found within 24 hours. An investigation commission has been appointed to study the incident.

In the interface between the SAR coordination and the specific medical participation, the following lessons learned will be presented and discussed:

1) A decentralized health care system guarantees a rapid response and ensures resources to be available near by the site of an incident;
2) A decentralized system might complicate the

resource alerting process;
3) The principle of cooperation, also within health service emergency units, requires clear procedures for international alerting, accepted and understood by the participants; and
4) There might be a need for procedures to appoint a Hospital Emergency Dispatch Centre "In-Charge" as a regional concept.

E-mail: postørcestavanger.no

Keywords : alert; cooperation; co-ordination; command; dispatch centre; emergency; Norway; health services; integration; rescue, chain of; search and rescue; ship, sinking of

Train Collision At Rena (Åsta), Norway, 04 January, 2000: Debriefing Programme for Paramedics

B.E. Fenre, Paramedic
City of Oslo Ambulance Service, Ullevall University Hospital, Norway

Introduction: On a cold January afternoon, in flatland, eastern Norway, two trains unknowingly moved toward each other on the same track. They inevitably and tragically collided at 12:30 hours near Rena, Norway. Nineteen people, — train personnel and passengers of all ages, — die.

In an effort to cope with tragedies and disasters of all kinds, issues of social science are among the most crucial on which to focus. Caretaking of rescue personnel, mainly paramedics, in the aftermath of this traumatic accident is examined.

Objective: Psychological debriefing of rescuers after traumatic experiences recently has received more attention than in previous years. In Norway, lay people can be trained in the art of debriefing, and more than 3,000 persons of various formal backgrounds have completed these courses. The essential idea behind these courses is to gain the possible benefit of colleagues treating colleagues in an atmosphere of mutual understanding of the reactions to traumatic events shared among rescue workers from all areas.

Methods: The Paramedic Service of Oslo (Ullevål Hospital) was invited to participate in a program of psychological debriefing after the Rena train collision. Over eight days, nine paramedics from Oslo who had been trained in debriefing, guided 34 of the Rena rescue personnel through a program of 59 psychological debriefings.

Results and Conclusions: All of the rescuers volunteered to participate in a research program conducted by the Office of Disaster Psychiatry at the University of Oslo and completed a questionaire for that research. Mapping of paramedics reactions after traumatic experiences had not yet been done in Norway. The feedback in Oslo after the program ended has been overwhelmingly positive.

E-mail: befenre@online.no

Keywords : collision; coping; debriefing; paramedics; rescue; train; training