

DIRECTORATE OF HEALTH CARE

MEMORANDUM

To: Dr W W M McConnell, DPH
From: Dr C A Hamilton, CPHM
Date: 17 August 1998
Ref: Report on Response to Omagh Bomb - 15 August, 1998

I had been returning from Belfast and was out of contact so I was not aware until I arrived home at about 6.45 p.m. that there had been an incident in Omagh. I was informed that there had been telephone calls on two occasions in the previous hour. I briefly attempted to contact the hospitals in Sperrin Lakeland but was unable to get through the BT switchboards. I did contact Dr Smithson to discover that he had been bleeped a short while earlier and was remaining on standby while the ambulance service were attempting to contact me. I immediately went to the Ambulance Depot arriving at 6.55 p.m. I discovered that there had been a bomb in Market Street in Omagh at 3.10 p.m. and the sheer number of casualties had led to immediate despatch of all emergency ambulances from surrounding districts. I was informed that 150 - 200 patients had been received in Tyrone County Hospital and many of these had been despatched either directly or after brief triage to other hospitals.

Even from the switchboard in the Ambulance Department it proved almost impossible to contact other hospitals on BT land lines. I had understood that some telephone communication had been destroyed in Omagh but the Enniskillen switchboard was also unable to take calls. Some communication was established through mobile phones with people in Tyrone County. However, my most useful communication was with the Eastern Board ambulance control when Dr Darragh arrived about 7.10 p.m. We were able to establish that a number of patients had been transferred to the Royal by helicopter. Cross checking this with the ambulance despatch I discovered a large degree of confusion about numbers. At that stage it was reported that one helicopter had transferred patients to the Erne (probably 2 patients). Two had gone to Altnagelvin and 3 had gone to the Royal Victoria Hospital. However, there was a degree of uncertainty as to the number of people in each helicopter and no information at all about the condition of those patients.

What was the real extent of damage to BT's lines?

I did ascertain from Dr Darragh that the Royal had a mobile surgical team available for despatch on request and that the Belfast City Hospital had cleared 4 intensive care unit beds available for casualty reception. Armed with these offers I attempted to contact the local hospitals in turn.

At 7.15 p.m. I established that Dr Garrett was acting as external liaison officer in the Tyrone County, and, although unable to contact him direct, I left messages as to where I was.

At 7.30 p.m. I established the link with Dr Garrett and began to share the patchy information available.

At 7.45 p.m. I contacted the Northern Ireland Duty Officer who was not very au fait about the situation.

|| ops!

At 7.46 p.m. I contacted the RUC emergency number and discovered that they were at that stage operating on information about the number of dead which was, at that stage, over an hour old.

|| why!

At 8.00 p.m. I established the resources available in Belfast. I began ringing around the various hospitals to offer access to these resources.

At 8.05 Altnagelvin Hospital declined the use of the flying squad. At that stage there were 11 patients in ward 7 and 3 currently in theatre in Altnagelvin but there were more en route. There were the first hints at this stage that they had been receiving patients without knowing what was in transit.

|| Based on
|| 1/2 info.

At 8.15 p.m. South Tyrone Hospital declined the offer from Belfast. They had had 18 patients of minor or moderate type. The Craigavon A&E consultants were at that time transferring to South Tyrone to allow all surgical staff to work in theatre. It would also allow any RTA victims from Omagh district to be treated in South Tyrone Hospital.

During the late evening there were other RTAs in Fermanagh. One of these had arrived at the Erne Hospital adding to their pressures but later patients were diverted to Sligo to ease some pressure on the Erne.

|| Maintenance of
|| "normal" service

At 8.25 p.m. I got through to Peter Garrett very briefly. At that point he said between 150 and 200 patients had gone through Tyrone County Hospital. He was under the impression that patients were despatched to the Ulster Hospital as well as the Royal and Altnagelvin (this was not later confirmed). I reiterated the offers of help from Belfast. At 8.45 p.m. there was a great deal of discussion between Dr Garrett who was in contact with me, Dr Russell who was currently acting as co-ordinator and, I understand, Mr Pinto.

At 8.45 p.m. there was a final decision taken that no medical resources were required from any source for the hospital. I was told that 3 Royal surgeons had made their own way and were helping out in the day surgery unit.

|| why?
|| why not?

I finally made contact with the Erne at this point to discover that between 60 and 65 patients, nearly all minor had been treated in the Erne and that they required no outside assistance.

I then informed the Royal and BCH hospitals.

I had been aware that there had been major complaints from Altnagelvin about patients arriving without them knowing the condition and sometimes even the fact that they were arriving.

I double checked with the ambulance despatchers and while there had been a major operation in place to transfer patients, both by road ambulance and my helicopter which is still ongoing, there was significant communication difficulties.

/// N/A comment
probe 3

Although the direct link between the A&E department in Altnagelvin and ambulance control was operating there is no such link in place between ambulance control and A&E in Omagh. The Ambulance Incident Officer was, naturally, on site in Omagh town centre and although there was a Despatch Officer at the Tyrone County Hospital information was not being received appropriately elsewhere. The same complaints were coming from the Royal.

The ambulance staff responded very well and the shuttle service was quickly initiated (I later heard that 1 ambulanceman, at least, had made the journey up and down to Omagh 4 times carrying patients).

Although the helicopters provided very fast transfer (about 25 minutes from Tyrone County Hospital) the total impossibility of communication, while in the air, meant that the patients were arriving at Altnagelvin and basically having to be retriaged from scratch by Mr Panesar. (I assume a similar situation was happening at the Royal). Some of the patients had initial triage notes with them but some did not.

It will obviously not be possible until much later to discover whether patients were appropriately despatched to the various hospitals. The Altnagelvin patients did appear largely appropriate in that they included traumatic limb injuries, maxillo facial injuries and eye injuries. I did note that 1 minor case had arrived but that was possibly due to a misreading of facial symptoms.

On final contact with Dr Garrett at Tyrone County Hospital I enquired as to the organisation of press handling. I pointed out that I was available but was informed that Sperrin Lakeland would handle it all themselves. I pointed out that the American networks were likely to be requiring information for several hours on end and left them my number. I also contacted Christine Campbell on Paul Darragh's advice. Apparently the Health Minister had arrived in Omagh but had been dissuaded from going to the County Hospital at that time. He did, however, wish to tour the hospitals on Sunday.

At 9.30 p.m. I moved across to Altnagelvin A&E department. At that time 17 patients had been received and retriaged by Mr Panesar at the door. As mentioned, 16 of these were severely injured.

About half had been received by helicopter and, rather cleverly, the hospital had obtained additional lights from the Fire Service which allowed the helicopters to

example of
good co-operation -
Needs now to
be SOP?

continue functioning after darkness. This was in contrast with the Royal where they had to be diverted to Musgrave Park Hospital due to the lighting conditions from about 8.15 p.m. onwards.

Car park lighting altered to make it suitable as a night LS?

Both Alan McKinney and Stella Burnside were bitterly complaining about the lack of information from Omagh or ambulance on the patients they should be expecting. I pointed out that the information was no clearer in Ambulance Control. At this stage (approximately 9.45 p.m.) Stella was in touch with Hugh Mills in the County Hospital and, again, offered additional assistance. Apparently Altnagelvin's first offer of mobile team despatch was made at 4.30 p.m. and all these offers had been declined.

At 9.45 p.m. I made contact with Jim Christie who at this stage had moved to the County Hospital and I was able to get through to him on his control car mobile phone. At that stage it was ascertained that there were 31 patients still in the Tyrone County Hospital, mostly seriously ill but that the only planned despatch was of 2 further children to the Royal Belfast Hospital for Sick Children. Altnagelvin were reluctant to stand down their admission system, as they had previously done so after a similar reassurance shortly before further patients arrived both by ambulance and by helicopter. Nonetheless, I passed the message on to both the Royal and Altnagelvin. I eventually returned home at 10.30 p.m. when I briefed Tom Frawley who was briefing the Chairman. Even at that time further transfers were being made by helicopter from Tyrone County Hospital and at that time of night the numbers received were 19.

I had to say the response observed from medical, nursing, PAMS service and ambulance staff was excellent.

I do have two major points of concern.

The first, as usual, concerned telephone communications. Once again, despite BT's major investment the land lines and terrestrial telephone exchanges were unable to cope. There was some excuse for this in Omagh where, apparently, lines had been damaged but this was not the case in Enniskillen and the BT exchange there was unable to receive calls for even longer. In contrast, I got no error messages from any of the cellphone exchanges despite expecting this.

Need to ask BT what happened

The indirect communication with the ambulance staff on route and the total lack of communication with helicopter staff led to a great deal of confusion for transfer patients.

I do believe, however, that some of the confusion was not due to mechanical communication problems but some human communication problems. There did appear to be the impression that decisions on transfers were left very late and communicated in a fairly arbitrary fashion within the Tyrone County Hospital. This could have led to the lack of information available from Dr Russell and Dr Garrett. I am also at a loss to understand the persistent refusal to accept outside help given the overwhelming numbers of patients received. Patients were still being stabilised for transfer late in the evening and fully equipped teams from the Royal, Altnagelvin and

Yes, very strange!

Craigavon could have been on site in Omagh much earlier. Currently, however, the request is one that must be made from the hospital.

On the brighter side, I was extremely impressed by the number of places that did offer help including services from Sligo and Navan.

I gave a full summary of my information to Christine Campbell who is passing it on through John McGrath to the Minister. I understand that Etta Campbell had been in touch directly with the hospital and expect major visits etc to take place on Sunday 16.

I assume there will be a full debriefing in the next few days and certainly recommend that ambulance, area public health, Altnagelvin and other hospitals and departmental representatives be involved.

cc Mrs C Campbell
Mr T Frawley