

THE MANAGEMENT OF CASUALTIES FROM THE BALLYKINLER BOMB EXPLOSION

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SUMMARY: The management of a group of patients with bomb injuries, admitted to the Military Wing of the Musgrave Park Hospital, is examined, and their handling by the limited number of staff is discussed. Clinical details of the casualties and their treatment are to be reviewed separately, outline details only being given here.

Introduction

On the morning of 28 October 1974, Musgrave Park Military Wing had 65 occupied beds against its authorized establishment of 66. At 1015 hours a bomb exploded without warning in a vehicle parked outside the Sandes Home near Abercorn Barracks, Ballykinler, County Down.

News of the bombing and that the first casualties were on their way by air, was received at the Military Wing just before 1130 hours. All departments were informed and:

a. The Operating Theatre was opened. b. Both surgical teams were called to readiness. c. The helicopter landing zone was manned. d. All patients fit to leave hospital were discharged. e. Off-duty staff were called in.

The first lift of six casualties arrived by helicopter at 1145 hours, and the second of eight less seriously injured patients at 1205 hours. Later in the day five patients were transferred in from the Downpatrick Hospital, and a further five next morning. The admissions are listed in Table I.

Management

After initial triage by the senior surgeon and the resuscitation of the first lift of casualties, one surgical team began operating in the Military Wing Theatre and, some 30 minutes later, the second team in the Nuffield Theatre of the civilian hospital. One was reinforced by the casualty officer, and the other by a medical officer from 45 Commando Royal Marines who had arrived that morning on a short attachment to the Military Wing.

Outside the theatre, the physician monitored the condition of the patients awaiting operation, assisted by two nursing officers. He also overlooked the Intensive Care Unit. Meanwhile the Regimental Medical Officer of 3rd Royal Green Jackets, who had heard about the incident on the radio and came to help, took on the duties of casualty officer. He dealt with the second lift of casualties.

The Regimental Medical Officer of 1st Duke of Edinburgh's Royal Regiment, the resident doctor at Ballykinler, acted as liaison officer at the site of the incident, and subsequently with the Downpatrick Hospital to which a number of injured had been evacuated by road (Table II). He also dealt personally with those patients needing only first aid.

Table I

Patients admitted to Military Wing Musgrave Park

Lift	Patient	Diagnosis	Disposal
1st	L/Cpl AC	Extensive blast injuries	Died 28 October
1st	Pte TLGM	Lacerations back and neck. Burns hands	Tidworth 4 November
1st	Cpl DJP	Compound fracture forearm	Woolwich 4 November
1st	Pte GRQ	Multiple blast injuries	Aldershot 21 November
1st	Pte RWR	Multiple lacerations	Woolwich 8 November
1st	Cpl RLS	Compound fracture skull	Woolwich 4 November
2nd	Dvr F	Laceration scalp	Suture and R.T.U.
2nd	Pte AJH	Multiple lacerations and burns	Unit sick bay 31 October
2nd	L/Cpl I	Multiple lacerations	Suture and R.T.U.
2nd	Dvr J	Lacerated chest	Suture and R.T.U.
2nd	Pte GLM	Burns hands and neck. Lacerated chest	Aldershot 4 November
2nd	Dvr RGM	Lacerations head and back	Tidworth 8 November
2nd	Pte O	Lacerations head and back. FB back	Tidworth 7 November
2nd	Pte BMS	Burns head and neck. Blast injuries	R.T.U. 31 October
3rd	L/Cpl DGA	Lacerations head and nose. Burns hands	Unit sick bay 31 October
3rd	Cpl JC	Blast injury and multiple lacerations	R.T.U. 5 November
3rd	Pte TK	Blast damage lungs. Lacerations. Burns hands and neck	Millbank 4 November
3rd	Pte JEP	Burns face and hands. Lacerated feet	Aldershot 4 November
3rd	L/Cpl SSL	Lacerations face and shoulders. Burns hands	Unit sick bay 31 October
4th	Dvr EJA	Laceration buttocks	Millbank 8 November
4th	L/Cpl JM	Lacerations legs and scalp	Woolwich 4 November
4th	Dvr RM	Laceration left calf	Aldershot 4 November
4th	Pte MS	Lacerations hands scalp and ear	Woolwich 31 October
4th	L/Cpl SSC	Head wound involving VII nerve and middle ear	Millbank 4 November

Later in the day arrangements were made with the Royal Air Force to put on an emergency aeromedical evacuation flight next morning. This counteracted the overloading of the wards and gained space to be able to accept further transfers in from Downpatrick Hospital. Next morning Tuesday 29 October 1974 the initial bed-state was 71.

Table II
Patients at Downpatrick Hospital

Number	Disposal
Five	Returned to Unit (R.T.U.) 28 October
One	Transferred to Neurosurgical Unit, Royal Victoria Hospital 28 October
Five	Transferred to Military Wing Musgrave Park 28 October
Five	Transferred to Military Wing Musgrave Park 29 October

Subsequently nine patients were evacuated by air to England, and five patients were transferred in from the Downpatrick Hospital. The Delayed Primary Sutures (D.P.S.) following the initial debridements were performed on Friday 1 November, Saturday 2 and Monday 4 November. The first of the patients from the incident to be evacuated to Military Hospitals in England left by air on Monday 4 November, and the last on 29 November.

Examination of procedures

Warning of the incident

Warning was received in the Military Wing by telephone. The message contained accurate information concerning the first lift. Action was taken as described above, and the wing administrative officer obtained accurate information of the second lift from the scene of the incident.

The essential information required is:

a. How many casualties are there. b. How bad are they. c. When will they get here. d. Where are they coming from.

To reduce the possibility of misleading messages being taken, suitably printed message boards are held beside the telephone and radio in reception, and when each unit arrives in the Province, the Regimental Aid Post staff is briefed on this drill.

Nursing support

Nursing support for the reception of the casualties was organised by the Deputy Matron, in the absence of the Matron. She arranged for:

a. Recall of off-duty ward staff. b. Ward sisters to identify and discharge patients nominated as being fit for discharge that day. c. Resuscitation department to be reinforced by extra experienced nursing staff. d. Wards to be re-arranged with empty beds near the principal nursing-station.

The reception and movement of casualties

The reception and movement of casualties fell into three phases (see Table I and Figure 1).

Phase I. Six seriously ill patients who were seen by a surgeon on arrival at reception, and taken straight to the resuscitation room which is adjacent to the

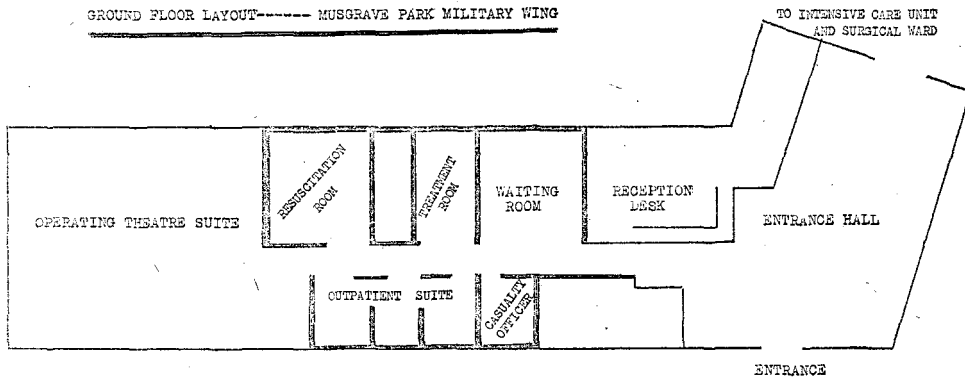


Fig. 1.

operating theatre. Those for whom there was no room went to the outpatients rooms opposite.

Phase II. Eight less seriously ill sitting cases who were taken straight into the outpatients waiting room, and from there brought forward either to the casualty officer's consulting room, or to the treatment room.

Phase III. Two lifts of each of five patients transferred in from the Downpatrick Hospital.

Movement of patients was at first hampered by there being only two stretcher trolleys and four adjustable theatre trolleys available. Later twelve adjustable theatre trolleys were borrowed from the civilian hospital which meant that stretchers no longer had to be left on the floor, and manpower no longer wasted on stretcher bearing.

The intensive care unit

The unit received three patients during this incident; however the limited number of nursing staff at the Military Wing meant that there were not enough nurses to man the department for long, and reinforcements had to be sought from other Military Hospitals. Thanks are due to the Military Hospitals in England which provided the reinforcements, and to the men themselves for their splendid work on this and other occasions.

Discussion

The Military Wing Musgrave Park Hospital is a small but busy hospital which provides cover for members of the Armed Forces in Northern Ireland, and emergency cover for those within reach by ambulance or helicopter.

The experience built up there during the emergency, the well planned and well equipped Casualty Department, and some timely outside assistance, enabled the small staff, and the limited capacity of 66 authorized beds, to accept 19 patients on the first day, and 5 patients on the next day.

A careful study of what took place was made to ensure that all the lessons there to be learnt were noted. This report is based on that study. Certain lessons were particularly well illustrated.

