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Multisite Terroristic attacks in Brussels (B): a challenge?

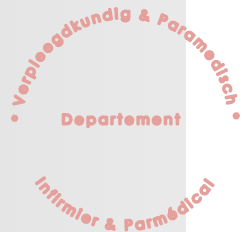
Yves MAULE

Head Nurse Manager

Critical Care Department

BRUGMANN University Hospital

20 novembre 2016





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NO conflict of interest to declare

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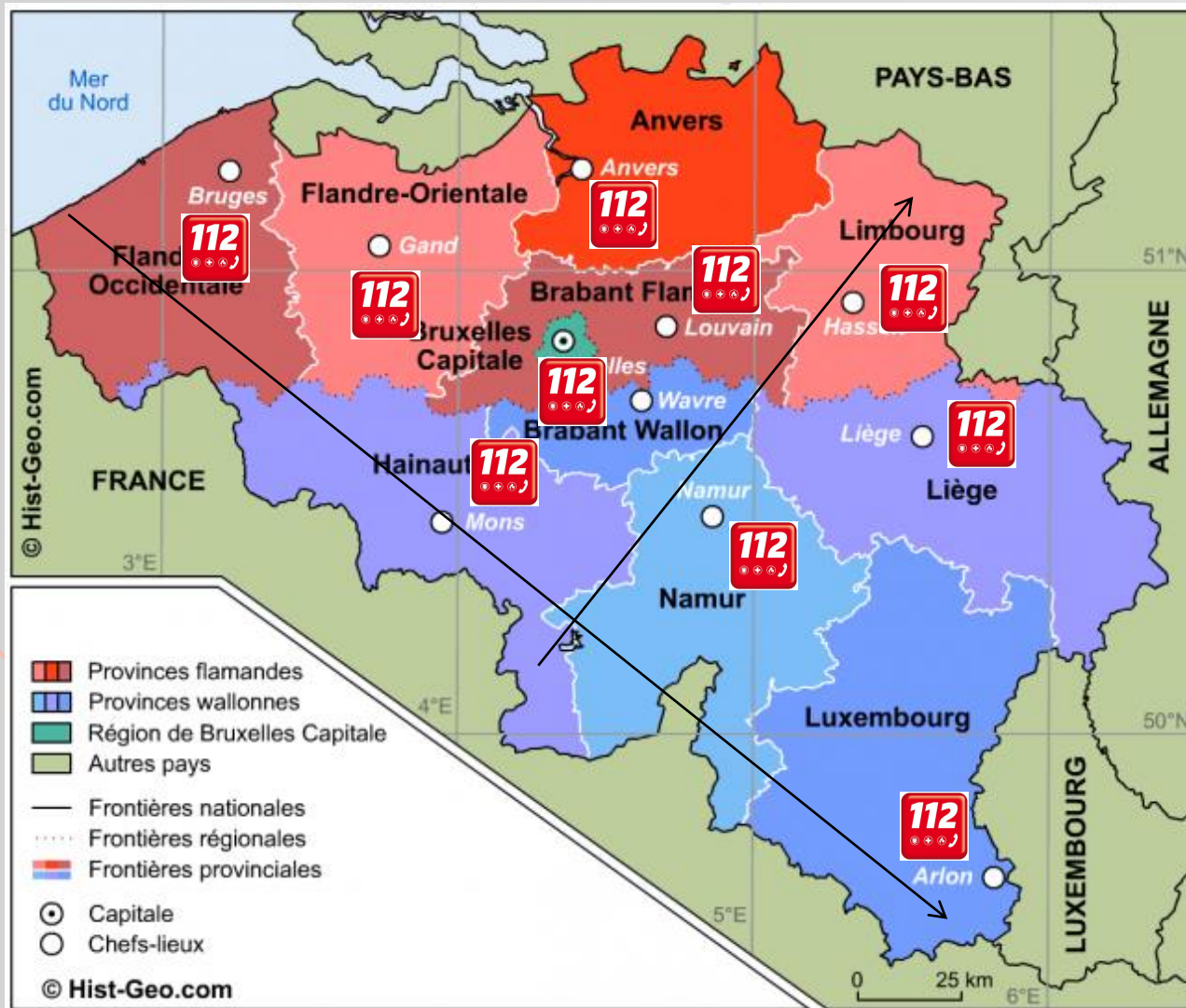


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I love Belgium 😊

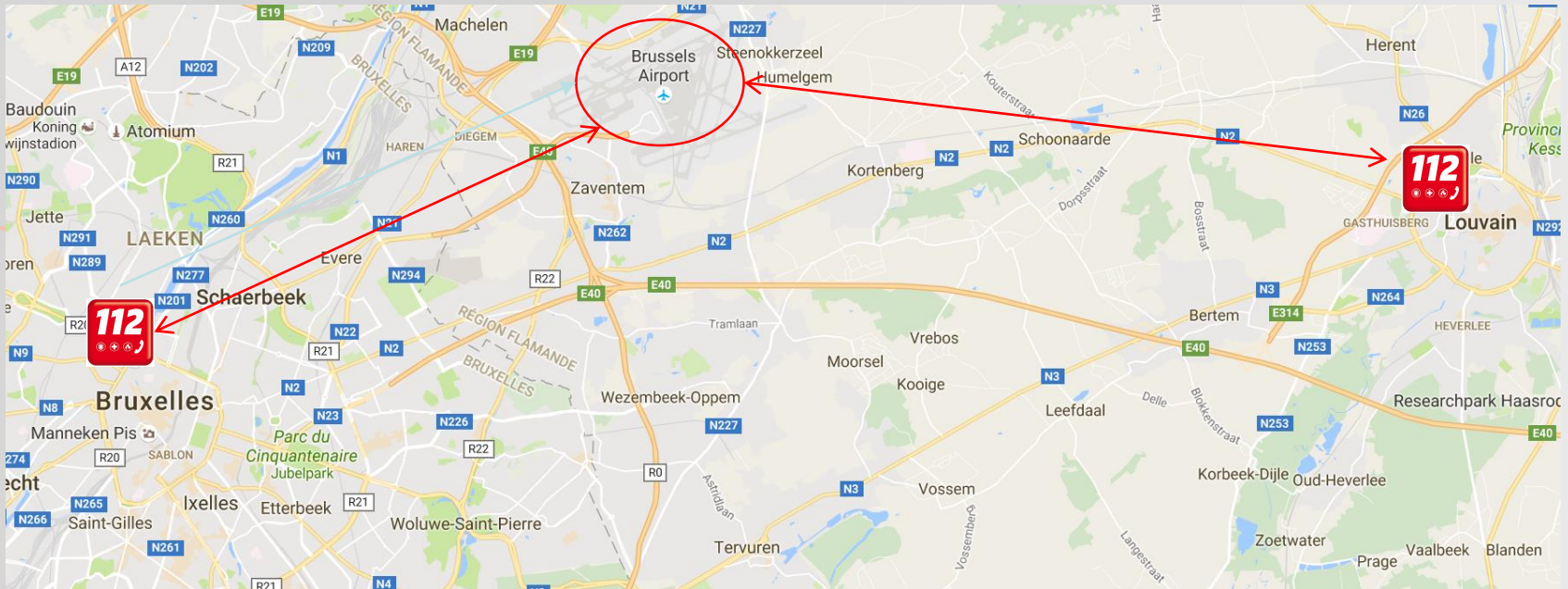
The facts

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- 112 is regulated by a Federal laws
- Control of each area is Regionally based
- Call center are operated by Fireman
- Hierarchy of Fireman = Ministry of interior affairs at Federal Level
- Special status for Brussel (WashingtonDC)
- Hierarchy of Hospital & Ambulance = Ministry of Public Health



In case of mass emergency

- 1 Medical Team H24 responsible for mass emergency management
- On the field 20 min after incident
- Take control of medical operation
- Coordination with police and Fire Brigade
- Emergency plan are based on Federal laws for the structure.



22 March 2016

- 7h58 am, 2 bombs in Brussels Airport
- 9h11 am, explosion in Tube, Maelbeek Station (near the EC)
- Maelbeek : 35 T1/T2, 35 T3
- Airport : 30 T1 / 21 T2 / 32 T3
- 2 management team, 2 call centers
- 10 Hospitals involved



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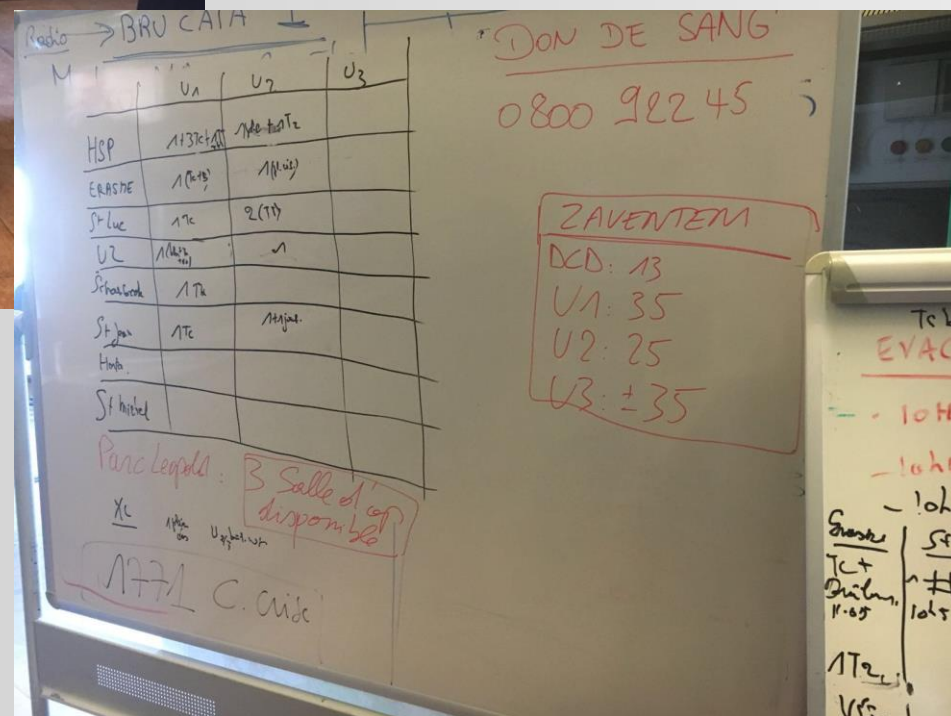
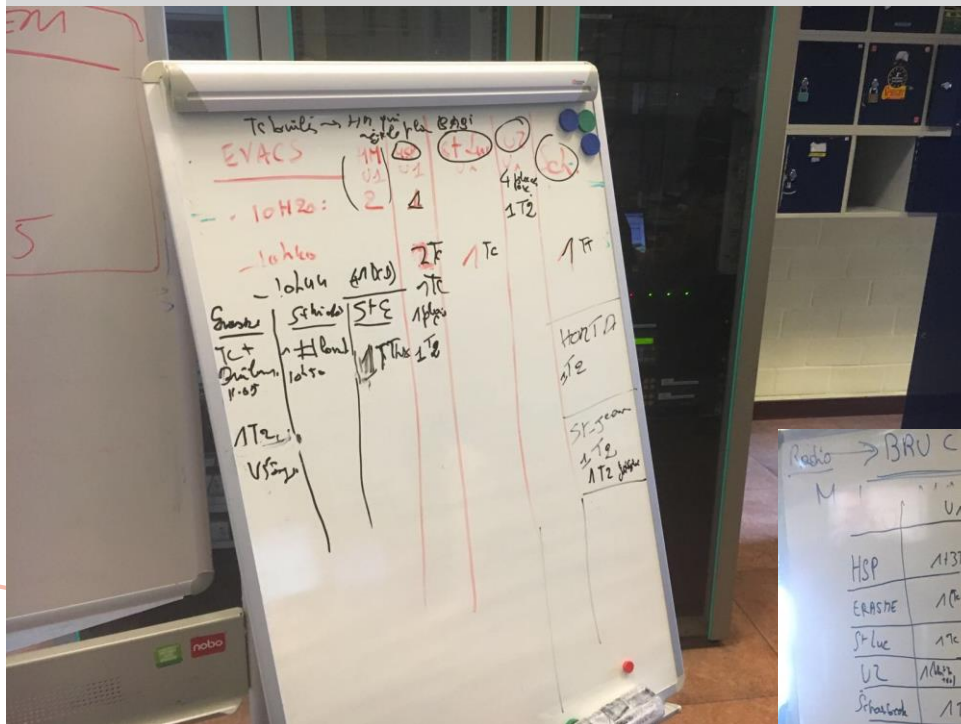


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Involved

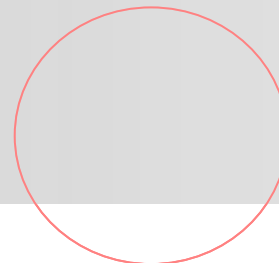
Airport

- 1 Medical coordination Team
- 4 prehosp. Medical Team
- 10 ambulances
- 4 medical team from the airport

Metro

- 1 Medical coordination team
- 5 prehosp Medical Team
- 20 ambulances




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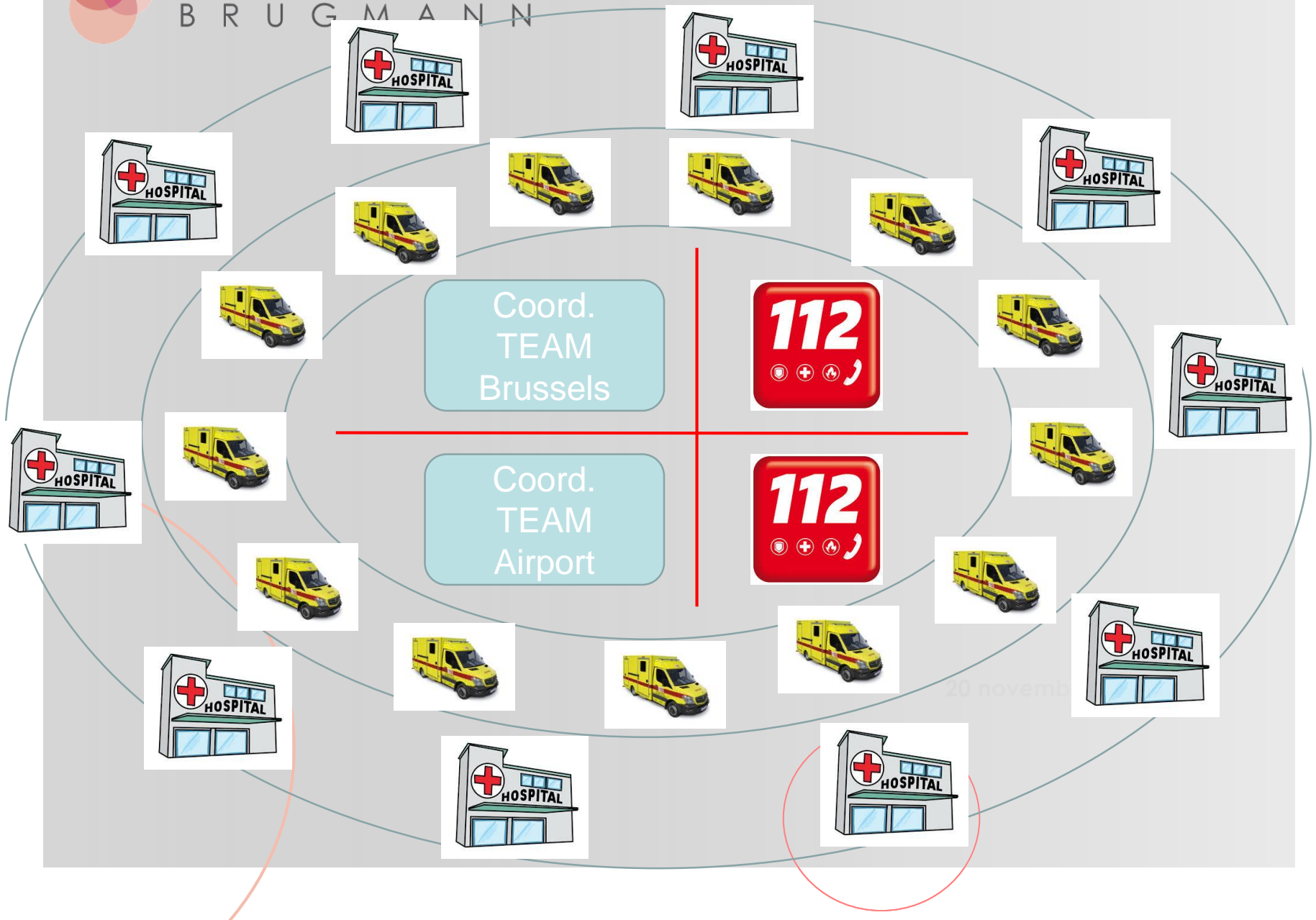


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Brussels daily Ressources

-  8 prehospital mobile medical team (1 nurse+1physician)
-  25 ambulances (3 with nurses)
-  11 Hospitals

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Prepared ?

Paris 13/11/2015

The medical response to multisite terrorist attacks in Paris



Martin Hirsch, Pierre Carli, Rémy Nizard, Bruno Riou, Barouyr Baroudjian, Thierry Baubet, Vibol Chhor, Charlotte Chollet-Xemard, Nicolas Dantchev, Nadia Fleury, Jean-Paul Fontaine, Youri Yordanov, Maurice Raphael, Catherine Paugam Burtz, Antoine Lafont, on behalf of the health professionals of Assistance Publique-Hôpitaux de Paris (APHP)

Lancet 2015; 386: 2535–38

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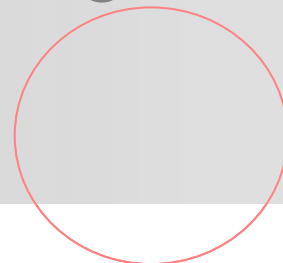
Develop multi site scenario

- Ressources
 - Human
 - Medical stuffs
 - Psycho-support
- Evacuation
- Pre hospital care
- In hospital care

Regionaly based

Not extended to other Region

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The Challenge

■ Type of wound → damage control

■ Medical supplies

- Morphine
- Tourniquet

■ Failure of communications

■ Uncertainty of security

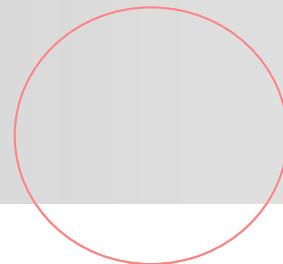
■ 2 calls center

■ 2 on site coordination team

■ Social Network

■ 24 h of work

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« the glass half full »

- We do the job
- We knows each other better than we think
- Pre hospital team strong
- In hospital team strong
- Capacities to endorse multiple responsibilities

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« the glass half empty »

■ And if ?

■ Total failure of communication

■ Needs of coordination

- Inside medical discipline
- with police – fire brigade

■ 1 hospital forgotten

■ Best to care than to organize

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■ Plans were not used (burned, multisite)



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be strong, be strong, be strong

L'avant et l'après 22 mars vu par le coordinateur des secours à Maelbeek

ENTRETIEN DE LOUISE VANDERKELEN Publié le jeudi 22 septembre 2016 à 12h23 - Mis à jour le jeudi 22 septembre 2016 à 12h29



Recommander

Partager

< 436



Tweeter



G+1

0





Science ?



((terrorist[All Fields] AND attack[All Fields])
AND plan[All Fields]) AND
preparedness[All Fields]

Terrorist+attack, n=849

Terrorist+attack+plan, n=46 (23 relevant)

Terrorist+attack+plan+preparedness, **n=11**

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Conclusion

- We do the job but we can't say that it was predictable.
- Plans are nothing without expert and manager on the field
- What if in context of reduction of the resources
- Important need of research
- Did we learned something ?

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