into a fully functioning and capable Burn Unit for their resuscitation and definitive care.

Keywords: burn assessment teams(BAT); burn beds; burn victims; capacity; planning; response; triage Prebosp Disast Med 2007;22(2):s155

## Session 5: Terrorism

Chair: E.R. Muller

## Terrorist Bombings on Mumbai Commuter Trains N. Roy

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On 11 July 2006, >180 people were killed in the coordinated blasts on commuter trains in Mumbai, India's financial center. Trains are the main form of transportation for most people in Mumbai—one of the most congested cities in the world. Renowned for being uncomfortable, nevertheless it is described as the city's lifeline. The Mumbai line has the highest passenger density of any urban railway system in the world—every day about six million people travel on the city's Suburban Railway system, more than the entire population of Israel. In this paper, these attacks and the medical response and triage are debated and compared to other similar attacks in London and Madrid.

On Thursday, 07 July 2005, four suicide bombers struck in central London, killing 52 people and injuring >770. The 11 March 2004 Madrid attacks consisted of a series of 10 explosions that occurred on four commuter trains at the height of rush hour. Thirteen improvised explosive devices were reported to have been used by a militant group that was responsible for the bombing, all but three detonated.

Terrorists are targeting civilian population as soft targets to create fear psychosis. If they succeed, they can go part-time, as their purpose is served. As ancient Chinese strategist once said, "Kill one, scare ten thousand" was quoted by an ancient Chinese strategist. Physical trauma, psychological trauma, and the social dimensions of these manmade disasters and possible solutions are discussed.

Keywords: bombing; disaster; India; psychological aspects; terrorist attacks; transportation

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## Hospitals Under the Threat of Terrorist Attacks: Lessons Learned from Hospital Evacuation Experience V Bar-Davan<sup>4</sup> K Chwigla<sup>2</sup> A Coldhero<sup>3</sup>

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**Objective:** The aim of this study was to present aspects of actions undertaken in hospitals under high risk of terrorist attack.

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Methods: An analysis was conducted of published papers and personal experiences in situations when hospitals have been evacuated due to a military situation direct.

**Results:** The main problems encountered during hospital evacuation operations included: (1) no formal evacuation plans; (2) too many people in charge; (3) poor communication; and (4) no free beds in others hospitals (especially for ICU patients) for patient transfers.

A formal evacuation plan is an essential component of hospital preparedness. Knowledge of the local language, habits, culture, and religion is important particularly in war zone areas. Examples of these principals are given from our experience. Keywords: communication; coordination; evacuation; hospitals; terrorism; terrorist attacks *Prebosp Disast Med* 2007;22(2):s155

Terrorist Bombing in Croatia

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Introduction: This report describes the experience that the city of Rijeka, Croatia had following a terrorist attack. The intention of this report is to outline how emergency services were functioning during this sudden-onset situation. Methods: The medical documentation of 27 wounded citizens in the attack was analyzed and the appearance of bodily wounds, severity of wounds, and the mechanisms of injury are described. From the forensic medical report, the wounds and damages sustained by the terrorist also were analyzed. All findings were compared with similar cases from around the world.

Results: In the 27 wounded citizens, three (11%) had head injuries. Injuries of the abdomen were found in only two cases (7%). The most common injuries sustained involved one or more extremities: 16 (59%) persons had wounds of an upper or lower extremity or a combination of multiple wounds. The main cause of death of the terrorist was explosive wounds to the chest and abdomen with destruction of multiple inner organs (primarily the kidneys, liver, abdomen, and lungs). Furthermore, the terrorist had a fracture of the base of the skull and multiple injuries to the brain. Conclusions: When comparing these findings with data from the literature, the distribution in the percentages of the wounded almost is the same as reported in many other bomb attacks. In this case, the building walls protected many citizens, which is why so few were injured seriously. Forensic examination of the terrorist's body showed all of the characteristics of blast injuries.

Keywords: blast injuries; civilian casualties; Croatia; disasters; terrorist attack

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