Main lessons identified in the "EMS in different countries, and the response to March 11 terror attack in Madrid" webinar

The webinar took place on May 7th, 2024.

A. Background:

- The webinar started with a short presentation of the project, followed by presentations of the EMS system in the project's partners' countries (Germany, France, Portugal, Romania, Spain and Israel).
- On March 11th, 2004, took place in Madrid the worst ever deliberate attack in Spain or in any European country in peacetime. A total of 10 bombs exploded inside 4 different commuter trains, a few minutes apart during the morning rush hour on a working day. 191 people were killed and 1,857 were injured.
- At that time, SAMUR-PC MCI protocol had been tested in small-scale real events and simulation exercises with less than 50 victims. Human and material resources were enough to respond to 2 incidents at once.

B. Speakers:

- Paloma Rey, SAMUR-PC

C. Main issues observed:

After responding to 11M disaster the following **weak points** were identified:

- Activation of the off-duty personnel. It was done by phone instead of group SMS.
- Medical response was managed as if they were 4 different situations instead to have had and overview of the whole event.
- Coordination between incident site commanders was not good enough. Communication problems, caused by the collapse of both the fixed and mobile phone systems, resulted in lack of information.
- Coordination with admitting hospitals could have been better because lack of contact with hospital management to check in advance the capacity to receive casualties.
- Although the cooperation between SAMUR-PC, Police and firefighters was good, there was not a specific coordination protocol directed to MCI. Coordination was based more on personal initiative than in an organizational structure.
- We were not prepared to respond to an attack with CRBN agents may be involved.
- First responders' safety. Sometime, FRs kept on working in an unstable scene, next to an unexploded bomb. One of the advance medical posts was set inside the risk zone for possible further explosions.

Positive aspects identified were:

- Well established chain of command due to hierarchical organization of SAMUR-PC
- Good reaction capacity of SAMUR-PC in terms of human resources and emergency vehicles available in a short period of time despite the lack of agility in the off-duty personnel activation system.
- Good coordination between political leaders and SAMUR-PC commanders.

- Quick rescue of the victims.
- Adequate management of critical injured in 3 out of 4 sites.
- Good collaboration between medical responders, police officers and firemen despite there was not a specific coordination procedure.
- Simulation exercises in MCI shown to be useful
- Good post-disaster management

Lesson learned regarding communications were:

- Radio network with digital technology was adequate for the incident's management.
- Independent communication channel for managerial staff at different sites is essential to be coordinated.

Lesson learned regarding leadership:

- Top operative EMS responsible should not be involved in the on-site rescue and medical care. Incident commander should have taken a step back and organize the event with a global perspective.
- Managerial staff on scene should be easily identified.
- Political leaders should be near the scene acting as facilitator of the operational work and as a link between FRs and political authorities.

Lesson learned regarding resources to deal with MCI:

- It was necessary more investment in infrastructure to deal with MCI
- Personal Protective Equipment (anti-fragment vest, helmet, cut-proof gloves, etc) should have been used.
- Triage cards were not useful. No triage in the form of color cards or similar was applied, neither at the incident sites nor at the AMPS even though they were available. The severity of the injuries was so easily identified that no categorization system was called for.
- In unstable scenes, quick rescue and removal of victims is the right thing to do instead of on-site stabilization.
- A disaster backpack for emergency medical care should be available in all vehicles.
- The integration of Civil Protection under SAMUR-PC training and operational procedures provides add value to the response capacity.
- Classical model of EMS responding to a MCI in an unstable scene at that time needed to be changed from:
    a. a complex triage system to a simplified one
    b. rigid procedures to a quick decision-making model
    c. field hospital or AMP on scene to a damage control and scoop and run
    d. stay and play model with many medical staff on scene, to a fast evacuation of the site.
- EMS, hospital and citizen preparedness to respond to an MCI related to deliberate attacks is essential.

D. The webinar was recorded and is available in this link:

https://www.youtube.com/watch?v=tEOczXJq660