A Review of the Characteristics of Prehospital Response to Terrorism

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Generic Disclosure Slide

* No financial disclosure

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Overview:

- Systematic Literature Review
- Results
- Identified Themes
- Future Directions

Initial research question:

- What are the characteristics of the prehospital response to terror attacks in the post 2011 era?

- Focus is on the following factors outlined in Utstein-style template for uniform data reporting of acute medical response in disasters:
  - On-scene initial actions including the assessment of the preliminary health effects
  - On-scene medical control and coordination including the development of a medical action plan
  - System-level medical coordination
  - Medical communication and information management
  - Medical resource management

Secondary research questions:

- What are common themes in the description and analysis of prehospital response to terrorism?
- What are innovative approaches that can be identified to refine the future response to terror attacks?
- What are ‘lines of action’ to address identified themes in the response to complex, coordinated terrorist attacks?
Terrorism Definition

* The intentional use of violence — real or threatened — against one or more non-combatants and/or those services essential for or protective of their health, resulting in adverse health effects in those immediately affected and their community, ranging from a loss of well-being or security to injury, illness, or death.

Terrorism Definition: Lit Review

* The incident must be intentional—the result of a conscious calculation on the part of a perpetrator.
* The incident must entail some level of violence (including violence against property) or the threat of violence.
* There must be sub-national perpetrators.
Terrorism Definition: Lit Review

- The act must be aimed at attaining a political, economic, religious, or social goal.
- There must be evidence of an intention to coerce, intimidate, or convey some other message to a larger audience (or audiences) than the immediate victims.
- The action must be outside the context of legitimate warfare activities.
Results

- 23 Papers between 2011 – 2016
- 11 (48%) Paris
- 3/6 attacks described: CCTA's
- 17 (74%) papers on CCTA's
- 5 (22%) USA vs 18 (78%) Europe
- 2 (9%) written by non-physician responders

- Oslo, 2011: 5
- Boston, 2013: 4
- Charlie Hebdo, 2015: 1
- Paris, 2015: 11
- San Bernardino, 2015: 1
- Nice, 2016: 1

New JBI Levels of Evidence

- Level I: Evidence from at least one RCT
- Level II: Evidence from at least one well-designed non-randomized trial
- Level III: Evidence from non-experimental descriptive studies
- Level IV: Expert opinion without evidence from research

Number of Papers

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Summary

- Low quality and availability
- Physician led
- Focus on higher end of complexity
- Descriptive
- Govt/Institutional AAR's

Identified Themes:
- Communication
- Systematic activation
- Triage
- Tactical casualty care
Systematic Activation

Triage

Tactical Casualty Care