KAMEDO Report No. 80 Train Accident in England, 1999

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KAMEDO = Swedish Disaster Medicine Study Organization

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Abstract

The train crash that occurred in London in 1999 resulted in 31 dead and almost 300 injured persons. Mobilized resources allowed for the application of normal treatment principles. Available resources were in excess of what was needed. The procedures implemented were judged as adequate. Responses followed the management plan formulated over many years and experiences. The rotating command procedures used worked well. Multiple communications systems were used, including landline telephones, mobile telephones, and radios. Plans should include caring for both adults and children. Well-planned psychosocial services and functional compute services are essential components.

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Summary

The train collision that occurred on 05 October 1999 near Paddington Station, London, resulted in 31 persons dead and nearly 300 injured. Initially, it was thought that the crash was caused by an engine driver running through a red signal. However, a public inquiry proved that multiple concurrent factors were behind the crash and contributed to the extent of the injuries that resulted. This inquiry influenced recommendations for improving safety on English railways.

The prehospital medical response was led by the London Ambulance Service (LAS) and can be described most accurately as an application of the "Load and Go" philosophy. Despite the large number of injured patients, normal treatment principles still could be applied, mainly due to high access to ambulance resources and the ability to distribute the injured among several hospitals. A major problem for the emergency command team was that they had too many resources available.

The rescue effort was carried out according to the London Emergency Services Liaison Panel (LESLP) Major Incident Procedure Manual for interagency cooperation among emergency services organizations, which was implemented in London in 1993.

Keywords: ambulance; cooperation; disaster; disaster management; England; fire; firefighters; load-and-go; medical transport; plan; public inquiry; recommendations; response; train

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The major incident procedures implemented evolved as the result of the previous management of a number of train crashes and bombings. The rescue effort was praised by the media and in the subsequent inquiry.

The Observers' Conclusions

1. The disaster management plan formulated over the years by London authorities and organizations was deployed rapidly after the accident outside Paddington Station. This was one of several reasons that the entire emergency action proceeded with no subsequent evidence of significant problems. When such events occur, it is important that a major incident is declared as soon as it is recognized. Also, all individual organizations actively involved in the response formally must be able to declare a major incident, even if there is some risk for "redundant declarations".
2. The first fire brigade forces arrived quickly on-scene, and fire-fighting efforts began early. As has occurred in other transport accidents in which a great deal of motor fuel was ignited, the fire during this event was explosive. Firefighters were forced to concentrate their efforts to the adjacent carriages. The passengers who were sitting in the fire-ravaged sections could not be saved.
3. The system of rotating command responsibility for medical response to major incidents seems to work well. The various levels of command in the English system are similar to those in Sweden, but are described using simpler terminology than in the Swedish organization. Simplification of the Swedish terminology would clarify Swedish command functions.
4. The English ambulance service has a strong position and role in managing disaster response efforts. This enables control over how the injured are transported to various hospitals, but it also requires special training of ambulance personnel called to the scene. Likewise, coordinators at each of the receiving hospitals are essential.
5. When major events occur in modern societies, medical transport resources seldom are a problem, and these resources often seem to be underutilized.
6. Problems with overloaded communications systems are common when major incidents occur. Concurrent utilization of multiple systems, such as landline telephones, mobile telephones, and radios is essential. Certain radio frequencies should be reserved for such situations. This worked well at Paddington Station.
7. With the exception of large regions in the third world, hospitals in advanced societies are well-equipped to manage disaster situations. When major incident plans exist and are applied, personnel flow in as needed, surgical resources are mobilized, and adequate numbers of hospital beds are readied. Volunteers who offer to assist seldom are needed.
8. A disaster often entails injuries to both adults and children. Accordingly, hospital disaster plans should include rules of action for taking care of injured people of all ages.
9. Psychosocial care programs are well-established at all levels in the English major incident organization. Even the police organization includes "family liaison" officers to provide support to the families of the dead.
10. Computer systems are of tremendous value for registration and identification of everyone involved in a major event. The Swedish personal identification number system is useful in this context.