The annual BASICS Conference was held in late September and was to be “A three day, in-depth analysis into pre-hospital aspects of accidents, incidents, and disasters” Such a title has to be a challenge from the start; so how did it do?

Friday morning set out to look at the mechanisms of injury to the occupants in a car crash and started with a profound dose of pure physics. While some of this was over the heads of many of us, it was certainly stimulating. We all came away with the knowledge that crashes are not good, airbags may be a real problem, and luck plays a large part as the vehicle can only obey Newton’s Laws (remember those). This powerful start was followed by several lectures talking about the first, second, and third impacts, all of which were most interesting but the bottom line was spoken to by Keith Porter in an elegant and factual lecture on the consequences particularly of the second impact—the point at which we inevitably enter the picture.

There was then a serious debate from Len Watson about the data surrounding airbags and the concern that they may contribute in some cases to morbidity and even mortality. The safety feature in steering columns does allow the column to collapse on impact but in doing so causes the steering wheel to rise towards the roof of the car and, combined with the airbag exploding, may cause contact between the roof of the vehicle and the driver’s head. While this does give some food for thought, it seems that the statistics in driver deaths have not changed significantly since airbags were introduced but it is accepted that steering wheel injury has reduced dramatically.

To complete a heavy first day, patient monitoring and the collection of medical evidence were presented and then debated in a forum. The most stimulating lecture for me was given by PC Steve Edwards, who is a Senior Accident Investigator with Cambridgeshire Police and treated us to the cause, effect, and outcome of several incidents in which he had been personally involved. It has always intrigued me that men such as Steve can give such brilliant talks apparently effortlessly. He also demonstrated how video clips can bring the impossible to life and slow motion studies explain injury patterns in a manner not achievable by any other medium. Video was used to good effect many times over the weekend.

So, to day 2, which was to talk us through live major incidents and then make the delegates do a little work... the usual “I need some volunteers”...never fails in BASICS.

We were treated to the principles of management of major incidents with particular reference to the rail crash at Ufton Nervet and the July London bombings. The first was led by Mark Ainsworth, the Operations Manager of Royal Berkshire Ambulance Trust, who happened to be working that night in a small Trust with initially severely limited resources. There was a full and frank discussion of the problems encountered in dealing with this incident and the management decisions. In true ATLS style, the “bits we got right” were followed by the things we would do differently next time.

To separate the two major incidents, Ken Hines managed to present the changes in the new Civil Contingencies Bill in a clear and simple manner, and quite rightly drew attention to the Association and how it had effected changes to the Bill. He was to return to this subject in greater detail on Sunday. It is worthy of praise that straightforward law can be presented in an interesting fashion.

Then on to “7/7” and the dreadful events in London. The contributors were somewhat restricted legally as the whole scene is still under investigation. While some people find it difficult to accept a power for good when we see so much evil in the world, it would appear that Londoners were very lucky with the medical response available in the capital that day. HEMS had a large number of people at a training day, huge numbers of managers were at the headquarters of the LAS, and finally a group of doctors were meeting in BMA House. Several of our own members talked about how caution, triage, and paperwork flew out of the window. They emphasised the lack of knowledge about how many incidents, where they were, who was involved, and a complete dearth of communications. Why is it always comms that is the problem? The ambulance service personnel and the doctors at the scene(s) then had no knowledge of the type of incident, the risk of chemical, bacteriological, or nuclear threat, and most importantly scene safety—were there secondary devices waiting in the wings? Then came the bus explosion nearly an hour later. The doctors in BMA house were watching the scenes unfold on television when a huge explosion immediately outside their building suddenly threw them into the fray, again with no knowledge of what was actually happening and predictably, no comms. They got stuck in and Peter Holden gave an illuminating account of the activities of his team that day, again without too much initial thought for their own safety, but an awareness of the potential for a second device. The overall medical picture is that BASICS was well represented and that while we might have done some things differently (next time), patients were well treated, and secondary and tertiary care quickly achieved.

While still reeling from the distress of seeing what was actually involved, and acceptance of the risks taken by those on the day and potentially for all those other BASICS teams around the UK waiting to be called to assist, we were to be worked hard after lunch.

A major incident desktop exercise of a train crash was ably led by Ken Hines and Brian Roberston, and such was the detail that a delegate audience of around 40 was able to identify individual police officers and paramedics. I was struck by the simple fact that around 40 people could participate enthusiastically in this sort of exercise for 90 minutes after lunch; a credit to the instructors and their presentation. Meanwhile, two other groups were toying with NBC suits and a triage exercise. If you have experience of triage, and paperwork flew out of the window. They emphasised the lack of knowledge about how many incidents, where they were, who was involved, and a complete dearth of communications. Why is it always comms that is the problem? The ambulance service personnel and the doctors at the scene(s) then had no knowledge of the type of incident, the risk of chemical, bacteriological, or nuclear threat, and most importantly scene safety—were there secondary devices waiting in the wings? Then came the bus explosion nearly an hour later. The doctors in BMA house were watching the scenes unfold on television when a huge explosion immediately outside their building suddenly threw them into the fray, again with no knowledge of what was actually happening and predictably, no comms. They got stuck in and Peter Holden gave an illuminating account of the activities of his team that day, again without too much initial thought for their own safety, but an awareness of the potential for a second device. The overall medical picture is that BASICS was well represented and that while we might have done some things differently (next time), patients were well treated, and secondary and tertiary care quickly achieved.

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I have experience of triage exercises over many years but the one produced in Nottingham far excelled any I have attended previously. The scene was a bomb in a club or disco...
and was realistic from the explosion, noise, lights, and screams that greeted the volunteers. (The hotel had given prior approval as some of the building’s safety features had to be temporarily disabled!) Full marks to the team and the casualty union and no questions asked about the body parts lying around the scene. It was a salutary lesson, especially with reference to the comments above and scene safety, that this scenario did include a second device strapped to a second bomber. Well done.

The day was completed with the Hayward Memorial Lecture, with the subject “Clinical governance in pre-hospital care—concept to practice”. As the conference dinner followed shortly after, what would attract folk to remain for such a subject? Perhaps because it was to be given by Gareth Davies (of HEMS) who gave a truly magnificent treatise of the unacceptability of the old “anything goes at the sharp end” attitude of the past when many of us used the excuse that “it is an emergency” and “they are all different”. He presented a concept of governance as it relates to our work, which several delegates told me later was the first real understanding that they ever had of the word “governance”. He is absolutely correct and we, as prehospital providers, are going to have to adopt this principle.

Sunday focused on management strategies for potential risks ahead for the south coast of the UK and a tsunami, the arrival of bird ‘flu, management and identification of the dead, as well as practical discussions on the “procedures from hell”: escharotomy, open chest cardiac massage, and peri-mortem Caesarian sections. The conference drew to a close with a discussion on the identity of the immediate care practitioner led by Iain McNeil and was finally closed by the Chairman of BASICS, David Ziderman.

I asked at the beginning of this report if the conference had succeeded in meeting the challenges set by Vic Calland’s programme for the weekend. It was a busy schedule, and to start with very heavy (pure physics), but it was well put together and the speakers should be proud of their presentations. The video clips were simply brilliant and the practical afternoon was well organised and enjoyable—no mean task with around 80 participating delegates. One gets the feeling that BASICS is again moving forwards and meeting the challenges of the future. I enjoyed this conference very much, and add my own thanks to those who organised it.

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