Introduction

Explosions can produce unique patterns of injury seldom seen outside combat. When they do occur, they have the potential to inflict multisystem life-threatening injuries on many persons simultaneously. The injury patterns following such events are a product of the composition and amount of the materials involved, the surrounding environment, delivery method (if a bomb), the distance between the victim and the blast, and any intervening protective barriers or environmental hazards. Because explosions are relatively infrequent, blast-related injuries can present unique triage, diagnostic, and management challenges to providers of emergency care.

After the tragedy of Tsunami in 2004 and since the end of Sri Lanka's bloody civil war a decade ago, the multi-ethnic city Batticaloa was hit by a Man-made National Disaster on April 21st. Terrorist suicidal explosion happened brutally on an Easter Sunday at 9.05am at Protestant Zion Church when nearly 300 worshippers were attending the prayer. The church is situated just 800m distance from the Teaching Hospital Batticaloa.

Because the blast was at the bottle neck pathway to church, rescuers faced a big challenge in rescuing the casualties from the site. They ultimately broke the rear parapet wall to scoop them up to hospital. This made the variation in arrival time although the incident happened nearby. Casualties were brought to A&E, mostly by private vehicles and also by hospital ambulances. Even rescuers were running into the A&E carrying victimized children on their hands. There were 22 dead bodies, directly brought to hospital mortuary, with body parts of suicide bomber discovered later.

In the Batticaloa hospital, the majority of emergency medical service (EMS) systems are organized and coordinated at the local level, Only Few health professionals have experience with explosive related injuries in the past, this results in an incredibly diverse hospital emergency medical care system that is often markedly different in operational and clinical approaches among jurisdictions.

At the time immediate Notification to staff was through various formal & informal channels. Even Director was directly informing to command staff & other major stakeholders. In the meantime, incident became viral on social media, and in no time almost all the local health staff gathered at A&E. Even doctors who were on New Year vacation in their hometown Batticaloa joined the regular staff to offer support.

Triage Officer was the On-call Consultant Surgeon and the Clinical Commander was the Senior Consultant Anaesthetist. There were nearly 15 multidisciplinary specialists and another 15 PG trainees contributing for the management of casualties. Director was on the floor trying to coordinate the health response for this unexpected tragedy to her level best. There were plenty of health staff available at A&E, at least one medical officer, two nurses and two health assistants caring for each patient.