Miriam's Vision:
A Response to the 2005 London Bombings

History

Families' recommendations

7/7 inquest: Families' recommendations in full

http://www.bbc.co.uk/news/uk-12707219

Families of victims of the 7 July 2005 bombings wrote their own list of recommendations which they want the coroner to cover in her verdicts.

LONDON UNDERGROUND

Transport for London and other companies should reconsider where they locate first aid kits on trains and look at whether there is an insurmountable reason why they cannot be in carriages and under seats.

London Underground station supervisors should be responsible for running a designated rendezvous point for all emergency services during incidents - and should make sure that members of the other services are met and pointed in the right direction. The families make this recommendation saying that evidence shows that emergency services were arriving at the scene of attacks and did not know where to go and what the current situation was.

London Underground needs to come up with a clearer system to confirm to the emergency services that it has turned off the electric rail so that rescuers know it is safe to enter a tunnel. At Aldgate, some firefighters refused to enter the tunnel because they were not convinced the electricity had been cut.

London Underground's five emergency response vehicles should be allowed to use blue flashing lights to get through traffic.

Underground bosses should consider equipping stations with specialist "Neil Robertson" stretchers to safely extract the severely injured at speed. These stretchers secure a patient tightly and are used on ships so that the injured person can be hoisted or moved upright through very tight spaces such as stairwells.

When London Underground issues a major alert, either halting the entire network or ordering its evacuation, they should also tell the capital's other transport agencies.

LONDON AMBULANCE SERVICE AND MEDICAL

The Ambulance Service and paramedics should change the way they use triage cards to record any drugs given to a patient before they are moved. Triage cards are used during major emergencies to label each injured person so that doctors and paramedics know who they need to treat first amid the chaos.

Triage training should emphasise that the process of prioritising patients can be held up to ensure that each of the wounded has open airways and has potentially received basic life-saving dressings.

Casualties who are not breathing but still have a pulse, should be reclassified as priority patients for resuscitation. At present, such casualties in disasters are typically categorised as dead.

Emergency services working on major incidents should set up a "medical equipment dump" close to the scene of the disaster to speed up treatment.

London Ambulance Service should consider specific and specialist training for dealing with bomb blast injuries and those caused by gunshots or other weapons.

Doctors and paramedics should be trained to check a body for vital signs as soon as is feasible, even if a body has been covered at the scene of a disaster. Casualties who have been declared dead should be clearly labelled and covered so that rescue teams know who to concentrate on.

The families recommend that the Medical Emergency Response Incident Team (Merit) should cease to be a voluntary group and should become more formally recognised under the London Ambulance Service. Merit is a voluntary scheme designed to get doctors with advanced life-saving skills to the scene of a major disaster.

The London Air Ambulance (also known as HEMS) should be made a key partner involved in the future of London Emergency Service Liaison Plan.

The families recommend that pre-hospital care should be recognised as a sub-speciality.

Both the government and London authorities should urgently consider proper funding for the London Air Ambulance so that it does not have to depend on donations to survive.

LONDON FIRE BRIGADE

London Fire Brigade should consider whether firefighters be given greater discretion when deciding whether to proceed into a major incident.

TRAINING

Whether there is any insurmountable reason why inter-agency major incident training cannot be undertaken, at all levels including frontline staff.

Whether such training should be compulsory.

The frequency of the training.

Whether existing major incident training should be reviewed again.

OTHER

All organisations that have been involved in the inquests should rethink the language they use in major incidents and replace jargon and acronyms with plain English.

Whether the emergency services should have a single joint system to alert each other when one of them declares a major incident.

What can be done to try to minimise to make it harder for a plotter to buy liquid oxygen/hydrogen peroxide, a key homemade bomb ingredient, and whether more can be done to report sales of the chemical.

It is recommended that consideration be given to: (a) whether Coroners should receive guidance as to whether to direct that internal post-mortem examinations should be carried out in circumstances where, even though the cause of death is known, there is a possibility that survivability issues might arise at an inquest such as to lead to verdicts involving contributory neglect; and (b) whether the families of deceased persons have a sufficient opportunity to make representations to Coroners if there is not it is intended not to carry out an internal post-mortem examination.

Personnel from each of the emergency services (and other relevant institutions) should be ordered to retain any documents created during or in the aftermath of the incident. One individual in each service would then be responsible for collating the documents to make it easier to review what happened and assist legal work, such as at inquests.