

valuable experience in crisis management. We were able to compare and visualize these results with those from the next major crisis that occurred two weeks later in Ho Chi Minh City, Vietnam. This presentation will use both Powerpoint and video discussions, and a "walk through" of events as they unfolded from the moment the blast took place to the successful evacuation of casualties.

Keywords: aircraft; Bali; capabilities, Ho Chi Minh, Vietnam; medical; casualties; culture; evacuation; private; standards; transportation

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Secondary Aeromedical Evacuations Post-Bali Bombings

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The Bali Bombings in 2002 resulted in severely injured patients being repatriated to Australia using five Hercules military transport aircraft. These flights transported 65 patients to the Royal Darwin Hospital (RDH) for stabilization and initial surgery. Of these patients, 53 were listed in "serious" or "critical" condition. The Royal Adelaide Hospital (RAH) provided 10 staff to complement the existing resources of the RDH, including a Burns Surgical Team, a Critical Care Medical Team, and Critical Care Retrieval Nurses.

Arriving patients from Bali were retriaged at the Darwin airport by a four-person medical team. Although only three patients on the first two C-130 aircraft were intubated, within a few hours of arriving at RDH, there were many others who required intubation and/or other critical-care support. The RAH staff were involved in ongoing resuscitation, and more than 100 burns surgical procedures. The RAH contribution also was made at the civilian and military liaison level with the benefit of two high-ranking Australian Defence Force (ADF) personnel in the RAH team, who were performing dual military and civilian duties.

As the RDH does not have a burns unit or the capability to provide ongoing management for the majority of patients, decanting from RDH followed. There were 17 Critical Care Aeromedical evacuations from Darwin to capital cities in other Australian states: 14 were transported by civilian critical care teams using business jets; three were transported by ADF C-130 Hercules with specialist reserve staff. The timing and destination of patients was made largely on the basis of patient stability at the time of available critical care transport. Another 34 patients in "serious" condition were transported from Darwin to other capital cities with the use of a total of four Hercules aircraft.

The use of civilian and military assets to move the critically and seriously ill patients over vast distances across the country was crucial to the success of the medical response.

Keywords: aircraft; Bali; burn injuries; organizing; stabilization; surgery; teams; transfer; transportation; triage

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The Bali Bombing – A State Response to a National Disaster

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Introduction: Survival from burn injury requires a focused, experienced, multi-disciplinary team. To optimize the outcome, treatment must be timely. All intervention from the time of injury to the discharge from the rehabilitation program influences the scar the victim wears for life.

In Australasia, we are living with the increasing threat of fire. In West Australia (WA), statistics demonstrate a 280% increase in the incidence of fires. Coupled with industry and an increase in global terrorist activity, it is vital to understand the capability of a burn unit to treat massive numbers of patients. In Australasia, the focused burn teams are situated in Brisbane, Auckland, Melbourne, Adelaide, Tasmania, and Perth. It is vital to develop a coordinated response in the event that one or other of these regions/countries is overwhelmed.

Results: This presentation outlines the West Australian response to the Bali tragedy. Of the 54 patients treated in Perth, 30 required admission to the extended burn unit facility. All primary surgery was completed by Day 7. Nineteen patients required one surgical procedure. One patient underwent five procedures, but died at nine weeks post surgery. Three patients died.

How the facility was extended and supported is discussed. Specific problems arose due to: time from injury to admission and infection. These issues are discussed with ideas for improvement.

Keywords: Bali; burn injuries; burn unit; coordination; extension; facilities; fire; outcome; support

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Operation Bali Assist: Australian Defence Force Response to the Bali Bombing on 12 October 2002

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Operation Bali Assist was the Australian Defence Force's (ADF) evacuation of injured Australians and other victims after the Bali terrorist bombing. This mission was the largest Australian overseas Aeromedical Evacuation (AME) since the Vietnam War, and was the largest disaster response since the tsunami in PNG in 1998. It relied on military and civilian cooperation to move critically injured patients from Denpasar to Darwin initially, and then onto specialist units around Australia.

This mission involved the triage, stabilisation, and evacuation of 66 critically ill patients from Bali to Darwin over 21 hours using 34 medical staff from the permanent and specialist reserve ADF personnel. The patients were stabilised in Royal Darwin Hospital (RDH), and then, under direction of Emergency Management Australia (EMA), they were transferred to definitive care in various centres around the country. The RAAF transported 35 patients in four separate missions during this second phase (phase one and phase two involved a total of 50 medical staff).

The success of this mission relied on a rapid military