BLAST & EXPLOSIVE INJURIES

Eric T. Haas, NRP
Federal Bureau of Investigation
Operational Medicine
Counter-IED Section

Job Security



Caveats, Disclaimers

■ I am NOT a bomb technician

This is NOT an explosives class

I really do like this stuff!

Goals and Objectives

- Community Awareness
- Basic Understanding of Explosives
- Types of Blast Injury
- Treatment Considerations

Why discuss the topic?

"Improvised explosive devices (IEDs) remain one of the most accessible weapons available to terrorists and criminals to damage critical infrastructure and inflict casualties, as was demonstrated in the attempted bombing of Northwest Flight 253 on December 25, 2009, the October 2010 air cargo plot, and the wars in Iraq and Afghanistan."

Countering Improvised Explosives Devices Office of the President of the United States February 26th, 2013

Community Awareness

What's in your 1st due area?

Military Bases

MCB Quantico

West Point

Fort AP Hill

NAB Little Creek

Fort Belvoir

Watervilet Arsenal

Pyrotechnics



Industrial



- Vulcan Quarry
- "Our quarrying process typically begins with drilling and blasting the rock into smaller pieces."

Criminal Acts



- December 5, 2012
- Fredericksburg, VA
- Attempted robbery

Criminal Acts





Explosives 101

How does it happen?



Combustion vs. Explosion

- Combustion
 - Fuel + Oxygen + Ignition



+ Air (Oxygen) + Spark =



"vroom, vroom, vroom"

Combustion vs. Explosion

Fuel Source



Oxidizer



Combustion vs. Explosion

Ignition Source



EXPLOSIVE

Fuel Source + Oxidizer + Ignition Source =



Types of Explosions

- Mechanical
 - Fuel-Air, BLEVE, Pressure Cooker
- Nuclear
 - Fission versus Fusion

Chemical

Fuel-Air Explosive

- Fuel source is deployed, sparked
 - uses oxygen from the surrounding air
- Staying power
 - Bunker busters
- Grain Bin Explosions

Fuel Air Explosion



Pressure Cookers

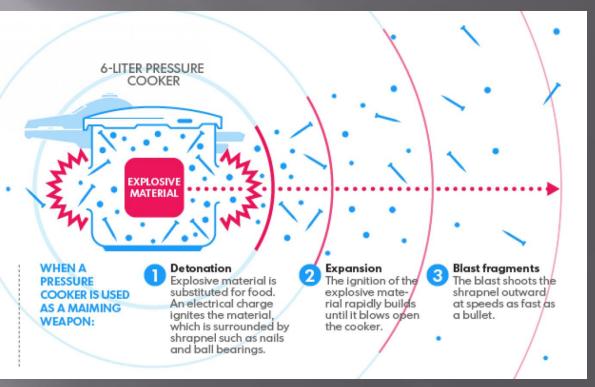
PRESSURE COOKER

The use of pressure cookers as an improvised explosive device is a technique commonly taught in Afghan terrorist training camps, according to a 2003 bulletin by the Department of Homeland Security. "Pressure cooker bombs are made with readily available materials and can be as simple or as complex as the builder decides," DHS says.

WHEN A
PRESSURE
COOKER IS USED
IN COOKING:

Normal use

Pressure cookers cook food by using an airtight lid to trap steam, raising its effective cooking temperature to about 250 degrees Farenheit.



Types of Explosions

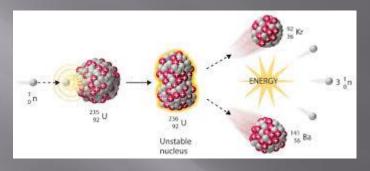
- Mechanical
 - Fuel-Air, BLEVE, Pressure Cooker

Nuclear

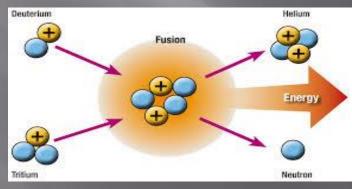
Chemical

Nuclear Explosion

Fission



Fusion



 Do Not confuse with a Radiological Dispersal Device (RDD), also known as a Dirty Bomb.

Types of Explosions

- Mechanical
 - Fuel-Air, BLEVE, Pressure Cooker
- Nuclear
 - Fission versus Fusion

Chemical

Chemical Explosives

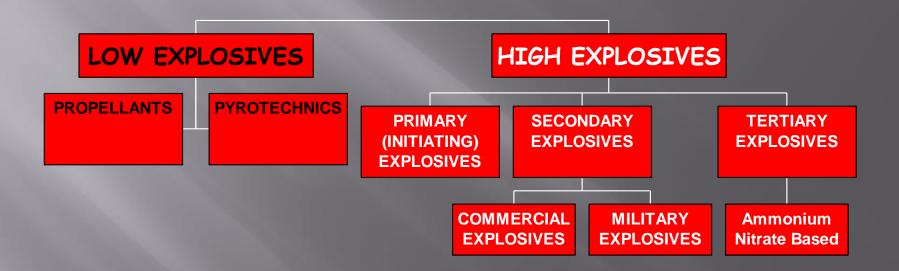
Deflagration

- A rapid combustion that moves through the explosive material at a velocity less than the speed of sound
- Uses internal or external oxygen source

Detonation

- A reaction that moves through the material at a velocity greater than the speed of sound in the unreacted material
 - Instantaneous combustion as it uses internal oxygen

Chemical Explosives



Low Explosives

"Propellants"

- Black Powder
- Nitrocellulose
 - Smokeless powder
- Match heads



High Explosives (HE)

- Nitroglycerine- "Dynamite"
- TNT
- Ammonium Nitrate
- PETN 'det' cord.



- C-4 familiar to all military
- Semtex- commercial use

Improvised Explosive Device

Radio Controlled

Command Wire

Time Delay

Victim Operated

Personnel Borne

Vehicle Borne

Radio Controlled

POSITIVE CONTROL OVER THE DEVICE TO CAUSE MAXIMUM DAMAGE AND INFLICT MAXIMUM CASUALTIES.

CONSISTS OF A TRANSMITTER AND RECEIVER THAT ARE OFTEN ENCODED TO PREVENT ACCIDENTAL INITIATION.





Time Delay

May be utilized to set off any electrically initiated device or provide safe separation.



Victim Operated

Requires a specific action by the victim that changes the environment seen by a switch controlling the device causing it to function.



Personnel & Vehicle Borne IED





BANG!

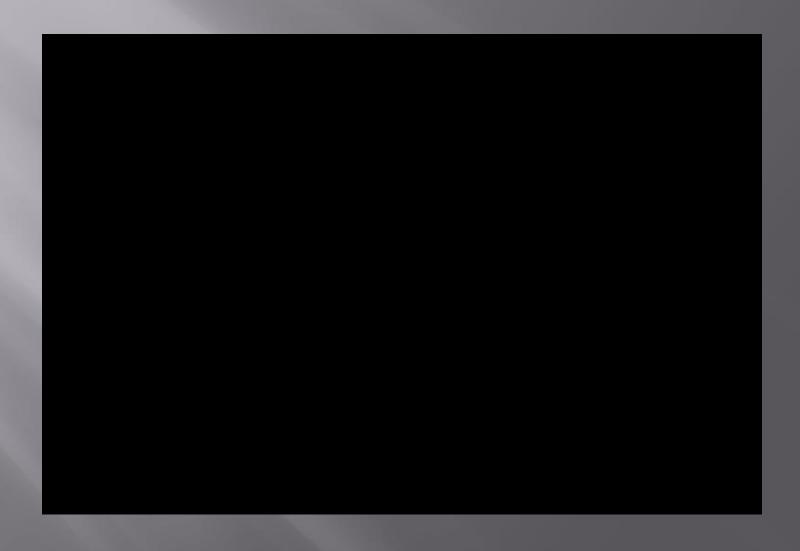
Produces a shock wave in the air

Creates high pressure outwards

Creates a vacuum from the seat of explosion



Ka-BOOM



Explosive Injury

- What are you going to expect to see?
- What are you not going to see...
 - But should be watching for?
- What does your scene size-up tell you?

What information does a receiving hospital want to hear?

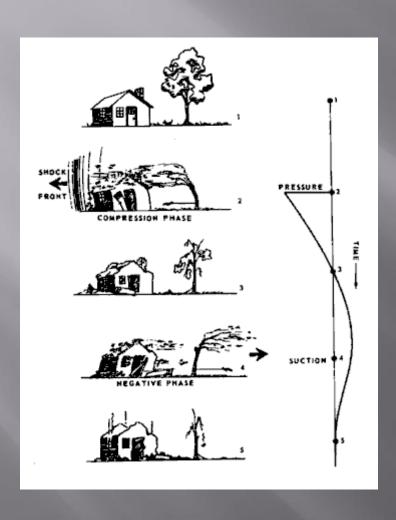
Explosive Effects

Pressure

Fragmentation

Heat/Thermal

The Explosion



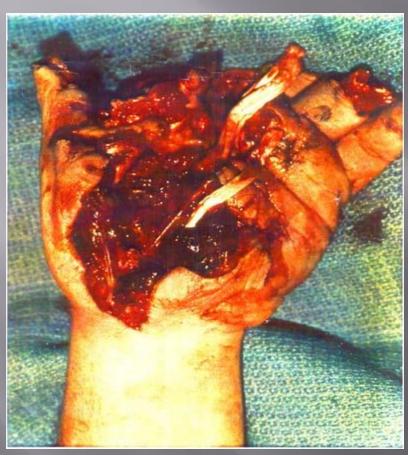
Blast Occurs

- Fast, strong pressure wave
- "Positive Phase"
- Objects get thrown away from blast

Air fills in vacuum

- Longer, weaker pressure wave
- "Negative Phase"
- Objects get pulled towards blast

Little Bang...Big Injury



Blasting cap injury

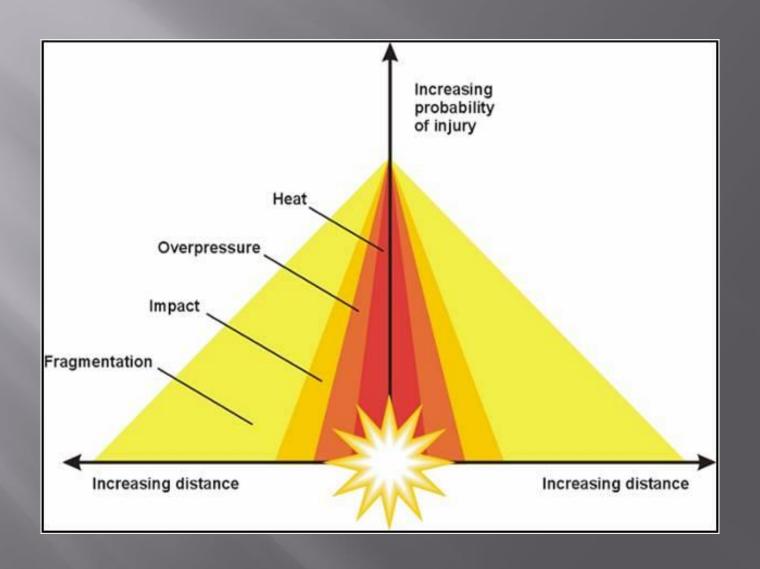


Effects of improvised fireworks

Blast Injury

- Primary
 - The direct effect of the blast
- Secondary
 - Due to projectiles from the blast
- Tertiary
 - The victim is thrown by the blast wind
 - "Flying People!"
- Quaternary
 - All other effects burns, building collapse, etc.

Mechanics



Variables affecting blast injury

- "Blast Environment" is a very important factor determining the extent of injuries.
- Nearby structures may either act as a shield or may reflect the blast wave onto a casualty.
 - Think- Rubber Bouncing Ball
- Confined environment increases damage
 - Foxhole or shelter is a confined environment
 - Inside the bus is bad...

Blast in enclosed space

- A blast wave that is reflected can create a peak pressure 10X greater than that of the incident wave.
 - Blast waves inside buildings are repeatedly reflected creating a "complex blast wave"
 - Marked increase in injuries related to primary blast effects when explosion occurs in a closed space

Primary Blast Injury

- Biggest concern is Proximity
- Organs most sensitive to blast effects are air filled
 - middle ear: ear drum rupture @ 5 psi
 - the respiratory system -
 - lungs and bronchi: lung damage at 15 psi
 - upper airways (trachea, pharynx and larynx)
 - nasal passages and sinuses
 - Bowels
 - Stomach
 - Bladder

Primary Blast Injury: Ear

• Middle ear:

- Ruptured tympanic membrane (TM)
- Temporary conductive hearing loss

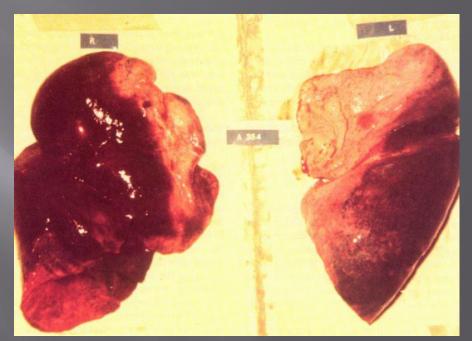
Inner ear:

- Temporary sensory hearing loss
- Permanent sensory hearing loss



Primary Blast Injury: Respiratory

- Hemorrhage:
 - Pulmonary contusion
 - Hemoptysis
 - Hemothorax
- Escape of Air:
 - Pneumothorax
 - Pneumomediastinum
 - Arterial gas embolism (AGE)
- Consider epithelial damage to tract



Primary Blast Injury, cont.

Brain

- Concussion
- TBI
- Signs and symptoms include headache, fatigue, poor concentration, lethargy, anxiety, and insomnia

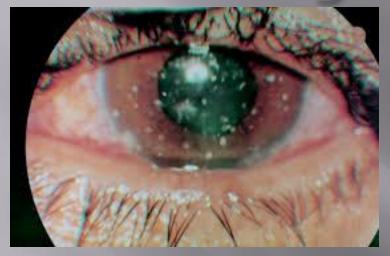
Digestive Tract

- Gastrointestinal hemorrhage / perforation
- Retroperitoneal hemorrhage
- Ruptured spleen and / or liver

Secondary Blast Injury

- Injury caused by fragment or propelled objects
- Most visible type of injury
- Be mindful of size of fragmentation
- Often results in the majority of casualties

Fragmentation



- Primary versusSecondary
- Can be anything!



- All shapes and sizes
- May require extension debriding

Fragmentation can hurt



Tertiary Blast Injury



 The blast wind pushes/throws the victim onto something else.

The trauma is due to the impact.

Blast wind occurs with both HE and LE explosions

Quaternary Blast Injury

- The building collapses
- The products of the blast are poisonous
- Heat burns

Exacerbation of underlying COPD, CAD, etc.

Treatment Modalities

Pre-planned operations

Identify the elements if possible

Go Back to the Basics: Trauma is Trauma

Attacking The Trauma

- Tourniquets:
 - Use <u>liberally</u> for any significant extremity hemorrhage
 - No adverse events seen
 - Use early: "first resort not last resort"
 - Consider junctional tourniquets
- Aggressive control of the airway
 - Within protocol
 - Consider intubation if necessary

Attacking The Trauma, cont.

- Consider additional therapies
 - Within protocol
 - TXA, Hextend
- Provide monitoring and support
 - Whether wanted or not
 - Consider transport for evaluation

Be Prepared



So you see this guy... now what?



Injuries to the bomb tech

- Blast pressure
 - Ear injury
 - Lung damage
 - Traumatic amputation
 - Internal hemorrhaging

- Fragmentation
 - Possibility of fragments
 traveling in excess of 8900fps
- Environmental
 - Heat
 - Cold

Body Orientation



Potential Hazards for Fire/EMS

- Secondary devices
- Fragmentation
- Chemical, biological, radiological exposure
- Exposure to residues
- Blast pressure

BANG.... (now what)

- What is in your first due? Jurisdiction?
- Scene Safety
- Manage Trauma as Trauma
- Provide Support

Acknowledgements

Roland Hankey
N. Rick Skipper
David Acquavella
Geoff Kent
Dennis Thompson
Javier Zuniga
FBI Explosive De



Terrorist Explosive Device Analytical Center (TEDAC)