Dear Editor

Aero India is a premier biennial air show held in Bangalore. Ever since the first air show in 1996, it has come a long way in terms of the increasing number of exhibitors and attendees and is a must for the aviation industry captains on the world map. The 6th International Aerospace and Defence exhibition, Aero India 2007 was held at Yelahanka air base from 7th to 11th Feb 07.

Mega events of such magnitude, where aircraft from across the world are on display and showcase their performance capabilities during aerial displays, require a host of support services working together to ensure successful conduct of the event [1,2]. Though air shows present a small risk to spectators and aviators, they may have the potential of drastically turning to a major catastrophe, especially the potential or the real hazard of an air crash amidst large gatherings. The memories of 1988 disaster at Ramstein Air Base in Germany, where seventy-two spectators including three pilots were killed and 346 were seriously injured and the crash at Lviv 2002 air show, where 84 people were killed and over 100 injured, are still fresh in the memory.

An emergency plan is essentially worked out and practiced ahead of such events, which serves to inform all the services about their responsibilities and procedures to be followed in case of an aircraft accident. Guidelines exist in the preparation of airport and airshow disaster plans and these help the concerned agencies to develop plans to cater for local needs which would be unique in terms of resources available. Aero India was no different and airshow disaster plan and medical support was planned under the overall supervision of Senior Medical Officer, Air Force Station Yelahanka. I had an opportunity to participate in Aero India 2007, as one of the emergency medical officers during the air show.

The primary objective of the medical element for the air show was to cater for routine first aid care for participants/visitors, besides being prepared for a disaster of certain magnitude; and make every other support services aware of the medical contingency plan for smooth relief and evacuation, in case of an accident. The Medical team for Aero India 2007 included physicians and mobile surgical team from Command Hospital, Air Force, Bangalore. In addition, there was adequate specialist medical staff from several civil hospitals of Bangalore. Medical cover was grouped as Mobile reaction teams / Quick reaction teams, Medical aid posts (MAP), Search and rescue (SAR) posts, and Medical control post. The MAPs and first aid posts, located close to the static display area just behind the public assembly area, were functioning as small medical detachments to treat minor injuries. They were responsible for triage of casualties, in case of an accident, and were to be assisted by ambulance services and fire brigade. The casualty evacuation plan was to transfer patients, depending on their location as well as priority, to either Command Hospital, Air Force, Bangalore or to the mobile surgical team placed at the local Station Medicare Centre (SMC). An ambulance was available at crash bay and a SAR helicopter along with a medical officer was positioned near ATC dispersal. Mock exercises involving “on base” and “off base” aircraft crash, fire emergencies and bomb explosion/threat etc. were conducted to fine tune the teams performance capabilities.

Aero India 2007 was not to conclude without
its share of mishaps. There are two such events which marred an otherwise successful air show.

First was the tragic crash of ALH from the aerobatic display ‘Sarang’ team, killing the co-pilot and grievously injuring the pilot, and the second incident was the canopy opening/tyre burst incident of Indian Jet Trainer (IJT).

The Sarang crash took place during one of the practice sessions. The medical team rushed to the site, casualties were immediately attended to and were further evacuated to Command Hospital Air Force Bangalore. During the IJT incident the crashbay ambulance reached the site immediately. I as MO on duty, escorted the pilot in the ambulance to the SMC. This was the time when the mock drills we had practised, were actually handy. The pilot was found not to have sustained any injuries.

I would also like to mention about another incident. During slithering shows, one of the jawans while slithering down the chopper got his legs entangled in the rope and as a result was pulled up the moment chopper moved up, to be released later only with his head upside down. The patient was given immediate medical care, as the MAP and the ambulance were strategically located, just next to the event scene.

To conclude, a well chalked out realistic disaster plan is a must for such mega events, which can be executed only if all the eventualities are planned for and practiced regularly. Finally, I must admit that it was an enthralling experience to see power packed aerial fiesta provided by F-18 Super Hornets, Gripen, F-16, Mig-35, MiG 29M OVT, Sukhui, Sarang and Surya Kirans, besides the learning experience as part of the Aero India 2007 medical team.

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References
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