

# A day of horror, day of heroes

Three months since New Zealand's worst shooting, authorities will this week review Christchurch Hospital's response. Kurt Bayer reveals how March 15 unfolded in the wards.

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It had been a quiet Friday for Emergency Department specialist Dr Dom Fleischer. The usual sprains and strains, nothing major.

At 1.50pm, a breathless man came running in, with cuts to his hands. He said there'd been a shooting at the mosque; he'd broken a window to escape. His claims were met with some disbelief. ED staff hear it all.

But when another man rushed in minutes later, with the same story and similar injuries, Fleischer and his staff took note.

He grabbed some senior nurses and colleagues and formed a quick huddle. They decided it could be big.

The hospital's major incident plan was activated — a rare move that was done during the earthquake which killed 185 people in February 2011. Pagers buzzed and people ran.

Dr Hayley Waller had been thinking her kids might like an ice cream after school. Outside below, the leaves had yet to change in sprawling Hagley Park, or across the meandering Avon River, in the Botanic Gardens.

Jackhammers and drills working on the new post-quake CBD buildings scattered birds and broke the otherwise calm of a Friday afternoon.

Just some 1200m from Christchurch Hospital, was the Masjid Al Noor mosque.

Back towards town, intensive care unit nurse manager Nikki Ford was enjoying lunch. Registered nurse Ruth Deal was driving to work, hoping to pick the librarian's brains for her post-graduate studies, while surgical nursing manager Nicky Graham was sorting the latest issue to crop up on her ward.

Trauma nurse Mel Evans got a message to the on-call general surgeon James McKay that he'd better get down to ED. McKay was in the middle of an operation but handed over the reins to a surgeon colleague and headed downstairs.

ED was cleared of everyday patients — back home, to GPs, medical centres, other wards — and within 2-3 minutes, scores of doctors, surgeons, nurses and other staff were coming into the emergency department.

The ED was soon in “chaos”, Fleischer says. The first bloodied gunshot victims were being stretchered in — scooped up by passing members of the public, electricians and off-duty nurses.

Armed offenders squad police officers laid dying people in the back of their squad cars. Paramedics raced in, ambulances stacking up.

Then there were reports of a “gunman loose” in the ED. Armed policemen sprinted around searching for a shooter.

The hospital was in lockdown, armed police at every entrance and exit point, patrolling the perimeter.

And time was critical. The only way to save lives was to get victims into an operating theatre. Evans gave them each a number and alongside head of surgery Greg Robertson assigned them to a bay.

One critical piece of paper — even in this technological age, it was still the best way — floated around the department, saying who each was, and whether they were to be assigned to get a CT scan or straight into surgery.

Within two hours, ED was cleared. Everyone pitched in. The usual egos and patch protection pathos were dropped.

Deal chucked a gown over her civilian clothes and set up the SPCU (Surgical Progressive Care Unit) to receive trauma patients straight from ED and get them ready for either surgery or the 23-bed intensive care unit.

ICU was Ford's baby. She had worked through the quakes and immediately began drawing on that knowledge of working in extreme situations. She was thinking ahead and organising supplies.

While it was all hands to the pump, and time was of the essence, there was also the nagging thought in the back of the hospital staff's heads, that outside a major catastrophe could be unfolding in their city.

Rumours and misinformation were rampant. Sirens blared. Schools were in lockdown. A guy in military clothing was arrested outside Papanui High. Reports of bombs in abandoned vans. And the hospital staff, especially those with kids themselves, wanted to know if their loved ones were safe.

Ford phoned her son and told him to stop biking around the city and to get straight home. Some nurses found out their teenage children were traumatised after inadvertently seeing a livestream video on social media.

When Waller got to ED, the enormity of what was happening hit her.

“There were just people everywhere and patients just continuously arriving and you just thought, ‘Oh my gosh, this is going to be really big’.”

She soon had two of the most critically-injured patients to deal with.

“The first patient I looked after, it was obvious from the second I saw him that he was critically-injured and needed an operation. He had lost a lot of blood and he wasn’t going to be someone who was going to be able to be stabilised without an operation,” Waller says.

She had never experienced gunshot wounds before. The biggest mass casualty she’d been involved in was an Arthur’s Pass bus crash with 20 injured people — most of them not seriously.

“I remember one of my first questions to the ambulance officers was, ‘Did they lose much blood?’ and I look back and think it was a stupid question but I just didn’t understand the context. They just said to me, ‘We don’t know, we just literally scooped this person up and put them in the back of the ambulance’,” Waller says.

“I felt this ... disbelief of, ‘How has this happened to these people? How has this happened in Christchurch?’ I never for a second thought that in my career I’d be dealing with something like this in New Zealand.” On and on it went.

McKay operated overnight on one of the sickest patients. He finally got home about 5am but couldn’t sleep. His mind was buzzing. And besides, he had to be back in two hours for the morning briefing. For most of the hospital staff, their work was only just beginning.

In the first 24 hours, 31 surgeries were performed. Over the next days and weeks, surgeons would spend 174 hours in theatre, while patients spent 3132 hours in ICU, and a staggering 19,566 hours on surgical wards.

Of the 48 victims who arrived at Christchurch Hospital ED who were able to be resuscitated, 47 survived. And three months on, all but one person has now recovered to the point where they are well enough to be at home.

All of the hospital staff interviewed by the Herald on Sunday were stunned things weren’t worse.

“That is something we’ve become progressively more proud of,” McKay says.

Fleischer agrees: “It boggles my mind a little bit to think that, on a world stage, we’re a small hospital but have managed to achieve something those bigger places don’t think they could’ve done.”

An official clinical debrief — how it went; how things could've been done better — will be held this week. But the unofficial ones, the late-night pub sessions, quick coffee breaks, water cooler how-are-you-doings, have been happening ever since what Prime Minister Jacinda Ardern called “one of New Zealand’s darkest days”. Everyone says those debriefs have been crucial in handling the traumatic events.

“On the night of March 15, the local hotel stayed open and our nursing staff went down there,” says Ford. “I arrived at about 10pm and it was a really nice debrief: ‘Didn’t we do well. How sad it was.’ It was really important to stay connected.”

Some nurses who witnessed the carnage of ED have spoken of having flashbacks, Ford says. They have been offered wraparound care.

Canterbury District Health Board chief executive David Meates says his staff are “extremely resilient in the face of adversity” but are not immune to the after effects.

“I never dreamed our city would be impacted by such events, but it happened and even now, three months on, it still feels surreal. I’m incredibly proud of the health system response to the attacks, which has been nothing short of extraordinary,” Meates says.

All staff interviewed for this story praised the genuine teamwork and camaraderie during the hospital’s response, and believe that can be attributed to their success in saving lives. From the surgeons to sterile services, radiology to blood bank, orderly staff, communications, social workers, from top to bottom.

A lot of that esprit de corps was forged in the tremulous moments of the 2010 and 2011 quakes. And those relationships have not been forgotten.

“What got us through it was teamwork. Working through adversity actually brings people closer together. You work together, support each other, and become stronger as a team,” Graham says

They talk of operating in the hospital’s “bubble”. Many actively ignored media coverage during that first week. It was too distracting; upsetting.

And many of the patients would spend several days, even weeks into months, in hospital. Dealing with them and their families and friends over a prolonged period was a rewarding experience.

“We’re scrambling to ensure we are being sensitive to their needs and cultural beliefs, while they are trying to make us feel at ease constantly, saying, ‘Have you had your tea break’, ‘Are you okay?’ They’re just such wonderful people,” Deal says. But it was also tough watching the families go through it. Some spoke of it being “emotionally taxing”, especially after the initial danger was cleared.

“I feel like I hurt a lot for them and their community. You can appreciate the psychological trauma that these people have been through, and along with the physical injuries, they have a really long road to recovery,” Waller says.