

Again

tential one for explosions. Industrial explosions could occur at Erwin Mills and the American Tobacco Company. Explosions could occur in laboratories at Liggett and Myers, here at Duke, and at the Research Triangle Park.

Hurricanes can come at any time, bringing devastation with them. It was not long ago that "Hazel" did just that.

It is not impossible that some summer night, in the midst of a ball game, the bleachers could collapse in the Durham Ball Park.

There are numerous nursing homes in the area, and each is subject to the dangers of fire. University dormitories are subject to the same.

It is anticipated that—at the most—only fifty people would require emergency treatment at Duke due to a natural disaster, but fifty is a large number when you add to it the human elements of fright, confusion, pain, and impatience.

It is to prepare itself for the possibilities of the above disasters, that Duke Medical Center every year conducts a surprise disaster drill.

The drill is under the direction of the medical center's MEND Committee (Medical Education for National Defense), a committee of twelve which is responsible for handling both natural and nuclear disasters.

This year the bleachers collapsed in the university ball park, and over seventy disaster "victims" (medical and nursing students) were brought in university trucks to the emergency rooms at Duke Hospital and the VA, which was also cooperating in the exercise.



In the first floor dining room further sorting is done and other treatment is begun. These girls are being treated for shock.

In the Duke Emergency Room, two medical primary sorting officers were on hand to help the ER staff differentiate between minor and major injuries. The "victims" were tagged with cards on which registrars noted each victim's name, where he was to be sent, and his assigned patient number. Any life-saving emergency care was given.

Those pronounced dead on arrival were taken to the morgue.

Survivors were taken—by stretchers and wheel chairs from the ER to the first floor dining room, where further sorting (by degree and type of injury sustained) was done and other treatment was begun. From this area, many were sent to other areas where treatment needed was available (e.g. Surgical OPD, the OR, etc.).

Closed-circuit television cameras, connected with a television set in the office of the administrative director, were used for on-the-spot evaluation of the drill.

During the drill, fifty-four people were processed through the Emergency Room in sixty-five minutes. It took from 2:10 to 4:00 P.M. to sort the cases, to treat them, and to process certain ones through the OR.

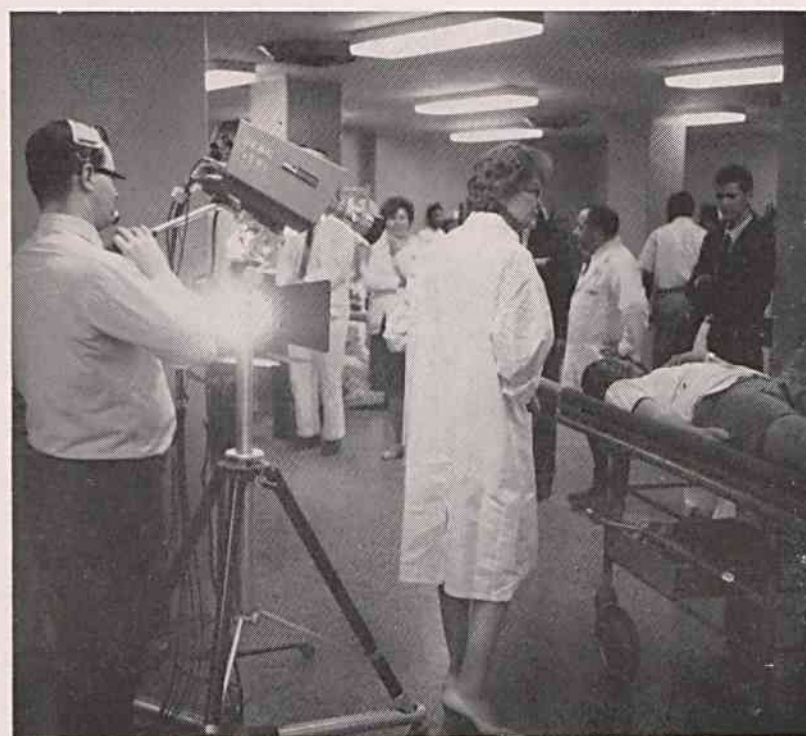


Dr. John Dobson and Mrs. Sarah Jeffreys examine a patient brought to the first floor dining room. Dr. Dobson is writing orders for the care of the patient on the patient's tag.

"It was the smoothest and the best organized drill that 'I've seen,'" said Dr. Donald Silver, chairman of the MEND Committee, who has seen over ten of the Duke disaster drills.

Dr. Silver further commented

that much credit is due the in-hospital staff; for he said that the cooperation given by Nursing Service, the security police, and the supply and messenger people accounted in large part for the success of the drill.



Closed-circuit TV linked with the administrative director's office makes possible on-the-spot evaluation of the drill.