services involved and, whenever necessary, a management team is assembled in the town hall, supervised by the burgomaster.

Seventy municipal and private ambulances in the region can be mobilized through the regional dispatch center. This center is fully computerized. This system is capable of transporting 65 stretcher cases in the first hour and up to 100 stretcher cases in the second hour, before requesting additional assistance from neighboring regional dispatch centers.

If required, mobile hospital trauma teams will be made available. About 25 hospitals in the Netherlands are stand-by for producing such teams, which resort administratively under the Ministry of Welfare, Culture and Health. They can be used for first aid and triage on the scene or for rendering services to victims in neighboring hospitals. In connection with legally founded Municipal Disaster Management Plans, hospitals dispose of Hospital Disaster Management Plans, prescribing the number of victims to be admitted. The Red Cross is capable of setting up a casualty assembly center within about two hours of receiving the alert.

More details of the Medical Disaster Plan will be discussed.

A SYSTEM FOR EMERGENCY MEDICAL RESPONSE TO UNDERGROUND DISASTERS

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A system has been developed by which physicians and paramedic based on-scene acute medical care may be delivered in the event of underground disasters. This system was designed to meet the needs of the deep mine industry in the eastern United States, but is appropriate to other locations and applications. The system is composed of residency trained Emergency Medicine physicians and specially trained and certified paramedics. These individuals are supplied with sufficient equipment and adequately trained to treat critical injuries insitu, either before or during prolonged extrication in confined or unusual locations. The purpose of the team is to reverse critical life-threatening injuries and prolong survivability of patients requiring extended extrication such as occurs during mine disasters or deep cave rescues.

The team may also be configured to respond as a self-contained rapid deployment unit capable of triaging and stabilizing 10 to 15 mixed category patients per hour for distribution to appropriate facilities. The team may be appropriately used as one component of the developing NDMS System (National Disaster Medical System). The team may also provide significant medical augmentation for other specialized rescue services such as trench rescue, wilderness rescue, etc.

Applicability of the team to related disasters such as earthquake response, building collapse and terrorist attack where prolonged extrication may significantly reduce patient survivability will be discussed. Current utilization of the team in other specialized situations will be mentioned. Composition of the team, training, equipment, financing, availability, historical responses, and potential for expansion of the concept will be reviewed.

https://doi.org/10.1017/S1049023X00029794 Published online by Cambridge University Press