Dealing with Disaster During the Olympics

At 1:40 a.m. on July 27, 1996, Gail Anderson's worst nightmare came true. Awakened by an urgent phone call from Grady Hospital, Atlanta, Georgia's regional trauma center, Anderson learned of the pipe bomb explosion at Centennial Olympic Park that killed two and injured 111 others attending an evening rock concert after a day of Olympic competitions.

"When I heard the report, I knew we had a serious incident on our hands... and decided to put our disaster plan into effect," said Anderson, chief of medical staff and senior vice president of medical affairs at Grady Health System. "We were lucky because, unlike in other disasters, we had a disaster plan, ambulances and EMS teams from Grady Hospital on the scene already."

Months prior to the 1996 Summer Olympics, Anderson worked with regional emergency management agencies to create an emergency medical response plan involving coordination among the 28 metropolitan hospitals and Grady. Although it was nearly impossible to speculate on the possible types of disasters that could occur during the Olympics, the group created a county-wide plan that relied on US Federal Emergency Management Agency (FEMA) disaster response guidelines and was tested and updated daily to respond to fluctuating traffic patterns.

"One of our biggest concerns was access to the hospitals, because Atlanta is notorious for its gridlock on the highways," Anderson said. The late-night timing of the Atlanta accident, however, was an advantage that facilitated the quick transport of patients to Grady’s trauma center in 32 minutes.

Anderson's teams experienced some problems, however, during the disaster, including the immediate jamming of phone lines due to the high volume of hospital calls and improper prioritization of injuries. Police facilitating the response effort were distracted by those with superficial injuries and insisted that these less serious victims be transported to hospitals immediately, thus failing to triage the more serious, immobile patients, Anderson said. As a result, all 51 ambulances at the park were used quickly, leaving numerous patients needing urgent care.

"We were well prepared in Atlanta, but we were also very lucky... and I hope if any of your countries hosts an event like the Olympics, you will take similar precautions--but also learn from our mistakes, in order to further improve EMS disaster preparedness," he said.