Disaster Medicine can mean many things: multiple trauma patients in the hospital ED, triage at a vehicle accident, or dealing with chemical or biological attacks. But this presentation focuses more narrowly on DMATs (Disaster Medical Assistance Teams) and related teams.

The National Disaster Medical System (NDMS) is a federal-state-local-private partnership formed in 1983, by executive order of the President, to develop a nationwide medical response to disasters. The NDMS has two major functions:

1. to evacuate patients from a disaster area to hospitals outside the disaster area, and
2. to provide direct medical response to the disaster area.

Disaster Medical Assistance Teams provide emergency and interim primary care when local medical resources cannot meet the need, or are themselves incapacitated. DMATs support local emergency responders and medical facilities and other disaster response teams in the area.

DMATs can set up a large tent-hospital freestanding emergency department, treating and releasing those with less serious problems, and stabilizing and transferring those needing definitive care or admission. DMATs may also “backfill” an existing ED, or use a tent-hospital as a supplement to an existing but overwhelmed or damaged Emergency Department.

Especially during the initial stages, DMAT personnel may also form Strike Teams (small, mobile groups of medical and support personnel) to go to affected communities, assess medical needs and provide on-scene medical care.

A DMAT “cache” includes treatment area, bunkroom, administration and pharmacy tents; generators, radios, boxes of medical supplies and equipment, and a refrigerator truck with pharmaceuticals. Sometimes, a DMAT may use one of the new Mobile Medical Units (MMUs).

A NDMS Bestiary
In addition to DMATs, NDMS has certain specialty teams:

VMAT
Veterinary Medical Assistance Teams provide medical services to animals affected by a disaster. Teams are composed of veterinarians, veterinary pathologists, veterinary technicians, microbiologist/virologists, epidemiologists, toxicologists and various scientific and support personnel.

DMORT
A Disaster Mortuary Operational Response Team can help provide temporary morgue facilities, and forensic dental pathology, and other forensic anthropology methods for identifying the deceased.

NNRT
A National Nurse Response Team is designed to furnish large numbers of nurses when that is a specific need.

NPRT
National Pharmacy Response Teams are designed to respond when there is need for massive administration of vaccines or other medications for disease outbreaks.

USAR
Urban Search and Rescue teams search disaster areas for survivors (and bodies), and provide heavy-rescue when needed. While not strictly speaking part of the NDMS (they are under FEMA but separate from NDMS), they have a limited medical component.

Additional information on NDMS teams is available at:
www.ndms.dhhs.gov
DMATs, both in terms of numbers of teams and number of personnel, form the bulk of the NDMS's personnel.

**DMATs require** doctors, nurse practitioners and PAs, nurses, EMTs and medics, pharmacists, and many logistics and management personnel. Most DMATs do emergency medicine and primary care. However, a few DMATs are more specialized: mental health, pediatrics, burn and crush injury, each with members across many states.

**We should all prepare for disaster.** There are many ways to prepare. Joining a DMAT (Disaster Medical Assistance Team) is certainly one way. DMATs are people who train together, as volunteers. When activated, DMAT members become paid employees of the Department of Homeland Security, Federal Emergency Management Agency (DHS/FEMA). DMAT members’ jobs are protected by the USERRA law, to the same extent as the military reserves.

**DMAT members** must be able to survive in relatively austere conditions, i.e., be low-maintenance. While some outdoor experience is helpful, DMATs are not expected to meet the standards of, say, a mountain rescue team. Commonly, DMATs set up tent-bunkrooms, portable water treatment, and showers. DMATs are sometimes billeted in hotels. Members experienced with austere environments may be called to form special Strike Teams when complete self-sufficiency is essential.

**Prepare yourself:** even if you don’t join a DMAT, you should be both low-maintenance and self-sufficient. Right after a big disaster, there is no food, there is no water, there is no shelter, there is no transportation, there is no gas, there are no garages or mechanics, there are no communications, and there is no organization. At least for the first few days, what you’ve got is all you’ve got. DMATs have food, water, and shelter. But to prepare to respond without a full DMAT:

- prepack (or at least plan and list) your response gear
- exercise regularly
- train in topics most needed for an austere disaster environment: Survival, Wilderness Travel, Land Navigation, Incident Management, Communications, Improvised Rescue, and Wilderness First Aid.

In Pennsylvania contact your local DMAT, CDS Outdoor School (www.cdsoutdoor.com), the Pennsylvania SAR Council (www.psarc.org) or a local SAR team for training opportunities.

**New National Incident Management System (NIMS) Requirements.**

The NIMS, previously the National Interagency Incident Management (NIIMS) System, which includes the Incident Command System (ICS), now imposes training requirements for all emergency responders, starting in Fiscal Year 2006; some additional requirements will start in Fiscal Year 2007 (FY07).

1. **Entry level first responders & disaster workers**
   - IS-700: NIMS, An Introduction
   - ICS-100: Introduction to ICS or equivalent

2. **First-Line Supervisors (e.g., Crew Chief):** add
   - ICS-200: Basic ICS or equivalent

3. **Middle Managers (e.g., Strike Team Leaders):** add
   - IS-800: National Response Plan
   - ICS-300: Intermediate ICS or equivalent (FY07)

4. **Command and General Staff:** add
   - ICS-400: Advanced ICS or equivalent (FY07)

NIMS information and online training are available at www.fema.gov/nims/index.shtm