Next: Katrina!

www.conovers.org

www.psarc.org
DMAT PA-1

So, what have we been doing lately?
Hurricane Season 2005

- Katrina hits southern Mississippi and greater New Orleans area
- Initial damage worse in MS, due to storm surges up to 29 feet
- Severe and sustained flooding in New Orleans and surrounding parishes, following levee breaches
- Some areas hit again by Rita
Where We Went

- MST (multiple sites)
- Warehouses (multiple sites)
- Southern Mississippi
- New Orleans Airport
- West Jefferson Hospital
- Grand Isle
- Cameron
- St. Bernard Parish
- Plaquemines Parish
- New Orleans
PA-1 Deployment Types

- Strike Teams
- Individual Assets to Medical Teams
- Larger Group Rosters
- Individual Assets to MST
West Jefferson Hospital

- Intact community hospital that was instantly overwhelmed
- Established a MASH unit on the front lawn of the hospital
- DMAT absorbed Triage
- Some intact specialty services
- DMAT utilized labs and radiology
Strike Team Grand Isle

- No medical care for the island
- Converted AirStream trailer served as a mobile clinic and pharmacy
- Once PHS able to provide care to area, returned to West Jefferson
St. Bernard Parish

- Outlying MASH unit, not attached to a particular hospital
- Variety of teams worked there, over time
- Took months to establish a long term solution for the area
Plaquemines & Cameron

- Outlying areas farther from hospital support
- Heightened clinic capabilities provided by MEMUs
- Staffed by Strike Teams, pharmacist, radiology technician
St. Bernard Parish

EMERGENCY
MEDICAL CLINIC
DMAT

[Image of a sign directing to an emergency medical clinic]

[Background image showing tents and emergency vehicles]
New Orleans Surge Mission

- System still overburdened in February 2006
- Surge of residents and guests returning during Mardi Gras
- Enhanced capacity of ERs and ICUs for Tulane Hospital and Charity Healthcare System
Serving in DMAT: EMT & EMT-P

- Form the majority of many DMAT teams
- Chance to expand your level of knowledge and skills
- May function differently in disaster roles than in usual role
Serving in DMAT: Nurses

- Always a need for more nurses
- Roles are as diverse in DMAT as they are in any hospital
- Opportunity to cross-train and expand your skill set
Serving in DMAT:

Physicians/Surgeons

- In high demand nationwide
- Function in a variety of settings
- Often working with mid-level practitioners
- Many opportunities for teaching (just-in-time training)
Serving in DMAT: NP/PA

- Strong need across the country for more mid-level practitioners
- Enables deployment of additional Strike Teams, since available MDs may be needed more in the larger BCO sites
- Opportunity for collaborative as well as independent work settings
- May function in settings similar to clinic, ER, and/or hospitalist roles
Serving in DMAT: Pharmacists

- Relied upon a great deal by all providers
- Many opportunities for pt/family teaching
- Invaluable member of “Red Tent”
- May function as lab technician, in certain instances
Serving in DMAT: Logs/Comms

- Maintain the flow of supplies and information for the team and the mission
- “First in, last out” in all set-ups
- Often called upon to assist in maintaining flow of patient care
- Skill sets of all varieties are valuable
Serving in DMAT: MST

- Oversee all personnel, patient care needs, payroll
- Monitor and report safety issues
- Coordinate with FEMA chain of command
- May function on-site or at the MST
- Medical training helpful but is not a requirement
Serving in DMAT: Mental Health

- Primary role is to support DMAT and DMORT teams in the field
- Role in Katrina Response, however, extended to patients
- Essential to the spirit and morale of field teams
Sarah Glade, M.D.
Psychiatry
Office Re-Opened
836-2444
The End

Thanks for staying awake!

For more information, please see our website:
www.dmatpa-1.com