

Disaster Medical Assistance Team

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The Tampa Bay Regional Planning Council¹ (TBRPC) has been a leader in planning for disaster emergencies. The first Regional Evacuation Plan for Hurricanes was developed by the TBRPC in the late 1970s. This plan coordinated county efforts in the region with the efforts of support groups such as the Red Cross. The plan proved very effective when Hurricane Elena hovered off the coast of Tampa Bay for three days in September 1985. A successful evacuation took place in record time and in record numbers. More than 550,000 people left their homes for 175 shelters. Fortunately for the Tampa Bay region, the storm did not make a direct landfall.

These early efforts of the TBRPC have continued and expanded in many ways. Among those ways is the *Hurricane Awareness Guide*, a tabloid available to every household in the region. Another important effort has been the development of a video and a workbook for children, *Jason's and Robin's Awesome Hurricane Adventure*. This workbook for children goes to all fourth graders in the region, and plans are to place educational material in all of Florida's fourth-grade classrooms.

Although a hurricane has not directly hit the Tampa Bay region since 1926, this region is considered one of the most vulnerable for hurricanes. Also, the region has been victim of several tropical storms

and "no-name" storms. This vulnerability keeps the region watchful and forever looking for ways to be prepared.

Hurricane Hugo, which hit the shore in September 1989, was the wake-up call for Florida. We had not done enough to plan for recovery. The regional planning councils of Florida began an all-out effort to plan for the recovery process associated with a hurricane. Plans were developed and training provided. However, when Hurricane Andrew struck South Florida in August 1992, we learned that we had only scratched the surface on what needed to be done. The devastation left by Andrew was like nothing anyone had ever seen. Scenarios had not been developed predicting the magnitude of devastation that occurred.

The executive directors of Florida's regional planning councils visited the area six weeks after the storm. What they saw was startling beyond comprehension. There were burn sites along the road with no way to recognize what was burned. People were still displaced. No signs indicated where you were. The human needs far exceeded Dade County's abilities. There was a lack of water, sewer service, police protection, food, building supplies, and many other goods and services—too many to enumerate.

After the visit, TBRPC began immediately to evaluate how the Tampa Bay region could prepare for a similar disaster.

While developing ideas, we became aware of the need for field medical services. We contacted the National Guard and Dr. Bruce Pettijohn, commanding officer of the 131st MASH Florida National Guard, who suggested that TBRPC develop a medical unit that could work in conjunction with the National Guard and the National Disaster Medical System of the U.S. Public Health Service. Pettijohn worked with us to outline what could be organized and helped us make the appropriate contacts to pull the plan together. From this point, we began to develop the Tampa Bay Disaster Medical Assistance Team (DMAT).

A DMAT is a voluntary organization of physicians, nurses, paramedics, emergency medical technicians, and aides. It serves as the medical response element to bring aid to areas affected by a major disaster. This aid includes triage, medical or surgical stabilization, and continued monitoring and care of patients until they can be evacuated. DMATs are not only reserved for federal needs, but are also available to state and local authorities to respond to incidents that do not require federal intervention or assistance.

After a major disaster, resources within the affected area are inadequate to clear casualties from the scene or treat them in local hospitals. A DMAT can assist in providing care for ill or injured victims at the disaster site. In meeting the needs of the specific situation, DMATs may be activated to receive or stage patients, clear casualties, or provide other appropriate medical care needs.

In Florida, the DMAT works closely with the Florida National Guard. Joint training and communication present opportunities for greater understanding

and speedy, effective response. In addition, during its scheduled training exercises, the DMAT could make medical services available to those members of the general population who would otherwise be without care, such as children in need of an immunization program.

In August 1993, the TBRPC signed a Memorandum of Understanding with the National Disaster Medical System to become a DMAT sponsor, creating the first, and to date the only, regional DMAT. As the sponsor, the TBRPC is responsible for the following:

- Recruiting (including reviewing volunteers' enrollment material and verifying professional/technical credentials), organizing, training, and maintaining one or more DMATs in accordance with the *DMAT Organization Guide*;
- Accepting and maintaining equipment from federal and other sources for use in training and disaster response;
- Mobilizing the team(s) for state, regional, or local disaster service;
- Releasing the team(s) to the U.S. Public Health Service for federal disaster service when requested;
- Assisting the DMAT in training activities in coordination with the Florida Army National Guard and/or under the auspices of the Florida Department of Health and Rehabilitation Services, Emergency Medical Service Division; and
- Developing and implementing training programs with team leaders for individuals and the team as a whole.

Once a DMAT is federalized, it can be deployed anywhere in the United States. Because it is a voluntary organization and has to be released by the sponsoring

organization, the availability of emergency medical services to the area from which the DMAT is drawn would not be affected.

Aside from providing assistance in response to disasters on the magnitude of a hurricane, the DMAT is also available to serve smaller emergencies in the Tampa Bay area. As noted in the Memorandum of Understanding: "In event of a state or local emergency, the sponsor may make the unit or team(s) available to the state or local agency responsible for disaster medical services under the terms and conditions of applicable state laws and agreements it may negotiate with the appropriate state and local governments." Therefore, should there be a localized emergency in the Tampa Bay region, it is possible that, upon the request of the affected county, the Tampa Bay DMAT could be deployed to provide emergency medical services without federal activation. By limiting the area from which volunteers are drawn, such local deployment would not affect the availability of emergency medical services in the remainder of the region.

The central philosophy of the Tampa Bay DMAT has been to ensure that in meeting the federal organizational requirements, it represents all interests, both medical and non-medical. In order to do so, a DMAT Coordination Committee was established to advise the TBRPC on the organizational efforts of the DMAT. The committee's membership includes four American Red Cross chapters; Federal Coordination Center, MacDill Air Force Base; Florida Army National Guard; Florida College of Osteopathic Medicine; Medical Societies of Hillsborough,

Pasco, and Pinellas counties; Emergency Medical System/Emergency Preparedness representatives for Hillsborough, Manatee, Pasco, Pinellas, and Polk counties; Hillsborough County Mass Casualty Planning; Health Council of Pasco-Pinellas; Health Council of West Central Florida; Medical and Health Professionals; University of South Florida College of Medicine; Tampa Bay Hospital Association, Inc.; Trauma Care Units of Tampa General Hospital and Bayfront Medical Center; and the U.S. Public Health Service.

The DMAT consists of 35 members. Leadership positions include a DMAT commander, deputy DMAT commander, chief medical officer, operations officer, planning officer, administrative officer, logistics officer, supervisor clinical nurse, and a sponsor coordinator. The team also includes a dentist, nurse, veterinarian, mental health specialist, physician assistant, chaplain, respiratory therapist, licensed practical nurse or vocational nurse, nursing assistant/surgical, technician/stretcher-bearer, medical technician/laboratory technician, pharmacist, pharmacy technician/assistant, medical supply technician, health technician/emergency medical technician, medical records technician, and administrative clerk/aide. Personnel may be cross-trained in such areas as equipment maintenance, communication, or food preparation.

Volunteers must be at least 18 years old and a United States citizen. They must meet pre-enrollment suitability standards and federal job qualification standards for the DMAT position and provide evidence of good health. Professional


and technical personnel must meet all legal requirements to practice in the State of Florida.

When the DMAT is deployed for federal service, team members are made U. S. Public Health Service employees and are issued duty and travel orders. Compensation and reimbursement for expenses incurred while performing assigned tasks are provided for federal service. Transportation, food, shelter, and logistics support are also included. While federal employees, team members are covered under the Federal Employees Compensation Act and the Federal Tort Claims Act. In addition, the DMAT can be sent to any state, without regard to licensure and certification requirements.

Once operational, each DMAT is provided with certain medical supplies and equipment. In addition, logistical support supplies can be obtained from U. S. Department of Defense surplus when a DMAT is certified as deployable.

Not all disasters require a federal declaration. Many are limited in size and scope or to a particular area of a state or region. In such cases, a DMAT is an ideal organization to provide short-term emergency primary medical care. Unfortunately, the ability to provide this aid is hampered by the fact that compensation, licensure protection, and resupply are not provided for state or local disasters. Without the availability of compensation, protection, and resupply at the state or local level, the potential cost in terms of expenses and liability exposure is great.

Thus, the sponsoring organization, team leadership, and individual team members would have to give careful consideration prior to deployment for a state or local disaster. The TBRPC plans to seek legislation to relieve this difficulty.

The effort by the TBRPC is supported with manpower and resources of the regional community. TBRPC's intention is to be prepared to help not only our own region's citizens, but also to be there when our neighbors need us. 

Notes

¹ The Tampa Bay Regional Planning Council is an association of local governments and gubernatorial representatives serving Hillsborough, Manatee, Pasco, and Pinellas counties. Located on the west coast of Florida, the Tampa Bay region has nearly 700 miles of shoreline, including inlets, and consistently sunny skies. The Tampa Bay region includes 43 local governments, with a combined population of more than two million residents. The TBRPC was established as Florida's first regional planning council in 1961. Florida has eleven regional planning councils today.

Julia E. Greene is the executive director of the Tampa Bay Regional Planning Council, an association of local governments in a major growth region of the West Coast of Florida. Currently, a major role of the council is evaluating the needs of post-disaster planning and developing a regional vision. Ms. Greene earned her business management degree at Eckerd College, St. Petersburg, and her master's degree in public administration at Golden Gate University, MacDill. She studied at Harvard University, under the John F. Kennedy School of Government program for senior executives in state and local government.