**Topic 8h: National Disaster Medical System (NDMS) Communications Support**

**Objectives**

The goal of this topic is to assist Amateur emcomm leadership appreciate the special emergency communications needs of the National Disaster Medical System (NDMS), a federal program administered by the US Dept. of Health and Human Services (HHS).

**Student Preparation Required:**

* None required for this Learning Unit.

**National Disaster Medical System**

The National Disaster Medical System is a federally coordinated initiative to augment the nation’s emergency medical response capability. NDMS is made up of Federal government agencies, state and local governments, and private businesses and civilian volunteers to ensure resources are available to provide medical services following a disaster that overwhelms the local health care resources.

The overall purpose of NDMS is to establish a single national medical response capability for:

* Assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters
* Providing support to the military and VA medical systems in caring for casualties evacuated back to the US from overseas armed conflicts

**NDMS Components**

NDMS has three major components:

1. Disaster Medical Assistance Teams (DMATs) with supplies and equipment that can be dispatched to a disaster site within the United States from the country’s major metropolitan areas. DMATs may also provide NDMS patient reception services at their home locations.
2. An evacuation capability for movement of patients from a disaster area to locations where definitive medical care can be provided.
3. A voluntary hospital network, which will provide definitive care.

**Disaster Medical Assistance Team**

The National Disaster Medical System fosters the development of the Disaster Medical Assistance Teams (DMATs). A DMAT is a group of professional and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide emergency medical care during a disaster or other event.

Each team has a sponsoring organization, such as a major medical center, public health or safety agency, non-profit, public, or private organization that signs a Memorandum of Understanding (MOU) with the Public Health Service. The DMAT sponsor organizes the team and recruits members, arranges training, and coordinates the dispatch of the team.

In addition to the standard DMATs, there are highly specialized DMATs that deal with specific medical conditions such as crush injury, burn, and mental health emergencies. Other specialty teams include Disaster Mortuary Operational Response Teams (DMORTs) that provide mortuary services, Veterinary Medical Assistance Teams (VMATs) that provide veterinary services, and National Medical Response Teams (NMRTs) that are equipped and trained to provide medical care for victims of weapons of mass destruction. There are also DMATs that provide mental health services.

DMATs are designed to be a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized, or until the situation is resolved. DMATs are principally a community resource available to support local, regional, and state requirements. However, as a National resource they can be federalized to provide interstate aid.

Each team is deployed to a disaster site with sufficient supplies and equipment to sustain themselves for a period of 72 hours while providing medical care at a fixed or temporary medical care site. In mass casualty incidents, their responsibilities include triaging patients, providing basic field medical care, and preparing patients for evacuation. In other situations, DMATs may provide primary health care, or may serve to augment overloaded local health care staffs.

**Patient Transfer to NDMS-Affiliated Hospitals**

In rare cases, patients may be evacuated to a distant hospital for specialized care, or because hospitals in the disaster area are not functioning. At the disaster site, patients will be stabilized by a DMAT for transport. In most cases, patients will be evacuated by air. At the airport of the NDMS reception area, patients will be met by a local DMAT, which will sort, assess, and match those patients to participating hospitals.

**NDMS Federal Coordinating Center**

Currently, there are more than 100 metropolitan areas that serve as potential hosts to NDMS patients. For each NDMS area, there is a Coordinating Center, which is a Federal hospital. The Coordinating Center has three major functions:

* Recruit and maintain local non-Federal hospital participation in the NDMS;
* Assist sponsors of DMATs, participating hospitals and other local authorities in developing patient reception, transportation, and communication plans, and exercises;
* During an activation, coordinate the reception and distribution of patients coming into an area.

**Amateur Radio Communication Support Functions**

**DMAT Support**

DMATs have positions for Communications Officers and Telecommunications Specialists. Having an Amateur Radio license is recognized as meeting one of the qualifications for these positions (equivalent to having an FCC Commercial license, or experience with land mobile radio systems or military experience). An Amateur Radio license is not required, but it is recognized as an indicator of practical knowledge of emergency communications. Filling these positions requires a commitment greater than what is expected for ARES membership – these positions are paid, intermittent-duty government jobs. Typical deployments last from 10 days to 2 weeks, often in austere environments, with all team members typically working 12-hour shifts during the deployment. Communications are often by satellite phones or government HF, VHF, and UHF radios. NDMS teams may need to communicate with local authorities, medical facilities, or shelters. These facilities may be utilizing amateur radio operators -ARES, RACES, and others. Because of the possibility of such contact, it is valuable for Amateur Radio operators to understand the NDMS program and for NDMS communicators to understand Amateur Radio.

**DMAT Support**

The section ARES organization and the DMAT cooperatively develop a plan for broad-based support in the event that the team is deployed locally for an intra-area disaster, and to communicate with DMATs deployed to the area from distant locations. All ARES members in general should be trained to meet the needs of DMATs in a disaster area. This is because ARES members located just outside the disaster area could be asked to provide communications support, since many Amateur Radio operators living within the disaster area would likely be preoccupied with personal situations and unable to assist.

**Federal Coordinating Center Support**

ARES organizations should develop a plan for supporting the local Federal Coordinating Center (FCC) if one exists in their area. ARES members would supplement existing communications resources among the airport reception/triage sites, ambulances, hospitals and the Center’s headquarters. This would be implemented through local agreements between ARES and the Centers.

**References**

* For more information on the National Disaster Medical System, see following link:

**www.phe.gov/Preparedness/responders/ndms/Pages/default.aspx**

**Review**

The National Disaster Medical System offers Amateur Radio operators other emergency communication opportunities. DMATs may respond to a number of disaster situations that require radio communications due to damaged or nonexistent infrastructure. Two areas of the NDMS require support and need to communicate with each other – DMATs in the field, and FCCs (Federal Coordinating Centers) in the receiving areas when patients are evacuated for further care.

**Student Activities**

1. You have been asked to brief the leaders of emcomm teams in your area on the topic of communication support for the National Disaster Medical System. Prepare a basic outline of your presentation.
2. List the steps you would have to take to determine the status of DMAT organization(s) in your area.
3. If possible, locate someone involved in a DMAT in your area and have them talk to your ARES group about their work and role.

**Topic 8 Section H Knowledge Review**

In order to demonstrate mastery of the information presented in the topic, you will be asked a series of un-graded questions. There are approximately 5 questions on the following pages in multiple-choice or true/false format. Feedback will be offered to you based on the answer you provide. In some cases, you may be directed back to the area of the topic where a review might benefit you in order to find the correct answer.

Question 1

Which of the following statements is true concerning coordination of NDMS?

1. NDMS is coordinated at the Federal level.
2. NDMS is coordinated at the state level.
3. NDMS is coordinated at the county level.
4. NDMS is coordinated at the local level.

Question 2

NDMS serves a number of purposes. Which of the following is one of them?

1. Assisting state and local authorities on a daily basis in dealing with medical and health issues.
2. Assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters.
3. Assisting state and local authorities in dealing with the medical and health effects of major environmental disasters.
4. Providing overseas support to military and VA medical systems.

Question 3

NDMS consists of a number of teams to respond to disasters and other emergencies. Which of the following is not a component of the NDMS discussed in the text?

1. Disaster Mortuary Operational Response Team (DMORT).
2. Veterinary Medical Assistance Team (VMAT).
3. Disaster Transportation Assistance Team (DTAT).
4. National Medical Response Team (NMRT).

Question 4

DMATs have supplies and equipment to sustain themselves in the field for a period of time. How long is that period?

1. 36 hours.
2. 72 hours.
3. 144 hours.
4. 288 hours.

Question 5

Where are NDMS Federal Coordinating Centers located?

1. In federal hospitals.
2. In state hospitals.
3. In local hospitals.
4. In local clinics.

**Correct Answers**

1 a

2 b

3 c

4 b

5 a