National emergency response programs for dental health care professionals

Walter J. Psoter, DDS, PhD: Patricia J. Park, MS: Robert J. Boylan, PhD: Douglas E. Morse, DDS, PhD; David L. Glotzer, DDS

atural or man-made disasters can place vast demands on the medical and public health systems that may overwhelm the existing infrastructure and require additional skilled health care professionals for support. These events can cause widespread destruction and distress. Through its courses, the National Disaster Life Support (NDLS) Foundation describes a disaster as a situation in which the needs regarding a response are greater than the resources available.1

DISASTER RESPONSE

As has been described elsewhere,² a disaster involves a surge in the workforce requirement, and this need may emerge in various scenarios that can be defined by temporal parameters. For example, there may be a short-term need but a high number of casualties (for example, aerosol weapons-grade anthrax over an urban area), a longer, more sustained period with intensive labor demands (for example, avian flu) or both. In addition, a surge response can be considered a measure of the density of the workforce needed in a highly

ABSTRACT

Background. Members of the established public health systems and medical community must understand that, in medical surge events, members of the dental profession and other nontraditional disaster health care personnel are an additional source of assistance in response activities.



Methods. The authors relied on hands-on experience, expert consultations, literature reviews and Web searches to identify disaster response training programs appropriate for members of the dental profession and other health care personnel.

Results. The authors identified multiple governmental and professional disaster training programs.

Conclusions. Five key national-level programs address the training and organization of health care professionals to support a large-scale disaster program. Because of their training and skills, dental professionals would be valuable additions to these programs and could make significant contributions if natural disasters and/or terrorist events were to occur.

Key Words. Disaster training; surge response.

JADA 2008;139(8):1067-1073.

Dr. Psoter is an assistant professor, Department of Epidemiology and Health Promotion, New York University College of Dentistry, New York City, and an associate professor, School of Dentistry, University of Puerto Rico, San Juan,

Ms. Park is a medical student, Mount Sinai School of Medicine, New York City.

Dr. Boylan is an associate professor, Department of Basic Science and Craniofacial Biology, New York University College of Dentistry, 345 E. 24th St., New York, NY 10010, e-mail "rjb1@nyu. edu". Address reprint requests to Dr. Boylan.

Dr. Morse is an associate professor, Department of Epidemiology and Health Promotion, New York University College of Dentistry, New York City.

Dr. Glotzer is a clinical professor, Department of Cariology and Operative Dentistry, New York University College of Dentistry, New York City.

demanding event, such as the following:

- overwhelming casualties or the call for widespread preventive treatment (for example, smallpox vaccinations);
- a medical site shortage of health care workers resulting from casualties, fear or infrastructure destruction preventing movement;
- newly proposed systems that are event-driven (for example, telephone triage and call centers set up by public health departments for an emerging disease).

In November 2003, the New York University School of Medicine and the New York University College of Dentistry, New York City, were jointly awarded a U.S. Department of Justice grant entitled "Enhancing Medical and Public Health Capabilities During Times of Crisis." (The grant subsequently was transferred administratively to the U.S. Department of Homeland Security [DHS].) Both schools are using this grant to develop training programs and training content for dentists that heighten their knowledge of weapons of mass destruction (WMD) and other all-hazards catastrophic events, as well as for their potential inclusion in programs that respond to such events.

DENTAL CARE PROFESSIONALS

In a number of cases, members of the dental profession have exhibited a strong interest in responding to a bioterrorist event. A 2004 survey of dentists in Hawaii³ indicated that 74 percent of respondents in that state were willing to participate in the response to a bioterrorist attack, but only about 9 percent felt prepared to do so effectively. In Illinois, the state's Department of Public Health's Division of Oral Health has successfully integrated oral health care professionals into the emergency medical response system.4 Though our report is based on dental professionals' involvement in disaster response activities, the principles and opportunities discussed for potential disaster volunteers are applicable to a wider range of health care and public health professionals. Clearly, these volunteer health care personnel generally require some familiarity with health care principles and public health principles and practice; they also must be from elective health services, as the typical day-to-day demands on the surviving medical and public health services will continue during any type of widespread event.

Response. The dental profession has responded in a variety of ways to define its roles and responsibilities regarding participation in a

response to disasters, whether natural, accidental or terrorist-initiated. ^{2,5-11} Several authors have proposed competencies and formal education for dental students and dental residents. ^{8,12,13} A recent report based on the findings of a survey of dental and medical school deans and state dental and medical society presidents concluded that dental professionals not only have the capability to serve as responders to mass casualty events but also have an ethical responsibility to be involved in a response to a disaster. ²

Tasks. Some of the tasks envisioned for dental personnel, on the basis of their education and training, include infection control and decontamination, record keeping and data management, limited wound surgery and suturing, managing infections, prescribing medications, distributing medical supplies, administering immunizations, managing victim triage and patient management. 14-17

As proposed above, other health care professionals also should consider their participatory and ethical responsibilities regarding disaster response and training, and the medical and public health systems should consider these workforce sources for integration into disaster response efforts.

Several key nationally organized emergency response programs are in operation, and dental health care professionals should be aware of them. Coule and Horner¹⁸ described one such training program, the NDLS program. We discuss here the national-level emergency response programs that may be of interest to dental and other health care providers.

METHODS

The foundation for the information presented here is the collective work of a multidisciplinary

ABBREVIATION KEY. ADLS: Advanced Disaster Life Support. AMA: American Medical Association. BDLS: Basic Disaster Life Support. CDLS: Core Disaster Life Support. CERT: Community Emergency Response Team. DHS: Department of Homeland Security. DHHS: Department of Health and Human Services. DMATs: Disaster Medical Assistance Teams. DMORTs: Disaster Mortuary Operational Response Teams. MRC: Medical Reserve Corps. NDLS: National Disaster Life Support. NDLS-D: Decon Disaster Life Support. NDMS: National Disaster Medical Systems. VMATs: Veterinary Medical Assistance Teams. WMD: Weapons of mass destruction.

Download English Version:

https://daneshyari.com/en/article/3139427

Download Persian Version:

https://daneshyari.com/article/3139427

<u>Daneshyari.com</u>