

The dental emergency responder

Expanding the scope of dental practice

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Natural disasters such as hurricanes, tornadoes, earthquakes and floods, along with ongoing domestic and global terrorism and the potential for pandemic flu epidemics, demonstrate that complex disasters will require an increase in the numbers of available health care providers trained in emergency response. Recent disasters such as the ones experienced in the United States,¹⁻⁵ Indonesia⁶ and Turkey⁷ demonstrate that regardless of the advancement of science and technology, large-scale natural and manmade disasters continue to overwhelm local health services and emergency medical services (EMS) personnel and infrastructure. Damage and destruction to local infrastructure, clinics and hospitals can render these systems and the response personnel severely compromised for postevent triage and medical management.

Natural disasters are part of the fabric of life. The frequency, scope and magnitude of future disasters and mass-casualty events will increase as the global population continues to grow. Many countries strive to maintain emergency services^{6,7} and mobile field hospitals that can be used for both defense and

ABSTRACT

Background. Natural disasters, the potential for terrorism and weapons-of-mass-destruction events occurring within the continental United States necessitate that all licensed health care providers understand the National Incident Management System and be able to contribute to inoculation, mass casualty assistance and triage care of the populace.

Conclusions. Health care and political leaders constantly revise “all hazard” response plans, using the available health care assets that local, state and federal agencies bring to emergency events. Illinois Public Act 49-409 modifies the scope of dental practice within Illinois to allow for a dental emergency responder (DER).

Practice Implications. The DER is a dentist or dental hygienist “acting within the bounds of his or her license when providing care during a declared local, state or national emergency.”

Key Words. Disaster medicine; National Incidence Management System; inoculation; drug dispensing; triage.

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humanitarian purposes.⁸ In 2003, the World Health Organization and the Pan American Health Organization sponsored a workshop in El Salvador to discuss the pros and cons of using foreign field hospitals in the aftermath of natural disasters.⁸ One of the key recommendations to emerge from the workshop was to have friendly nations provide advanced trauma care and life support to a disaster site within 48 hours of the impact of an event. Urban areas face the most pressure to plan for and respond to large numbers of casualties and fatalities, whether driven by the “inevitable influenza pandemic” as described by Cinti,⁹ by failed human design, by terrorism, by earthquake or by hurricane.

In the United States, the 1993 and 2001 terrorist attacks on the World Trade Center and the 2001 attack on the Pentagon stimulated the federal and legislative branches of government to approve the largest U.S. government transformation since the formation of the Department of Defense. More than 22 different agencies, in whole or in part, underwent reorganization, in the establishment of the cabinet-level Department of Homeland Security.¹⁰ The mission of that agency is to protect the American homeland.¹⁰ The Federal Emergency Management Agency (FEMA) and several Department of Health and Human Services assets moved to the Department of Homeland Security, including the Office of Emergency Management, the National Disaster Medical System, the Strategic National Stockpile and the Metropolitan Medical Response System.

With the formation of the Department of Homeland Security, policy leaders recognized that an integrated, coordinated and comprehensive health care preparedness and response system was needed. Policy leaders recognized a lack of a consistent intrastate/interstate plan for coordination, communication and cooperation and a response structure that would work synergistically to bridge numerous public health and health care jurisdictions, civilian communities, response disciplines and first responders.

In an effort to address this issue, the Department of Homeland Security developed the National Incident Management System (NIMS). The president signed a directive requiring the establishment of a process that would lead to a unified and coordinated approach to health care preparedness and response during a disaster. The NIMS provides the policy directives for a national response plan¹⁰ and the framework for a national

and statewide coordinated and hierarchical response structure within the United States.

DENTISTRY'S ROLE IN DISASTER RESPONSE

Morlang,¹¹ in 1996, was the first to discuss the potential role of the oral health care provider in both military and civilian disaster response support. In 2002, Guay¹² discussed the potential role of the dentist in responding to bioterrorism. The U.S. military has a strong historical role in preparing military dentists to function as mass casualty and triage officers.^{11,13} The armed forces train dental officers and dental staff members to provide triage care and anesthesia to casualties as a part of a medical response team. Along with these traditional medical duties, military dental officers take the lead in treating dental, oral and maxillofacial surgical needs in the battlefield environment.

Numerous leading medical¹⁴⁻¹⁶ and dental¹⁷⁻³¹ policy experts have discussed the dental disaster responder role since Sept. 11, 2001. All authors argue for fundamental changes to the modern dental curriculum, changes that require the training of oral health care providers to respond to mass disaster. Some authors^{20,30} have suggested the need to amend state dental practice acts. Others have suggested the addition of an oral health care lexicon for the dental profession.^{20,23,30}

Illinois Public Act 49-409, which was signed into law on Aug. 2, 2005, and took effect Jan. 1, 2006, modified the scope of the practice of dentistry in Illinois. This act describes the dental emergency responder (DER) in the broader lexicon of the dental profession. The Illinois Dental Practice Act describes any dentist or dental hygienist as “acting within the bounds of his or her license when providing care during a declared local, state or national emergency.” The Illinois statute describes the DER as a licensed dentist or dental hygienist “who is appropriately certified in emergency medical response, as defined by the Department of Public Health.”

THE ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM

Early in 1999, responding to the increased national focus on terrorist threats and the growing national concern regarding the use of weapons of mass destruction (WMD), the Illinois Department of Public Health (IDPH), Office of Preparedness and Response, Division of Emer-

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