

National Disaster Medical System (NDMS)

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In times of war such as we are now under (4/7/03) and in major disasters, amateur radio could be asked to interface with something called the National Disaster Medical System or (NDMS).

To expedite the handling of mass casualties and other medical needs in a crisis or war period, the federal government has established the National Disaster Medical System or (NDMS). This is not meant to be a supplemental medical resource but an augmentation resource after all local and state resources are committed. In Kentucky, Louisville, Lexington and Northern Kentucky have been selected to participate as receiving hospitals.

The Federal Department for Health and Human Services is responsible for actual coordination of NDMS activations. Policy guidance will be provided by FEMA. The Governor can request activation of NDMS only via a request for assistance under the PL 93-288 as amended 100-707. The Assistant Secretary for Health, Federal Department for Health and Human Services (HHS) will be responsible for the overall coordination of Federal operations to assist state and local efforts to provide emergency medical care. Federal response will be provided through activation of the national Disaster Medical System (NDMS) at DHS Headquarters in Rockville, Maryland. As part of the NDMS HHS will carry out the following:

1. Establish the National Disaster Medical Operations Center.
2. Assess the Medical situation within the disaster area.
3. Provide guidance to the state.
4. Mobilize and dispatch medical assistance teams to the disaster area.
5. Activate NDMS hospital and transport elements to move excess patients to unaffected areas for treatment.
6. Coordinate with state and local governments and participating hospitals the transportation of patients from the affected area to participating hospitals.

A military or other Federal hospital and/or a specified civilian hospital in each designated metropolitan area of the United States will function as a "coordinating center". The coordinating center for the three Kentucky areas is the local VA Hospital. The center will coordinate the arrival of patients from the disaster area. KyEM and local EM in cooperation with the involved hospitals will mobilize volunteer local emergency medical resources including transportation, communications, and facilities. In conjunction with local facilities, organizations, and governmental jurisdictions, the coordinating center will establish policies and procedures for receiving, sorting, and transporting medical evacuees to facilities in the designated metropolitan area.

The State will appoint a State Emergency Medical Care Coordinator who will collaborate with the Federal Emergency medical Coordinator and direct the following six major functions:

1. Initial care and stabilization,
2. Assessment of numbers of casualties,
3. Coordination of incoming medical assistance,
4. Intra-regional evacuations and sorting of patients,
5. Preparation of casualties for evacuation from the region, and
6. Transportation of patients to aeromedical evacuation site(s).

Patient Evacuation. Patients will be moved from patient evacuation sites to patient reception sites under a coordinated evacuation policy agreed upon by Kentucky and Federal disaster medical coordinators. In general, the following guidelines will be observed: Casualties will be provided adequate definitive care at a facility within their own community, county, or state, where feasible. Out-of-state evacuation of a disaster victim will be effected only with the best interest of the patient as the objective. Distance the patient will have to travel will be on the main governing criterion for choosing hospitals.

Individual patients will be sent to the participating hospital for the care required.

Federal medical assistance to the disaster site will consist of Disaster Medical Assistance Teams. A Disaster Medical Assistance Team is composed of volunteer physicians, nurses, technical staff and other

health professionals as well as support staff such as litter bearers and food preparation personnel. Staff will be trained to respond to a disaster as an organized team. There are 2 types of teams:

Casualty Clearing Units - 103 person unit which will triage and stabilize patients for transport to definitive care. This unit has limited surgical capability.

Mobile Surgical Units - 215 person unit which will provide surgical services to those patients who could not otherwise survive evacuation.

When Teams are dispatched to the disaster site, they will bring necessary medical supplies and equipment, and also food, water, and other supplies necessary to support the team. The Commonwealth or local government is responsible for selecting the site for the Casualty Clearing Units and or Mobile Surgical Units and insuring the necessary utilities and other support resources are made available.

(Editors Note: The Official NDMS Site is located at: <http://ndms.dhhs.gov/NDMS/ndms.html>)

Source: Kentucky Amateur Radio Web Site – www.kyham.net