

NDMS Newsletter



February 2012

Inside this Issue

Page 2

- Responder e-Learn New Modules
- MeetingPlace FAQs

Page 3

- Mobile Acute Care Strike Team Opportunities

Page 4

- NH-1 DMAT: Developmental Team Highlight

Pages 5-6

- PR-1 DMAT: Addressing the Personal Safety of DMAT

Page 6

- DMORT Region IX
- CA-1: Congrats to Dr. Kenneth Miller

Page 7

- TX-1 DMAT: Dr. George Smith Named President of ACOFP

Newsletter Information

Team Commanders and AOs, please share this newsletter with your team employees.

If you are a team employee, please contact your team AO for more information regarding newsletter content or inquiries.

If you would like to submit an article for the next issue, please send your topic to:

NDMSSupport@hhs.gov by May 1, 2012.

Integrated Training Summit



Dates: May 21-25, 2012

Pre Summit Workshops: May 21-22, 2012

Main Summit Sessions: May 23-25, 2012

Location: Nashville, TN

Summit Website:

www.integratedtrainingsummit.org

NDMS Supported Personnel:

Detailed travel and registration instructions have been sent to all Team Leaders and Administrative Officers.

Mandatory Training for Supported Personnel:

TL, DTLs, TO, AO, CMO, SN: 8 hours May 21-22 and 4 hours May 23-24

LO: 8 hours May 18-20

Fingerprinting Specialist (basic): 8 hours May 19-20,

Fingerprinting Specialist (re-certification): 8 hours May 21

MAC Participants: 10 hours May 18-20

Deadlines:

MAC Participant Submission: February 27

Distinguished Employee Submission: March 1

Summit Roster Submission: March 12

Program Development Branch Updates

Responder e-Learn



Responder e-Learn 2.0

US Department of Health & Human Services

New Modules Now Available

Course Part I:

N 1070 – Ethics Training for Special Government Employees

Course Part III:

NC 3010a – Disaster Medical Information Suite (DMIS) Overview

NC 3020 – The EMR Application

NC 3030 – Basic IT Setup for NDMS EMR

NC 3070 – EMR Pharmacy Training

Help is on the Way!

Responder e-Learn has a dedicated helpdesk to support users that can be contacted via e-mail at: usphslmssupport@inforeliance.com or by phone 703-246-9360 ext. 1250.

Please be sure to specify extension 1250. If you speak to a receptionist and ask for the support desk, your call may not be directed properly.

Remember, your Responder e-Learn username and password are case sensitive; make sure that you are entering them correctly and check to be sure your “Caps Lock” key is not turned on.

MeetingPlace FAQs

Attend a Voice Conference

As an Account Holder (Profile required)

1. Call Cisco Unified MeetingPlace at: **1-877-872-1001 (Toll-free)**
2. Press **2** to access your profile
3. Enter your [Profile Number/Password](#) followed by the pound symbol#
4. Press **1** to attend the meeting
5. Enter the **Meeting ID** followed by #
6. Press **1** to confirm the Meeting ID and join the meeting

As a Guest User (No profile required)

1. Call Cisco Unified MeetingPlace at: **1-877-872-1001 (Toll-free)**
2. Press **1** to attend the meeting
3. Enter the **Meeting ID** followed by #
4. Press **1** to confirm the Meeting ID
5. Speak your name followed by #
6. Press **1** to attend the Meeting

Attend a Web Conference

<https://meetingplace-aspr.hhs.gov>

1. Go the Cisco Unified MeetingPlace Homepage
2. Enter the Meeting ID in the field provided, then click **Attend Meeting**
3. The Attend Meeting Sign In page displays

Welcome to Cisco Unified MeetingPlace

[Home](#) > [Sign In](#)

Attend Meeting

Are you a guest user?
Please enter your name.

My name is

OR

Do you have a Cisco MeetingPlace profile?
Please login.

User ID

Password

Remember Me

Meeting ID

4. Enter your [User ID/Password](#) or guest name in the fields provided, then click **Attend Meeting**

Additional Opportunities

Mobile Acute Care Strike Team (MAC-ST)

The National Disaster Medical System (NDMS) Program Development Branch (PDB) has been tasked to develop additional Mobile Acute Care Strike Team (MAC-ST) personnel to support additional response requirements for 2012. The MAC-ST is the ESF#8 response resource, under NDMS, responsible for providing critical care medical support to public health emergencies when local resources are non-existent, overwhelmed, or otherwise inaccessible. These services may be rendered in coordination with the Department of Defense (DoD) or Department of the State (DoS). The primary mission of the MAC-ST will be to provide critical care support and flight preparation for ICU patients waiting evacuation at a Disaster Aeromedical Staging Facility (DASF).

The MAC-ST program is currently recruiting **critical care physicians, pharmacists, advanced practice nurses, physician assistants, critical care registered nurses, registered respiratory therapists, strike team leaders, and logisticians** to attend the Basic MAC-ST course. A full description of these positions and the required qualifications can be found in the MAC-ST CONOPS (a copy is available in the AO Community in Responder e-Learn). A full MAC-ST will not be required for team employee participation in the program. Teams with existing MAC-STs may also submit additional providers.

The MAC Basic course will be held May 18-20 in Nashville, TN (travel dates are the 17th and 21st), pending funding approval. The MAC Basic course will consist of an introduction to the MAC-ST and DASF with MAC-ST Concept of Operations (CONOPS). The program will provide a broad overview of critical care populations requiring evacuation. Didactic and practical training modules will provide team personnel the knowledge and skills necessary to receive, prepare, and properly transfer critically ill patients to USAF Critical Care Air Transport Teams (CCATT) teams in disasters. Participants will also have the opportunity to review the MAC-ST cache, operate and troubleshoot specialized transport medical equipment.

More detailed information and participant forms have been sent to team leadership.

NOTE: This training is separate from and independent of the Integrated Training Summit. Participants choosing to extend their stay and attend the ITS will do so at their own expense and must register for the ITS separately.

If you have any questions please contact Martha Bartz at martha.bartz@hhs.gov



Developmental Team Highlight NH-1 DMAT A Success in the Making...

NH-1 DMAT is in its third year of being a “developmental team” in the NDMS. Though we are based in New Hampshire, we have team personnel in Vermont and Maine, as well. This is largely due to the rural nature of northern New England and the lack of medical providers in any one of these three states alone. We have three leadership positions filled: Acting Team Commander, Robert Gougelet, MD; Admin Officer, Joshua Frances; and Training Officer, Anthony Simpson.

To date, we have 54 employees on the roster, balanced well across the three states. We have focused on physicians and advanced level practitioners who have both the interest and experience to work in austere environments. We have also recruited a solid number of other specialists, such as pharmacists and respiratory therapists, who bring some excellent experience to the table and are eager to train and deploy.

NH-1 DMAT has been very busy. Mainly, we have focused on recruiting and the new/changing hiring process. We have been very creative with how we have shared information about the new team. One way which has proved successful for us has been working with other teams and established medical groups across the three states. Since there was never a DMAT option in the region, medical providers had very limited volunteer or paid opportunities. They have been extremely excited about the opportunity to get more involved. We have also been working with the professional organizations for PA’s and RT’s across the three states. This has been a great way to access specialty groups and find interested personnel.

In addition to recruiting, we have been meeting on a regular monthly basis using the MeetingPlace conference line. This has been a great tool for us to build a cohesive team and for people to check in and answer questions as well as gather new info from leadership. We coupled these conference calls with in-person meetings which have rotated between the three states. These meetings are

where we get face-to-face time, and incorporate a training aspect, as well. For example, our last meeting we spent three hours in an advanced airway lap/vent management course, led by our Training Officer and one of our Critical Care RT’s. We are also working on hosting a regional FTX here in Maine next spring, involving all of the New England states. This will be a great training and has allowed our Training Officer to work with and develop new relationships with the other TO’s around the region.

We also owe a great deal of our success to our mentor team, CT-1 DMAT. They have not only welcomed us with open arms, but have included us in hosting a FTX, many training opportunities and we have even had numerous team employees backfill positions for them on their rosters over the years. It is a great arrangement for both teams. We want to make sure CT-1 and their leadership know how much we appreciate the assistance and guidance.

It will continue to be a work in progress, but I wanted the opportunity to share a little bit of our story with the rest of the system.

*Submitted by,
Joshua Frances, MPH, EMT-I
Administrative Officer
NH-1 DMAT*



NH-1 team employees attend a team meeting

Addressing the Personal Safety of DMAT

PR-1 DMAT



Violence in disasters against first responders and medical emergency personnel is a well-known problem, far greater than what is being reported, however it has not been adequately addressed, (Rivera, 2010). First responders and emergency medical personnel are exposed to violent acts while responding to crisis, disaster and other emergency situations, but only law-enforcement and military personnel are actually equipped and trained in the use of less than lethal force that includes tactics, techniques and procedures (TTP's) associated with unarmed combat. And although in a perfect world law enforcement and military personnel would provide protection for emergency response personnel, they are also expected to protect communities, businesses and critical infrastructure. Reality is that there are not enough officers to do all of the above and provide security for the responders and caretakers (Rivera, 2010).

On October 15, 2011 the PR-1 DMAT received a workshop on "Violence in Disasters." The event focused on the problem of violence against first responders and medical emergency response personnel at the workplace and during disasters and crisis situations. It consisted of a four-hour training presentation by Dr. Luis Rivera, a retired Special Forces Officer and experienced martial arts instructor. The session was divided into a

two-hour lecture and a two-hour practical exercise through a Performance Oriented (POT) Methodology.

The program of instruction is based on a two-year study for a doctoral dissertation that determined the perception and attitude regarding the validity of a personal protection training program as a means of non-lethal force to mitigate the risk of violence in disasters or crisis situation.

The study measured the outcomes on confidence, self esteem, self-efficacy and perceived control. The results of the study confirmed the validity of the Bare Essential First Responders' Self-defense Training (BE-FiRST) program. The lecture addressed background information on violence during and in the aftermath of Katrina, the 2005 floods in Guyana, the Haiti earthquake, and violence in emergency rooms among other related situations. It also covered situational awareness, and how it can be applied in the two separate and distinct stages of violent confrontations—pre-conflict and confrontation. It also concentrated on the legal aspects of personal protection, managing stressors associated with violence situations, conflict de-escalation techniques, awareness of the operational environment and surveillance detection tactics, the risk of rape and rape prevention techniques, personal protection strategies and the psychological factors that influence a person's reactions to danger situations (Rivera, 2010).

Continued on page 6



Personal Safety Continued from page 5

In the second half of the training session all participants were instructed on, and required to participate in, situational focused hands-on self-defense training that consisted of easy to perform techniques that enhances the victim's ability to identify indicators of a violent attack, prepare mentally and physically to confront the attacker, neutralize the attack, and disable the attacker for the purpose of creating a window of opportunity to escape from the situation and call for help.

Perfect SCORE!

Evaluations received from the 34 employees of PR-1 DMAT and three visitors rated as *excelente!* Some of the comments were related to the caliber of instruction and the knowledge, expertise and interest demonstrated by the instructor. Thanks to Dr. Rivera for making us aware of the risks and possibilities of violence during disasters and the importance of learning the use of non-lethal force for our defense. We look forward to our next training, second of three levels to receive our BE-FiRST certification.

*Submitted by,
Abigail Matos
Acting Commander
PR-1 DMAT*

DMORT Region IX

DMORT IX held an unfunded training at the Orange County Coroner's Training facility in Santa Ana, California, in which 50 percent of the team attended.

The training started on Saturday morning, November 5, and included sessions on: investigating homicide bombings, an overview of the California Coroner's Mutual Aid System, and case studies from the deployments to American Samoa and the Republic of Haiti. A panel discussion took a 360 degree look at recovery, morgue operations and incident management in Haiti. New employees took the Federal Oath of Office and were sworn in. The Sunday session concluded with a training for those employees assigned to the Advanced Assessment Team for Region IX.

*Submitted by,
Barbara Salazar
Administrative Officer
DMORT IX*

CA-1.....Congrats to Dr. Kenneth Miller



Through his affiliation with the University of California-Irvine Center for Disaster Medical Sciences, Dr. Ken Miller was invited to present at the International Disaster Medicine Conference at Kaohsiung Veterans General Hospital in Kaohsiung City, Taiwan. Dr. Miller presented two sessions on Major Multi-Casualty Incident Management and Prehospital Surge Capacity. This conference was attended by physicians and staff of the regional health and medical emergency operations center located at Kaohsiung Veterans General Hospital, and coordinates patient movement throughout the region during major emergencies and disasters.

Dr. Miller is the Team Commander of CA-1 DMAT, Director of Operational Medicine at the University of California-Irvine School of Medicine Emergency Medical Services and Disaster Medical Sciences Fellowship, Medical Director of the Orange County Fire Authority and Assistant Medical Director of the Orange County Health Care Agency Division of Health Disaster Management/Emergency Medical Services.

TX-1 DMAT George Smith, DO, FACOFP Named President of ACOFP



Texas Society of the American College of Osteopathic Family Physicians Names George N. Smith, D.O., FACOFP of West, Texas as President

Dallas, Texas
(June 17, 2011)

George N. Smith, D.O., FACOFP was installed as President of the Texas Society of the American College of Osteopathic Family Physicians during the Texas Osteopathic Medical Association – Texas Society of the American College of Osteopathic Family Physicians Annual Convention (June 15-19, 2011 Dallas).

A Fellow of the American College of Osteopathic Family Physicians, Dr. Smith is Board Certified by the American Osteopathic Association in both family and osteopathic manipulative medicine. He maintains a family practice office in West, Texas.

Dr. Smith has served on the Texas ACOFP Board of Governors since 2005. In addition to his role on the board he has served the osteopathic medical profession in a number of capacities including Governmental Relations, Nominating and Convention and Program committees and serving as a delegate to A.C.O.F.P. Congress of Delegates.

Aside from his Texas ACOFP responsibilities, Dr. Smith is a member of the Texas Osteopathic Medical Association Board of Trustees. He serves as a delegate for the T.O.M.A. and the A.O.A. House of Delegates representing more than 6,000 Texas Osteopathic Physicians each year.

Dr. Smith is a very active member of his community in West, serving as Medical Director for West EMS and Vice President of West Hospital Authority. He is a member of the Medical Care Advisory Committee of the Texas Department of State Health Services, and an active employee of the TX-1 DMAT.

After earning his osteopathic medical degree from the Kansas City College of Osteopathic Medicine, Kansas City, Missouri, he completed his residency and internship at Lakeside Hospital, Kansas City, Missouri.

Dr. Smith is also the recipient of numerous awards and honors, including the American Institute for Public Service's 2007 Jefferson Award for outstanding community volunteerism and public service, he is the Texas ACOFP 2006 Family Physician of the Year and 2002 Citizen of the Year, West Chamber of Commerce.

The Texas ACOFP works to advance the standards of Osteopathic family practice and provide quality patient health care delivery for Texans by encouraging and working to improve educational and professional opportunities for Texas Osteopathic family physicians.

*Re-printed with permission of the author:
Kris Beavers
Executive Director
Texas Society of the American College of
Osteopathic Family Physicians*

*Submitted by,
Mario Gonzales,
Deputy Team Commander
TX-1 DMAT*