Disaster Medical Assistance Teams

Description: Disaster Medical Assistance Teams (DMATs) are an asset of the National Disaster Medical System (NDMS). DMATs are composed of professional and para-professional medical personnel, supported by pharmacists, logistical and administrative staff that provide medical care during a disaster or other special events. When deployed to an incident, DMAT personnel work under the guidance of an Incident Response Coordination Team (IRCT).

Accessing the Capability: The State, Local, Tribal, or Territorial (SLTT) point of contact to coordinate a request for DMAT support assessments are the ASPR Regional Emergency Coordinators (REC). They will assist the requestor in articulating the requirement and identifying the number and type of DMAT team(s) needed for the response. Contact information for RECs is at: http://www.phe.gov/Preparedness/responders/rec/Pages/contacts.aspx.

The DMAT is officially requested by states through their emergency management agency, which fills out the FEMA Resource Request Form and submits the RRF to FEMA for approval. Once FEMA approves the RRF, FEMA will generate a mission assignment to HHS /ESF 8 for activation and deployment of the DMAT.

Average Time to Respond: 12-18 hours

Past Customers or Events when capability was deployed: Hurricane Sandy 2012; President's Inauguration Day 2013; Oklahoma City Tornadoes (Moore) 2013.

Contact Agency or Subject Matter Expert: Further information on NDMS can be found at http://www.phe.gov/Preparedness/responders/ndms/Pages/default.aspx. If you have further questions or inquiries please contact the Program Support Branch of NDMS at NDMSHelpdesk@hhs.gov.

Additional Information: DMATs can triage patients and provide high-quality medical care under the adverse and austere environment often found at a disaster site. They can also prepare patients for evacuation and provide patient reception at staging facilities when disaster victims are being evacuated to receive definitive medical care.

DMATs have had numerous roles in disaster medical care such as but not limited to: establishing freestanding medical care facilities in affected communities, personnel backfill in an overwhelmed civilian facility, triage and field medical care, medical support to both general and special needs shelters, specialized response (i.e. behavioral health, critical care staging facility), international response, and medical support to national-level special events.

Currently NDMS contains 58 DMAT teams. Of this total 22 teams are classified as Type 1, which supports 48 employees for deployment; 25 teams are classified as Type 2, supporting 36 employees and 11 Type 3 teams that deploy with 24 employees. DMAT typically establish a base of operations which can be done with freestanding tentage, or using a facility of opportunity. Depending on the requirements, most DMAT teams can additionally support one or more medical strike teams. DMAT

staffing numbers are concluded based on mission type, environment, patient numbers and acuity to be encountered. Done with consultation of the NDMS Director and Chief Medical Officer, NDMS provides input into staffing and requirements for a successful mission.

All DMAT teams have the same essential medical capabilities delivered by a multidisciplinary team of clinical personnel that includes physicians, nurses, midlevel providers, paramedics, and others. Additionally, each team deploys with command and control staff, as well as logistics, safety, and communications personnel. The teams typically focus on delivering low to moderate acuity medical care, with the ability to stabilize complex or emergent patients to prepare them for transfer. Teams require support from ASPR Logistics for equipment support and resupply, and ASPR Travel for mission-related movement.

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