The Physician Assistant in Disaster Response: Core Guidelines
(Adopted 2006)

Monumental disasters – whether natural or man-made – shine a bright light on the strengths and weaknesses of disaster response in the United States and abroad. One of the biggest challenges is coordinating human and material resources as multiple groups launch relief efforts.

One of the simplest things a physician assistant (PA) can do as an individual to lessen the burden is to resist the urge to simply show up at a disaster site. To contribute productively to disaster relief, individual PAs must plan in advance by joining a competent, organized relief organization.

Making a financial contribution to disaster relief is a critical way individuals can help. Many providers may have professional or family responsibilities that limit their ability to pick up and leave on short notice for several weeks at a time. For those providers, sending money to various relief organizations is a meaningful way to contribute to the recovery and restoration process.

This paper provides basic guidelines for those PAs who are able and willing to contribute clinically to a disaster relief effort.

The Big Picture

Events such as tornadoes or chemical spills can create disaster for the communities they touch. When disaster disrupts a social structure, multiple, inter-dependent needs arise. Medical assistance may be just one need among many.

Offering even basic assistance may depend upon the ability to travel across disrupted highways. Providing heat or refrigeration for cooking mass refugee meals may depend upon the restoration of electricity or the arrival of generators. Medical providers involved in disaster relief cannot focus only on providing medical care. Digging latrines or handing out water may be a more urgent need. Clinicians must be willing to see the big picture and be prepared to do what is needed most when they arrive at a disaster site.

Credentials and Roles

It is almost impossible to verify credentials at a disaster site, though it is certainly in the best interests of the afflicted to receive care from legitimate, competent clinicians.

Most medical relief workers participate via non-governmental organizations (NGOs), on Disaster Medical Assistance Teams (DMATs) through the U.S. National Disaster Medical System (NDMS), or through other teams organized by charities or state and local governments.
Volunteering through established emergency response organizations helps to ensure verification of all responders’ credentials in advance. In addition, all workers should carry copies of their license and certification to present when needed.

Response teams often include health care providers who have not trained together and are not familiar with one another’s background, skills, and scope of practice. They also may find themselves in austere conditions with few medical resources available. Team members should explain their training and skills to one another and talk about how they will share responsibilities. For instance, a physician who has never worked with PAs could be leading a group that includes an experienced PA from an emergency department trauma team. The PA needs to be sure the doctor understands physician-PA team practice. The physician and PA should talk together about their respective disaster roles and who will supply what levels of emergency care. For instance, who is best prepared to suture lacerations? Set a broken arm? Insert an emergency chest tube? Participants should discuss these issues as their team begins working together.

There will be situations when PAs are the most qualified health care providers available to serve as medical officers for a disaster-stricken area. Rather than declining the assignment, PAs should be pleased that their skills and abilities are recognized and needed. PAs who find themselves in such situations should seek out additional medical resources and consult qualified physicians whenever possible.

**State Laws/Federal Exemptions**

In some cases, governors waive state licensure requirements during disasters. In the aftermath of Hurricane Katrina in 2005, the governors of Louisiana and Missouri waived licensure requirements for all health care professionals for a period of time, but the governors of Texas and Mississippi did not. Texas and Mississippi streamlined the application process, but required licensure by their state boards. PAs should not assume that response organizations either understand or ensure compliance with licensure requirements. It is therefore recommended that PAs research the steps necessary to practice prior to assisting with domestic response initiatives. PAs should also keep in mind that Good Samaritan laws do not provide either authorization to practice or, in most cases, liability protection when they are working in disaster relief situations.

One way to ensure both proper authorization to practice and liability protection is to participate through established federal response organizations. DMAT members are required to maintain appropriate certifications and state licensure. When a DMAT is federally activated, its members become federal employees and are exempt from state licensure requirements. In addition, as federal employees they are protected by the Federal Tort Claims Act, under which the federal government becomes the defendant in the event of a malpractice claim. It should be noted that DMATs are primarily a domestic asset and, with the exception of the International Medical-Surgical Response Team (IMSuRT) component of NDMS, their preparedness, training and credentialing is limited to the continental United States.
Internationally, government programs and NGOs must ensure that U.S. providers have permission to offer medical care in the disaster area. Well-prepared response organizations should be able to prevent licensing problems that can thwart efforts to deploy to the disaster area. Even so, it remains incumbent upon PAs to ensure that they are properly authorized to practice medicine in the region where they have assumed patient care roles. The international arena presents a myriad of issues that may not exist on the domestic front. Cultural beliefs, governmental regulations, political instability, and lack of established standards of health care may pre-date the incipient disaster event. PAs need to investigate international disaster relief standards and response organizations before volunteering.

**Beware the Ill-Prepared Relief Worker**

Research substantiates two categories of resource problems that typically arise during disaster response: needs that are a direct result of the disaster, and demands on resources by relief workers.

Ill-prepared relief workers compound disaster by increasing demands on available resources. They may need water, food, and shelter; have incompatible radio systems that complicate communications, and be unwilling to accept unexpected assignments as necessary. These responder-generated demands can be somewhat alleviated with foresight, preparedness courses, and individual preparation for role variation found in complex situations. 1, 2

Each group that responds to a disaster brings its own logistical capabilities, priorities, goals, and expectations. Coordinating this sudden ad-hoc network of organizations can be a very big challenge. The Hurricane Katrina response was typical of this, with many emergency operations centers housing representatives from the Federal Emergency Management Agency, the Red Cross, state and local NGOs, military personnel, private contractors, construction managers, and Environmental Protection Agency inspectors. The greater the degree of unfamiliarity with tasks and co-workers, the greater the degree to which multi-organizational responses tax resources and reduce response efficiency.1, 3 It is important that PA relief workers are aware of the efforts of these other response operations and their objectives, so that efforts to provide medical care don’t hamper efforts to provide clean water, electrical power, or other necessities.

Relief workers participating in multi-organizational efforts often find themselves in situations ranging from “overload” to “hurry-up-and-wait.” PA relief workers need to prepare themselves for the possibility of non-medical assignments and try to remain flexible in the midst of chaos. That chaos may come in the form of unanticipated roles, non-medical assignments, or a lack of law and order. PA relief workers should assess the safety issues of a given area and check to see if the agencies they are working with have adequate security. Those traveling into non-secure arenas must be aware of the presence of danger and the availability or lack of assistance.

**Disaster Response Standards**

In preparation for the variable aspects of a disaster, clinicians should become familiar with generally accepted standards for re-establishing basic societal functions. The Sphere Project (www.sphereproject.org), an international coalition that includes the International Red
Cross/Red Crescent and other experienced response organizations, has developed a comprehensive set of standards setting forth what they believe people affected by disasters have a right to expect from humanitarian assistance. The Sphere Project aims to improve the quality of assistance provided to people affected by disasters and to enhance the accountability of the humanitarian system in disaster response.

The standards outline the basic societal functions that should be addressed, the degree to which organizations should strive to restore them, and minimum goals that should be seen as interim steps to complete recovery. According to the Sphere Project, key societal functions include

- clothing, bedding and household items
- water supply, water quality, latrines, and other sanitation facilities
- supply and security of food stores, nutrition, and monitoring of vitamin deficiencies
- health care, including preventive and surveillance measures.

The Sphere Project’s members believe that each component of these standards, if left unaddressed, could increase health care needs in a disaster setting.

In addition to meeting immediate acute medical needs, the Sphere Project and other medical relief organizations emphasize that effective relief includes health promotion measures such as vaccinations and hand washing and monitoring programs for early detection of disease outbreaks.

Nutrition monitoring also is essential to the health of disaster survivors. Access to food and the maintenance of adequate nutrition is critical. Malnutrition can be the most serious public health problem and may be a leading cause of death from disaster, whether directly or indirectly. The resilience of livelihoods and people's food security determine their health and nutrition in the short term and their future survival and well-being. While food aid may not be part of a medical team’s role, its impact on human health and survival reinforces the importance of coordinated disaster response.

Finally, the provision of aid in a disaster should be free of political, cultural, religious, or ideological restrictions. The need for organizational policies reflecting cultural tolerance and individual workers sensitive to the population they serve should go without saying. Unfortunately, many times relief efforts are derailed by basic misunderstandings of local customs. Failure to recognize cultural medicinal beliefs in the affected population may also result in fewer patient visits to disaster medical facilities. Medical care should not be offered in a fashion where patients must barter their beliefs for a continued or improved level of care. Participation through an established organization can help to minimize cultural offense. Individuals also should commit to a personal effort at cultural understanding. 4, 5

Recommendations

Given all of the problems that unprepared – though perhaps well-intentioned – relief workers can create, the American Academy of Physician Assistants endorses the following principles of professionalism for physician assistants participating in disaster response.
Physician assistants should prepare in advance of disasters. Effective disaster response requires training and preparation for austere practice conditions and unanticipated assignments. Preparation should be done through an established relief organization and should address health care and non-health care aspects of disaster response.

Physician assistants should participate in disaster relief through established channels. Research shows that unprepared relief workers increase demands on the local infrastructure and can disrupt emergency response. Qualified response organizations should be capable of verifying credentials, providing training, obtaining the necessary approvals to enter a disaster area, and preparing its teams to minimize responder-generated demands on resources.

Physician assistants should support comprehensive, physician-directed health care teams. Disaster response may result in PAs working with physicians who are unfamiliar with the physician-PA team approach to care. PAs should be prepared to document their credentials and to find out the scope and skills of other medical relief workers, including physicians. In situations where PAs lead medical response teams with no physician on site, PAs should recognize the need for their skills and abilities, while remaining within their own experience and competency levels. PAs who find themselves in such situations should seek out additional medical resources and consult physicians when possible.

Physician assistants should prepare for and expect the possibility of scarce medical resources and non-medical assignments in disaster situations. Relief work may require providing care without customary equipment or diagnostic tools in austere environments or supporting other team members in non-medical tasks when medical care is not the principle necessity.

Physician assistants should be prepared to document their qualifications at any disaster site by carrying credentials with them. While credentialing assessment may not exist in a disaster-stricken area, PAs should maintain a commitment to represent themselves professionally and truthfully. In addition, as patient advocates, PAs should not hesitate to ask for and confirm the credentials of other health care responders, including physicians.

Physician assistants involved in medical relief efforts should be familiar with accepted standards of disaster response. To aid in their ability to see the big picture of disaster response, PAs should be familiar with accepted standards of response, such as those developed by the Sphere Project, an international coalition of experienced disaster response organizations.

Physician assistants should maintain a high degree of cultural and religious sensitivity when working with populations of varying ethnicities, religions, and nationalities. Aid should not be predicated upon religious values or cultural beliefs.
References


2. Dynes RR, Quarantelli EL, Kreps G. *A Perspective on Disaster Planning*. Disaster Research Center, Newark, Delaware, 1981.

