Emergency Response Policy Statement

The tragic events of September 11, 2001, Hurricane Katrina in 2005, the San Diego wildfires of 2007, the threat of pandemic influenza . . . these and other national emergencies have alerted our nation to the need for greater preparation in order to respond to mass disasters and acts of terror. Both the ADA and the CDA have urged the inclusion of dentistry in bioterrorism and emergency response planning efforts, expressing the conviction that dentistry has important assets in personnel and facilities to contribute to the country’s capability to respond to such events.

Historically, dentists have provided forensic services whenever the need arises. However, dentists also have professional skills and training which enable them to assist their communities in a broader capacity. Notably, with very little additional training, dentists could be activated to prescribe and distribute medications and administer vaccinations.

Furthermore, dental offices are located throughout any given community and have many of the same resources as hospital facilities, including sterilization equipment, air and gas lines, suction equipment, radiology capabilities, etc. Certainly, one of the possibilities is for dental offices to be activated to serve as “mini-hospitals” when local hospital facilities become overwhelmed or when a concentration of patients at one site is to be avoided. Pre-designated dental offices may act as storage sites for materials and supplies to be distributed in the event of an emergency resulting from bioterrorism.

In 2002, CDA formed a bioterrorism workgroup charged with creating two mass disaster response teams – a Dental Identification Team and a Bioterrorism Response Team. The Dental Identification Team, known as CalDIT, is a group of highly trained forensic dentists, able to respond to mass disasters in California or nationally. CalDIT dentists have been members of the forensic team for Hurricane Katrina, as well as other mass disasters.

Concerned that the scope of dentistry defined by the California Dental Practice Act might act as a barrier to widespread participation of dentists in emergency response, CDA sponsored AB 2210 (Price) in 2008. This law allows the California Dental Board to suspend compliance with any provision of the Dental Practice Act that would adversely affect a licensee’s ability to provide emergency medical care that is consistent with his/her training. Additionally, the law provides immunity from liability to a dental professional who voluntarily and without compensation provides emergency care. CDA believes this law provides the security many dental professionals need to become active in local or statewide emergency response efforts.

Additionally, in March 2011, the Dental Emergency Responder Act (H.R.570) passed the United States House of Representatives. This bill clarifies that dentists may be considered voluntary disaster response public health workers and that states, at their option, could incorporate dentists and dental facilities into their planning. The legislation also provides for the inclusion of dental personnel and facilities in the National Health Security Strategy. Lastly, the legislation attempts to encourage stronger collaborations between the dental community and Department of Health and Human Services in developing the nation’s medical surgery capacity. Subsequent to the House actions, the House Committee on Energy and Commerce marked up H.R. 2405, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2011, to incorporate the language in HR 570 and forwarded it to the full House with a recommendation for passage. HR 2405 awaits final action.

CDA encourages dental professionals and the agencies responsible for emergency response planning to work together to ensure effective use of dental professionals in mass disaster response at the local, state and national levels.

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