

CHAPTER 8

ALTERNATE WARTIME ROLES

Section I. INTRODUCTION

8-1 General

The alternate wartime role for dental personnel is to augment MTFs with additional combat casualty care capability, particularly during mass casualty operations. Casualty experience in a conflict may at times overwhelm MTFs. Dental resources, both personnel and equipment, constitute a valuable resource and are uniquely suited to support combat casualty care operations. There are many well-documented instances of dental personnel assisting in combat casualty care during past conflicts; however, this important role has only recently been formally recognized. Today, with formal training in ATM and a greater understanding of the importance of the alternate wartime role, dental personnel are far better prepared to assist during mass casualty situations. While dental alternate wartime role focus has generally always been at the individual level, collective use of the dental unit or its subordinate elements may at times be appropriate.

8-2. Training Requirements

In recognition of the alternate wartime role mission, the Assistant Surgeon General for Dental Services has established formal policy outlining training requirements in this area. These annual training requirements, based primarily on those outlined in DA PAM 40-13, are mandatory for all dental officers in the Army Dental Care System. A written record of wartime ATM training is maintained in the officer's credentials file and may be credited toward annual continuing health education requirements. Current training requirements address the following general subject areas:

- Medical sorting and triage.
- Initial burn treatment.
- Intravenous (IV) techniques.
- Treatment of maxillofacial injuries.
- Incubation.

- Psychological care.
- Infection control and sterile technique.
- Cardiopulmonary resuscitation (CPR) recertification.
- Management of soft tissue wounds.
- Treatment of orthopedic injuries.
- Management of NBC casualties.
- Forensic dental identification.
- Operating room procedures.

8-3. Additional Sources of Training

Acceptance of the ATM role is a tremendous responsibility which requires intensive training. Thirty hours of training per year is not enough to satisfy the demands which may be placed on the dental officer should he be required to assume his alternate wartime responsibilities. Fortunately, there are other sources of training to supplement the mandated classroom subjects.

a. Professional Training. Dental schooling provides the dental officer with a basic medical science background in subjects such as anatomy, physiology, histology, pathology, and other areas. It also provides training in basic clinic areas such as pharmacology and anesthesiology. Most importantly, the oral surgical skills taught in dental school and developed throughout the dental officer's career are easily adapted to other areas.

b. Military Training. There are numerous opportunities for formal military training throughout the dental officer's career which can add to his ATM training (some are mandatory such as CPR certification). Most notable is the Combat Casualty Care Course (C4) and the executive level Combat Casualty Care Management Course (C4A). The Chemical Casualty Care Course is very similar, but

with a singular focus. Preparation for and participation in Expert Field Medical Badge (EFMB) testing is another valuable source of training. Less formalized, but equally valuable, are familiarization rotations in a hospital emergency room, surgical service, or anesthesia service. Service-sponsored continuing education and temporary duty (both local and funded) are excellent opportunities for ATM training.

c. Formal Nonmilitary Training. Numerous formal courses of study are generally available in the civilian community which can supplement ATM. Organizations such as the Red Cross and the American Heart Association offer numerous courses leading to certification in such things as Advanced Cardiac Life Support and CPR instructor certification. Emergency medical technician and paramedic training may also be available.

d. Individual Study. The most accessible form of training available to the dental officer is self-study through personal reading. Additionally,

appropriate correspondence courses are available through military and civilian sources.

8-4. Enlisted Training

Provision of dental services is a team effort. Likewise, retention of the dental officer/dental specialist relationship can at times be expected during performance of alternate wartime roles. It is important, therefore, that the enlisted members of the dental team also be appropriately trained to assist in ATM. Formal opportunities are fewer than for dental officers, but numerous training opportunities still exist. The Combat Lifesaver Course is a tremendous opportunity. Expert Field Medical Badge training and participation should be encouraged for all AMEDD personnel. Army correspondence courses available through the AMEDDC&S offer a variety of appropriate subjects. Civilian emergency medical technician and paramedic training are a valuable source of training and experience. Lastly, training provided by the unit can go a long way toward preparing the enlisted members of the dental team for their role in the ATM mission.

Section II. PLANNING FOR ALTERNATE WARTIME ROLES

8-5. General

Execution of the alternate wartime role mission is largely dependent on circumstance, but the dental unit must be prepared for a number of possibilities. The number of possible employment options of dental resources is limited only by the imaginations of both the dental commander and the supported medical commander. The possible courses of actions shown below are only generic solutions which must be modified according to circumstance. There are, however, two general categories of employment options—individual and collective unit participation. While the role of the individual dental officer has been the past focus when discussing alternate wartime roles, collective employment of dental units or their subordinate elements may at times be the option of choice.

8-6. Possible Casualty Encounters

The most likely place for dental assets to encounter combat casualties is in an adjacent MTF during

periods of mass casualties. Augmentation of the MTF merits the greatest attention; however, dental personnel and units must be prepared for other possible encounters.

a. Dental Treatment Facility. The likelihood of casualties showing up at the DTF is quite high, particularly when there is no MTF immediately available. The probability of casualties being brought to an available DTF is increased during periods of rear-area battle or disaster in the base area. There is also the possibility of casualties from the dental unit itself who will need treatment or stabilization prior to further evacuation.

b. En Route. Dental units, particularly the forward treatment teams, are often en route to different locations. There is a reasonable possibility that casualties may be encountered along the way. In the event that medical assistance is not available, dental personnel may well find themselves in charge of the situation.

8-7. Individual Dental Officer Roles

There are a variety of roles that the individual dental officer can perform in support of the MTF. The role selected is dependent on both the skills of the dental officer and the needs of the medical commander. Possibilities are—

- a. *Assistant Surgeon.* The inherent surgical skills of the dental officer make him well suited for employment as an assistant surgeon.
- b. *Anesthesiology.* Use of the dental officer to administer anesthesia is a force multiplier which can increase surgery work load capacity.
- c. *Minimal Treatment Provider.* Dental officers can be used as minimal care treatment

providers; however, this function may also be delegated to medical ancillary personnel. The individual dental officer can be better used to perform those tasks listed above which require a higher level of skill.

8-8. Enlisted Role

Like the officer member of the dental team, dental ancillary personnel can be used in a number of roles. Use of enlisted personnel will depend largely on training, experience, and maturity. Junior enlisted members with minimal training in emergency medical treatment are best used in support roles such as assignment to a manpower pool for litter carrying. More experienced personnel with advanced training can be used as direct patient care assistants under the immediate supervision of qualified personnel.

Section III. DENTAL UNIT SUPPORT OF MEDICAL TREATMENT FACILITIES DURING MASS CASUALTY OPERATIONS

8-9. General

Section II discusses the possible individual dental officer and dental specialist alternate wartime roles. Dental officers assigned to an MTF such as a division medical company or a hospital are most likely included, along with their dental assistants, in the mass casualty plans for that facility. In situations where a dental unit or one of its larger subordinate elements is collocated with an MTF (perhaps a hospital), collective use of the dental unit in mass casualty situations may be advantageous. When additional treatment space is required, use of the adjacent DTF is incorporated into the collective utilization option.

8-10. Dental Unit Equipment Resources Available

Each subordinate element of the various dental units has assigned TOE and CTA equipment which can be used to support ATM, particularly when treatment provided in the DTF is limited to minimal-category casualties. In larger DTFs, the combined capability becomes quite large and can accommodate a substantial patient load.

- a. *Shelter.* The DTF offers heated shelter suitable for the conduct of patient treatment. This benefit increases greatly when the DTF is set up within, or immediately adjacent to, the MTF complex.

- b. *Minor Surgical Support.* Some dental equipment can be readily used in support of minor surgical procedures. Examples are—sinks, sterilizers, suction and pressure machines, dental lights, and fully declinable dental chairs.

- c. *Dental Instrument Sets.* Dental equipment sets contain numerous materials and instruments which can be used to perform minor surgical procedures. Among these are anesthetic, scalpels, forceps, hemostats, suture material, and wire ligature.

- d. *Basic Resuscitation.* Each DTF is equipped with a dental augmentation set which can be used to provide basic resuscitation for cardio-pulmonary and other common medical emergencies.

8-11. Medical Treatment Facility Augmentation Options

There are a number of conceivable options for use of DTF resources in support of mass casualty operations,

all of which fit into one of three general categories. The option selected is a matter of agreement between DTF and MTF commanders.

a. Individual Augmentation/Manpower Pool. This option is discussed in Section II. The dental officers essentially augment various MTF services on an individual basis, and the enlisted soldiers work out of a manpower pool, primarily to support patient transportation. The major disadvantage in this option is that it fails to use the space and equipment available in the DTF. It also fails to use whatever collective skills and training the DTF may have.

b. Dental Treatment Facility Responsibility for a Treatment Function. The DTF could collectively assume responsibility for a mass casualty treatment function, thus freeing the MTF providers for other functions. The most logical of these functions for which the DTF's physical facility and personnel are best suited is treatment of minimal-category patients. Minor burns, soft tissue injuries, minor fractures, and sprains are all easily treated in the DTF. This option frees MTF patient care providers

for other areas, expedites RTD of the minimal-category patient, and clears the MTF of a large percentage of the patients who can be expected in a mass casualty situation. Successful employment of this option requires advanced planning and careful coordination to ensure adequate supplies are available and patients are properly accounted for.

c. Combination of the Above. In those cases where a large DTF is collocated with a hospital, sufficient resources may be available to support a combination of both the above options.

8-12. Planning and Coordination

The key to successful use of dental resources in a mass casualty situation is planning and coordination. As a matter of priority, the DTF commander, upon arrival at a site collocated with an MTF, should coordinate with the MTF commander on a plan for use of the DTF's resources in the event the MTF is overwhelmed. Once a plan is established, it should be rehearsed at the earliest opportunity.