

# Composition of DMAT personnel in Taiwan: comparison with USA system

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摘要

## **Abstract**

The purpose of this study is also attempting to find out the adequacy of DMAT composition and to help further modification of DMAT set-up. With the preliminary data in this registry, we tried to analyze the composition of these DMAT personnel and make comparisons between them and the available data from nine DMATs in United States. A multivariate analysis model revealed that: total DMAT members (in USA) =  $0.74 \times (\text{Number of Physicians}) - 21.15 \times (\text{Number of Nurses}) - 21.04 \times (\text{Number of Paramedics}) - 8.96 \times (\text{Number of EMT}) - 101.67 \times (\text{Number of Pharmacists}) + 346.92 \times (\text{Number of Respiratory Therapists}) + 58.03 \times (\text{Number of Psychological Consultants}) + 13.94 \times (\text{Number of Other Categories}) - 33.09$ . The variations of the other two teams are less than 170. In contrast, the multivariate analysis model revealed: total DMAT members (in Taiwan) =  $44.07 \times (\text{Number of Physicians}) - 6.28 \times (\text{Number of Nurses}) + 3.66 \times (\text{Number of EMT}) + 1.72 \times (\text{Others}) - 1425.6$ . The variations of other teams ranged from - 375.1 to - 1075.86. The paramedics or EMT account for more than 50% of DMAT personnel in USA whereas they comprise only 6.4% in Taiwan ( $p < 0.001$ ). In conclusion, there are no consistencies in the compositions among different DMAT personnel in Taiwan. The establishment of uniform policies and overall planning may be the only method resolving this problem. (Ann. Disaster Med 2002;1:11-19)