Disaster Management and Emergency Preparedness (DMEP) Course

Dates: March 23, 2020 OR July 17, 2020 OR October 1, 2020
Time: 07:30 – 17:00
Location: Cedars Sinai Medical Center

The Cedars-Sinai Department of Surgery’s Trauma Program is excited to offer DMEP, which is a 1-day course that is both didactic and interactive. It addresses core competencies as outlined by Disaster and Mass Casualty Management (DMEP©) of the American College of Surgeons Committee on Trauma (ACSCOT). Major topics that will be addressed include planning, triage, incident command, injury patterns and pathophysiology, and special populations considerations. Interactive group discussions will be based on illustrative scenarios. The course requires a pre-/post-test, which will be reviewed on site.

Course Objectives

- Understand the surgical problems, injury patterns, and issues that may result from disasters.
- Discuss the role that surgeons and other acute care providers can play in planning for and response to mass casualty incidents and disasters.
- Become familiar with the terms and concepts of incident command.
- Understand the principles and challenges of disaster triage.
- Know the civilian and military assets available for support.

Provider Course Fee: $250.00 per student, to include all course material, continental breakfast, lunch, afternoon snacks, beverages, and parking validation.
Registration

Date Attending: ☐ March 23, 2020 ☐ July 17, 2020 ☐ October 1, 2020

Name: _______________________________________________________________

Mailing Address: _______________________________________________________
___________________________________________________________________

Office/Work Number: _________________________________________________

Cell Phone Number: ___________________________________________________

Email Address: _______________________________________________________

Employer: ___________________________________________________________

Specialty: ____________________________________________________________

If paying by credit card, please complete the information below, and email to: Brett.dodd@cshs.org or call 310-699-4927. Make checks payable to CSMC ATLS.

(Note: all information must be complete, accurate, and PRINTED legibly)

Name on Credit Card: __________________________________________________

Billing address – (City, State, Zip Code): ________________________________
___________________________________________________________________

Credit Card Number: _________________________________________________

Expiration Date: _______________

Card Security Code (3 digit code on back of Visa/Master Card or 4 digit code on front of American Express Card): Telephone Number: __________