

**Final Committee Objectives 2020-21**  
**Disaster Preparedness & Response Committee**

Chair: Sharon E. Mace, MD, FACEP

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Pat Elmes, EMT-P

1. Identify and develop modules/videos on assorted preparedness activities (e.g., PPE donning/doffing, resources for offsite patient visits, NDMS capabilities, technology integration, and utilization in disasters, etc.).
2. Develop a comprehensive After-Action Report (AAR) for ACEP's response to COVID-19 and codify key recommendations for improvements in preparedness.
3. Develop the following information papers:
  - pandemic preparedness and response focused on rural EDs and larger health systems with satellite hospitals
  - disaster preparedness for special populations in pandemic situations
  - psychological well-being and PTSD focused on emergency physicians in disaster, pandemic, and mass casualty events
4. Review the following policies per the Policy Sunset Review Process:
  - Disaster Planning & Response

*Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*

5. Develop a policy statement emphasizing the importance of emergency physician involvement in disaster planning and operations at high levels within hospitals, local, regional, and state emergency management (as demonstrated during COVID-19), including promoting funding streams for ED preparedness.
6. Identify national and international organizations active in disaster medical preparedness and response to assure appropriate liaisons and channels of communication with ACEP to seek opportunities to increase collaboration and development of in-time resources available to emergency physicians for when events happen.
7. Solicit nominations for the Disaster Medical Sciences Award and recommend the recipient to the Board of Directors.
8. Collaborate with fellowship directors to update the list/database of all disaster fellowships and the similarities or differences. Explore development of a Disaster Medicine board certification or added qualification in disaster medicine & preparedness.
9. Identify existing groups, such as the National Center for Disaster Public Health (NCDPH), to explore ways to collaborate to collect disaster data and to engage members to share data and reports about disaster events. Identify interplay of various federal agencies and how they are accessed.
10. Provide input to the Education Committee to explore online and other EMS, disaster, and other related training for emergency physicians. (Education is the lead committee.)
11. Explore development of disaster preparation standards related to personal protection equipment in the ED. Collaborate with the Emergency Medicine Practice Committee. (Disaster is the lead committee).
12. Explore possible health care disparities within disaster preparedness and response.