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Role of Emergency Physicians in Disaster Preparedness and Response (Impact of COVID Pandemic)

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The ongoing COVID-19 pandemic unmasked many shortcomings in hospital and healthcare disaster planning and response. More focused need to be given to disaster that evolve over long periods of time and disrupt multiple facets of society. Many existing plans are based on faulty assumptions and unrealistic expectations. COVID-19 demonstrated the utility of having an emergency medicine presence at regional and state emergency operation centers (EOC). Emergency physicians possess the clinical and operational knowledge and skills, necessary to prepare for and respond to disasters.

The American College of Emergency Physicians (ACEP) encourages emergency physicians to:

1. Assist their institutions and community to prepare for and respond to disasters at the local, regional, state, and federal level.
2. Serve as subject matter experts on the allocation of scarce health care resources. Emergency physicians must be at the table (direct input) when decisions are made, not just expected to respond to disasters.
3. Work with institutions and local health agencies to educate health care providers about disaster plans and demand realistic exercises that test those plans, in order to promote effective and timely response.
4. Advocate for sustainable disaster preparedness (surge capacity, planning, training, research, equipment, supplies, oversight, process improvement) by identifying and securing funding streams to develop, expand and enhance disaster preparedness at the local, state, and federal levels.
5. Work with institutional and public health leaders to effectively communicate public health and safety information.
6. Work with hospitals and health systems to protect healthcare workers, their families, and their patients from unnecessary risks. These risks (perceived and real) undermine the effectiveness of disaster response by health care providers.