

2018-19
Final Committee Objectives

Disaster Preparedness & Response Committee

Marc Rosenthal DO, FACEP (MI) (Chair)	Torree McGowan MD, FACEP (OR)
Shari Augustin (MN)	Andrew Milsten MD, MS, FACEP (MA)
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Elizabeth Davlantes MD (GA)	Heather Rybasack-Smith MD (RI)
Constance Doyle MD, FACEP (MI)	Leslie Sachon DO (VA)
Justin Fairless DO, FACEP (TX)	Ritu Sarin MD, FACEP (MA)
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Jeffrey Feden MD, FACEP (RI)	Amos Shemesh MD (NY)
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Eric Goralnick MD, FACEP (MA)	Matthew Smith MD, FACEP (MS)
Antonia Helbling MD (CA)	Christopher Tanski MD, FACEP (NY)
Ameen Jamali MD, FACEP (MD)	Brigham Temple MD, FACEP (IL)
Jennifer Jenkins MD, FACEP (MD)	Ashley Voroba MD (NY)
Christopher Kang MD, FACEP (WA)	Jennie Wang DO (TX)
Bradley Kaufman MD, FACEP (NY)	Gregory Wanner DO (PA)
Dylan Kellogg MD (NY)	James Waymack MD, FACEP (IL)
Seth Kelly MD, MBA (MD)	Bryan Wexler MD, FACEP (MD)
Sean Kivlehan MD (MA)	Matthew Wilks MD, FACEP (NM)
Kacey Kronenfeld MD (WI)	Anna Yaffee MD (GA)
Kathy Lehman-Huskamp MD, FACEP (SC)	
Sharon Mace MD, FACEP (OH)	

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Pat Elmes

1. Continue to utilize identified 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 working ED doctors for when events happen.
2. Collaborate with the Disaster Medicine Section and the Pediatric Emergency Medicine Committee to explore incorporating an advanced level within the existing Mass Casualty Medical Operations Course or a separate course using the current course as a prerequisite. (Disaster Preparedness & Response Committee is the lead committee.)
3. Develop recommendations for improved system response in disasters and high threat situations through ACEP interaction with related external organizations such as ACS, NDMS, federal governmental agencies, ACOEP and hospitals, as well as, other ACEP committees and sections to develop recommendations for disasters and high threat situations.
4. Implement the Disaster Medical Sciences Award.
5. Monitor the national disaster medicine environment for federal regulations, new guidelines, standards, and technologies that potentially significantly impact disaster medicine and provide recommendations to the Board as needed.

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6. Serve as a resource and 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.)
7. Collaborate with fellowship directors to compile a list/database of all disaster fellowships and similarities/differences and continue to explore development of a Disaster Medicine board certification.
8. Explore ways to collaborate with existing groups, such as the National Center for Disaster Public Health (NCDPH), to collect disaster data and engage members to share data and reports about disaster events.
9. Review the following policies per the Policy Sunset Review Process:
 - Disaster Medical Response
 - Handling of Hazardous Materials
 - Support for National Disaster Medical System and Other Response Teams

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.

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. Provide input to the EMS Committee to continue the work started by the High Threat Casualty Care Task Force (HTCCTF) towards:
 - creation of a high-threat incident database, standardized data-gathering tool, and support the creation of data-gathering rapid response to enable rapid dissemination of lessons-learned
 - enhance the translation of military lessons learned, consistent with Mission Zero, throughout the emergency medicine community
 - develop a public relations information campaign centered on mitigation, preparedness, response to and recovery from high-threat incidents. (EMS the lead committee.)