

Emergency Preparedness: Understanding Physicians' Concerns and Readiness to Respond

**Clinician Outreach and
Communication Activity (COCA)
Conference Call
February 12, 2013**

Objectives

At the conclusion of this session, the participant will be able to accomplish the following:

- ❑ Discuss the knowledge, attitudes, and behaviors that physicians have related to emergency preparedness**
- ❑ Identify opportunities to improve emergency preparedness training and education for physicians**
- ❑ Describe disaster medicine activities and resources to promote physician emergency readiness**

Continuing Education Disclaimer

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product or products under investigational use. CDC, our planners, and the presenters for this presentation do not have financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters with the exception of Dr. Gillian SteelFisher who would like to disclose that her spouse receives a consulting fee from Eli Lilly. This presentation does not involve the unlabeled use of a product or products under investigational use. There was no commercial support for this activity.

Accrediting Statements

CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this electronic conference/web-on-demand educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. Non-physicians will receive a certificate of participation.

CNE: The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 1 contact hour.

CEU: The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 1 ANSI/IACET CEU for this program.

CECH: Sponsored by the *Centers for Disease Control and Prevention*, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) to receive up to 1 Category I CECH in health education. CDC provider number GA0082.

CPE:  The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is a designated event for pharmacists to receive 1 Contact Hour in pharmacy education. The Universal Activity Number is 0387-0000-12-134-L04-P and enduring 0387-0000-12-134-H04-P. Course Category: This activity has been designated as knowledge based.

AAVSB/RACE: This program was reviewed and approved by the AAVSB RACE program for 1.2 hours of continuing education in the jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB Race Program at race@aavsb.org if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

TODAY'S PRESENTER



Gillian SteelFisher, PhD, MSc

Assistant Director, Harvard Opinion Research Program
Research Scientist, Department of Health Policy and Management
Harvard School of Public Health

TODAY'S PRESENTER



Steven E. Krug, MD, FAAP

Head, Division of Emergency Medicine
Ann & Robert H. Lurie Children's Hospital of Chicago
Chairperson, Disaster Preparedness Advisory Council
American Academy of Pediatrics

TODAY'S PRESENTER



Christopher S. Kang, MD, FACEP

Staff Emergency Physician

Madigan Army Medical Center

Member, Disaster Preparedness and Response Committee

American College of Emergency Physicians

A Poll of Physicians: Views on Emergency Preparedness

February 12, 2013

Gillian SteelFisher, Ph.D., M.Sc.

Robert J. Blendon, Sc.D.

Johanna Ward, M.Sc.

Amanda Brule, M.A.

Harvard School of Public Health

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry

Areas of Inquiry

1. Physician Preparedness
2. Staff Preparedness
3. Awareness and Participation in Institutional Preparedness Activities
4. Physician Training
5. Receipt of Emergency Preparedness Information Prior to an Emergency
6. Receipt of Information During an Emergency
7. Patient Education

Four Types of Emergencies & Two Types of Care Settings

Types of Emergencies

1. A natural disaster, like a hurricane or earthquake
2. A major outbreak of an airborne infection, like pandemic influenza
3. A major foodborne illness outbreak
4. A chemical, biological, radiological, nuclear or explosives incident (CBRNE)

Types of Care Settings

1. Hospital settings
2. Non-hospital settings (“not part of a hospital”, including private offices)

Poll Methods Summary

- Poll conducted October 19, 2011 to January 11, 2012
- Mail invitations; completions through printed/mail and online formats
- Nationally representative sample of 1,603 practicing physicians
- Data were weighted to represent the U.S. population of practicing physicians based on:
 - Specialty group
 - Census region of practice
 - Year of graduation from medical school
 - Gender
 - Ethnicity
- Select findings in this presentation
 - Note: Some summary statistics do not add to 100% or the sum of the subsets due to rounding and/or categories not shown (e.g., “refused/skipped”)

Physician and Staff Preparedness

- **How prepared do physicians think they are?**
- **How prepared do they think their staff are?**

Personal Preparedness: Types of Public Health Emergencies

How prepared do you think you are personally to handle each of the following kinds of public health emergencies?

A natural disaster, like a hurricane or earthquake



A major outbreak of an airborne infection, like pandemic influenza



A major foodborne illness outbreak



A chemical, biological, radiological, nuclear or explosives incident



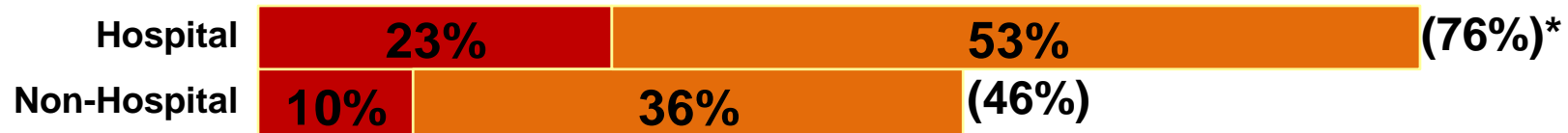
■ Very prepared

■ Somewhat prepared

Staff Preparedness: Kinds of Emergencies

How prepared do you think the staff in this hospital department (or non-hospital setting) are to handle each of the following kinds of public health emergencies?

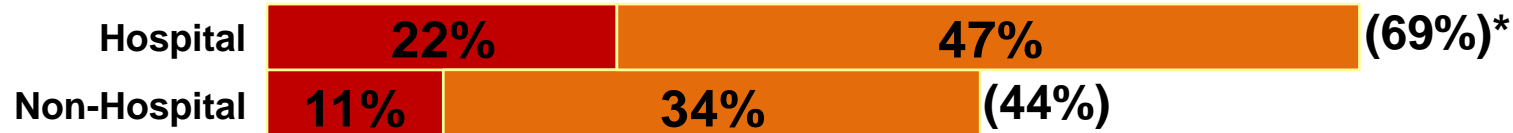
A major outbreak of an airborne infection, like pandemic influenza



A major foodborne illness outbreak



A natural disaster, like a hurricane or earthquake



A chemical, biological, radiological, nuclear or explosives incident



*Statistically significantly greater than non-hospital settings

Preparedness Activities: Written Plans and Practice Drills

- **Are physicians aware of preparedness efforts in the institutions where they provide care?**
- **Do they participate in related activities?**

Written Emergency Response Plan

In this hospital department (or non-hospital setting) is there a written emergency response plan?

Yes, there is a written plan



No, there isn't a written plan



Don't know



*Statistically significantly greater than non-hospital settings

**Statistically significantly greater than hospital settings

Emergency Response Plan: Specific Components

*Does this written plan include each of the following?
(% 'yes' among those saying there is a written plan, n=708, 270)*

A description of roles for each staff member



A communication plan to link all providers and administrative staff at home or in the care setting



A continuing operation plan for treating routine and overflow patients



Information sources for treating illnesses/injuries related to different kinds of emergencies



A patient triage plan with the names of the alternative locations of care



A plan to reach out to your current patients (for example, by updating website/through phone messages)



Other



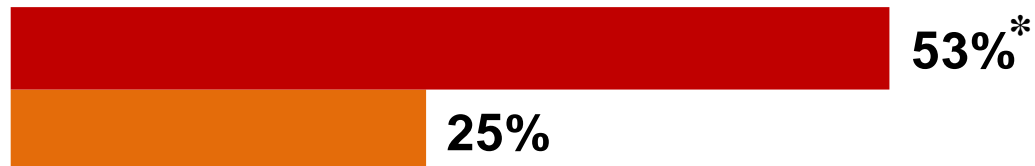
■ Hospital Setting
■ Non-Hospital Setting

**Statistically significantly greater than hospital settings

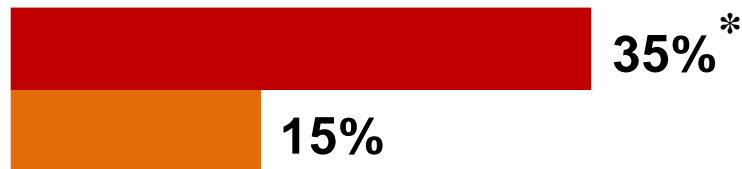
Physician Participation in Practice Drills

(% 'yes' among those who practice in each setting; n=1264, 1121)

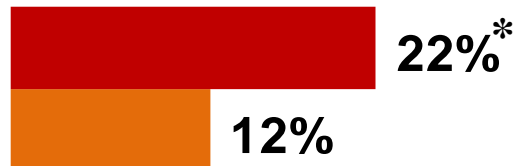
Institution has a written emergency plan



Institution had a practice drill based on written emergency plan



Physician participated in such a practice drill



■ Hospital Setting
■ Non-Hospital Setting

*Statistically significantly greater than non-hospital settings

Practice Drills: Kinds of Emergencies

Were the following kinds of emergencies considered in the practice drills you participated in?
(% 'yes' among those who participated in a practice drill in the past 2 years, n=311, 129)

A natural disaster, like a hurricane or earthquake



A chemical, biological, radiological, nuclear or explosives incident



A major outbreak of an airborne infection, like pandemic influenza



All-hazards



A major foodborne illness outbreak



Other



■ Hospital Setting
■ Non-Hospital Setting

*Statistically significantly greater than non-hospital settings

Physician Training

- **Are physicians participating in training?**
- **What kinds of training?**

Training Sessions: Participation in Past Two Years

In the past 2 years, how often have you personally participated in training sessions or conferences related to emergency preparedness or response for each of the following?

A major outbreak of an airborne infection, like pandemic influenza (Ever)



All-hazards



A natural disaster, like a hurricane or earthquake



A chemical, biological, radiological, nuclear or explosives incident



A major foodborne illness outbreak



■ More than once a year
 ■ Once a year
 ■ Less often
 ■ Never

Training Sessions: Sources of Training

Was the training provided by the following sources?

(% 'yes' among those who participated in a training session in the past 2 years, n=926)

The hospital or clinic where you work



Other healthcare organization, like a hospital or community health center



State or local public health department



A national physician/clinician organization like the AMA or ACEP



A federal agency, like the CDC, FEMA, or FDA



Other



A national emergency-oriented organization, like the American Red Cross



Receiving Information Prior to an Emergency

- **Are physicians getting information prior to an emergency?**
- **What kinds of information do physicians get?**

Emergency Preparedness Information: Types of Emergencies

In the past 2 years, how often have you personally received information (not formal training) about preparing for each of the following kinds of emergencies?

A major outbreak of an airborne infection, like pandemic influenza (Ever)



A natural disaster, like a hurricane or earthquake



A chemical, biological, radiological, nuclear or explosives incident



A major foodborne illness outbreak



■ More than once a year ■ Once a year ■ Less often ■ Never

Emergency Preparedness Information: Sources of Information Received

Did you receive information from the following sources?

(% among those who received information about preparing for emergencies in the past 2 years, n=1075)

The hospital where you work or where most of your patients are admitted (e.g., grand rounds)



State or local public health department



The outpatient setting where you practice most often



Federal agencies, like the CDC, FEMA or FDA



National physician/clinician organization like the AMA or ACEP



Other healthcare organization, like other hospitals or community health center



Receiving Information During an Emergency

- **Are physicians signed up to get alerts in an emergency?**
- **Where do they get them from?**
- **Where will they turn for information in an emergency?**

Public Health Alerts: Types of Emergencies

Are you currently signed up to receive public health alerts during the following kinds of health emergencies?

Any alerts



31%

A major outbreak of an airborne infection, like pandemic influenza



23%

A natural disaster, like a hurricane or earthquake



22%

General emergencies of any kind



22%

A major foodborne illness outbreak



20%

A chemical, biological, radiological, nuclear or explosives incident



19%

Public Health Alerts: Sources of Alerts Received

*Are you signed up to get alerts from the following sources?
(% among those who are currently signed up to receive any alerts, n=520)*

The hospital or clinic where you work



State or local public health department



Federal agencies, like the CDC, FEMA, or FDA



National physician/clinician organization like the AMA or ACEP



Clinical journals



National emergency-oriented organization like the American Red Cross



Other



Likelihood of Using Different Information Sources During an Emergency

During an emergency, how likely are you to use each of the following sources for information about providing patient care?

Your hospital or outpatient clinic



State or local public health department



Federal agencies, like the CDC, FEMA or FDA



National emergency-oriented organization like the American Red Cross



National Physician/clinician organization like the AMA or ACEP



Clinical journals



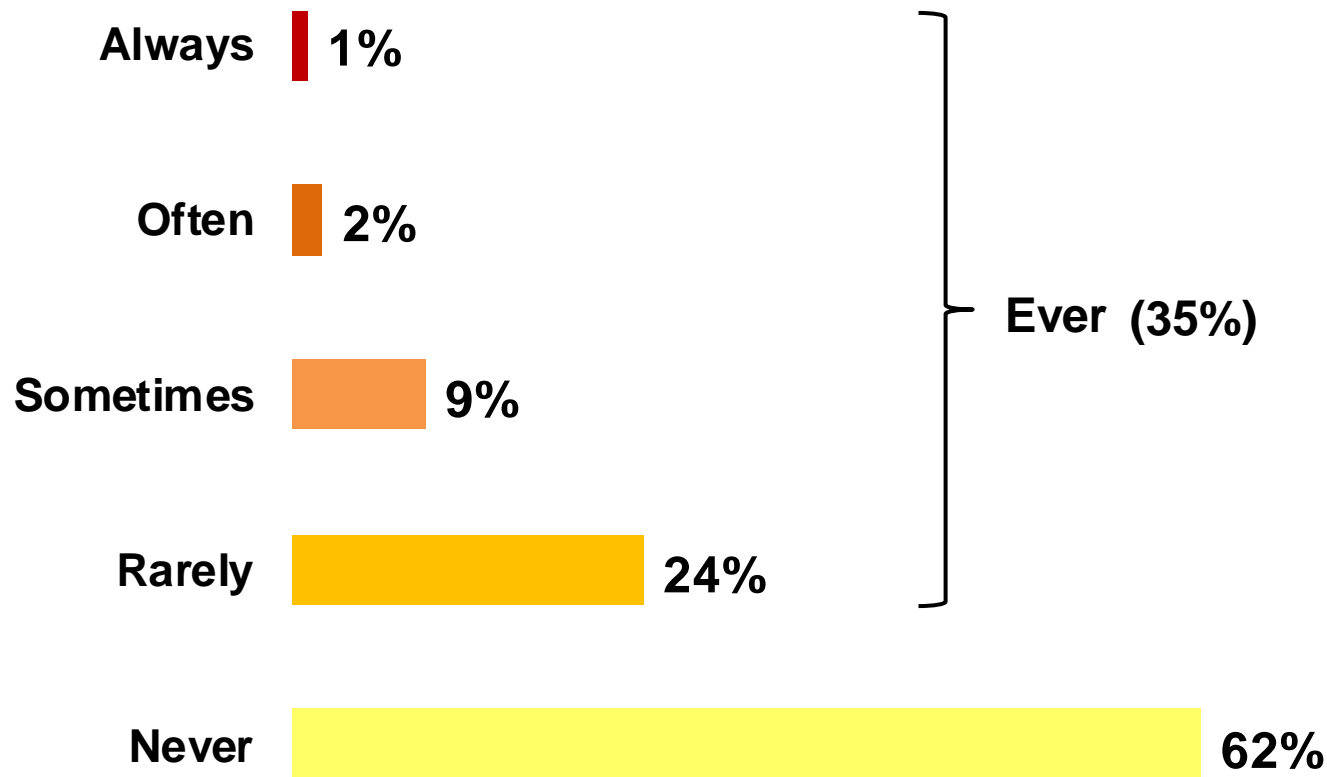
■ Very likely
■ Somewhat likely

Patient Education (in Non-Hospital Settings)

- **Do physicians discuss preparedness with patients?**
- **If so, what are they discussing?**
- **If not, why not?**

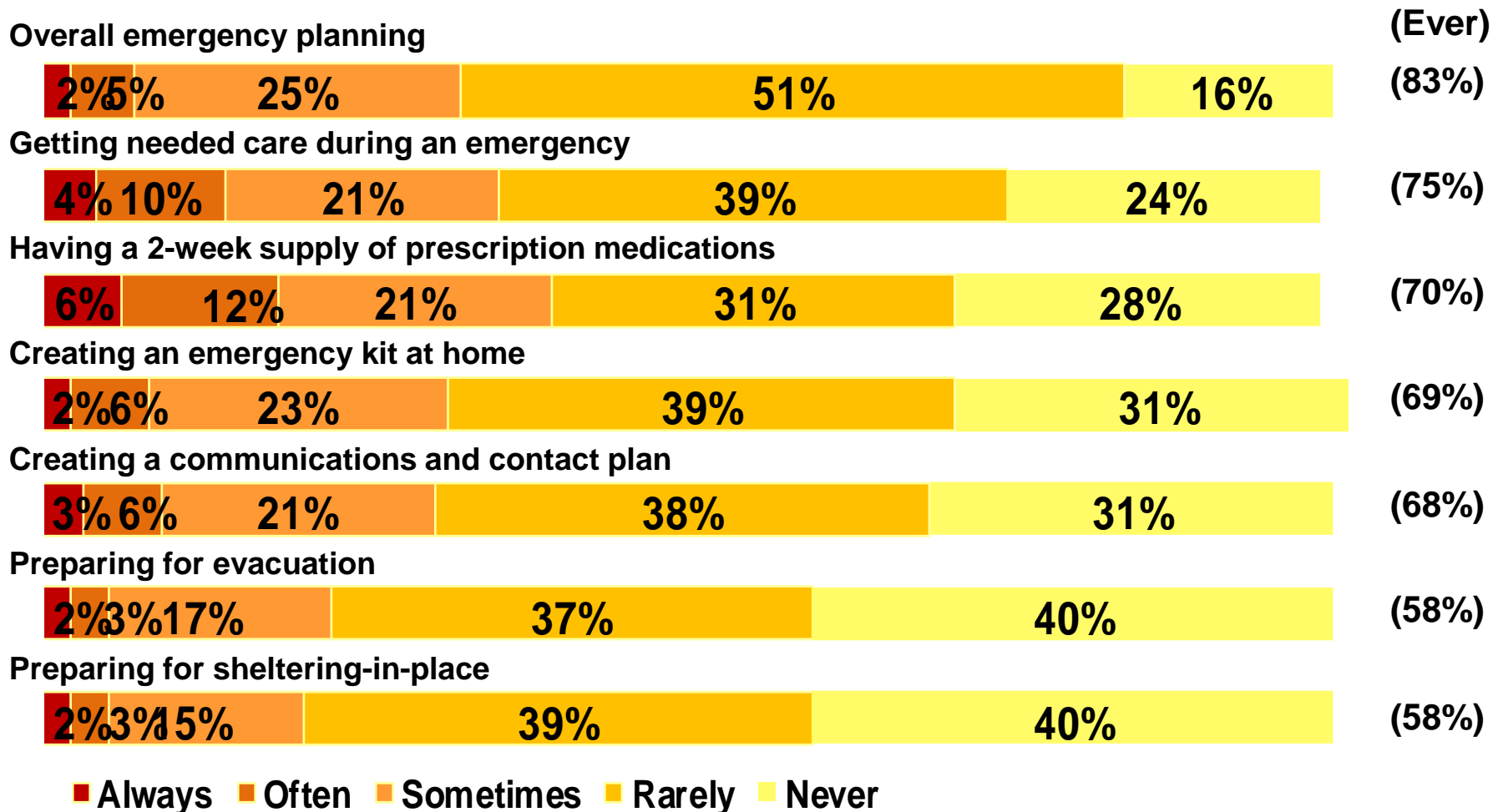
Discussing Emergency Preparedness with Patients

How often do you personally discuss emergency preparedness with your patients in this non-hospital setting? (% among those who practice in a non-hospital setting, n=1121)



Emergency Preparedness Topics Discussed with Patients

How often do you personally discuss the following topics with your patients in this non-hospital setting? (% among those who ever discuss emergency preparedness with patients, n=380)



Reasons for Not Always Discussing Emergency Preparedness with Patients

For each of the following, please indicate whether it is a major reason, a minor reason or not a reason at all that you do not always discuss the topic of emergency preparedness with your patients. (% among those who do not always discuss emergency preparedness with patients, n=1117)

It does not often occur to me to discuss this topic



This topic is not within the scope of my current practice area



My patients don't routinely need information about emergency preparedness



I don't have enough time with patients



My patients can get this information elsewhere outside the organization, like the Internet



My patients can get this information elsewhere in the organization, such as waiting room pamphlets



■ Major reason

■ Minor reason

Key Take-Aways

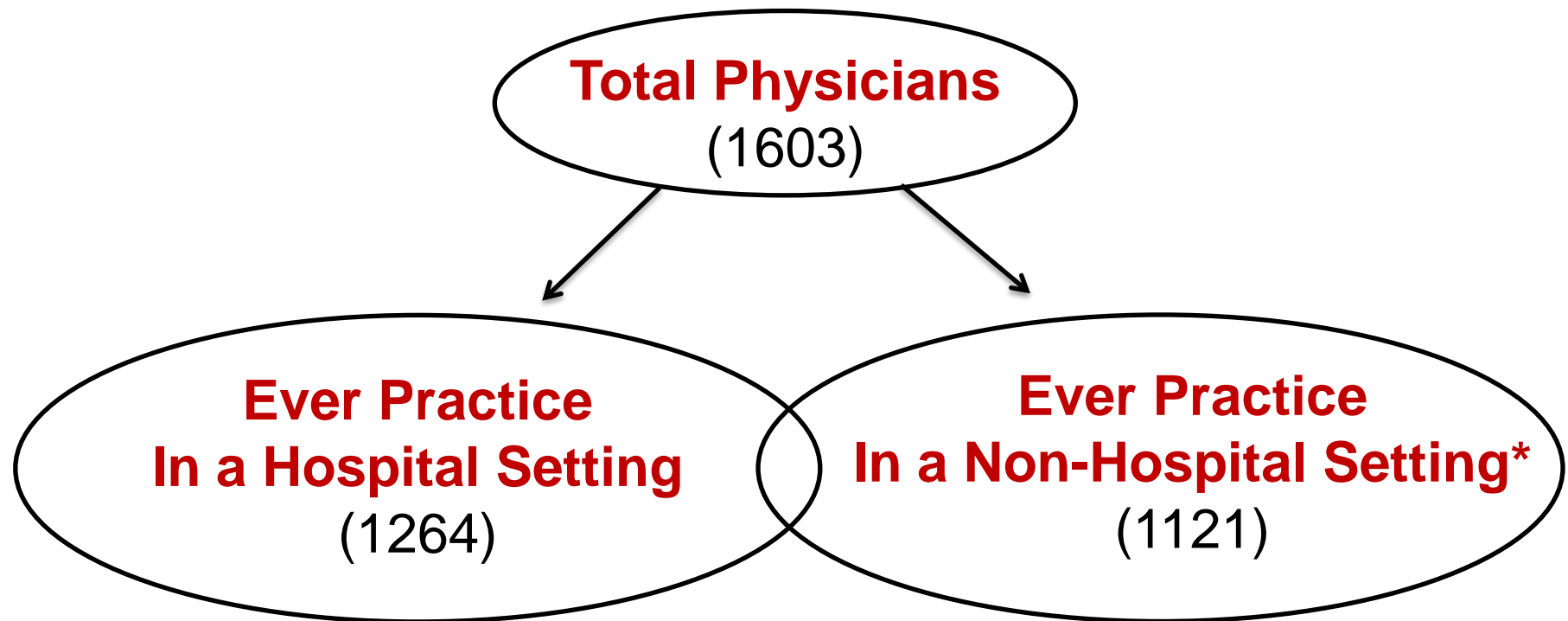
Key Take-Aways I

- A majority of physicians feel they are prepared to handle many types of emergencies, including natural disasters, major airborne infectious disease and major foodborne illness outbreak
- However, there are gaps in preparedness:
 - Relatively slim majorities who feel prepared for these emergencies
 - A minority feel prepared for a CBRNE incident
 - Staff in non-hospital settings are seen as less prepared than their hospital-based counterparts, particularly when it comes to care of victims and surge patients
- Physicians are not uniformly engaged:
 - Substantial numbers are unaware of emergency plans
 - Relatively small shares have participated in drills in the past 2 years
 - Many have not received training in the past 2 years

Key Take-Aways II

- Physicians receive moderate levels of emergency-related information
 - Most physicians get some information before an emergency, but...
 - Most physicians are not signed up to receive alerts during an emergency
 - Most physicians expect to turn to their own institutions as well as local, state and federal public health authorities in an emergency
- Patients are not universally being engaged:
 - A minority of physicians speak with their patients about emergency preparedness
 - Many physicians don't have this topic on their radar or feel this topic is within their scope of practice
 - A minority of institutions have patient outreach in their plans

Two Types of Settings: Hospital and Non-Hospital



*“non-hospital settings” were defined as those that were “not a part of a hospital” such as “an ambulatory surgery center that is not part of a hospital, community health center, or ambulatory clinic/office that is not part of a hospital”

Emergency Preparedness

Understanding Pediatricians' Views, Concerns & Readiness to Respond

Steven E. Krug, MD, FAAP

Chairperson, Disaster Preparedness Advisory Council

American Academy of Pediatrics



The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry

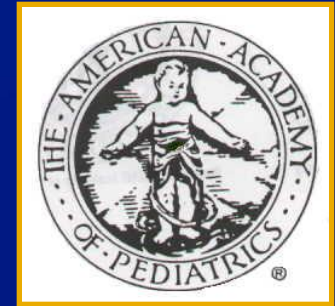
Pediatric Preparedness Challenges

- ❑ The medical home is an essential component of disaster recovery and community resiliency
- ❑ Many pediatricians (and families) may not view disaster readiness as a priority concern
 - Key role for pediatricians – anticipatory guidance
- ❑ Most US health care systems are primarily designed, staffed & equipped for adults
 - Is there enough surge capacity & capability to care for large numbers of ill/injured children
- ❑ Disaster planning may not include sufficient considerations for children
 - Another key role for pediatricians



Disaster Preparedness Advisory Council

- ❑ “Advisory Council” appointed by AAP Board
- ❑ To ensure an enduring AAP disaster initiative with close ties to key federal agencies
- ❑ Current members
 - Sarita Chung, MD, FAAP
 - MAJ Daniel Fagbuyi, MD, FAAP
 - Margaret Fisher, MD, FAAP
 - Steven Krug, MD, FAAP
 - Scott Needle, MD, FAAP
 - David Schonfeld, MD, FAAP
 - Liaisons: CDC, HHS/ASPR, FDA, DHS, NICHD, CHA
 - Staff: Laura Aird, Tamar Haro & Alyssa Mezoni



DPAC Strategic Plan (2012)

1. Advance legislative and federal advocacy
2. Develop a pediatric countermeasures agenda
3. Raise awareness of pediatric preparedness principles within and external to the AAP
4. Support improved pediatric disaster readiness at regional/state levels
5. Maintain expert networks to respond effectively to inquiries, requests for SMEs
6. Develop a plan to support AAP members, state chapters, pediatric societies, and providers in the aftermath of a disaster

DPAC Strategic Plan

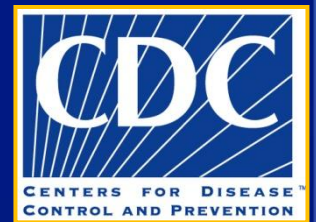
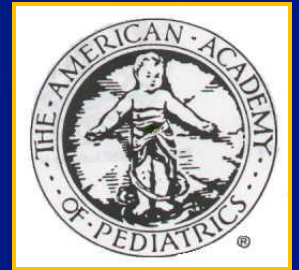
7. Assist pediatric leaders to address the long-term health, educational, housing, and human services recovery needs of children
8. Promote the development of educational and training materials for pediatricians
9. Improve knowledge of pediatric trainees
10. Increase the number of pediatricians who have an office and personal disaster plan
11. Improve family preparedness
12. Enhance international disaster relief

Role of the Pediatrician

- ❑ Personal preparedness
 - Balance personal & professional preparedness
- ❑ Anticipatory guidance for families
- ❑ Practice preparedness (medical home)
- ❑ Community preparedness
 - Disease surveillance and reporting to PH & others
 - Medical care, volunteering
 - Aid planning for child care, schools, hospitals
- ❑ State initiatives, planning, advocacy
- ❑ Training and education

Enhancing Pediatric Partnerships to Promote Pandemic Preparedness

- ❑ H1N1 after-action activities revealed need for enhanced pediatric, public health partnerships
- ❑ Meeting with 10 state teams (pediatric and PH SMEs)
- ❑ Topics of interest
 - Strategic communication, messaging
 - Including pediatricians in decision-making
 - Prioritizing within priority (high-risk) groups
- ❑ Blueprints for action for Chapters and State Departments of Public Health developed
- ❑ Take home message: having pediatricians AND public health at planning tables is key!

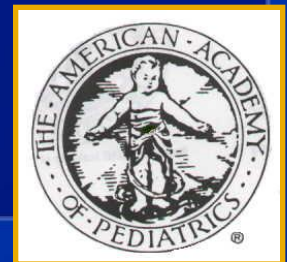


State Pandemic Readiness Strategies for Pediatricians and Chapters

- ❑ Create a chapter committee on pandemic/disaster readiness
- ❑ Learn about and link with key stakeholders and existing state and local emergency preparedness efforts
- ❑ Develop relationships with state and local public health and emergency response planners
 - Participate in local public health and disaster planning meetings
 - Form a pediatric advisory committee in partnership with PH leaders
 - Advocate for effective use of statewide vaccine registries
- ❑ Partner with local children's hospitals and community hospitals to improve emergency and disaster readiness
- ❑ Connect with the state volunteer agencies such as the MRC
- ❑ Collaborate with the state department of education and local schools to ensure they have a functional, coordinated disaster plan
- ❑ Develop an information dissemination network with a single contact
 - Maintain proactive relationships with media

Future Activities

- ❑ Ongoing collaboration with federal partners
 - Treatment guidelines
 - Countermeasure agenda
 - Pediatric capabilities of response teams
 - Pediatric surge capacity
- ❑ Collaboration at state and regional levels
 - Actively share best practices
- ❑ Raise awareness/knowledge among members
 - Continuing educ, training, resource development
 - AAP policy and technical reports
 - Bright Futures



Children & Disasters Website

Welcome

Pediatricians can serve as expert advisors to local, state, and federal agencies and committees and play a key role in disaster and terrorism preparedness with families, children, and their communities.

State and Chapter Initiatives

Learn about what others are doing at the local level. [+](#)



Learn more about this



Talking to Children About Disasters

View tips and instructions for how to talk to children of different ages about disasters. [+](#)



Pediatric Preparedness Resource Kit

The AAP developed The Pediatric Preparedness Resource Kit in response to the 2009 H1N1 pandemic. [+](#)



Pediatric Bereavement Lectureship Program

The AAP has established a program to offer training to pediatricians and other pediatric health care providers to increase their skills. [+](#)



Get Involved

Learn how you can help promote preparedness. [+](#)

ped-ness-Resource-Kit.aspx

INFORMATION FOR FAMILIES

Visit HealthyChildren.org, the AAP parenting site, for information written for families on disasters.



★ KEY RESOURCES

Care of Children, Emergency Department
Joint Policy Statement—Guidelines for Care of Children in the Emergency Department. [More >](#)

Helping Children Cope
Being prepared to meet the emotional needs of children. [More >](#)

2010 Report to the President & Congress
The National Commission on Children and Disasters provides findings and recommendations relating to a variety of child health issues. [More >](#)

National Strategy for Biosurveillance
Provides accurate and timely information to support life-saving responses. [More >](#)

The Youngest Victims
Disaster Preparedness to Meet Children's Needs. [More >](#)

Improving Pediatric Preparedness
View a commentary on the importance of strategic partnerships in response to the H1N1 pandemic. [More >](#)

Enhancing Pediatric Partnerships
Learn about the importance of partnerships to promote pandemic preparedness. [More >](#)

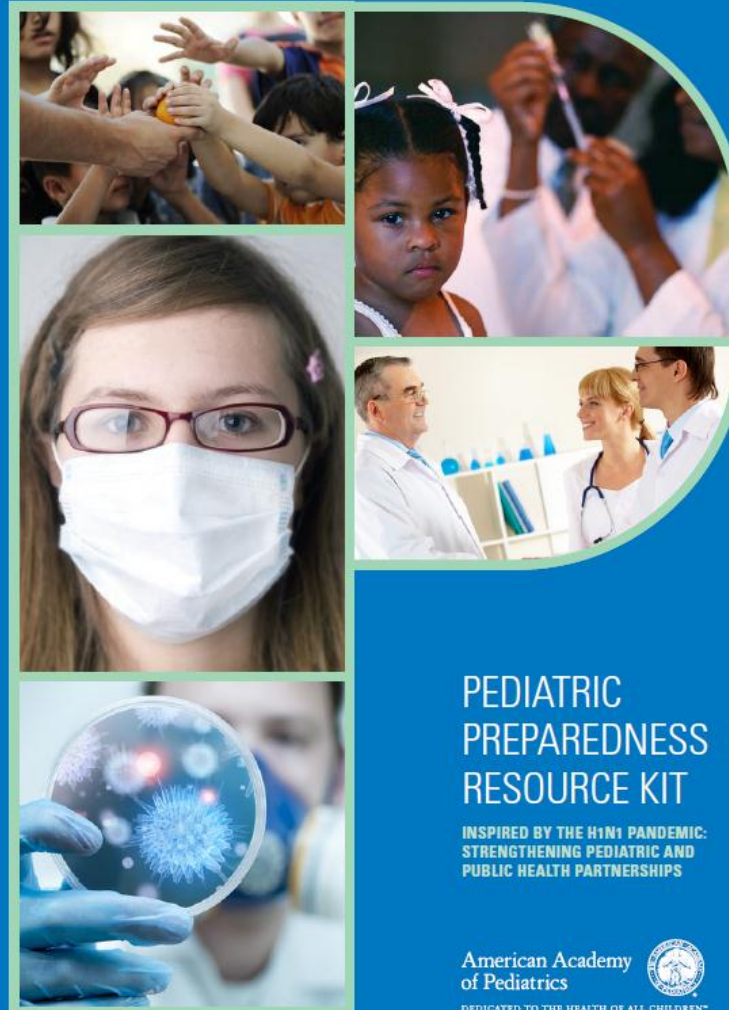
Available at: www.aap.org/disasters/index.cfm

Purpose of Kit:

- Promote collaborative discussions among pediatric and PH leaders
- Assess existing efforts
- Develop state action plans
- Offer resources

Content Areas:

- Include pediatric care providers in state decision-making
- Promote strategic communications, messaging
- Prioritizing resources
- Establish pediatric advisory councils or coalitions
- Identify AAP Chapter contacts



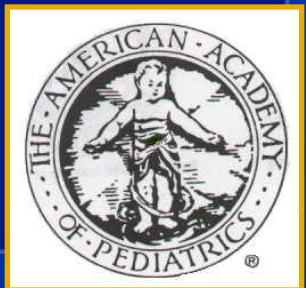
Available at: www.aap.org/disasters/resourcekit



Thank You!

skrug@luriechildrens.org

DisasterReady@aap.org



Engaging Emergency Physicians in Disaster Preparedness

Christopher Kang, MD, FACEP
ACEP Disaster Preparedness and Response
Committee



The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry

The opinions expressed herein are those of the presenter, and are not necessarily representative of those of Madigan Army Medical Center, the Department of Defense, or the United States Army

Overview

- **Importance of emergency preparedness to the American College of Emergency Physicians (ACEP)**
- **Engaging ACEP members and promoting awareness, emergency preparedness, and training**
- **Federal Grants Projects to collaborate with other healthcare personnel and organizations on emergency preparedness**

Emergency Preparedness and ACEP

- **Membership**
- **Representation**
- **Sections**
- **National Staff**
- **Disaster Preparedness and Response Committee (DPRC)**

ACEP Disaster Preparedness and Response Committee

- Reports to the ACEP Board of Directors (BoD)
- Responsible for advising the BoD on disaster-related issues
- Collaborates with multiple sections, including the Air Medical, Disaster Medicine, and EMS-Prehospital Care sections

ACEP Disaster Preparedness and Response Committee

- **Current projects include:**
 - **Development of physician leadership training during a disaster**
 - **Revising disaster-related curriculum for emergency medicine resident physicians**
 - **Evaluate the use of crisis standards of care**
 - **Identify the need for better education and methods to improve disaster response by hospitals**
 - **Support legislation to classify all injuries and illnesses resulting from a declared disaster as reportable to public health**

ACEP Resources and Membership

Preparedness and Training

- Sections and DPRC
- Subject Matter Experts
- Policy Statements
- References and Publications

Federal Grant Projects

- **CDC – Bombings: Injury Patterns and Care**
- **CDC – Patient Surge from Bombings**
- **DHS – Community Healthcare Disaster Preparedness Assessment**
- **DHS – Hospital Evacuation: Principles and Practices**
- **DHS – Disaster Hero**

CDC – Bombings: Injury Patterns and Care

- **One-hour presentation covering blast injuries from a terrorist bombing**
- **Targeted to EMS, nurses, mid-level providers, and physicians**
- **Fundamental pathophysiology, assessment, and treatment of blast-related injuries**
- **Presentation is available as a recorded video lecture with synchronized PowerPoint slides and scrolling transcript, or the PowerPoint slides with customizable lecture notes**

CDC – Bombings: Injury Patterns and Care

Additional Resources:

- **16 Blast Injury Fact Sheets**
- **Wall chart with blast injury assessment and treatment information**
- **Pocket Guide with blast injury assessment and treatment information**
- **Computer simulation disk with animated simulated blast event and four patient simulation cases**

CDC – Patient Surge from Bombings

- **Two year project to evaluate EMS and hospital preparedness for patient surge from a terrorist bombing event**
- **Primary Objectives – Identify and share basic, low-cost strategies to better manage surge capacity**
- **50 rural and urban EMS and hospitals participated**
- **Three phase project: Evaluation, Implementation, and Tabletop Exercises**

CDC – Patient Surge from Bombings

- **Phase I – Facilities compared current disaster plans against 10 CDC Patient Surge Templates**
- **Phase II – Facilities implemented CDC Patient Surge Templates over a six month period**
- **Phase III – Five healthcare systems participated in tabletop exercises to assess the implementation and evaluate the effectiveness of the templates**

CDC – Patient Surge from Bombings

- **Findings:**
 - Average of 69% of Action Steps were addressed
 - Policy revisions and training were the two main items needed to comply with the templates
 - Average of 12% increase in Action Step compliance over the following six months
 - Most common barrier was cost/lack of funding, especially for training

DHS – Community Healthcare Disaster Preparedness Assessment

- **\$1 million Federal Grant to assess the medical response preparedness in 18 cities**
- **Provide strategies to address deficiencies**
- **Provide a framework to develop a functional strategic plan to improve emergency preparedness through recommendations and planning assistance**
- **Facilitate drills to test the effectiveness of their enhanced emergency response plans**

DHS – Hospital Evacuation: Principles and Practices

- **Ninety minute training video on preparing for a hospital evacuation**
- **Addresses planned evacuations versus unplanned evacuations**
- **<http://tinyurl.com/hospitalevacuation>**

DHS – Disaster Hero

- **New disaster preparedness computer learning game for children grades 1 – 8**
- **Presents the basic principles of home disaster preparedness**
- **Provides instruction on basic self-aid until professional medical care is available**
- **Includes resources for parents and promotes teaching home emergency preparedness**
- **Free to play at www.disasterhero.com and on Facebook[®]**

Summary Points

- **ACEP has the fundamental organizational structure, personnel, and appreciation of the importance of emergency preparedness**
- **ACEP has and is still developing resources and engaging and training the current and next generation of emergency physicians**
- **ACEP currently collaborates with multiple agencies and organizations to promote emergency preparedness – but substantial work is still needed**

For additional information

Christopher Kang, MD, FACEP

ACEP Disaster Preparedness and Response Committee

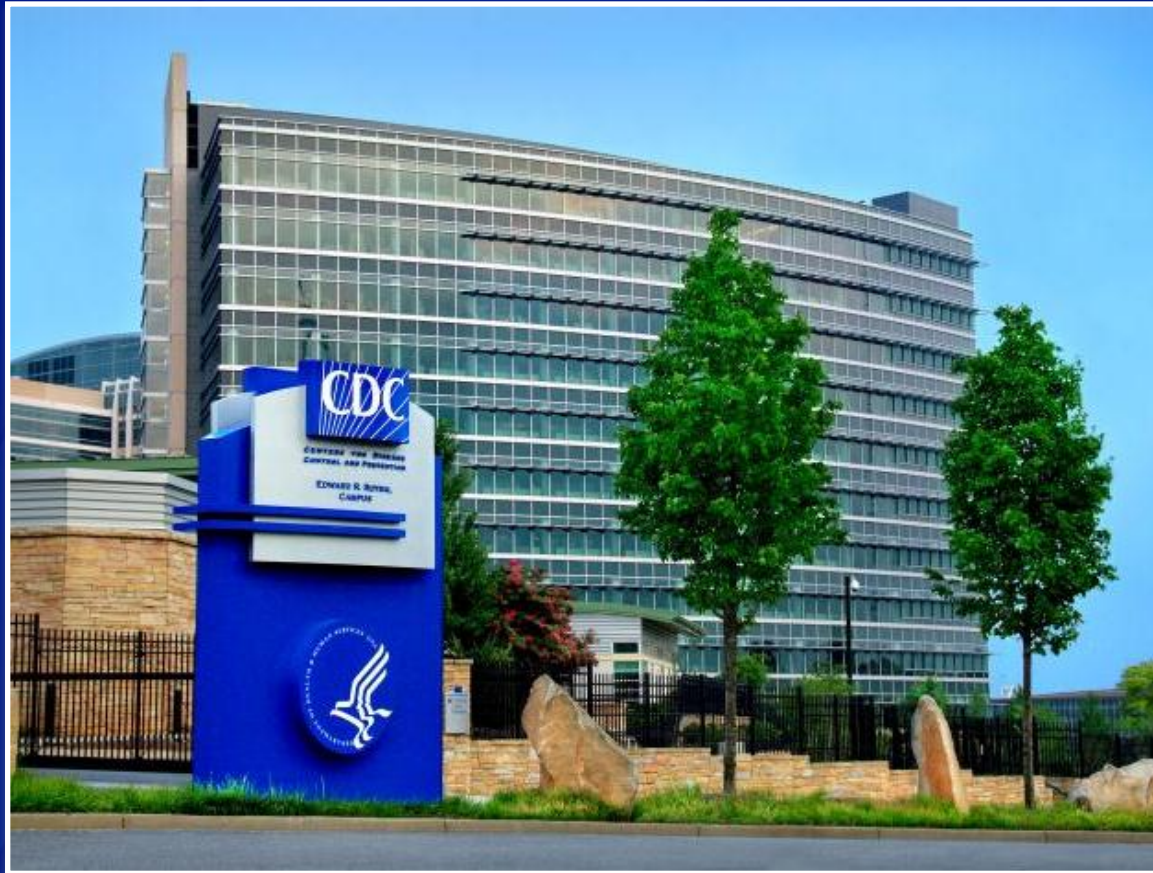
Christopher.S.Kang@gmail.com

Rick Murray, Director

Director, EMS and Disaster Preparedness Department

rmurray@acep.org

www.acep.org



Centers for Disease Control and Prevention Atlanta, Georgia

Accrediting Statements

CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this electronic conference/web-on-demand educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. Non-physicians will receive a certificate of participation.

CNE: The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 1 contact hour.

CEU: The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 1 ANSI/IACET CEU for this program.

CECH: Sponsored by the *Centers for Disease Control and Prevention*, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) to receive up to 1 Category I CECH in health education. CDC provider number GA0082.

CPE:  The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is a designated event for pharmacists to receive 1 Contact Hour in pharmacy education. The Universal Activity Number is 0387-0000-12-134-L04-P and enduring 0387-0000-12-134-H04-P. Course Category: This activity has been designated as knowledge based.

AAVSB/RACE: This program was reviewed and approved by the AAVSB RACE program for 1.2 hours of continuing education in the jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB Race Program at race@aavsb.org if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

Continuing Education Credit/Contact Hours for COCA Conference Calls

Continuing Education guidelines require that the attendance of all who participate in COCA Conference Calls be properly documented. All Continuing Education credits/contact hours (CME, CNE, CEU, CECH, and ACPE) for COCA Conference Calls are issued online through the CDC Training & Continuing Education Online system

<http://www2a.cdc.gov/TCEOnline/>

Those who participate in the COCA Conference Calls and who wish to receive CE credit/contact hours and will complete the online evaluation by **March 12, 2013** will use the course code **EC1648**. Those who wish to receive CE credits/contact hours and will complete the online evaluation between **March 13, 2013** and **February 11, 2014** will use course code **WD1648**. CE certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CE's obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Thank you for joining!
Please email us questions at
coca@cdc.gov

CDC Home
 Centers for Disease Control and Prevention
CDC 24/7: Saving lives, protecting people, reducing health costs

A-Z Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

Emergency Preparedness and Response

- Emergency Preparedness & Response**
- Specific Hazards
- Preparedness for All Hazards
- What CDC Is Doing
- What You Can Do
- Blog: Public Health Matters
- What's New
- A - Z Index**

Emergency Preparedness: Understanding Physicians' Concerns and Readiness to Respond

 = Continuing Education

Date: Tuesday, February 12, 2013
Time: 2:00 - 3:00 pm (Eastern Time)

Participate By Phone:
Dial In Number: 888-233-9077
Passcode: 5070816

Participate By Webinar: <https://www.mymeetings.com/nc/join.php?i=PW4267068&p=5070816&t=c>

Presenter(s):

-  **Gillian SteelFisher, PhD, MSC**
Assistant Director
Harvard Opinion Research Program
Research Scientist
Department of Health Policy and Management
Harvard School of Public Health
-  **Steven E. Krug, MD, FAAP**
Head, Division of Emergency Medicine
Ann & Robert H. Lurie Children's Hospital of Chicago
Professor of Pediatrics
Northwestern University Feinberg School of Medicine
Chairperson, Disaster Preparedness Advisory Council
American Academy of Pediatrics
-  **Christopher S. Kang, MD, FACEP**
Staff Emergency Physician
Madigan Army Medical Center
Baylor University Physician Assistant Program

Text size: [S](#) [M](#) [L](#) [XL](#)

-  Email page
-  Print page
-  Bookmark and share
-  Subscribe to RSS

Get email updates
[Sign up](#) for COCA email updates.

Contact Us:

-  Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
-  800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
24 Hours/Every Day
-  cdcinfo@cdc.gov

REPORT AN EMERGENCY

Tell us what you think about this page!

<http://emergency.cdc.gov/coca>

Join Us on Facebook

CDC Facebook page for Health Partners! “Like” our page today to receive COCA updates, guidance, and situational awareness about preparing for and responding to public health emergencies.



The screenshot shows the Facebook profile for CDC Health Partners Outreach. The page header includes the Facebook logo, a 'Sign Up' button, and a navigation bar with 'facebook' and 'Sign Up'. Below the header, the page title 'CDC Health Partners Outreach' is displayed with a 'Like' button. The profile information indicates it is a Government Organization in Atlanta, Georgia. The main content area features a 'Wall' section with a post from CDC Health Partners Outreach. The post text reads: 'CDC is partnering with NPHIC to host a webinar July 21 (3:00pm ET) on Crisis and Emergency Risk Communication - Radiation. A subject matter expert from the Oak Ridge Institute for Science and Education (ORISE) will address key elements of communicating during a radiation disaster, share CDC research on messaging, and provide lessons learned from Japan's recent nuclear emergency. Register for this FREE webinar today!'. The post includes a 'Crisis and Emergency Risk Communication - Radiation Webinar' event link and a 'Monday at 7:08am · Like · Comment' timestamp. Below the post, it shows 'Jessica Guidry, Marta Lugo, Marcy Dalziel Belvin and 3 others like this.' The left sidebar contains navigation links for 'Wall', 'Info', 'Photos', 'About', '2 check-ins', '1,187 like this', and 'Likes'. The 'About' section states: 'Health Partners Outreach Team is with the CDC Emergency Risk Communication...'. The 'Likes' section lists 'CDC Emergency Preparedness and Response' and 'CDC'.

<http://www.facebook.com/CDCHealthPartnersOutreach>