POLICY FORUM: INVITED COMMENTARIES & SIDEBARS

State-Wide Support for Disasters

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Keywords: Chris Starbuck, resilience planning, state-wide planning, emergency response, emergency planning, disaster response, disaster preparedness, community readiness, Hurricane Helene, North Carolina

https://doi.org/10.18043/001c.137212

North Carolina Medical Journal

Vol. 86, Issue 1, 2025

This paper highlights the critical role of coordinated health care preparedness in disaster response, emphasizing planning, public health priorities, policy frameworks, and responder readiness. Drawing from experience within North Carolina's State Medical Response System and the Eastern Healthcare Preparedness Coalition, the author underscores the importance of integrated systems and personal preparedness in ensuring effective, resilient health care responses.

Introduction

Disasters, natural or man-made, require a fast and effective response to protect public health and the health care system. As a previous Healthcare Preparedness Coordinator (HPC) for the Eastern Healthcare Preparedness Coalition (EHPC), my role was to ensure health care facilities are ready to respond efficiently during a disaster. EHPC is part of the North Carolina State Medical Response System (NC SMRS) and hosts the State Medical Assistance Team (SMAT) for the EHPC region.

Mobilizing for Disaster Response

Disaster response requires coordination among various stakeholders, including health care facilities, emergency medical services (EMS), local and state government (i.e., emergency management and public health) and community organizations. Effective mobilization begins with thorough planning, training, and exercises to ensure all parties understand their roles. Regular disaster drills prepare staff (both clinical and non-clinical) to respond confidently and effectively.

Efficiently mobilizing resources such as supplies, personnel, and equipment can be no easy task, and it requires tremendous planning. This includes polling team members and various health care professionals for availability, loading event-specific equipment for deployment, completing checklists that ensure vehicle safety, arranging support services for teams downrange, and working with various agencies for staffing for the next rotation.

Public Health Considerations

While health care facilities prepare to handle a surge in patients, public health response during and after a disaster focuses on minimizing harm to communities. The goal is to prevent further damage and ensure that health issues are addressed effectively. Vulnerable populations like the elderly, children, and individuals with disabilities and chronic health conditions are at higher risk. Disaster plans must prioritize these individuals and ensure they have access to necessary care and resources.

Disasters can lead to disease outbreaks, especially in crowded shelters or areas with limited sanitation. Preparedness plans need to include disease prevention and control measures. Additionally, one often-overlooked topic is mental health support. Disasters can affect mental well-being, with many survivors experiencing trauma or stress. Integrating mental health services into disaster response is crucial, and health care providers can work together to address these needs. Hurricanes and storms cause physical destruction that is evident. However, the mental health effects are not always visible.

Policies Influencing Disaster Preparedness and Response

Various policies guide disaster preparedness and response, helping establish coordination and resource allocation at both state and national levels. The National Response Framework (NRF) outlines how federal and state agencies, local entities, and the private sector work together to respond to disasters, stressing the importance of local leadership. There is a saying in the emergency management world, "Disasters start and end locally." Local leaders are the first line of defense when a disaster hits. They are intimately familiar with the community needs, available resources, and vulnerabilities. Their key responsibilities include needs assessments, immediate response, resource coordination, and communication. While local authorities handle the immediate response, state and federal agencies provide critical support, especially when the scale of the disaster exceeds local capabilities.

State-Wide Support Systems for Disasters in North Carolina

North Carolina has established comprehensive systems to support medical response through the North Carolina State Medical Response System (SMRS). The North Carolina Office of Emergency Medical Services (NCOEMS) coordinates the state's disaster response efforts, working with health care facilities and local agencies to ensure a rapid and efficient response. It focuses on managing medical resources, patient care, and logistics during large-scale disasters. NCOEMS (within the North Carolina Department of Health and Human Services) manages the North Carolina Hospital Preparedness Program and ensures that hospitals across the state are ready to handle emergencies. It provides funding via federal grant dollars to support training and equipment to improve health care capacity and response during disasters. The SMRS responds to disasters via requests submitted to the

North Carolina Division of Emergency Management (NCEM). NCEM leads state-level response efforts, mobilizing resources, and coordinating with local governments and health care systems to provide support when disasters overwhelm local resources such as operational, logistical, and financial supports.

Responder Readiness

Responder readiness (both physical and mental) is crucial for effective disaster response. Early in my HPC career, our coalition SMAT agreed to assist another team with an event. It was only supposed to be a day trip, and the weather forecast was mild temperatures and clear skies. I had a 24-hour "go-bag," but I told myself I didn't need it for this event. Well, the old saying, "If you don't like the weather in North Carolina, wait 12 hours, and it will change," came true. On arrival at the event, the skies became grey, the temperature dropped, and sure enough, it began to rain. Everything I needed was in my "go-bag" an hour away. Now, it goes everywhere with me. Ensuring health care workers and their families are prepared is essential for responding to disasters. Here's a simplified approach to personal, family, and pet preparedness:

Personal Preparedness. Responders should prepare a go-bag with essential items (medications, documents, emergency supplies) and stay physically healthy with regular exercise, good nutrition, and rest. They should also practice stress management techniques and have a plan for post-disaster mental health recovery to prevent burnout.

Family Preparedness. Responders should have clear plans for family, including emergency contacts and arrangements for childcare or care for elderly and special-needs family members. This also includes how family members communicate during disasters when networks are damaged.

Pet Preparedness. Responders should prepare pet supplies (food, medications, carriers) and designate someone to care for pets if responders are called away unexpectedly.

Conclusion

By preparing responders and their families, we improve their ability to handle disasters and ensure long-term health while increasing community resilience, as these health care workers will educate other family members, their friends, and their neighbors.

Acknowledgments

The author has no conflicts of interest to declare.

Published: April 30, 2025 EST.