

**AMERICAN ACADEMY OF PEDIATRICS
DISASTER PREPAREDNESS ADVISORY COUNCIL
BALANCED SCORE CARD AND ANNUAL REPORT 2013-2014**

ADVANCE CHILD HEALTH

Objective 1: Advance legislative and federal advocacy to promote awareness of the unique needs of children and existing gaps in disaster preparedness, response and recovery capabilities relative to their needs – and promote improved pediatric readiness for all disaster hazards.

Activity 1A: Maintain the ongoing presence of children’s working groups and/or a pediatric champion and American Academy of Pediatrics (AAP) contact within key federal agencies and their connectivity with the Disaster Preparedness Advisory Council (DPAC).

AAP Coalition Activities (Department of Federal Affairs)

The AAP continues to participate in the National Coalition on Children and Disasters and has joined the Coalition on several sign-on letters and Capitol Hill lobby days to promote pediatric disaster preparedness and response. The mission of the Coalition is to advocate on behalf of policies that effectively ensure the well-being of children and their families in the preparation for, response to, and recovery from natural or man-made disasters in the US.

The AAP continues its role as a founding partner of an informal Coalition for Biodefense whose mission is to advocate for a sustainable biodefense and public health preparedness enterprise, including funding for key programs such as Biomedical Advanced Research and Developmental Authority (BARDA), the BioShield Special Reserve Fund, the Strategic National Stockpile (SNS), the Public Health Emergency Preparedness program, and the Hospital Preparedness Program. Other founding members are Trust for America’s Health, BIO, and the Alliance for Biosecurity. Through this informal coalition, AAP has joined sign-on letters and participated in various meetings with congressional staff.

The AAP continues to participate in the Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response External Partners’ quarterly meetings.

Activity 1B: Facilitate AAP representation at key national meetings and participation of pediatric Subject Matter Experts (SMEs) at these forums.

Toni Gross, MD, MPH, FAAP, and Georgina Peacock, MD, MPH, FAAP, attended the August 2013 CDC Emergency Medical Services stakeholder’s meeting.

MAJ Daniel Fagbuyi, MD, FAAP, attended the February 2014 US Department of Homeland Security (DHS) stakeholder meeting to discuss a collaborative response to improvised explosive devices and mass shooting incidents.

Leonard Krilov, MD, FAAP, and other AAP members attended the March 2014 CDC *Clinical Utilization Plan for Anthrax Countermeasures in a Mass Event Setting* Workshop.

Margaret Fisher, MD, FAAP, was appointed to represent the AAP at a meeting to discuss a research project coordinated by the American College of Emergency Physicians (ACEP) that will study recovery from Hurricane Sandy and identify key lessons learned from that disaster.

AAP Member Participation in Federal Government Activities (Department of Federal Affairs)

On July 18, 2013, Dr McInerny, along with the DPAC Chairperson, Steven E. Krug, MD, FAAP, met with Nicole Lurie, MD, MSPH, Assistant Secretary for Preparedness and Response, to discuss the establishment of the National Advisory Committee on Children and Disasters required under the *Pandemic and All-Hazards Preparedness Reauthorization Act of 2013* (PAHPRA).

On April 17, 2014, DPAC members met with Congressional offices to discuss the reauthorization of the Emergency Medical Services for Children (EMSC) program.

On May 30, 2014, attendees of the AAP District III and VI meeting met with Congressional offices to discuss the EMSC Reauthorization.

Activity 1C: Increase references to children's issues (and strategies for addressing them) in federal documents.

AAP comments were provided during the public comment period for the DHS Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities draft material.

Emergency Medical Services for Children Reauthorization (Department of Federal Affairs)

Since the introduction (<http://beta.congress.gov/113/bills/s2154/BILLS-113s2154is.pdf>) of S. 2154 and H.R. 4290 by Sens. Bob Casey (D-Pa.) and Orrin Hatch (R-Utah) and Reps. Jim Matheson (D-Utah) and Peter King (R-N.Y.) which would reauthorize the EMSC program for five years, the AAP has been actively working with congressional offices and partner organizations to build support for the legislation. Several AAP groups that have had meetings in Washington, DC, have visited with their congressional offices to urge their members of congress to cosponsor the legislation, including the AAP DPAC, Committee on Federal Government Affairs, and representatives from AAP District III and VI.

The AAP Washington Office staff has been working with other organizations including the Emergency Nurses Association, the ACEP, and others to urge them to include the legislation as part of their requests to Capitol Hill and staff have shared materials with these organizations in the hopes that they will urge members to weigh in with their elected officials.

The AAP is circulating an action alert urging pediatricians to call or write their members of congress to urge them to cosponsor the legislation. Details for that action alert can be found here: <https://www.nfaap.org/netforum/eweb/aapssologin.aspx?nfvendor=federaladvocacy&nfredirect=http%3A%2F%2Ffederaladvocacy%2Eaap%2Eorg%2F>.

AAP Washington Office staff are in regular communication with the leadership of the House and Senate committees of jurisdiction and are aware that the legislation is on the list of public health bills that committee members would like to see action on before the end of September 2014.

Upon introduction of the legislation, Sen. Hatch and Rep. Matheson released a press statement (<http://www.hatch.senate.gov/public/index.cfm/releases?ID=b1718363-ad60-4422-970c-328bd6a39618>) announcing the legislation, which also included a statement from AAP President James M. Perrin, MD, FAAP, on the importance of the EMSC program. The AAP issued a press statement (<http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/2014EMSCReauthorization.aspx>) supporting the legislation.

The AAP spearheaded a letter (<http://federaladvocacy.aap.org/index.cfm/key/e445b908-f636-4991-bf29-c110da583592>) of support for the reauthorization legislation with more than 60 signers, and developed a one-page fact sheet (<http://www.aap.org/en-us/Documents/EMSCLeaveBehind2014.pdf>) to use in visits to educate Congressional staff about the importance of the program. Additionally, the AAP sent an action alert urging members to contact their members of Congress and express support for the legislation. The action alert is available at <http://federaladvocacy.aap.org>.

AAP Input on Federal Initiatives (Department of Federal Affairs)

The Academy regularly responds, formally and informally, to requests for comments and feedback on federal regulations and documents. Recently, the AAP offered comments on or submitted nominations to the following:

- A proposed rule to establish emergency preparedness requirements for certain Medicaid- and Medicare-participating providers (Centers for Medicare and Medicaid Services)
- The Draft 2015-2018 National Health Security Strategy (US Department of Health and Human Services [HHS])
- The National Advisory Committee on Children and Disasters (HHS)
- The National Preparedness and Response Science Board (formerly the National Biodefense Science Board at HHS)
- The CDC OPHPR Board of Scientific Counselors
- The US Senate's *Child Care Development Block Grant reauthorization* legislation to ensure adequate provisions for emergency preparedness.
- The Child Care Development Fund Regulation for its requirements for licensed child care providers around emergency preparedness.
- Release of the Post Disaster Reunification of Children - A Nationwide Approach (planning document prepared by the Federal Emergency Management Agency [FEMA]).

Activity 1D: Monitor and weigh-in on implementation of the Pandemic and All-Hazards Preparedness Act reauthorization.

The AAP Department of Federal Affairs staff handled numerous opportunities to support PAHPRA legislation.

Activity 1E: Produce and circulate documents that articulate AAP priority issues.

A messaging series was established. Monthly messages on “*What’s the Latest with the Flu?*” (www.aap.org/disasters/flu) were circulated to all AAP members with an e-mail address in December 2013, January 2014, February 2014, and March 2014.

The AAP *Preparedness Checklist for Pediatric Practices* (www.aap.org/disasters/checklist) was produced, and print and electronic versions were broadly disseminated in 2014.

Handouts for clinicians are being developed on newborn screening contingency planning and improving preparedness for families with children with special health care needs.

Activity 1F: Promote awareness of the AAP as the primary resource for access to member subject matter experts.

The AAP DPAC members offered assistance to the National Center for Disaster Medicine and Public Health in the development of educational modules on various topics. See <http://ncdmph.usuhs.edu/KnowledgeLearning/OnlineLearning.htm>.

The AAP regularly communicates with key constituents and participates in calls convened by federal agencies (eg, CDC, DHS, FEMA, EMSC National Resource Center, Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program) to ensure children’s issues are identified and address in disaster planning and response. About 10 such calls were convened this past year.

In May 2014, Sarita Chung, MD, FAAP, and staff participated in the DHS Pediatric Disaster Resiliency Working Group conference call. The AAP will present on its initiatives and policy documents during the July 2014 call.

In June 2014, Drs Chung, Fagbuyi, and Krug presented at the Children’s Preparedness Conference: Managing Children During Disaster Response and Recovery, in Milwaukee, WI.

PROVIDE HIGH MEMBER VALUE

Objective 2: Develop a plan or process to provide support to AAP Chapters in the aftermath of a disaster.

Activity 2A: Convene a Disaster Mental Health Recovery meeting to discuss how the AAP can enhance its efforts to support members and Chapters after a disaster.

In November 2013, a meeting was held to discuss professional self-care and disaster recovery for pediatricians. An article was published in the March 2014 issue of *AAP News* <http://aapnews.aappublications.org/content/35/3/8.full>. A “Lunch and Learn” session on Disaster Recovery for Pediatricians will be held in conjunction with the AAP National Conference in San Diego, CA.

Activity 2B: Identify a select group of SMEs and AAP Chapter representatives to discuss the role of the AAP in supporting members and Chapters after a disaster.

The DPAC members decided that this was a critical issue, and all members are participating in discussions regarding how best to support members and Chapters after a disaster.

More than 20 AAP Chapter representatives called in to the November 2013 meeting (see above) to express opinions on how the AAP and its chapters could best support members after a disaster.

The electronic mailing list for AAP Disaster Preparedness Chapter Contacts is regularly used to facilitate relevant discussions about state-level emergency readiness and disaster preparedness.

Staff are reaching out to all AAP Chapter leaders to discuss various ways to mobilize state-level disaster readiness. A draft job description for the Chapter Contacts and a PowerPoint presentation were developed to assist chapters in implementing disaster preparedness initiatives.

Efforts are beginning to help AAP Chapters develop written preparedness plans to continue business operations in the event of an emergency or disaster. A template plan was developed by Dennis Cooley, MD, FAAP. AAP District VI discussed the importance of disaster preparedness and began its planning process at a recent meeting.

Activity 2C: Prepare a summary document with recommendations or suggestions identified to share with AAP leaders.

An article was published in the March 2014 issue of *AAP News* (<http://aapnews.aappublications.org/content/35/3/8.full>) summarizing the Disaster Mental Health Recovery meeting.

Information is being developed to share broadly in preparation for National Preparedness Month in September.

Activity 2D: Consider methods to improve family preparedness.

Staff held a call with Save the Children to discuss collaboration on family preparedness efforts.

Information on the FEMA family planning tool was shared in the Fall 2013 newsletter.

A new Subcommittee on children with disabilities and how to support pediatricians to talk to families about preparedness planning was convened. Conference calls were held in February and

March 2014. A handout for clinicians and parents is being produced. This topic will be addressed in a webinar titled: From Hurricanes to Pandemics: Helping Practices Prepare for the Worst, scheduled for July 18, 2014.

A call was held with Administration for Children and Families, ASPR, and FEMA staff in April 2014 to coordinate AAP involvement in America's PrepareAthon activities organized by FEMA.

ENSURE FINANCIAL HEALTH AND STABILITY OF THE AAP

Objective 3: Achieve deliverables specific to projects and initiatives with external funding.

Activity 3A: Prepare final draft of the Smallpox Vaccine Clinical Utilization Guidelines.

The AAP helped to support the development of the *Smallpox Vaccine Clinical Utilization Guidelines*. The CDC submitted the final draft into the CDC clearance process in September 2013, and this guidance document was cleared in June 2014. Publication is pending.

Activity 3B: Produce materials and tools to educate pediatricians, Head Start, other child care providers, and parents about influenza prevention and control strategies for children at highest risk for developing influenza complications.

August 22, 2013: A webinar for Head Start and other child care providers was conducted. 1,400 programs participated.

September 24, 2013: A webinar for clinicians was held. 245 individuals called in to the audio portal, and 189 accessed the webinar link.

Materials on influenza prevention and control for child care programs to offer to parents (letter and fact sheet) were developed and posted. See <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx>.

Pedialink module: an online training titled: "Influenza Prevention and Control: Strategies for Child Care Providers", was developed and will launch in July 2014.

What's the Latest with the Flu? (See <http://www.healthychildren.org/English/news/Pages/Whats-the-Latest-with-the-Flu-A-Message-for-Caregivers-and-Teachers.aspx>) A series of messages for child care providers was developed and circulated in March and April 2014.

Activity 3C: Develop and share educational materials for pediatricians about newborn screening contingency planning.

A Web page was developed and information was disseminated through various AAP communication vehicles, including social media. A handout for clinicians is being developed, and a webinar is being planning for July 2014. See <http://www.aap.org/en-us/advocacy-and->

[policy/aap-health-initiatives/Children-and-Disasters/Pages/Newborn-Screening-during-Emergencies.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Newborn-Screening-during-Emergencies.aspx).

Activity 3D: Work with primary care pediatricians and subspecialists to increase their knowledge about improving patients' disaster preparedness and response planning for children with special needs and disabilities.

Influenza: Memos from Dr Krug (DPAC) and Mike Brady, MD (Committee on Infectious Diseases) were customized for 19 AAP councils and sections. Information was posted on the Website and messages were shared in various AAP communication vehicles. The CDC Clinician Outreach and Communication Activity webinar was conducted on September 24, 2013 (http://www.bt.cdc.gov/coca/calls/2013/callinfo_092413.asp).

Children with Disabilities: A Web page on this topic was developed. See <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/CYWSN.aspx>. A subcommittee was convened to help determine AAP action steps including development of materials for clinicians to give to parents to promote preparedness planning. Subcommittee calls were held in February and April 2014. An educational handout is being developed.

Activity 3E: Implement Pediatric Bereavement Lectureship programs in Iowa, Miami, and Alabama

Lectureships were held as follows:

Iowa: September 9-10, 2013

Miami: September 19-20, 2013

Alabama: September 25-28, 2013

A grand rounds presentation in Alabama was made available via live feed to clinicians across the country.

A final program report was developed, and the program Web page was updated to reflect new ideas and strategies.

Activity 3F: Develop and conduct surveys to compile information on disaster collaborative networks.

The AAP received funds from the University of Alabama at Birmingham to conduct surveys to identify existing collaborative networks. A Web page was prepared (see <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Disaster-Networks-Survey-Project.aspx>) and questions in regards to identification of networks and coalitions were circulated in various AAP communication vehicles. Two surveys were conducted. Results from Survey One were discussed at the April 2014 DPAC meeting. Results from both surveys were reviewed, and a draft report/paper was developed.

Activity 3G: Support improved pediatric disaster readiness at regional/state levels.

As mentioned, the AAP received funds from the University of Alabama at Birmingham to conduct surveys to identify existing collaborative networks. The topic of hospital, state, and regional preparedness was discussed at the April 2014 DPAC meeting with input from those involved in coordination of the Southeastern Regional Pediatric Disaster Surge Network, the ASPR Hospital Preparedness Program, and the EMSC National Resource Center. It was agreed that the DPAC would identify state initiatives where collaborative partnerships were successful. These partnerships and related strategies could be circulated to or shared with pediatric and public health representatives in upcoming webinars and newsletters. The DPAC distributed a Disaster Preparedness Chapter Contacts job description and PowerPoint presentation to support mobilization of AAP chapter initiatives and increased collaborations within the state.

Activity 3H: Maintain pediatric disaster expert and contact networks to respond effectively to inquiries and requests for subject matter expertise.

The AAP keeps track of experts in an excel spreadsheet on an ongoing basis, and these individuals participate in the AAPDPAC electronic mailing list.

ENSURE OPERATIONAL EFFICIENCY

Objective 4: Complete drafts of AAP policy documents.

Activity 4A: Completed draft of “Providing Support to Children and Families in the Aftermath of Disaster and Crisis” (clinical report).

A draft of this clinical report will be completed prior to the October 2014 DPAC meeting.

Activity 4B: Completed draft of “Medical Countermeasures for Children Exposed to Public Health Emergencies, Disasters, or Acts of Terrorism” (policy).

An initial draft of this policy was developed, and feedback was provided by select DPAC members.

Activity 4C: Finalize “Pediatric Anthrax Clinical Guidance” (clinical report).

The Pediatric Anthrax Clinical Management was circulated to all AAP committees, councils, and sections, as well as to a large number of federal agencies and external associations. A final version of the guidance was approved by the AAP Board of Directors and the CDC. A clinical report (<http://pediatrics.aappublications.org/content/133/5/e1411>) and executive summary (<http://pediatrics.aappublications.org/content/133/5/940>) was published in *Pediatrics* in May 2014. A companion *AAP News* article was also published in May 2014 (<http://aapnews.aappublications.org/content/35/5/16.1.full.pdf+html>).

Activity 4D: Complete draft of “Ensuring the Health of Children in Disasters” (policy).

An initial draft was developed and comments were offered by select DPAC members. Input is being sought from the members of the AAP Committee on Pediatric Emergency Medicine.

MAINTAIN A HIGH PERFORMANCE TEAM

Objective 5: Promote the development of disaster-related educational and training materials for pediatricians.

Activity 5A: Work with a subcommittee to compile and offer input on resident education/training in disaster preparedness and response.

A subcommittee was convened and two calls were held. Details were discussed at the October DPAC meeting. Work on this topic is tabled for the moment. The AAP Section on Emergency Medicine, Subcommittee on Disasters will take the lead on these efforts.

Activity 5B: Implement 3-5 educational sessions, webinars, or initiatives to educate pediatricians about disaster topics.

Four educational sessions were held at the AAP 2013 National Conference. Two webinars were held, and 3 additional webinars are planned for July, September, and October 2014.

A Webinar titled “Seasonal Influenza Prevention and Control: Strategies for Head Start and Child Care Programs” was held on August 22, 2013. 1,053 live views (people logged in during the live Webinar) and 1,130 evaluations were completed.

A Webinar titled “Protecting Children at Highest Risk for Influenza” was held on September 24, 2013. 245 audio lines and 188 webinar links were accessed during the presentation.

The AAP DPAC members assisted in the development of National Center for Disaster Medicine & Public Health Pediatric Disaster Preparedness online learning modules and materials <http://ncdmph.usuhs.edu/KnowledgeLearning/2011-03PedPrep.htm>.

Additional: Office Preparedness Tool Survey

The DPAC circulated an electronic survey to AAP members who have an active clinical practice and work in an office setting. The survey helped the AAP to gather information on steps that members have taken or tools they have used to improve office preparedness for a disaster. The results will be used to guide the development of future resources. A total of 165 individuals completed the survey, key results are listed below:

- Only 48% of 165 respondents indicated that their office had a written disaster plan.
 - When asked why there was not currently a written disaster plan, participants were allowed to choose from multiple answers:
 - 44% stated that they did not know of resources to help with plan development.
 - 40% stated other things have higher priority right now.
 - 38% stated there are administrative/organization issues that prevent them from moving forward.
 - 24% stated that they did not have the time to develop a written plan.

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- Only 55% of the 165 respondents indicated that they kept emergency supplies on hand in the office in the event of a disaster.
- Participants were asked to share ideal features for a practice preparedness resource:
 - 87% would prefer a checklist of tasks and supplies.
 - 76% would like a sample disaster plan or template.
 - 70% would prefer that the top 3-5 most important preparedness steps be highlighted.
 - 69% would like the tool to be customizable and to be stored online.

The DPAC is looking into options to use this data and develop a tool or educational module that will offer members Maintenance of Certification and/or continuing medical education credit.