AMERICAN ACADEMY OF PEDIATRICS  
MINUTES OF THE DISASTER PREPAREDNESS ADVISORY COUNCIL  
WASHINGTON, DC  
FEBRUARY 13-14, 2012

MEMBERS PRESENT:  
Steven E. Krug, MD, FAAP, Chairperson  
Sarita Chung, MD, FAAP  
MAJ Daniel B. Fagbuyi, MD, FAAP (part-time)  
Margaret Fisher, MD, FAAP  
Scott Needle, MD, FAAP  
David J. Schonfeld, MD, FAAP

LIAISON MEMBERS PRESENT:  
Andrew Garrett, MD, MPH, FAAP, HHS/Office of the Assistant Secretary for Preparedness and Response  
Georgina Peacock, MD, MPH, FAAP, Centers for Disease Control and Prevention  
David Siegel, MD, FAAP, National Institute of Child Health and Human Development (part-time)  
Daniel Dodgen, PhD, HHS/Office of the Assistant Secretary for Preparedness and Response (part-time)

GUESTS:  
Elizabeth Edgerton, MD, MPH, HRSA/Maternal and Child Health Bureau (part-time)  
Lauralee Koziol, Federal Emergency Management Agency (part-time)  
Nicki Pesik, MD, Centers for Disease Control and Prevention (part-time)  
Andrew Rucks, PhD, Southeastern Regional Pediatric Disaster Response Surge Network (part-time)  
Kendra Strauss-Riggs, MPH, National Center for Disaster Medicine and Public Health (part-time)  
Kenneth Schor, DO, MPH, National Center for Disaster Medicine and Public Health (part-time)  
Heidi Schumacher, MD, AAP Department of Federal Affairs Intern and Pediatric Resident (part-time)  
Ian Weston, MPP, Emergency Medical Services for Children National Resource Center (part-time)  
Ed Wakayama, HHS/ASPR Biomedical Advanced Research and Development Authority (part-time)

STAFF:  
V. Fan Tait, MD, FAAP, AAP, Associate Executive Director (part-time)  
Laura Aird, MS, AAP, Manager, Disaster Preparedness and Response  
Betsy Dunford, MPH, Legislative Assistant, Department of Federal Affairs  
Tamar Haro, AAP, Assistant Director, Department of Federal Affairs

EXCUSED:  
CAPT Lisa Mathis, MD, FAAP, US Department of Food and Drug Administration  
Sally Phillips, PhD, RN, US Department of Homeland Security  
Ian Van Dinther, AAP Division of State Government Affairs
CALL TO ORDER
Steven E. Krug, MD, FAAP, Chairperson, called the American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council (DPAC) meeting to order at 1:00 pm (Eastern Time). Attendees introduced themselves. Dr Krug welcomed guests and offered introductory comments.

CONFLICT OF INTEREST
Meeting participants were given an opportunity to disclose any direct or indirect financial interests, or any personal, family, or other relationships that conflict (or have the appearance of conflicting) with their duties, responsibilities, or exercise of independent judgment with respect to the meeting’s agenda. No conflicts were identified.

REVIEW/APPROVAL OF MEETING MINUTES
A motion was made, seconded, and approved that the minutes from the October 2011 DPAC meeting be accepted as submitted. Members were referred to the progress report on action items included in the agenda materials. It was noted that in general, action items from previous meetings had either been incorporated into the strategic plan or would be discussed later on during the meeting. There is some follow-up that is required in regards to the discussions with Nicole Lurie, MD, MSPH, Assistant Secretary for Preparedness and Response. Dr Lurie had asked the AAP to determine ways to support its members and others who care for children during disaster recovery. She had also asked the DPAC to help provide background information on the topic of ethical issues around research in children in regards to medical countermeasures. The DPAC members felt strongly that the Academy should attend to these requests and get back to Dr Lurie. In addition, the DPAC would like an update on progress made towards the development of a pediatric auto-injector for pralidoxime and future actions in regards to accessibility of liquid potassium iodide.

ACTION: Dr Krug will follow-up with Dr Lurie.

The pediatrician members of the National Commission on Children and Disasters (NCCCD), i.e., Michael Anderson, MD, FAAP; Irwin Redlener, MD, FAAP; and David Schonfeld, MD, FAAP, had been asked to consider the high priority recommendations in the 2010 Report of the National Commission on Children and Disasters and to offer input on the revised/updated AAP disaster preparedness strategic plan. Discussion ensued about whether an objective should be added to the plan to support the development of a clearinghouse/national resource center. The topic was tabled until the next day, when representatives of the Emergency Medical Services for Children (EMSC) National Resource Center (NRC) would provide updates on their efforts in this area.

UPDATE FROM THE AAP
V. Fan Tait, MD, FAAP, thanked participants for their ongoing efforts. She also provided an update on recent AAP priorities, including work to advocate for medical home principles and essential benefit pieces to be retained as the Affordable Care Act provisions are implemented. She explained that the AAP strategic plan includes epigenetics as a new strategic health priority. She urged DPAC members to look closely at the AAP policy statement and clinical report, “Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health”. A new mantra was beginning to emerge in AAP discussions: “Pediatrics, where lifelong health begins”. Several new surgical and medical
subspecialty initiatives were underway. The AAP will release an updated version of the 2009 *Red Book: Report of the Committee on Infectious Diseases* in May or June 2012. Lastly, Dr Tait mentioned that partially in response to Dr Lurie’s suggestion, a new program titled, “AAP Disaster Response and Recovery” was being considered. The purpose of this effort would be to convene a meeting and conduct planning around how the AAP can best support children and their families and members to recover from a disaster. Part of the discussion will focus on how to enhance training in pediatric disaster mental and behavioral health. A final determination in regards to whether this program will be approved will be made soon.

**DPAC PRIORITY OBJECTIVES FOR 2011-2012**

Dr Krug reported that draft objectives for the revised/updated AAP disaster preparedness strategic plan were provided in the meeting materials. Priority objectives for the current year are highlighted in the DPAC annual report. Members emphasized the need to continue work to integrate disaster preparedness initiatives within the Academy, especially in regards to engaging the Chapters and forming/strengthening connections between AAP Chapters and Districts and state, local and regional emergency planners and public health officials. The Disaster Response and Recovery Session that will be held at the 2012 AAP Annual Leadership Forum is an opportunity to further engage Chapters and the leaders of other AAP committees, councils, and sections in this important topic and to disseminate lessons learned from H1N1 and other events.

**REPORTS AND UPDATES**

**Office of the Assistant Secretary for Preparedness and Response:**

Daniel Dodgen, PhD, and Andrew Garrett, MD, MPH, FAAP, reported on a number of initiatives. Everyone agreed that it was exciting to now have four pediatricians on the National Biodefense Science Board (NBSB). Information on the charge and composition of the Pediatric and Obstetric Integrated Program Team (PedsOB IPT) was distributed. Dr. Krug reported that he will be making a presentation to the PedsOB IPT at its next meeting on February 29, 2012. There are many integrated program teams or IPTs within the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), and members of the PedsOB IPT will attend other IPT meetings to ensure that obstetrical and pediatric topics are covered in these discussions.

The DPAC members asked about progress in producing/acquiring the pediatric auto-injector for pralidoxime. It was noted that the results of the Rapid Anticonvulsant Medications Prior to Arrival Trial (RAMPART) study will be published on February 16, 2012, and release of this information might help to move this effort forward since the study utilized adult- and pediatric-sized autoinjector devices. Some experts have expressed their belief that pralidoxime might not be the most ideal broad spectrum agent to treat children, noting that discussions were occurring in regards to whether scopolamine or another oxime should be pursued. Members stressed that establishing requirements to pursue use of another agent could be useful in the long-term, but these discussions and necessary clinical research could take years, and that acquiring pediatric auto-injectors for the SNS is a clear and immediate priority. The DPAC noted that pralidoxime auto-injector use in children was first raised by a panel of pediatric experts in 2001. The DPAC has persisted in requesting action through communications and meetings with the US Department of Food and Drug Administration (FDA) beginning in 2008, and ongoing follow-up discussions with the ASPR.
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Dr Garrett reported that progress is being made in addressing pediatric issues; pediatric care concerns are now being raised at all levels, naturally. He reported on efforts to put in place personnel that would be part of a Multispecialty Enhancement Team (MSET). There are 21 new members of the National Disaster Medical System (NDMS) who are pediatric subspecialists. Twenty more are in the process of being approved. This is part of an overarching strategy to ensure that there are “pediatric capable” members on all Disaster Medical Assistance Teams (DMATs). Because MSET members are not part of an active team, but would be called upon to assist during an emergency or disaster, it is challenging to come up with a plan to maintain their interest and help them feel comfortable working within an existing team that they might not normally spend time with. Developing a mechanism to allow MSET members to train with other members that serve on a team within their region is being considered. Discussion occurred about how best to recruit new members/specialists into this process. One strategy would be to connect with the leaders of the relevant AAP surgical and medical specialty groups and customize the invitation to those members. Another approach might be to share information on the MSET project at the Pediatric Academic Societies meeting or relevant pediatric specialty association conferences. Dr Garrett agreed to follow-up with the AAP as needed.

Dr Garrett reported that the ASPR had organized a meeting in November 2011 that was focused on pediatric patient movement during a disaster. The purpose of this meeting was to identify issues that would need to be resolved if there was a need to transport a large number of pediatric medical patients during a disaster. Questions were raised about whether children should be transported away from a disaster area or whether the experts who could provide care for them should be transported in, consistent with a Shelter in Place approach. A key question is whether it is feasible to keep children with their parents during critical care transport, especially when there is a limit on the number of people that can be moved overall. There was also a question about whether there are existing national standards for pediatric transport.

**ACTION:** Staff will contact the Section on Transport Medicine to look into whether there are AAP or other standards for pediatric transport and will follow-up with Dr Garrett.

There are many issues to be considered to ensure that the ASPR, US Coast Guard, Department of Defense, Department of Homeland Security, and other agencies are able to coordinate their efforts in a mass casualty situation where transportation of a large number of pediatric patients is needed. The members of the AAP and the Children’s Hospital Association (CHA) are important stakeholders. Dr Garrett will provide information to the AAP as it becomes available.

**National Institute for Child Health and Human Development:**

David Siegel, MD, FAAP, provided an update on key activities of the National Institute for Child Health and Human Development (NICHD). Because of the lack of randomized clinical trials involving children, creative strategies for countermeasure development must be considered. One of those involves utilizing a data review process combined with modeling and extrapolation of adult data to obtain labeling changes for midazolam (that would expand its use for the treatment of seizures and nerve agent induced seizures in children). Hopefully, the use of adult animal data will be accepted by the FDA. There will be a pre Investigational New Drug (IND) meeting regarding methodology in the late spring with the FDA. If the logic is found to be reasonable,
this will allow things to progress. The Israeli disaster response system is one of the most advanced in the world, and collaborative discussions with experts in Israel are ongoing. There is a good chance that both countries can benefit from these discussions. Development of innovative pediatric formulations that share a common platform are being discussed, including the use of a micro-tablet that can be dissolved in water and given to infants and young children. There is an increasing interest in disaster-related research at the NICHD. Primary research focus includes drugs that have a “dual use” capability – for daily use as well as for disaster related situations.

The National Library of Medicine has launched its Chemical Hazards Emergency Medical Management (CHEMM) Web site, which is now highlighted prominently on the home page of the AAP Children and Disasters Web site. Additional funding has just been provided to develop medical management guidelines for additional chemicals. Soon a National Institutional Review Board (IRB) will go live. The IRB will be housed at the National Institutes of Health, National Institute of Allergy and Infectious Diseases and will be able to process prospective and other disaster study applications for use in an expedited manner.

The need for research to be conducted on medical countermeasures for children prior to a disaster was emphasized. The discussion by the NBSB regarding an Anthrax Vaccine Adsorbed for children is one example. Members agree that the AAP should comment that the absence of doing research puts children at increased risk. However, the process for moving forward seems unclear. Members had questions about how to shape the best message at various levels (from national audiences to the public).

**National Biodefense Science Board:**
Daniel Fagbuyi, MD, FAAP, provided an update on activities of the NBSB. The 4 pediatricians on the NBSB are John Bradley, MD, FAAP; Sarah Park, MD, FAAP; Dr Fagbuyi, and Dr Krug. A public meeting was held last week, and Dr Lurie was present along with other US Department of Health and Human Services (HHS) staff. The NBSB members were thanked for completing the report, “Challenges in the use of Anthrax Vaccine Adsorbed (AVA) in the Pediatric Population as a Component of Post-Exposure Prophylaxis (PEP)”. Dr Krug is still considering whether the AAP should submit a letter in response to the recommendations in this report. As this represents a potentially controversial decision, AAP leadership will need to be briefed as part of the request. There are broader issues in regards to research in children and guiding principles for the use of countermeasures in children that must be addressed. These issues and others should be considered as part of a pediatric medical countermeasures agenda, a high priority of the DPAC. There is an opportunity for progress here, as the NBSB is considering new tasks that relate to medical countermeasures.

**Children’s Hospital Association:**
The National Association of Children’s Hospitals and Related Institutions has merged with the Child Health Corporation of America, and the new name for the merged entity is the Children’s Hospital Association. The CHA has a task force focused on establishing liaisons for disaster preparedness at each of the children’s hospitals that belong to the association. Drs Anderson and Fagbuyi serve on the Task Force. Dr Fagbuyi provided an update on the survey sent to designated contacts at children’s hospitals. A “Children’s Hospital Disaster Response/Preparedness Workshop” is scheduled to occur during the “Creating Connections”
conference in St Louis, MO in March 2012. Ms Aird noted that she and Patricia Adair had discussed the possibility of an official or formal liaison between the CHA Task Force and the DPAC. Due to the merger, the timing did not seem ideal to pursue this, so an informal liaison seems best with Drs Anderson and Fagbuyi reporting on relevant efforts as needed.

**Federal Emergency Management Agency:**
Lauralee Koziol described recent activities of the Children’s Working Group of the Federal Emergency Management Agency (FEMA). After the termination of the NCCD in April 2011, Ms Koziol was deployed to Joplin, Missouri, where she worked to implement select strategies highlighted in the NCCD report. Key issues included:

- Suggesting the inclusion of recreational fields, playgrounds, and wraparound services for disaster survivors to the State-led Disaster Housing Task Force and community leaders.
- Assisting child care facilities to apply for reimbursement through FEMA’s Public Assistance Program (via the state application process).

Ms Koziol also mentioned “Healing Joplin”, which is a program supported by a FEMA-approved Immediate Services Program (ISP) grant to the Missouri Department of Mental Health to provide crisis counseling services for survivors of severe storms, flooding and tornadoes. Healing Joplin places a strong focus on children and the elderly population, and reflects much of the work that was done in collaboration with the NCCD to place a greater focus on children through the Crisis Counseling Program. Much effort was put into working with school personnel to ensure that schools were able to open on time in the fall and that children in wheelchairs could access the safe rooms within the schools.

In January 2012, the FEMA and the National Center for Missing and Exploited Children (NCMEC) spearheaded an effort to support local, State, and Tribal governments in their efforts to reunify children displaced as a result of disaster. A team of representatives are in the process of developing a reunification document that will be shared with all states prior to completion. Funding has been acquired to support the development of an Unaccompanied Minor’s Registry that will enhance the ability to collect, store, report and act on information related to children missing or lost as a result of a disaster. This tool will be administered by the NCMEC to gather and share information with and provide technical assistance to local law enforcement and assist in the reunification of displaced children with their families or legal guardians. Additionally, data collected through use of the tool can, through proper channels, be used by local and State emergency managers, as well as other reunification stakeholders to assist with reunification efforts, planning, and strategies.

The AAP is also working to support the pediatricians in Joplin. Plans are underway to work with pediatricians and school personnel to discuss how best to support children and families as the one-year anniversary of the tornado approaches. The DPAC was able to connect Missouri AAP Chapter leaders with members of the Joplin community already involved in anniversary planning. Members felt that there was a need to consider how the AAP could help connect local disaster response or recovery leaders with AAP Chapters when disasters happen. More discussion on this topic should occur.
ACTION: Dr Krug and staff will convene a follow-up call to investigate how best to connect the leadership of AAP Chapters with FEMA, HHS, or local disaster response and recovery contacts, beginning with Missouri and the states in the Southeastern Regional Pediatric Disaster Response Surge Network.

The 2012 guidance is currently under development for the Homeland Security Grant Program, and a working group of AAP members and past-Commissioners are reviewing and offering input on a section titled, “Supplemental Resources: Children in Disasters Guidance”. Subsequent to the meeting, this guidance was completed and released and can now be viewed at: http://www.fema.gov/pdf/government/grant/2012/fy12_hsgp_children.pdf.

The FEMA Children’s Working Group is transitioning from “integration” to “implementation” and ownership of child-related issues relevant to FEMA’s programs has transferred from the Children’s Working Group to specific program areas throughout the Agency. Ms Koziol announced that she will be transitioning to another area of the agency and will hopefully be able to advocate for work to continue. It is possible that a new coordinator of children’s services will be identified. The AAP has asked for a new point of contact, yet this is pending. For the present time, Ms Koziol will continue to serve as FEMA’s point of contact for the AAP on children’s disaster-related needs. Members felt that the AAP should acknowledge the success and progress of the Children’s Working Group while emphasizing the need for FEMA to continue this good work by maintaining a position in the Administrator’s Office that would focus on advanced readiness for children and families. Further, efforts should continue to achieve the recommendation in the NCCD report regarding establishment of a children’s coordinator in a state where a disaster has been declared.

ACTION: The AAP will send correspondence to the FEMA commending the agency for the progress made by the Children’s Working Group and recommending that a point person or coordinator for children’s issues be identified in the Administrator’s Office. This correspondence shall also discuss the state coordinator.

Ms Aird pointed out that the Standards and Indicators for Disaster Shelter Care for Children document (also known as Annex B in the 2010 Report of the National Commission on Children and Disasters) does not yet have an identified author or home. Ms Koziol will look into this.

DISASTER RESPONSE AND RECOVERY
David Schonfeld, MD, FAAP, mentioned that the 2010 Report of the National Commission on Children and Disasters revealed some gaps in regards to response and recovery. He reviewed progress on recommendations 2.1 through 2.5. It was agreed that while progress has been achieved in certain areas, AAP efforts could address remaining gaps by enhancing training and strengthening the Crisis Counseling Program. In regards to training, efforts should be integrated with those of the National Center for Disaster Medicine and Public Health. To strengthen the crisis counseling program, Dr Schonfeld agreed to meet with key contacts to discuss next steps.
Dr Schonfeld mentioned that he had worked with staff to submit a proposal to the New York Life Foundation to coordinate a Pediatric Bereavement/Visiting Professorship program. The response to this proposal has been positive, and Dr Schonfeld expects that information about funding will be available shortly.

REPORTS AND UPDATES CONTINUED...

Southeastern Regional Pediatric Disaster Response Surge Network:
Andrew Rucks, PhD, described the purpose of the Network, which links disaster preparedness and response efforts among several southeastern states. Staff have been working to enhance connections between each involved state and its relevant AAP Chapter. To date, contacts have been identified in most relevant Chapters. Dr Rucks reported that the connection to the AAP has been helpful at the national, as well as chapter level. The connection with the AAP brings in elements of preparedness and response specific to community physicians. Dr Rucks plans to present at an upcoming Alabama AAP Chapter meeting. The network might reorganize to realign with FEMA Region IV, which includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. This network is a model for other areas of the country, especially where there is interest in developing a regionalized system of care.

Dr Rucks explained that the Network was implemented according to principles of “Inter-Organizational Collaboration” which includes several stages such as: 1) convening and sharing information, 2) discussing or establishing common goals/plans, and 3) putting formal relationships into place (such as by using a Memorandum of Agreement [MOA]).

The Network currently has 11 MOA documents in place with relevant departments of public health, hospitals or health systems, and academic institutions. Members suggested that perhaps there could be a meeting that would focus on operationalizing the concept of regional care. A future CDC Clinician Outreach and Communication Activity (COCA) call could focus on regional systems of care. It could be beneficial to identify federal agencies that could embrace this concept and support regional initiatives. Perhaps the AAP could hold a meeting in Atlanta, near the CDC headquarters office to discuss future planning.

ACTION: Staff will convene a conference call with Dr Rucks and representatives from relevant AAP Chapters to discuss how best to more closely connect the Chapters with the Southeastern Regional Pediatric Disaster Surge Network.

AAP Committee on Infectious Diseases/Section on Infectious Diseases:
Dr Fisher reported on recent activities of the Committee and Section on Infectious Diseases.

Centers for Disease Control and Prevention:
Georgina Peacock, MD, MPH, FAAP, provided an update on relevant CDC initiatives. She indicated that the CDC Emergency Operations Center (EOC) is currently activated for polio
eradication. Dr Peacock also reviewed the collaborative preparedness activities being conducted by the AAP and CDC. Part of this work focuses on providing subject matter expertise and consultation on seasonal influenza in children, pandemic influenza, and related topics. The document titled, “Prevention and Control of Influenza: Special Considerations for Newborns and Very Young Infants” was recently finalized and disseminated to AAP members.

The follow-up to the AAP/CDC “Enhancing Pediatric Partnerships to Promote Pandemic Preparedness” meeting continues. Meeting proceedings, presentation materials, state team action plans, Chapter newsletter articles, and other useful documents have been posted online. A Pediatric Preparedness Resource Kit to strengthen pediatric and public health partnerships is being developed. All members were asked to assist in the review of the draft kit. Next steps include: sharing lessons learned through AAP Chapter and District meeting presentations; disseminating the kit, once it is finalized; and publication of an article on relevant topics. Preparation of a 1-page handout that highlights the key points would also be useful.

**ACTION:** Staff will work with DPAC members to prepare a 1-page handout that can be used to help members present on the “Enhancing Pediatric Partnerships” meeting at AAP Chapter and District meetings.

Dr Peacock reported that the CDC has completed focus groups in partnership with Family Voices. About 2,000 responses from parents of children with special needs were received. In general, these parents appear not to be concerned at all about influenza, and did not recognize that the H1N1 virus strain is included in this year’s influenza vaccine. Another survey on influenza vaccination and treatment of influenza in children was conducted with various pediatric specialists who see children with special needs. About 500 responses have been received to date, and data are being analyzed. The AAP may be able to utilize survey results to guide the development of materials for subspecialists, community pediatricians, and parents.

The AAP and CDC recently collaborated on a call to discuss community mitigation methods including strategies that could be employed in child care facilities during a pandemic. Education of child care center staff about influenza preparedness was determined to be of high priority. The AAP may focus future work on developing materials to educate Head Start and other child care program staff on the importance of immunization and non-pharmaceutical interventions to prevent and control influenza.

Nicki Pesik, MD, provided information on CDC efforts to prioritize work to ensure that there are appropriate agents and supplies in the Strategic National Stockpile (SNS), which remains a critical issue. Dr Pesik indicated that the CDC is in the process of convening several meetings to compile feedback and recommendations that can be used to update the CDC clinical guidance for antimicrobial prophylaxis, treatment and use of anthrax antitoxins for infection with *B. anthracis*, and smallpox vaccine distribution. If funds are available to support a meeting focused on pediatric issues, topics such as giving vaccines via intramuscular (IM) or subcutaneous (SC) injections and the use of adjuvants could be discussed. Further, there should be one or more pediatric experts at the meeting focused on pregnant women and newborns.
ACTION: Staff will follow-up with Dr Pesik to discuss pediatric representation at all CDC meetings related to anthrax guidelines.

Members agreed that it would be beneficial to determine a mechanism for the AAP to assist the CDC to update its clinical guidelines, so that the process is not so reactive in nature. Discussion ensued about issues specific to Emergency Use Authorization (EUA) and IND protocols and record keeping and informed consent requirements. Non-research protocols for use in an emergency are being considered, and AAP input on these discussions would be useful. It would be important to develop speaking points and materials that clinicians could use to educate parents in advance of an emergency or disaster. Some of the assumptions around the use of these protocols could be tested as part of an on the ground exercise or drill.

Ms Aird and Dr Krug reported on AAP anthrax-related activities. The response to some related questions posed by the ASPR was shared in the agenda materials. The AAP has appointed an Anthrax Work Group to help the organization respond to policy questions, as well as an Anthrax Educational Planning Group to guide educational discussions.

There is a Public Workshop on Ethical and Regulatory Challenges in the Development of Pediatric Medical Countermeasures that is coordinated by the FDA Office of Pediatric Therapeutics on February 15-16, 2012. Dr Krug and John Bradley, MD, FAAP, are presenting.

The FDA is also convening a joint meeting on April 2, 2012 of the Anti-infective Drugs Advisory Committee and the Nonprescription Drugs Advisory Committee to provide advice on types of consumer studies needed to assess proper use of a MedKit containing doxycycline to be taken in the event of anthrax exposure. It has been proposed to develop these kits to be stored in US households for the possible future use for post-exposure prophylaxis of anthrax during a bioterrorism event. Issues such as the role of personal MedKits, home stockpiling, and interfaces of home readiness with public health systems, will be raised in the course of the discussion. An AAP representative is in the process of being identified.

There are several meetings scheduled on March 20, 2012 in Atlanta, GA. Dr Krug will attend the Association for State and Territorial Health Officers (ASTHO) Project Stakeholder’s Meeting for the Nurse Triage Line Project. Jeffrey Upperman, MD, FAAP, will attend the National Burn Bed Strategy meeting being convened by the ASPR. Michael Trautman, MD, FAAP, will attend the National Guidelines for HEMS Use and Availability Follow-up meeting convened by the CDC.

AAP Department of Federal Affairs:
Tamar Haro referred members to the AAP Washington Office report contained in the agenda materials and highlighted key issues. On Monday, President Obama released his Fiscal Year (FY) 2013 budget proposal, which can serve as a blueprint for Congress to draw from as they begin crafting appropriations legislation later this spring to fund the federal government for the next fiscal year (October 1, 2012 - September 30, 2013). The AAP Department of Federal Affairs (DOFA) will release a press statement reacting to specific programs within the budget proposal, which is just that—a series of recommended numbers—and does not reflect actual operating budgets for federal agencies and their respective programs. Congress will work to craft
legislation that will fund the federal government through FY 2013, and consider a variety of influencing factors, including the President’s budget.

Ms Haro also mentioned that a lot of effort was focused on the Pandemic and All-Hazards Preparedness Act (PAHPA) reauthorization bill, and she encouraged members to support this. There were questions about the section that relates to reauthorization of the NCCD or another similar advisory committee. Some feel that the National Commission completed its charge and do not feel that more work is necessary. The DOFA just coordinated a very successful Advocacy Day where more than 60 pediatricians met to learn more about federal advocacy and how to work with their legislators. In regards to the Stafford Act Reauthorization, the AAP (as part of the National Coalition on Children and Disasters) signed onto a letter endorsing the pediatric provisions in the bill. Ms Haro also provided an update on the Department of Homeland Security Reauthorization and AAP efforts to address drug shortages.

NATIONAL CENTER FOR DISASTER MEDICINE & PUBLIC HEALTH

Kandra Strauss-Riggs, MPH, provided an update on recent activities of the National Center for Disaster Medicine and Public Health (NCDMPH). She thanked members for their participation in the March 2011 Pediatric Disaster Medicine Curriculum Development Conference. As a result of that conference, the NCDMPH has created a federal panel of experts to begin the process of a pilot effort to develop select pediatric learning modules. A 1-page handout has been developed, and it provides a detailed update on the meeting, including prioritized topics for development, a general schedule, and format plans for the learning modules. The federal panel met recently and decided on 3 prioritized topics for initial development. Those topics, in order of prioritization, were determined to be: 1) Tracking and Reunification of Pediatric Disaster Victims, 2) Overview of Radiation Exposure in Children, and 3) Psychosocial Impact on Children. Efforts are ongoing to identify SMEs, and members agreed that the AAP would be a good partner in this effort, not only in terms of content, but also in terms of educational approaches. It was suggested that general pediatricians be included to offer input.

EMERGENCY MEDICAL SERVICES FOR CHILDREN NATIONAL RESOURCE CENTER

Ian Weston, MPP, and Elizabeth Edgerton, MD, MPH, joined the meeting to discuss recent efforts of the EMSC NRC. Consistent with the idea that there should be a clearinghouse or national resource center devoted to children and disasters, the EMSC NRC has developed a series of Web pages focused on pediatric disaster-related resources. There are currently more than 550 resources on these pages, categorized by audience. The long-term strategy includes updating Web functionality within this site to allow terms or phrases to be searched from within the text in individual documents (as opposed to just document titles). Dr Fagbuyi is serving as an advisor on this project. It was noted that there are opportunities to synchronize the presentation of these resources with those on the AAP Children and Disasters Web site. Members expressed that ideally, there should be a human component to the clearinghouse that would allow individuals to seek assistance and help in identifying appropriate resources.

Dr Edgerton reported on national pediatric disaster readiness initiatives including the work of Marianne Gausche-Hill, MD, FAAP, in California. Dr Gausche-Hill is working with Dr Krug and others to pilot-test an evaluation of the effectiveness of the AAP checklist, “Guidelines for
the Care of Children in the Emergency Department.” Members hope that these efforts will lead to increased hospital participation in preparedness efforts, perhaps via new Joint Commission accreditation requirements. Further, these efforts may lead to a broader project, focused on improving hospital readiness in regards to pediatric preparedness.

**POLICY DOCUMENTS**

The DPAC discussed whether it should begin to actively work on AAP policy documents. The AAP Committee on Pediatric Emergency Medicine (COPEM) has asked the DPAC to help with updating or re-writing the policy statement and technical report documents titled, “The Pediatrician and Disaster Preparedness”. Members suggested that it could be helpful to cross-reference the topics covered in these documents with the DPAC strategic plan to ensure that future policy documents cover topics viewed as priority by the DPAC, as well as to make sure that the strategic plan includes topics covered in the policies.

“The Pediatrician and Disaster Preparedness” Technical Report:
Members noted that this was an excellent resource at the original time of publication. However, after much discussion, members concluded that the disaster preparedness field changes so quickly that future updates would be needed on a continual basis.

**RECOMMENDATION:** The AAP Disaster Preparedness Advisory Council members recommend (unanimously) that “The Pediatrician and Disaster Preparedness” technical report be retired.

“The Pediatrician and Disaster Preparedness” Policy:
Members agreed that there was need for a policy on the pediatrician’s role in disaster preparedness and response, and that the existing policy should be revised and updated. Scott Needle, MD, FAAP, will serve as the lead author, and all DPAC members will review draft versions of the policy once written. Members noted that information on social media, newer resources, and the AAP Children and Disasters Web site should be added.

**RECOMMENDATION:** The AAP Disaster Preparedness Advisory Council members recommend (unanimously) that “The Pediatrician and Disaster Preparedness” policy statement be revised.

The DPAC agreed to take the lead on the statement revision, but would like to publish this statement jointly with the COPEM. The Committee on Medical Liability and Risk Management was a joint author on the previous version; however, this committee has already agreed that it does not need to serve as an author, so long as members can review the draft policy.

**ACTION:** Staff will communicate back to the COPEM leaders about decisions related to “The Pediatrician and Disaster Preparedness” policy and technical report. Staff will also prepare a draft Intent document in regards to the proposed revision of the policy statement.
“Psychosocial Implications of Disaster or Terrorism on Children: A Guide for the Pediatricians” Clinical Report:
DPAC members agreed that this clinical report is out of date and cannot be reaffirmed as is. It is likely that the DPAC will propose that it take the lead in developing a revision, with review by the Committee on Psychosocial Aspects of Child and Family Health. Dr Schonfeld agreed to serve as the lead author.

**ACTION:** Dr Schonfeld and staff will follow-up with the chairperson and staff for the Committee on Psychosocial Aspects of Child and Family Health.

New AAP policy on Pediatric Medical Countermeasures:
Dr Krug mentioned that he has been asked to produce a list of pediatric medical countermeasures and details on the AAP perspective on what is most needed on several occasions. Members agreed that creation of an AAP agenda on pediatric countermeasures has been a high priority for the DPAC for some time. The need to develop such a policy is clear. The possibility of requesting that this policy be approved for fast-tracking was discussed. Drs Fagbuyi and Schonfeld agreed to serve as co-authors for this new policy.

**RECOMMENDATION:** The AAP Disaster Preparedness Advisory Council members recommend (unanimously) that a new policy statement be developed on “Pediatric Medical Countermeasures”.

**ACTION:** Staff will develop a draft Intent document proposing a policy statement on pediatric medical countermeasures and circulate this to the DPAC members.

**IMPLEMENTATION OF STRATEGIC PLAN OBJECTIVES**
DPAC members discussed steps that needed to be taken to finalize the strategic plan. Some objectives or action steps might need to be included in regards to the 2010 Report of the National Commission on Children and Disasters recommendations, especially as follow-up to recommendations 2.1 through 2.5. Lastly, staff pointed out the 3 actions in the International Disasters section of the draft strategic plan would benefit from an overarching objective.

**ACTION:** Dr Schonfeld will work with Dr Krug to finalize the strategic plan document.

**DISASTER OUTREACH AND COLLABORATION FOR KIDS PROJECT**
Dr Chung and Ms Aird reported on progress to date with this project. A project Web page was created. A Project Advisory Committee (PAC) has been identified, and the first PAC call will be held within the next several weeks. Discussion ensued in regards to how to get pediatricians to increase their interactions with librarians. Members agreed that it would be good to consider what pediatricians need that librarians could help them with and vice versa. Survey data to date reveals that some librarians are interested in receiving training on disaster preparedness topics. Pediatricians could offer educational sessions for librarians on disaster preparedness and other health topics. Members pointed out that early brain and child development and developmental and behavioral pediatrics were topics that might resonate with librarians. In addition, specific to disasters, family reunification, psychosocial issues, and personal preparedness might be areas of interest. Using librarians as a vehicle to reach parents who don’t have access to computers was
also discussed. Perhaps librarians could help educate pediatricians on how best to access information. Pediatricians could give educational sessions to families in the evening. Perhaps academic centers could reach out to community pediatricians.

Perhaps health science librarians could help compile resources for a region. Librarians could serve as medical writers, offer input on the Web site, help to maintain listservs, provide materials to families (if the health information was already approved by a pediatrician). Perhaps it would be possible for pediatricians to help train librarians to recognize certain health or abuse triggers. The involvement of medical students or residents in this discussion might be possible.

Members determined that the target audience in regards to health professionals would likely be community pediatricians interested in partnering with librarians on disaster information dissemination. Ms Aird and Dr Chung will review these ideas further before the PAC call.

**AAP NATIONAL CONFERENCE AND EXHIBITION SESSIONS**

Dr Needle reported on the educational session presented at the 2011 National Conference and Exhibition (NCE). The session was an interactive group forum with 3 case-based scenarios that participants could discuss in small groups. Dr Needle might share his notes from the session. Members agreed that this session should be resubmitted in the future.

Members discussed the 2012 NCE. One session, “The Pediatrician’s Role in Disasters: Lessons Learned from Katrina” will be presented twice on Monday, October 22, 2012. Faculty include Dr Garrett and Keith Perrin, MD, FAAP, from Louisiana.

Members reviewed several draft proposals already started for potential submission for the 2013 NCE in Orlando, FL. Members should consider the proposed topics and send their top 3 session ideas to Dr Chung. Members discussed the need to bring pediatricians together who have been affected by a disaster to offer them support and discuss lessons learned.

**ACTION:** DPAC members will inform Dr Chung of their top 3 preferred educational sessions for the 2013 NCE.

**ACTION:** Dr Krug will contact Dr Tait to discuss the possibility of having an event during the 2012 NCE in New Orleans to bring pediatricians together who were affected by a disaster.

**FOUR STEPS TO PREPARE YOUR FAMILY FOR A DISASTER FACT SHEET**

Staff reported that the COPEM is proposing some revisions to the “Fours Steps to Prepare Your Family for a Disaster” fact sheet, which is used in The Injury Prevention Program (TIPP) and in the AAP Family Readiness Kit. The DPAC members recommended that this document be revised to be consistent with the four steps suggested by FEMA (be informed, make a plan, build a kit, and get involved). Members suggested that some of the checkpoints should be simplified, clarified, or eliminated, and a few other concrete points should be added (eg, protect your home against hazards, fill up cars with gasoline, encourage breastfeeding). Also, with the document coming from the AAP, it needs to include a suggestion for parents to discuss disaster preparedness with their child's pediatrician. Dr Peacock mentioned that the CDC has a health
educator who could assist with incorporating this information. Dr Tait recommended that since
this was a resource for families, a member from the AAP Parent Advisory Committee should
review the document before it is finalized. Dr Needle offered to coordinate the proposed
revisions to the fact sheet and to pilot-test the revised document in his practice if needed.

ACTION: Staff and Dr Needle will work to develop proposed revisions to the “Four
Steps to Prepare Your Family for a Disaster” resource and to share the
recommended changes with COPEM for consideration.

NEXT MEETING ANNOUNCEMENT
The next DPAC meeting will be held on Sunday, October 21 and Monday, October 22, 2012 in
New Orleans, LA.

The meeting was adjourned at 4:00pm EST.

Respectfully Submitted,

/s/

Laura Aird, MS, Manager, Disaster Preparedness and Response

ADDENDUM
The Presidential Commission for the Study of Bioethical Issues has been asked by the US
Department of Health and Human Services Secretary Kathleen Sebelius to deliberate on the issue
of pre-exposure studies of medical countermeasures in children, as a follow-up to the National
Biodefense Science Board recommendations relating to the Anthrax vaccine. The Commission is
expected to provide a report of their findings by the end of the year. The Commission will be
holding three open meetings spanning May to November 2012.

ACTION: American Academy of Pediatrics staff will reach out to the Executive
Director of the Presidential Commission for the Study of Bioethical Issues to
investigate opportunities for AAP experts to present at upcoming meeting(s).