AMERICAN ACADEMY OF PEDIATRICS  
Disaster Preparedness Advisory Council Meeting Minutes  
Orlando, FL  
October 27-28, 2013

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

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

GUESTS:  
Michael Anderson, MD, FAAP, Children’s Hospital Association  
Carla Boyce, PMP, Federal Emergency Management Agency (part-time via phone)  
Aaron Gardner, MD, FAAP, Cincinnati Children’s Hospital Medical Center  
Richard Gorman, MD, FAAP, National Institutes of Health (part-time)  
Sara H. Goza, MD, FAAP, AAP Board of Directors, District X (part-time)  
Lauralee Koziol, Federal Emergency Management Agency (part-time via phone)  
Regina Moran, Federal Emergency Management Agency (part-time via phone)  
Gary Q. Peck, MD, FAAP, Past-Chairperson, Disaster Preparedness Advisory Council (part-time)  
Francis E. Rushton, Jr, MD, FAAP, AAP Board of Directors, District IV (part-time)  
Milton Tenenbein, MD, FAAP, Member, National Conference and Exhibition Planning Group (part-time)  
Jeffrey Upperman, MD, FAAP, AAP Section on Surgery (part-time)

STAFF:  
V. Fan Tait, MD, FAAP, Associate Executive Director (part-time)  
Laura Aird, MS, Manager, Disaster Preparedness and Response  
Tamar Haro, Assistant Director, Department of Federal Affairs (part-time)  
Ian Van Dinther, Senior State Government Affairs Analyst (part-time)  
Sean Diederich, Program Coordinator, Disaster Preparedness and Response

EXCUSED:  
Sally Phillips, PhD, RN, US Department of Homeland Security
CALL TO ORDER
Steven E. Krug, MD, FAAP, Chairperson, called the American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council (DPAC) meeting to order on October 27, 2013, at 8:15 am (EST). Attendees introduced themselves. New liaisons, John Alexander, MD, FAAP, and Erica Radden, MD, from the US Food and Drug Administration (FDA), were recognized. Dr Krug welcomed members, liaisons, and guests and offered introductory comments.

CONFLICT OF INTEREST
Laura Aird, MS, Manager, Disaster Preparedness and Response, informed attendees of the change to an AAP electronic conflict of interest system. Through this system and in-person at the 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 agenda. No conflicts were identified.

REVIEW/APPROVAL OF MEETING MINUTES
A motion was made, seconded, and approved that the minutes from the April 2013 DPAC meeting be accepted as submitted.

DISASTER PREPAREDNESS ADVISORY COUNCIL UPDATE
Dr Krug referred members to the DPAC strategic plan, strategy map, and balanced score card materials. Ms Aird reminded members that the AAP is now asking committees, councils, and sections to complete a balanced score card to set priorities and monitor progress. The new DPAC balanced score card identifies 5 objectives for the year that covers July 2013 through June 2014. Progress on select objectives was reviewed. Dr Krug emphasized DPAC priorities for the year, which include advocacy efforts, disaster recovery, funded project deliverables, policy development, and educational sessions. Progress on select action items related to the April 2013 DPAC meeting and July 2013 DPAC members’ conference call were reviewed.

Members discussed whether there was a need to develop a letter in response to the Presidential Commission for the Study of Bioethical Issues report: Safeguarding Children: Pediatric Medical Countermeasure Research. Most members expressed that a response was not necessary, but some individuals indicated that a letter might help to reinforce key points in the report.

Margaret Fisher, MD, FAAP, indicated that she had reviewed the list of AAP Statements in Progress and had identified several draft statements that the DPAC might wish to comment on. Dr Fisher or staff will forward these to members for review at the appropriate point in time.

Michael Anderson, MD, FAAP, indicated that he would follow-up with the Children’s Hospital Association (CHA) in regards to identifying a liaison from the CHA to the AAP DPAC. Ms Aird offered to re-send the invitation to the CHA leadership if needed.

Scott Needle, MD, FAAP, reported that an AAP Preparedness Checklist for Pediatric Practices (adapted from Appendix 5 in the AAP Pediatric Preparedness Resource Kit) was being finalized. Members discussed the need for strategic dissemination of the checklist, including sending a note to AAP chapter leaders and district vice chairpersons with details on how this tool can be used.
In addition, it was recommended that information be submitted for inclusion in AAP News. Because of the efforts of the DPAC to raise awareness in regards to professional self-care in an emergency or disaster, it was recommended that an additional section on this topic be added. David Schonfeld, MD, FAAP, developed a section and circulated it to members for review.

**ACTION:** Staff will work with Dr Needle to finalize the AAP Preparedness Checklist for Pediatric Practices and disseminate this tool through various AAP communication vehicles.

**ACTION:** Staff will send copies of the AAP Preparedness Checklist for Pediatric Practices to Chapter leaders, District Vice Chairpersons, and committee, section, and council leaders. Staff will also request feedback about how the checklist is used.

**ACTION:** Staff will promote the AAP Preparedness Checklist for Pediatric Practices by including information in AAP News and other communication vehicles.

**UPDATE FROM THE AAP AND THE BOARD OF DIRECTORS**

V. Fan Tait, MD, FAAP, welcomed members and guests on behalf of the Academy. She expressed her gratitude and thanks to the individuals in the room who had worked tirelessly to establish and implement AAP disaster preparedness and response initiatives. Dr Tait also briefly discussed a new strategic health priority in the AAP Agenda for Children focused on poverty and child health. Further, she mentioned that “compassion fatigue” was an issue that was being raised in many AAP discussion forums. The AAP Disaster Recovery for Pediatricians: Professional Self-care Meeting that the DPAC is coordinating on November 18, 2013, will hopefully help to identify potential next steps. For the benefit of attendees who might not be aware of how the Academy is structured, Dr Tait explained that the AAP was organized into state chapter offices grouped by districts, indicating that there are 10 districts, with each district having a district chairperson who serves on the AAP Board of Directors. Every year, each district holds a meeting in conjunction with one other district to discuss pressing issues. It was noted that district meetings might be a time when members could highlight particular disaster topics.

Francis Rushton, Jr, MD, FAAP, welcomed the members on behalf of the AAP Board of Directors. Discussion ensued about relevant issues including international disaster-related topics. Members agreed that it would be helpful to have a conversation with representatives from other groups such as the AAP Advisory Committee to the Board on Global Child Health, Section on Emergency Medicine, and the Section on International Child Health in regards to priorities and proposed actions relating to international disaster response, as well as dissemination of training materials. Perhaps a connection with the International Pediatric Association Technical Action Group on Disasters might also be useful. At a minimum, members thought it would make sense to develop a Web page that highlighted AAP recommended approaches, training tools, and resources for members who might wish to prepare to respond in an international disaster. Dr Fisher emphasized the importance of connecting with the pediatric society in the relevant country at the time of a disaster, and everyone agree that this was the best approach. Dr Schonfeld suggested that the DPAC could work with staff to develop template materials for use in several typical disaster scenarios (eg, school or community shootings, natural disasters, and acts of terrorism). Daniel Fagbuyi, MD, FAAP, reminded members of the need to tailor the
message to the incident at hand and to respect cultural perspectives and preferences. It was recognized that there were several educational tools or curricula that might be useful and that agreement on an AAP approach or endorsement of one or more of these curricula (or certain excerpts or sections of such) might be helpful. Dr Tait emphasized that while these activities were important, it is crucial for the DPAC to consider how best to address this work within the context of other DPAC priority initiatives. Members agreed that the DPAC could help direct the relevant action steps but would not necessarily be responsible for completing all of the work. Jeffrey Upperman, MD, FAAP, suggested that it might be important for the AAP to connect with other partners, such as the American College of Obstetricians and Gynecologists (ACOG).

ACTION: Staff will convene an internal AAP organizational meeting to discuss priorities in regards to international disasters and then will identify DPAC and other AAP representatives to participate in a call to determine a work plan or next steps.

ACTION: Staff will work with members to develop a Web page to offer orientation materials and links to resources for members who wish to consider assisting with disaster relief during or after an international event.

NATIONAL BIODEFENSE SCIENCE BOARD
Drs Fagbuyi and Krug provided an overview of priority activities of the National Biodefense Science Board (NBSB), including a summary of the activities of the various working groups. It was noted that 4 pediatricians (Drs Fagbuyi and Krug, along with John Bradley, MD, FAAP, and Sarah Park, MD, FAAP), are members of the 13 member NBSB. This is a clear advancement from previous years when only Andrew Pavia, MD, FAAP, served on the Board. Dr Fagbuyi shared that some members’ terms are coming to an end, and therefore the AAP had circulated a request for potential new members and had submitted a letter of support expressing the importance of continued pediatric participation. It was noted that information on new members would likely be available in late 2013. Dr Fagbuyi also relayed that there would be a public meeting of the NBSB on October 31, 2013, and encouraged members to participate, either in person or through the call-in line. This public meeting will be dedicated to the NBSB deliberation and vote on the findings from the NBSB Situational Awareness Working Group, and the NBSB National Health Security Working Group.

Dr Krug indicated that a name change might be forthcoming to align the NBSB with other federal advisory committees. Dr Krug also mentioned that the National Health Security Strategy was being reviewed, and an implementation plan was being developed. Several federal agencies and associations/organizations are involved in this effort, and it would be important to ensure that appropriate provisions for children are included.

Discussion continued about the importance of pre-event testing of vaccines in children, including but not limited to the Anthrax Vaccine Adsorbed. It was noted that Drs Bradley, Fagbuyi, and Krug had attended a recent meeting of the FDA Pediatric Ethics Subcommittee of the Pediatric Advisory Committee. The meeting focused on the ethical implications of studying medical countermeasures in pediatric populations. Specifically, the subcommittee discussed the concepts of minimal risk, disorder or condition, and exposure of pediatric subjects to risk. The subcommittee did not specifically address the recommendations of the Commission’s report on
medical countermeasure research. Rather, the subcommittee was asked to discuss a general ethical framework under which pediatric product development could occur. The subcommittee made no official recommendations during this meeting. Dr Krug indicated that a small group was being identified to develop a framework or protocols for pre-event testing in children.

**ADVOCACY, REGULATORY, AND LEGISLATIVE PRIORITIES**

**Department of Federal Affairs**

Tamar Haro, Assistant Director, Department of Federal Affairs (DOFA), reported that she and others had spent significant time working on implementation of the Pandemic and All-Hazards Preparedness Act. One of the most significant advancements for children is the establishment of a National Advisory Committee for Children and Disasters. Dr Krug and Thomas K McInerny, MD, FAAP, AAP President, along with staff, met with Nicole Lurie, MD, MSPH, Assistant Secretary for Preparedness and Response, in July 2013. During this meeting, certain issues related to the National Advisory Committee were discussed. Ms Haro reported that although at one time, it was possible that the advisory committee would be formed as a subcommittee of the NBSB, it now seems clear that this will remain as an independent Federal Advisory Committee. It was noted that the committee will provide advice to the federal government and states on pediatric emergency preparedness and response as well as provide input on children’s needs in preparation for, response to and recovery from all-hazards events. A charter document will be developed and circulated to guide the charge of the National Advisory Committee. Further, the AAP anticipates that there will be an opportunity to suggest that one or more pediatricians be appointed to this group.

Ms Haro noted that in January 2013, the AAP co-founded a coalition on biodefense and public health preparedness. The coalition is a group of industry and public health stakeholders committed to the success of the government’s biodefense and public health preparedness initiatives. In the past year, the coalition has held meetings with Congressional offices urging lawmakers to protect and secure funding for key programs essential to combat bioterrorism and to foster public health preparedness, including the Biomedical Advanced Research and Development Authority, the Project BioShield Special Reserve Fund, the Public Health Emergency Preparedness grants, and the Hospital Preparedness Program. The AAP DOFA staff will continue to work with the coalition to preserve the nation’s biodefense and public health preparedness enterprise and will report back to the DPAC as needed.

Ms Haro reported that the Academy has responded, formally and informally, to requests for comments and feedback on numerous federal regulations, documents, and legislation. Comments were provided in regards to the following:

- Safeguarding Children: Pediatric Medical Countermeasure Research (report of the Presidential Commission on the Study of Bioethical Issues).
- National Advisory Committee (FEMA) federal register announcement.
- Drug Shortages Task Force and Strategic Plan (FDA).
- Disaster planning provisions of legislation to reauthorize the Child Care Development Fund and grants to states.
Ms Haro also reported that the government passed a continuing resolution that extends the Fiscal Year 2013 budget through January 2014. Moving forward, the Fiscal Year 2014 appropriations cycle needs to be worked out, as there is currently a $90 billion difference between the budgets proposed by the House and the Senate. Issues related to sequestration must also be addressed. Ms Haro reported that the President’s proposed budget for Fiscal Year 2014 cuts the national preparedness budget in half, and this will have ramifications for many of the programs that the AAP has advocated for.

Ms Haro noted that the ASPR has 2 meetings that are open to the public coming up on November 7 and 12, 2013. The Institute of Medicine (IOM) has a meeting November 18-19, 2013, to discuss the impact of patient protection and the Affordable Care Act (ACA) on preparedness programs and resources. The CDC Board of Scientific Counselors is currently accepting nominations – anyone interested should follow-up with Ms Haro as soon as possible. Dr Krug commended Ms Haro and her staff for all of their efforts, specifically the work related to the National Advisory Committee on Children and Disasters.

Ms Haro reported that the AAP Section on Emergency Medicine has suggested that the AAP sign-on to a proposed “Field EMS Bill” that advocates for improved support for emergency medical services. Ms Haro also reported that this is the 30th year of the Emergency Medical Services for Children (EMSC) program. With the death of Senator Daniel Inouye, it will be necessary to find a new champion to support the funding and reauthorization of this initiative moving forward.

**Division of State Government Affairs**

Ian Van Dinther, AAP Senior State Government Affairs Analyst, reported that state budgets are slowly improving, which should be good for disaster preparedness initiatives. Mr Van Dinther noted that 5 states inaugurated new governors in 2013 (Indiana, Montana, New Hampshire, North Carolina, and Washington). He noted that elections in 2014 offer many opportunities for change, including the possibility of an AAP member (Ralph Northam, MD, a pediatric neurologist) to be elected as a lieutenant governor in Virginia. Mr Van Dinther indicated that states are currently undertaking considerable actions implementing various components of the ACA. To assist AAP chapters with understanding those components of the ACA that require state action or have implications for states, the AAP Division of State Government Affairs has developed and updated a state health resource.

Mr Van Dinther explained that he and other AAP staff are following changes to bills in regards to physician liability in a disaster, as laws differ from state-to-state and not much is provided about best practices. In some cases, care provided across state lines is covered, but care provided in the state is not. Further, it was noted that the AAP Committee on Liability and Risk Management may develop an intent for a policy statement that would cover the principles of state medical liability reform.

Mr Van Dinther indicated that he would like to help with identifying Disaster Preparedness Chapter Contacts. Members discussed ways to move forward with mobilizing Disaster Preparedness Chapter Contacts. Once all contacts are confirmed, staff indicated that a national call or webinar for these contacts might be possible. Dr Schonfeld mentioned it may be useful to...
involve Disaster Preparedness Chapter Contacts in state government affairs (or connect these contacts with the AAP member working on legislative issues in the relevant state). Sarita Chung, MD, FAAP, stated it might be helpful to organize update calls by district, so that the Chapter Contacts can meet the contacts from other states in their district and discuss what has been accomplished. The DPAC members expressed that it was critical for every AAP chapter to have at least one contact. It was suggested that if there is not an identified contact, then the Chapter President or Executive Director could serve in this position until a new contact can be identified.

Dr Fagbuyi will help with the identification of a Disaster Preparedness Chapter Contact to represent Washington DC. Dr Schonfeld suggested that instead of offering a menu of actions these contacts could take, the AAP DPAC could identify actions that must be taken at a minimum. Dr Krug suggested that staff and members reach out to chapters that do not have a contact, and encourage that the Chapter President assumes this responsibility, or find someone in the state who can. Dr Krug would also like to include “success stories” to accompany the Chapter Contact job description. Drs Needle, Peacock, Fagbuyi, and Chung offered to assist in better defining the role of a Chapter Contact. Subsequent to the meeting, it was noted that the following states do not yet have a disaster preparedness chapter contact:

AAP Chapters That Need a Disaster Preparedness Chapter Contact:

- Alaska
- California Chapter 1
- Delaware
- Guam
- North Carolina
- Puerto Rico
- Rhode Island
- South Dakota
- Utah
- Virgin Islands
- Washington
- Washington DC

ACTION: AAP staff will follow-up with Dr Fagbuyi to identify a potential Disaster Preparedness Chapter Contact in Washington, DC.

ACTION: AAP staff will work with Drs Chung, Fagbuyi, Needle, and Peacock to develop a Disaster Preparedness Chapter Contact job description or list of minimal responsibilities.

ACTION: AAP staff will continue to work with members to identify Disaster Preparedness Chapter Contacts in all AAP chapters.

AAP COMMITTEE/SECTION ON INFECTIOUS DISEASES

Dr Fisher provided a report on the relevant activities of the AAP Committee and Section on Infectious Diseases highlighting collaborative work with the DPAC in regards to anthrax, smallpox, and influenza. During the time that the AAP was involved in the development of clinical guidelines, it became clear that the AAP and other groups need to remember to represent the needs of pregnant women and newborns in preparedness planning. Dr Fisher and Ms Aird reported on a discussion at the recent Committee on Infectious Diseases (COID) meeting about exclusion criteria for children in child care in regards to influenza. It was clear that more
discussion would need to take place, prior to determining whether AAP and CDC recommendations could be harmonized.

CENTERS FOR DISEASE CONTROL AND PREVENTION
Sean Diederich, Program Coordinator, discussed activities conducted in collaboration with the CDC. He noted that the AAP is currently in the fifth year of a five year cooperative agreement with the CDC, with year five beginning on August 31, 2013.

Influenza
Mr Diederich reported that one of the goals of the cooperative agreement focuses on pediatric seasonal and pandemic influenza prevention and control. He mentioned several articles on influenza viruses that were published in AAP News Latest News.

Mr Diederich mentioned that the AAP conducted a “Seasonal Influenza Prevention and Control: Strategies for Head Start and Child Care Programs” webinar in August 2013, in which Dr Bernstein and Timothy Shope, MD, MPH, FAAP, presented, with 1,053 programs logged into the webinar, and 1,130 individuals completed evaluations. In addition, Georgina Peacock, MD, MPH, FAAP, co-authored an article related to seasonal influenza in AAP News, along with a CDC Morbidity and Mortality Weekly Report (MMWR) article. Mr Diederich discussed that coinciding with the release of the MMWR article, AAP staff assisted with the coordination of a CDC Clinician Outreach and Communication Activity (COCA) webinar titled “Protecting Children at Highest Risk for Influenza” in September 2013. Drs Bernstein and Peacock, along with Renee M Turchi, MD, MPH, FAAP, and Seema Jain, MD, presented, with 245 audio lines and 188 webinar links being accessed during the presentation.

Mr Diederich reported that staff has developed a draft template letter that child care providers can give to parents to encourage seasonal influenza immunization. The content from the draft letter was used to create a Web page within the AAP healthychildren.org Web site. Mr Diederich reported that staff is in the process of developing an influenza fact sheet for child care programs. As mentioned, the issue of when to exclude children from care is currently being discussed by Subject Matter Experts (SMEs) from the CDC and the AAP. Mr Diederich also shared that staff highlighted two “Caring for our Children National Health and Safety Performance Standards” in August 2013 related to influenza. These were titled “Influenza Immunizations for Children and Caregivers/Teachers” and “Influenza Prevention Education” and can be viewed at http://www.healthychildcare.org/StandardOfTheMonth.html.

Mr Diederich noted that staff is currently working on implementing projects for year five of the cooperative agreement. He reported that a chapter on influenza prevention and control will be included in the Head Start Emergency Preparedness Manual that is currently being updated by the AAP National Center on Health for Head Start. Staff is also in the process of developing a Pedialink module titled “Influenza Prevention and Control: Strategies for Early Education and Child Care Programs”. Drs Bernstein and Shope will serve as the main authors, and Dr Fisher, along with Dennis Murray, MD, FAAP, on behalf of the Section on Infectious Disease (SOID), will serve as the reviewers. The target release date for this module is June 2014. Mr Diederich also stated that staff is planning to develop several professionally-produced video clips that will allow pediatrics to convey critical influenza prevention and control strategies and tips for
child care providers and parents of children in child care. These clips will be 1 to 3 minutes long, and will emphasize the importance of seasonal influenza vaccination for child care providers and children in child care programs.

National Preparedness Month
During National Preparedness Month (NPM), which occurs every September, Mr Diederich noted that staff updated the NPM Web page that is located on the AAP Children and Disasters Web site and shared preparedness information and tools in various AAP communication vehicles. He mentioned that information in the Federal Emergency Management Agency (FEMA) NPM Toolkit 2013 was referenced this year. He also noted that the topic of influenza prevention and control was emphasized throughout the month, in the webinars mentioned above and in other communication efforts.

Also during NPM, Tom Frieden, MD, MPH, Director of the CDC, hosted a Twitter chat to share important preparedness information and take questions. Dr. Frieden was joined by CDC experts Ali Khan, MD, MPH, Director of the Office of Public Health Preparedness and Response; Chris Portier, PhD, Director of the National Center for Environmental Health and Agency for Toxic Substances; and Dr Peacock. AAP leaders participated as well. According to Tweet Reach, there were 424,000 accounts reached and 482,000 impressions generated during this chat. Mr Diederich shared that the CDC articles “Real Stories of Emergency Preparedness in Children and Youth with Special Health Care Needs” were promoted through a variety of AAP and other communication vehicles. He noted that Dr Schonfeld authored a CDC blog on September 11, titled “Helping Children Cope with a Disaster”. Mr Diederich stated that staff also collaborated with the CDC and other groups to emphasize the importance of influenza vaccination and treatment in children at highest risk. It was mentioned that the AAP staff created and disseminated customized letters to members of 19 AAP committees, councils, and sections that contained actions that pediatricians could take to help protect children at highest risk. These letters were signed by Dr Krug, and Michael Brady, MD, FAAP, on behalf of the COID.

Children with Disabilities and Preparedness Planning
Mr Diederich reported that the CDC asked the AAP to investigate options to improve preparedness planning in regards to children with disabilities. Tracy Eier, Special Assignment Assistant, has been hired to assist with relevant tasks. To date, staff has worked with members to develop a Web page. The AAP will also convene a subcommittee of a few individuals from the AAP DPAC and the AAP Council on Children with Disabilities and select federal and other groups to discuss next steps. Activities may include the development of an educational handout, creation of a checklist of steps that parents of children with disabilities could take to improve family preparedness prior to a disaster, and/or production of a webinar for pediatricians on key issues in regards to disaster preparedness and response planning for children with special health care needs and disabilities. Dr Schonfeld asked whether there needs to be a broad definition of the term “special healthcare needs”, similar to what is being disseminated by the Maternal and Child Health Bureau or whether it would be appropriate to discuss the high-risk categories identified during the 2009 H1N1 pandemic. Dr Fagbuyi stated that the EMSC National Resource Center Web site may have a good description. It was noted that the FEMA uses the term “access and functional needs” to describe individuals that require extra assistance in a disaster. The AAP and CDC contacts may decide that only a sub-group of all children with disabilities will be
targeted with this initiative. The description of the group of children to be focused on and the relevant activities will be refined by the new subcommittee. Members agreed that two critical issues are helping children get their prescriptions refilled and coordinating efforts to ensure that technology dependent children have their needs met.

Newborn Screening during Emergencies
Mr Diederich reported that staff is working closely with the AAP Division of Children with Special Needs to encourage pediatricians and public health leaders to implement preparedness strategies and action plans specific to newborn screening. A Web page was developed to encourage pediatricians to prepare for times when the normal newborn screening process is interrupted by an emergency or disaster. The AAP staff is currently developing an informative handout for practices on the newborn screening process and why disaster preparedness for newborn screening is important during emergencies. Information that members can discuss with parents will be included. Future plans include disseminating information broadly to pediatricians, identifying training strategies to increase pediatrician knowledge, supporting interested AAP Chapters to develop action plans, determining strategies that can be implemented in office practices, and collaborating with state and regional contacts about ways to enhance planning and coordination at all levels.

Dr Peacock discussed progress on finalizing the Pediatric Anthrax Clinical Guidance document. She thanked the DPAC members and staff for all of their hard work, and indicated that the document is currently moving through the CDC clearance process. Dr Krug also commented that the Pediatric Anthrax Clinical Guidance includes a lot of tremendous material, and a lot of hard work went into it.

Dr Peacock indicated that the National Association of County & City Health Officials would be working with the CDC’s anthrax and mass casualty subject matter experts to convene a new meeting to discuss a mass casualty approach to evaluation, triage and treatment. The Clinical Utilization Plan for Anthrax Countermeasures in a Mass Event Setting Medical Countermeasures Work Group will ultimately provide clinical algorithms that will assist clinicians to evaluate, triage, diagnose and treat large number of patients presenting with symptoms of anthrax. Discussion ensured in regards to whether the pediatric issues should be identified during this meeting (and handled separately in a follow-up initiative) or whether pediatrician SMEs should be invited to the meeting. Members agreed that the pediatric issues should be integrated from the beginning. The rational for this includes the fact that in an anthrax release, there will be many health care professional caring for children, and discussion at the meeting will raise others’ awareness of children’s issues that need to be considered in advance.

ACTION: Drs Krug and Peacock will work with staff to identify AAP members who can be invited to participate on the Clinical Utilization Plan for Anthrax Countermeasures in a Mass Event Setting Medical Countermeasures Work Group to represent the needs of children.

Dr Peacock also discussed a pediatric-specific Smallpox call regarding IMVAMUNE® that took place. The pediatricians invited to participate in the development of smallpox vaccine guidance had a chance to share their perspectives on the use of the IMVAMUNE® vaccine in children, and
the staff at the CDC used the input from this call to inform the pediatric section of the Clinical Guidance for Using Smallpox Vaccine in a Post-Event Vaccination Program.

Dr Peacock mentioned the need to start prioritizing future project ideas related to AAP and CDC collaborations. She reported that Dr Tait will be meeting with CDC representatives to speak about future AAP and CDC collaborative activities, and she asked for feedback on crucial topic areas. Dr Fisher indicated that the AAP Agenda for Children outlines topics such as poverty and child health, toxic stress, and epigenetics, and she suggested that future collaborations could focus on these AAP strategic health priorities. Other topics of interest included the implementation of clinical guidance for infectious disease threats (anthrax botulism, influenza, smallpox, others) and next steps in regards to improving preparedness for children with disabilities as well as newborn screening contingency planning. Dr Schonfeld mentioned exploring guidance for the use of medication in children immediately after a disaster as another potential area of interest. The AAP, CDC, FDA, and other agencies would work towards ensuring that there are adequate medical countermeasures in the Strategic National Stockpile (SNS) for children. This might include investigating creative ways to prepare and/or administer medicine to children in a disaster.

**ACTION:** Staff will compile suggestions about potential AAP/CDC collaborative activities and share these with Dr Tait prior to the meeting at the CDC.

**RESIDENT EDUCATION**

Guests Marie Lozon, MD, FAAP, and Deanna Dahl-Grove, MD, FAAP, were called upon to discuss activities related to pediatric resident education. It was noted that the Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) had introduced a resolution on this issue at a prior AAP Annual Leadership Forum, and the DPAC has an objective in its strategic plan to increase pediatric resident exposure and knowledge about disaster preparedness and response. Several calls were convened with a subcommittee to determine how the DPAC or the AAP could contribute to improved education of residents and others. Drs Lozon and Dahl-Grove reported that the Disaster Subcommittee of the AAP Section on Emergency Medicine has prepared an online training for fellowship trainees who wish to learn more about disaster preparedness and response. Members mentioned various training tools that are available on relevant topic areas including the Pediatric Education in Disasters manual/course developed by Steve Berman, MD, FAA. Because there are several tools and each was developed by different experts, the AAP could add descriptions/links to the education and training page on the Children and Disasters Web site. Members wondered if the AAP should get involved in reviewing and commenting on any of the available tools, especially because they may be of variable quality. It was decided that this was not a priority for the DPAC, but members were happy to support the Section on Emergency Medicine in its efforts.

**OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)**

Daniel Dodgen, PhD, and Andrew Garrett, MD, MPH, FAAP, called in to give a report on activities of the ASPR. Dr Dodgen stated that after formally submitting its first report to the US Department of Health and Human Services (HHS) leadership, the Children’s HHS Interagency Leadership on Disasters (CHILD) Working Group members prioritized three areas of focus:
• Children with special health care needs and other children traditionally under-represented in planning efforts.
• Pregnant/breastfeeding women and neonates.
• Enhancing interdepartmental and non-governmental organization collaboration.

Dr Dodgen mentioned that the second report is not expected to be submitted until the end of 2013. Since the April 2013 DPAC meeting, David Siegel, MD, FAAP, and Dr Dodgen convened a subgroup of the CHILD Working Group members to review the findings in the National Center for Disaster Medicine and Public Health (NCDMPH) Pediatric Disaster Preparedness Curriculum Development Conference Report and to identify recommendations that could be implemented with no/minimal additional resources. Members agreed that perhaps the new National Advisory Committee on Children and Disasters could consider this topic as it sets its agenda for future efforts.

Dr Dodgen stated that the HHS and the General Services Administration have approved the charter and the membership plan for the National Advisory Committee on Children and Disasters. A nomination/selection committee comprised of ASPR and other HHS agency representatives was identified, and the committee is expected to be formed in 2014. The DPAC members requested that, if feasible, a copy of the charter document be shared with the AAP.

**ACTION:** Dr Dodgen will investigate whether it is allowable for a copy of the Charter for the National Advisory Committee on Children and Disasters to be shared with the AAP.

It was reported that since the April 2013 DPAC meeting, the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE)’s Pediatric and Obstetric Integrated Program Team (PedsOB IPT) has met six times and has been involved in the following activities:

- CDC members/guests presented a draft instructional video on “How to Prepare Doxycycline for Children and Adults Who Cannot Swallow Pills” and information on the current pediatric Anthrax Vaccine Adsorbed research and Investigational New Drug protocols to the PedsOB IPT.
- The IPT identified research efforts that might be considered and prioritized for use in medical countermeasures in pediatric and obstetric populations. The IPT participated in the 2013 SNS Annual Review, which was recently completed.

Dr Dodgen stated that HHS has announced a new contract through Project BioShield to conduct studies of midazolam to seek FDA approval for the drug’s use in treating seizures caused by nerve agents. He mentioned that Meridian Medical Technologies, Inc. will seek FDA approval of a midazolam auto injector for children and adults, as well as approval of midazolam for use in treating common prolonged seizures.

Dr Dodgen also reported on various HHS webinars. Dr Dodgen also stated that in partnership with the ASPR, CDC, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Administration for Children and Families led the development of a new Web site specific to “Early Childhood Disaster-Related Resources.” This resource provides resources for children and families, early childhood
development professionals, and policy makers. He also mentioned that the National Institute of Mental Health, ASPR, and SAMSHA announced a funding opportunity to advance the study of disaster behavioral health effects and interventions. Dr Dodgen also reported that ASPR continues to participate in FEMA’s reunification planning working group and cosponsored the forthcoming guidance document, *Post-Disaster Reunification of Children: A Nationwide Approach*.

Dr Garrett provided an update on activities related to the National Disaster Medical System (NDMS). New training materials for Disaster Medical Assistance Teams are being considered, one option relates to psychological first aid. In regards to transport issues, there are some barriers to moving forward with an action plan specific to pediatric patients. It was suggested that perhaps the AAP could assist in moving things forward.

**ACTION:** Staff will schedule a follow-up call with Drs Anderson, Garrett, and Krug to discuss the topic of transporting pediatric patients in a disaster.

**US FOOD AND DRUG ADMINISTRATION**

Drs Alexander and Radden formally introduced themselves to the DPAC members. Dr Alexander stated that the FDA is working hard to get pediatric issues in general product development, and that he is impressed with all of the activities that the DPAC members are involved in. Dr Alexander declared that he would communicate information discussed during the DPAC meeting to his FDA colleagues. Dr Schonfeld mentioned the need to modify guidelines, where current dosing information and instructions are not easily accessible in a mass disaster situation. Dr Alexander stated that the FDA is working with the CDC to broaden the recommendations. He mentioned that the CDC came out with a pill crushing video, but there is some concern that there will be challenges in suggesting that parents prepare and administer liquid medications during a disaster. A suggestion was made that instead of precise weight-based dosing, a more generalized approach could be offered (eg, infants, children, and adolescents would have different doses but there would be dosing for broader weight ranges rather than kilogram-specific calculations needed). Dr Krug mentioned that in the long term, perhaps there will be better technology that can be used to share details regarding these issues. In the short term, members agreed that it is good that these discussions are occurring, and hopefully an easier application or approach will present itself.

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

FEMA representatives: Lauralee Koziol, Regina Moran, and Carla Boyce, PMP, called into the meeting. Ms Moran mentioned her previous work with Drs Needle and Chung in regards to the Student Tools for Emergency Planning (STEP) program. The STEP program is designed to provide students and their families with concrete strategies to prepare for and deal with various emergencies (before a disaster). FEMA’s role in this initiative is to support states and agencies in implementing student preparedness training (as opposed to directing how each program should operate). Members asked about program evaluation, emphasizing that it would be great to see some data regarding how program efforts led to improved youth preparedness. Ms Moran explained that currently, knowledge retention of students was measured using a pre- and post-test with retention checks planned for 2, 5, and 10 years after the educational intervention. Members inquired about anticipated program outcomes, and Ms Moran clarified that at this time, FEMA
encouraged networking and support among all groups that implemented relevant efforts, serving in a coordinating capacity. Dr Schonfeld indicated that the AAP through its DPAC would be happy to help identify evidence-based practices for initiatives moving forward, if that type of assistance would be helpful. Ms Moran expressed her gratitude for being able to work with the AAP to enhance program outcomes.

Ms Boyce provided information on the upcoming National Level Exercise (NLE). It was mentioned that the intent is to test the Nation's ability to respond to multiple incidents, in various locations, with shared resources. The FEMA is one of several partners assisting with this effort. The supporting exercises are as follows:

- Alaska Shield/Ardent Sentry 2014: A full-scale exercise focusing on initial response operations and preliminary transition from response to recovery.
- NUWAIX 2014: A full-scale exercise focusing on initial response operations and preliminary transition from response to recovery from a nuclear weapons accident.
- Eagle Horizon 2014: A full-scale exercise, over two days that examines the Federal Government’s ability to perform primary mission essential functions (PMEFs) and mission essential functions (MEFs), as well as assess and/or develop reconstitution plans.
- Silver Phoenix: A series of discussion-based exercises focused on examining the establishment and implementation of long-term recovery strategies.

Ms Aird indicated that she had requested to be added to the Private Sector Working Group to discuss ways the AAP can assist in the planning for the NLE.

Ms Koziol also updated the group on the Unaccompanied Minors Registry. She mentioned that this is the first online data collection system of its kind focused on unaccompanied minors, and it aids in the process to track and reunify unaccompanied minors as a result of the disaster, in a more expedient and efficient manner. She also provided an update on the guidance document in process titled, *Post Disaster Reunification of Children: A Nationwide Approach*. This document reflects the first attempt to establish a framework and community approach for reunifying children separated from their parents or legal guardians in the aftermath of a disaster. Ms Koziol asked for assistance from the AAP in disseminating information about both of these resources.

Dr Chung also reported on her experiences serving on the FEMA National Advisory Council. One of the current items being discussed is the revision of the National Incident Management System (NIMS). Advisory council members are talking about including social media approaches in NIMS, which is updated every two years to keep it current. Dr Chung noted that her term on the advisory council will be completed in 2015.

**CHILDREN’S PREPAREDNESS CONFERENCE JUNE 2014**

Dr Chung discussed the Children’s Preparedness Conference that will be taking place in Wisconsin in June 2014. She noted that conference objectives are to review the progress, gaps, and resources in regards to day-to-day pediatric emergency readiness, discuss strategies that promote resilience and recovery in children after a disaster, identify opportunities for potential collaboration regarding disaster preparedness, explore the formation of a pediatric advisory council or children’s preparedness coalition, and review lessons learned and best practices in regards to mass casualty care. Drs Chung, Fagbuyi, Garrett, and Krug are scheduled to present.
INSTITUTE OF MEDICINE WORKSHOP
Dr Anderson reported on the success of the IOM Medical and Public Health Preparedness Forum workshop titled, “Response and Recovery Considerations for Children and Families”, that took place in June 2013. Dr Anderson reminded the DPAC that the IOM will release a report of workshop discussions but does not make recommendations. The workshop examined medical and public health preparedness related to children and families including children with special healthcare needs. As a result of the workshop, an infographic was created to highlight some of the outcomes. Dr Anderson also mentioned that the CHA has a proposal for disaster preparedness to become a forum, but this will require a contribution or fee from participating hospitals. This income-generating mechanism would allow for CHA staff and meeting expenses to be supported.

SECTION ON SURGERY
Jeffrey Upperman, MD, FAAP, reported on relevant activities of the AAP Section on Surgery, specifically recent discussions on how best to mobilize or enhance liaison relationships with AAP and other entities. Dr Upperman stressed the importance of understanding the strategy for a mass casualty response, and having some sort of toolkit for this issue. He expressed that he felt that there should also be a push for education on this topic. Dr Upperman indicated that he had been appointed to serve as the American Pediatric Surgical Association liaison to the American College of Surgeons (ACS) Committee on Trauma. It was noted that the AAP has an opportunity to identify its own liaison, so there will be an opportunity for several pediatric experts to be involved in this committee. Dr Upperman also reported that the American Association for the Surgery of Trauma has a Disaster Ad Hoc Committee that he serves on.

Relevant to the AAP efforts to focus on professional self-care, Dr Upperman explained that surgeons might be in a position where they would offer to help after a disaster, but might be less able to cope or less likely to take care of their own needs by debriefing or seeking help. Further he expressed that there seems to be a move towards encouraging surgeons to practice overseas.

Dr Upperman suggested that there might be a need for development of a disaster-related research agenda. After a federally-declared emergency, a nationwide Institutional Review Board (IRB) mechanism may be put into place with a structure that would help support acceptance by local IRBs. It was noted that the CDC has emergency protocols in place to activate some collection of data at the time of an emergency or disaster, however, perhaps the AAP should investigate what measures are in place and offer suggestions for future research. It was suggested that perhaps this should be discussed by the ACS Committee on Trauma.

PEDIATRIC BEREAVEMENT LECTURESHIP PROGRAM
Dr Schonfeld provided an update on the Pediatric Bereavement Lectureship Program. Six sites had completed lectureships over the last two years. Each institution’s approach was unique, and all programs were quite successful. Dr Schonfeld noticed that there is an increasing interest in self-care. One of the programs is seeking local support for its child bereavement service, and Dr Schonfeld wrote a letter to support this request. Dr Schonfeld mentioned that the American Federation of Teachers receives funding from the New York Life Foundation (NYLF) to implement school-related training efforts, and the organization had recently created a coalition to
help grieving students. One of the goals of the program is to produce training materials and videos. Dr Schonfeld will be assisting with this project, with support from the National Center for School Crisis and Bereavement. Dr Schonfeld expressed that these videos and other tools could be used to support the education of pediatricians, and that he would assist in making sure that AAP is able to use and disseminate the materials. Dr Upperman suggested looking into the Institute of Creative Technologies, a group that creates videos around Post Traumatic Stress Disorder, cultural competencies, and sexual trauma. Perhaps the AAP could be of assistance in helping to create or disseminate the videos. An initial report on the achievements of the Pediatric Bereavement Lectureship Program was provided to the NYLF in October 2013, and a final report will be due early in 2014.

In the interest of time, Dr Schonfeld provided a report on the status of the AAP clinical reports, “Providing Support to Children and Families in the Aftermath of Disaster and Crisis” (authored by the DPAC) and the “Supporting the Grieving Child and Family” (authored by the Committee on Psychosocial Aspects of Child and Family Health). Both are in the initial stages of being developed. Because the NCDMPH has finalized its online training focused on the psychosocial impacts of disasters on children (and the content and the authors are the same as the DPAC clinical report), this document should be available as a draft soon.

**DISASTER RECOVERY FOR PEDIATRICIANS MEETING**

Dr Schonfeld discussed the upcoming Disaster Recovery for Pediatricians Meeting that will be taking place at the AAP headquarters in Elk Grove Village, IL, on November 18, 2013. This is an initial meeting to bring together a small group of experts to review what is known in regards to pediatrician characteristics/needs in a disaster and discuss options for useful interventions and resources. The thought was to limit formal presentations during the meeting and instead to ask attendees to consider and respond thoughtfully to key questions. These questions will be sent to meeting participants beforehand, and then will be reviewed at the meeting. Dr Schonfeld circulated five draft questions, and asked for input from the group.

- Thinking back to observations during disasters within your chapter/region, what were some of the personal impacts you noted on pediatric healthcare providers who were responding to the disaster or working within a community impacted by the disaster?
- What strategies did you observe or hear about that you thought were most helpful in professional self-care among pediatric healthcare providers?
- What gaps have you observed that the AAP might be able to fill in assisting providers in developing more effective professional self-care practices either in the aftermath of a disaster or even prior to such an event?
- What other ideas do you have about how the AAP might otherwise assist pediatric healthcare providers in their own psychosocial recovery after a disaster?
- How do you suggest the AAP go about providing this type of assistance?

Dr Needle suggested asking about strategies that were not helpful. Ms Aird also mentioned that AAP staff sent out a request to various listserv’s asking for any resources on the topic.

**NATIONAL INSTITUTE FOR CHILD HEALTH & HUMAN DEVELOPMENT**

Dr Siegel joined the meeting and introduced himself. Dr Siegel reported that a contract was awarded to Meridian Medical Technologies, Inc., to help seek approval of a midazolam auto
injector for children and adults. Dr Siegel indicated that the National Institutes of Health (NIH) has almost completed gathering enough information to make dosing recommendations for the treatment of Rickettsial infections as well as Anthrax for children younger than 8 years of age. He noted that obesity is one of the current focus areas of the NIH. The thinking is that perhaps people with different body types process medicines differently. Currently, acute care drugs are being analyzed for their use in obese children. Dr Siegel also discussed the Broselow tape, and the development of a new “Mercy Tape” method. The mercy tape is currently being tested, but is very much on target with other methods of measuring a child’s weight without the need for a scale. The mercy tape measures from the elbow to the shoulder, and then around the arm.

Dr Siegel reported that the Pediatric Trials Network, coordinated by the Duke Clinical Research Institute, helps to provide an environment and an appropriate infrastructure for conducting safe and effective pediatric clinical trials for the Best Pharmaceuticals for Children Act drug development program and for performing other activities in support of these trials. There are several studies in process, including the anthrax vaccine study. These efforts will help to ensure that relevant information is available prior to a disaster.

Dr Siegel also discussed the CounterAct program. He stated that NIH is taking a leadership role in pursuing the development of new and improved medical countermeasures designed to prevent, diagnose, and/or treat the conditions caused by potential and existing chemical threat agents. Many of these same chemicals not only pose a risk as a terrorist threat agent, they may also be released from transportation and storage facilities during industrial accidents or natural disasters. A product workshop will be held to advise HHS of best practices, if anyone is interested, they should contact Dr Siegel.

The Chemical Hazards Emergency Medical Management (CHEMM) Web site is currently being updated. The CDC is also updating its pages on Explosions and Blast Injuries: A Primer for Clinicians. Dr Siegel reported that the Texas Engineering Extension Service -- which is part of the Texas A&M University System -- has funding from the US Department of Homeland Security to develop and pilot a 16-hour face-to-face pediatric disaster response training workshop. The AAP representative is Brent Kaziny, MD, FAAP. Plans are underway to pilot the course in CO and MA.

It was noted that Arthur Kellermann, MD, MPH, FACEP, was recently appointed to serve as the Dean of the F. Edward Hébert School of Medicine at the Uniformed Services University of the Health Sciences. DPAC members expressed that it might be beneficial to have a conversation about pediatric priorities with Dr Kellerman.

**ACTION:** Staff will work with Drs Krug and Siegel to convene a call with Dr Kellermann.

**UPDATE ON POLICY DOCUMENTS**
Dr Fagbuyi discussed the progress on the Medical Countermeasures for Children Exposed to Public Health Emergencies, Disasters, or Acts of Terrorism policy statement. There is an initial draft, and Drs Fagbuyi and Schonfeld are currently working on incorporating comments into the document. Dr Fagburyi would like to have the document completed by the first week of December. It was discussed that more work needs to be done with regards to the references. Dr
Fagbuyi also may mention the report of the Presidential Commission for the Study of Bioethical Issues in Children. Dr Schonfeld commented that there is not a great need to include too many appendices or tables, and the document should be 3-5 pages long with references. The section on “pre-authorization prior to a threat” can also be removed. The issue of formulation application was also discussed. Dr Krug asked if a section on perceived gaps should be added. Dr Schonfeld asked for assistance in writing content related to determining alternative forms of administering drugs. Dr Alexander offered to help with writing a few sentences on this topic. Dr Fisher also recommended adding some information in about rounding for dosing.

**ACTION:** Dr Fagbuyi will submit a draft of the Medical Countermeasures for Children Exposed to Public Health Emergencies, Disasters, or Acts of Terrorism policy document for circulated to the DPAC by the end of November 2013.

Dr Krug discussed the progress on the Pediatric Anthrax Clinical Guidance. There was an extraordinary meeting that was held at the CDC Headquarters, and a tremendous amount of work by the writing team went into producing this document. Dr Krug thanked Dr Peacock for all of her hard work, and also John Bradley, MD, FAAP, for his help in finalizing the document. The group discussed the need to begin work on writing an article for *AAP News* – the DPAC was approved to submit an article that discusses the anthrax guidance and the SNS (what pediatricians should know).

**ACTION:** Staff will work with Drs Fagbuyi, Krug, and Peacock to develop a draft *AAP News* article on the pediatric anthrax clinical guidance and the SNS.

Dr Needle discussed the Ensuring the Health of Children in Disasters policy statement. The intent to develop this policy was recently approved, so Dr Needle will begin work on a draft soon. Ms Aird reminded everyone that once an intent to develop a policy statement is approved, the document must be fully completed within 2 years.

**EDUCATIONAL SESSIONS**

**National Conference and Exhibition 2014 (San Diego, CA)**
Dr Chung discussed the two educational session proposals that were accepted for the AAP National Conference and Exhibition 2014, which will be taking place in San Diego, CA. “Hot Topics in Disaster Medicine” will provide an update on recent disasters and high priority topics and issues that the AAP DPAC is addressing. “Running to the Front Lines: Volunteering in the Disaster Zone, Practicing in Austere Environments” will address the information needs required by members and identify appropriate avenues for physicians to sign up to volunteer in advance, become pre-credentialled, and orient themselves to the situation. Staff reported that it was likely that invitations to speakers would be extended soon.

**National Conference and Exhibition 2015 (Washington, DC)**
Meeting participants discussed possible topics for the National Conference 2015, taking place in Washington, DC. Ideas included:
- Advocacy in Action panel with federal partners providing updates
- Simulation or hands-on training program for pediatricians, perhaps a drill or exercise
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- “Active Shooter in the Office”
- Demonstration of the CHEMM Web site/resources, response to bombings/explosions
- Gastroenteritis – tracking of case details (relevant to the event at the National Conference 2013)
- Speed Dating with topic-oriented learning centers or “date places”
- Mark Cicero, MD, and the Ten Patient Triage session
- Presentation of the Pediatric Office Preparedness Checklist, joint with the Section on Administration and Practice Management

Members liked the idea of having a “hands on drill” or a tabletop exercise. It was noted that previous AAP Interactive Group Forums have worked well. Perhaps federal partners like FEMA and ASPR could get involved in the planning or the execution. This type of session could be planned in partnership with another AAP group such as the Section on Developmental and Behavioral Pediatrics or the Section on Hospital Medicine. The Washington, DC, Department of Public Health or Office of Emergency Management could assist. Leveraging other options was also discussed such as sharing content with the Section on Administration and Practice Management pediatric practice managers or suggesting that Nicole Lurie, MD, MSPH, be invited to give a plenary talk. Outside of the National Conference opportunities, incorporating a drill into the AAP Annual Leadership Forum or suggesting content for an AAP Practical Pediatrics or other continuing medical education course option was suggested. Perhaps another luncheon to discuss professional self-care might be considered.

AAP National Conference Planning
Milton Tenenbein, MD, FAAP, Member, National Conference Planning Group, joined the meeting. Dr Tenenbein discussed the process of selecting programs for the National Conference. Any AAP member can submit a proposal for the National Conference agenda. Usually, a program chairperson will handle the submission on behalf of an AAP group, but not always. Program session proposals are generally due about 18 months prior to the National Conference. All information for these programs is submitted online by the program chairperson. Each year in June, the National Conference Planning Group meets at the AAP headquarters in Elk Grove Village, IL, to discuss which sessions will be presented for the relevant conference. When submitting session proposals, it is helpful when AAP groups provide several, and rank order the proposals in order of priority.

OPPORTUNITIES FOR PARTNERING WITH AAP GROUPS
The DPAC discussed possible ways and opportunities to partner with AAP groups in the future. The following options were identified:
- Survey AAP committees, councils, and sections to ask them what they might wish to share with the DPAC.
- Adding two hours to the DPAC meeting on day two, and invite AAP committees, councils, and sections the opportunity to meet with the DPAC, hear an update, and respond, etc.
- Identify two different groups each year to attend the full DPAC meeting on a rotating basis. It would be important for the identified guests to interact with members and do more than simply listen.
- Invite select representatives to come visit a portion of the meeting and give an update on the priority objectives of the group they represent, and ask any questions of the DPAC.
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- Reach out specifically to groups with younger members, as these individuals will be future leaders.
- Invite program chairpersons to meet with the DPAC to plan educational sessions.
- Determine a topic that requires discussion (pediatric transport?) and invite all relevant groups to join the discussion.

Members emphasized that in moving forward, it would be important to consider what the guest or representative would gain from attending the DPAC meeting and how the DPAC might benefit. Agreeing on expectations in advance would be key. In addition, talking to individuals from associations (ACOG, American Academy of Family Physicians, etc.) or external organizations involved in disaster response (Save the Children, Red Cross, etc.) could be mutually beneficial. The need for brainstorming as well as succession planning was raised.

OFFICE PREPAREDNESS TOOL SURVEY
Dr Needle discussed the Preparedness Checklist for Pediatric Practices, which is expected to be distributed in the next few weeks. Strategies for acquiring Maintenance of Certification credit were reviewed. Dr Peacock indicated that she would be happy to help with this moving forward.

OTHER
Ms Aird stated that it is important to start thinking about revising the AAP DPAC Strategic Plan Document for beyond 2015. This process usually takes about 1-2 years to complete.

NEXT MEETING
The next DPAC meeting will be held on April 16-17, 2014, in Washington, DC.

The meeting was adjourned at 11:45am ET.

Respectfully Submitted,

/s/

Laura Aird, MS, Manager, Disaster Preparedness and Response
Sean Diederich, Program Coordinator, Disaster Preparedness and Response