NACCD NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS

Public Meeting Summary
Thursday, June 28 2018
8:30am – 4:00pm EDT

NACCD Members Present
Scott Needle, MD
Michael Anderson, MD, MBA, FAAP
Linda MacIntyre, Ph.D, RN
Susan McCune, MD, MAEd, FAAP (virtual)
Sarah Park, MD
Georgina Peacock, MD, MPH, FAAP
Jeffrey Upperman, MD
Anne Zajicek, MD, PharmD, FAAP (virtual)

ASPR Staff Present
Maxine Kellman, DVM, PhD, PMP
Belinda Green
Sarah Verbofsky, MPA

Call to Order, Review of Federal Advisory Committee Conflict of Interest Rules, Introductions
Maxine Kellman, DVM, Ph.D., PMP, National Advisory Committees

Dr. Maxine Kellman was the designated federal official for this meeting, as NAC Executive Director CDR Jonathan White was serving as the incident commander for the reunification of separated families during the time of the public meetings. She welcomed NACCD members, ASPR staff, and members of public to the meeting. She took a roll call of all NACCD members present and reviewed the Federal Advisory Committee (FACA) conflict of interest rules.

Opening Remarks, Overview of Agenda and Work Plan
Scott M. Needle, MD, FAAP, NACCD Chair

Dr. Needle gave a brief summary of the day's agenda and indicated that he hopes the meeting develops a one-page deliverable of recommendations for the ASPR. He also gave an update that PAHPAI, which reauthorizes NACCD, is still currently in the House and Senate. If it is not signed by September 30, the NACCD will have to address future operations.

National Disaster Medical System and Pediatric Populations
Ron Miller, Acting Director, National Disaster Medical System

Mr. Miller gave an overview of NDMS and its role during disasters and was able to address many of the NACCD members' questions and recommendations about how to improve the NDMS system. For example, Dr. Anderson said that as a hospital administrator and physician, he understands the intensive care needs are much less frequent than the general care needs, but if there is a public health emergency especially associated with terror, the need for critical care would significantly increase so he believes having a reserve corps of experts would be a good idea for NDMS. Mr. Miller agreed that multiple strategies need to be used, such as the public health sector, private sector, telemedicine, etc. The NDMS

prefers a volunteer system of experts who can be drawn from outside the incident region. He also hopes that Drs. Kadlec and Yeskey's vision of building regional response capacity will lead to a faster, more robust response than the federal government has historically been able to provide. Dr. Park inquired about the pediatric training requirements for NDMS responders. Mr. Miller explained that the NDMS does not credential, but rather trains volunteers on how to work together within the NDMS system. They do provide CBRNE and EID training. Multiple members recommended children's hospitals and pediatric coalitions as potential partners for the NDMS. Mr. Miller also provided information about NDMS transport resources during a disaster, including 2017 hurricanes as examples of their ability to transport patients to special neonatal clinics in Atlanta from Puerto Rico, for example.

NACCD Working Session 1: Pediatric Disaster Training
Linda MacIntyre, PhD, RN and Scott Needle, MD, FAAP

Dr. MacIntyre provided a summary of the pediatric disaster training report to date. It includes needs associated with physical, emotional, and environmental needs. The working group centered the training recommendations around four issue areas: family reunification, CBRNE threats, pregnant mothers and newborns, and children in school settings. She and Dr. Needle asked for feedback from the wider NACCD. Dr. Upperman flagged that recommendations should be targeted to the ASPR as the audience, and what policies he should support to fill any gaps identified by this report. He also raised the issue of a gap in real-time disaster epidemiological data; there is no effective/reliable data gathering mechanism because people don't enjoy publishing their mistakes which creates a knowledge gap. Dr. Park cautioned against relying on school nurses as a blanket policy for children in school settings because their credentialing/capabilities vary from community to community and from state to state. She recommended ASPR partner with HRSA on EMSC, which is underfunded. If there are training funds available, then they could work together to make sure that efforts aren't duplicated.

At-Risk Individuals (ARI)
Cheryl Levine, PhD, Team Lead for At-Risk Individuals, Senior Policy Analyst

Dr. Levine provided an overview of her projects focused on at-risk populations. First, the CHILD Working Group is co-led by ASPR/ACF and keeps track of children's issues in disaster response, and works closely with HRSA. It gathered information pertinent to addressing the needs of children in public health emergency and published a fact sheet about discharge planning from healthcare facilities, along with a list of resources on the ABC website. She also works on special considerations for women who are pregnant in disasters. For example, following a disaster, there is often an increased domestic violence rate. Dr. Levine also collaborates with the HHS Office of Civil Rights to come up with fact sheets for ensuring language services for those with limited English proficiency (LEP) in disaster situations.

National Health Security Strategy (NHSS)
Darrin Donato, Senior Policy Analyst

Mr. Donato provided an overview of the current NHSS, which will be release in January 2019. The current NHSS, especially compared to previous NHSS versions, has fewer implementation areas in order to better measure success. It also provides actionable next steps. The NACCD members had an opportunity to ask questions, such as whether the potential formation of a regional disaster healthcare system would have implications for the NHSS.

Lunch

NACCD Working Session 2: Identifying Metrics of Baseline Vulnerability in Pediatric Health Care Services

Ahead of the June public meetings, Dr. Kadlec identified metrics of community baseline vulnerability as a topic he would like the NACCD to examine and advise on. Puerto Rico, for example, had structural characteristics that made it vulnerable to a tougher recovery from the 2017 hurricanes compared to some other communities in the United States. It is useful to ascertain what factors can impact a community's recovery and resiliency post-disaster to better plan and mitigate the impact of disasters. NACCD members brainstormed metrics that impact a community's baseline vulnerability, especially relating to pediatric health care services. Some metrics identified were:

- Geographic isolation
- % of children receiving free or subsidized school lunch
- Baseline high-speed internet, cell phone, and 4G availability,
- Homeless population per capita
- Availability of pediatric specialists

NACCD Working Session 3: Pediatrics in Regional Disaster Health Response System

Ahead of the June public meetings, the ASPR requested the NACCD's input on what a regional disaster health response system would look like, especially as it relates to the needs of children. NACCD members discussed what characteristics such a system should have. They posited that ASPR should build on the 30 level I pediatric trauma centers (and associated networks) across the U.S. to serve as pre-existing hubs or "nodes" that can be developed into centers of expertise and excellence in disaster. Potential partners could include the Pediatric Trauma Society, AAP and DPAC, and the National Pediatric Preparedness Coalition. Some outstanding issues included the utilization of telemedicine, funding mechanisms, balancing providing care with leading regional response, and the development of mobile or off-site care.

Current ASPR Priorities and Role of the Advisory Committees
Robert P. Kadlec, MD, MTM&H, MS
HHS Assistant Secretary for Preparedness and Response

Dr. Kadlec spoke to the NACCD about his current priorities, including the mission to reunite unaccompanied minors with their families. In response to a question from Dr. Sarah Park from Hawaii, Dr. Kadlec said he and others within ASPR are working with state leaders to expand capacity in places like Hawaii, Puerto Rico, Alaska, etc. He thanked the NACCD for their expertise and guidance, and presented board members with ASPR Challenge Coins to thank them for their service.

Closing Discussion, Next Steps, Closing Remarks
Scott M. Needle, MD, FAAP, NACCD Chair

Dr. Needle thanked the board for their hard work over the past two days and the ASPR team for putting the public meetings together.

Adjourn

Maxine Kellman, DVM, Ph.D., PMP, National Advisory Committees

Dr. Kellman indicated there were no additional public comments for that day and adjourned the meeting.