

**NACCD Public Teleconference Meeting
Summary
Thursday, April 30, 2015
1:00 - 2:00 pm ET
Toll-free:1-888-324-4311 Pass-code: 82718**

NACCD Voting Members Present

Michael Anderson, Chair
Allison Blake
David Esquith
Robin Gurwitch
Lisa Kaplowitz
Lauralee Koziol
Linda MacIntyre
Teresa Crescenzi (alternate for Mary Dianne Murphy)
Sarah Park
Georgiana Peacock
Sally Phillips
Mary Riley
Jeffery Upperman
Anne Zajicek

NACCD Ex-Officio Members Present

Dan Dodgen

Call to Order, Roll Call, and Conflict of Interest Rules

Charlotte Spires, DVM, MPH, DACVPM, Executive Director, NACCD
CAPT, U.S. Public Health Service
U.S. Department of Health and Human Services

Daniel Flynn, MPH
Senior Management Analyst

CAPT Spires called the meeting to order. She provided an overview of the Federal Advisory Committee Act (FACA) and conflict of interest rules. CAPT Spires also provided information on how to access the webcast for the presentation slides of this meeting. Daniel Flynn then proceeded to take roll for all National Advisory Committee for Children and Disasters (NACCD) members present via teleconference. Terrie Crescenzi was attending as an alternate for Mary Diane Murphy. Daniel Flynn confirmed that a quorum was present.

Welcome and Agenda Overview

Michael Anderson, MD, Chair NACCD

Dr. Anderson acknowledged and thanked the Surge Capacity (SC) Working Group (WG) for their hard work on creating their proposed recommendations in response to the Assistant Secretary of Preparedness and Response task letter on surge capacity. Dr. Anderson also gave thanks to the support staff of the advisory committee that is led by CAPT Spires. Dr. Anderson then provided a brief overview of the meeting's agenda and introduced the NACCD's SC WG chair, Dr. Upperman to present the SC WG key findings and recommendations.

NACCD Surge Capacity Working Group Presentation

Jeffrey Upperman, MD, SC WG Chair

Dr. Upperman thanked the NACCD Chair, and then thanked the SC WG for their work and dedication to responding to their task. He began his presentation by introducing in detail the six tasks with which the Assistant Secretary of Preparedness and Response charged the NACCD:

To assess the current state of

1. Readiness to transport large numbers of critically ill children
2. General emergency/pediatric emergency surge capacity
3. Readiness of children's hospitals to surge during an infectious disease outbreak
4. Non-pediatric facilities to care for children in large-scale disease outbreaks

And to provide a

5. summary of potential mitigation strategies
6. review of best practices and a summary of practical tools to help build health care coalitions aimed at increasing community readiness to care for children

Dr. Upperman then listed and thanked all of the SC WG members: Alex Amparo, Michael Anderson, Lisa Kaplowitz, Scott Needle, Sarah Park, Georgina Peacock, and Sally Phillips before describing the group's sources of information for addressing their task. He mentioned that the SC WG relied on expert opinion and experiences of the SC WG members, discussions with Subject Matter Experts (SMEs) in the area of pediatric disaster preparedness, planning, and pediatric health care coalition building, and the available published and grey literature, and public policy documents.

For their first task the SC WG found a need for nationally coordinated emergency medical services to move large numbers of infectious pediatric patients, and that replicating successful regional approaches to pediatric and neonatal transport is an efficient use of time and resources for communities lacking such approaches individually and/or with limited means.

Their recommendation was that the ASPR develop a national network of stakeholders to examine issues and address barriers, and, ultimately, implement solutions to family (child and adult caregiver) transport needs during an infectious disease crisis.

For the second task the SC WG found that a national conversation aimed at developing a system to address general emergency/pediatric surge capacity should be established, and that the clinical and organizational frameworks of mature trauma centers, which are prepared to respond to large-scale

disasters could be utilized to provide well-developed management protocols for large public health emergencies.

Their recommendation was that the ASPR develop a national-level, real-time system to monitor pediatric resources, usage, and surge capacity, including for pediatric primary and specialty care practitioners, pediatric transport, pediatric hospitals, network communications, pediatric medical equipment and pharmaceutical caches.

For the third task the SC WG emphasized the need for a strong national children's hospital leadership role with central coordination of preparedness and pediatric surge measures.

Their recommendation was that without data to quantifiably assess readiness of children's hospitals, the NACCD recommends that the ASPR bring together key stakeholders from children's hospitals to discuss current readiness, define the role of children's hospitals, and determine next steps for improving the capacity of all hospitals to quickly respond in an infectious disease crisis with national safety implications.

For the fourth task the SC WG considers the lack of national guidelines and/or standards for general hospital systems on baseline pediatric care skills and resources to be a serious gap in capacity. A valuable starting point for general hospitals is the EMSC Checklist.

Their recommendation that the HHS Secretary take steps to mitigate the gaps identified in the HRSA EMSC Readiness Study.

For the fifth task the SC WG found that much of the research yielded gaps in four particular areas: staffing, age-appropriate resources, space to accommodate the influx of patients, and a structured, clearly-defined system through which institutions can coordinate a successful pediatric surge, and that in the process of this assessment, a complete system identifying potential gaps to be lacking, with only disparate parts with varying levels of detail or information currently existing.

Their two recommendations for this task were:

- That the ASPR facilitate an ongoing workgroup to develop pediatric surge strategies and guidelines to address staff, supplies, space, and systems that are flexible to be imposed at a local, state, regional, or national level.
- For an ongoing, HHS-guided national discussion and review of potential future challenges and strategies and a regular means to disseminate what is developed and current to streamline efforts during infectious disease crises. A range of diverse perspectives and expertise is needed to uncover gaps and develop and share strategies.

For the sixth task the SC WG found that strong health care coalitions reduce dependence on outside and/or federal resources during emergencies by encouraging the sharing of resources and expertise, and that pediatric surge capacity is enhanced and demands on emergency department and inpatient settings are lessened when all aspects of health care are involved in coalitions.

Their final three recommendations were:

- To urge the ASPR to ensure constant and reliable funding of health care coalitions.
- To call on the ASPR to support the convening of pediatric health care coalition and preparedness stakeholders annually to assess strategic planning, gap analysis, and mitigation tactics for addressing pandemic and emerging infectious disease threats with national implications.
- That the ASPR guide a national conversation among pediatric SMEs and health care coalition stakeholders on pediatric surge capacity in the face of large scale infectious disease outbreaks.

Dr. Upperman concluded his presentation by acknowledging and thanking the SMEs involved in their analysis, and the ASPR NACCD Staff.

Public Comment Check

CAPT Charlotte Spires, DVM, MPH, DACVPM

There were no public comments received by email by the closing deadline before the meeting.

NACCD Vote on Report from PSC WG

Daniel Flynn, MPH

Daniel Flynn took roll call and polled the voting members of the Board for approval or disapproval. Terrie Crescenzi was voting as an alternate for Mary Diane Murphy. The recommendations were unanimously approved by the 14 present voting members. Daniel Flynn confirmed that there was a quorum at the time of the vote.

Wrap-Up and Conclusions

Michael Anderson, MD, Chair NACCD

Dr. Anderson acknowledged without exception and within a full quorum, the NACCD's approval of the Surge Capacity Working Group Report.

Dr. Anderson provided words of both congratulations and encouragement to the committee's ability to coalesce. He also noted that the NACCD has much work to do, and that after acknowledging gaps found through the report, the committee will be working with the ASPR to identify next steps. He mentioned the need to examine the role of policy, funding, and the psychosocial needs of children.

CAPT Spires adjourned the meeting at 01:25 p.m.