

National Advisory Committee on Children and Terrorism
Department of Health and Human Services
Centers for Disease Control and Prevention
March 6, 2003

Guidelines for Focus Areas

Objectives

The objective of the National Advisory Committee, as specified in the Legislation, is to provide, by June 6, 2003, a report to Health and Human Services Secretary Thompson that will assess and provide recommendations regarding:

- a) The preparedness of the health care system to respond to bioterrorism* as it relates to children
- b) Needed changes to the health care and emergency medical service systems and emergency medical services protocols to meet the special needs of children
- c) Changes, if necessary, to the National Strategic Stockpile under section 121 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to meet the emergency health security of children.

* Note that health care and bioterrorism will be defined broadly to include all aspects of physical and mental health responses to conventional chemical, biological and nuclear terrorism.

Focus Areas

The broad topic of children and terrorism has been divided into 11 focus areas. All advisors will provide expertise in their content areas of expertise . Outside consultants have also agreed to as a resource in the preparation of this report. Focus area leaders will be responsible for chairing meetings and conference calls of their focus area, synthesizing contributions of advisors and submitting drafts to the Report Coordinator, Victor Balaban. The Report Coordinator will be responsible for providing assistance and resources to Focus Area Groups to enable them to complete their reports, coordinating and synthesizing the drafts of all the Focus Area reports, making sure that all drafts are promptly returned to advisers, and editing and assembling the final report for review and approval by Focus Area members.

The Report

Each of the eleven Focus Areas will generate a report covering three main points:

- Current activities in the area
- Gaps and needs in the area
- Specific recommendations to the Secretary. The more concrete and specific these action items (i.e. recommendations for funding, research, activities etc.), are, the more helpful they will be to the Secretary.

The report from each Focus Area will consist of an abstract and no more than ten pages of text, not including tables and charts, and a list of references. The contents of the full report will be:

- Executive Summary
- Background
- Overview

Focus Areas:

- Primary Care Pediatricians, Office-Based Practice & Urgent Care Centers
 - Community Involvement
 - Children's School and Childcare
 - Research and Data
 - Training
 - Mental Health Response Phase
 - Children with Special Health Care Needs
 - Mental Health Recovery and Mitigation Phase
 - Hospital Preparedness
 - Public Health Departments
 - Pre-Hospital and Critical Care
- Conclusions and Recommendations
 - References

Timeline

The report to the Secretary will have to be completed in a very short period of time. Therefore it will be essential that all deadlines be met with as few delays as possible. The timeline for completing the report is as follows:

- March 6 – First meeting of National Advisory Committee on Children and Terrorism. Discussion of Objective A (assessing and providing recommendations regarding the preparedness of the health care system to respond to terrorism as it relates to children), and planning of process to achieve objectives.
- March 10 – Report coordinator (Victor Balaban) will call each of the eleven Focus Area leaders to begin planning how the leaders will coordinate with the members of their area to produce drafts of their reports.
- March 31 – First drafts due to Report Coordinator
- April 21 – Revised drafts due to Report Coordinator
- April 30 – Second meeting of National Advisory Committee on Children and Terrorism. Review and approve draft sections of report covering Objective A. Discussion of Objectives B and C (Needed changes to the health care and emergency medical service systems and emergency medical services protocols to meet the special needs of children; and changes, if necessary, to the National Strategic Stockpile to meet the emergency health security of children). Further planning of process to achieve objectives.
- May 12 – Final drafts due to Report Coordinator
- May 21 – Third meeting of National Advisory Committee on Children and Terrorism. Review and approve final draft of report to Secretary.

- June 6 – Final report submitted to Health and Human Services Secretary Thompson