

National Advisory Committee on Children and Terrorism
Department of Health and Human Services
Centers for Disease Control and Prevention
March 6, 2003
8:30 a.m. – 5:00 p.m.
Roybal Campus, Bldg 2, Auditorium A
Agenda

9:00 a.m. - 10:00 a.m.

Overview of the Committee

- Roles and Responsibilities
- Committee Charge (review of Charter)
- Introduction
 - Committee Chair
 - Committee Members
 - Executive Secretary
 - Federal Advisors
 - Consultants to the Committee
 - Committee Staff
- Logistics
 - Travel,
 - Next meeting dates
 - Quick overview of briefing package and additional materials

10:00 am – 11:00 a.m.

Overview of Critical Work Completed to Date

- American Academy of Pediatrics
Dr. Louis Cooper
- Pediatric Preparedness for Disasters and Terrorism:
A National Consensus
Dr. David Markenson

11:00 a.m. – noon

Overview of Process to Achieve Committee Objectives

Advisory Committee Objectives
Report to the Secretary
Draft Work Plan

Lunch Break

Emory Conference Center

1:30 p.m. – 4:00 p.m.

Plan to achieve desired outcomes

Focus Areas

- Agreement on Focus Areas
- Discussion of each Focus Area and specifics topics to be addressed in the report
- Identification of federal programs and activities related to each focus area

4:00 p.m. – 4:30 p.m.

Next Steps

Timetable for completion of report
Discussion of next two meetings agenda

4:30 p.m. – 5:00 p.m.

Public Comment

Draft Advisory Committee Work Plan

Advisory Committee Objective as specified in the Legislation

To 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.

Final Report

This committee is charged with preparing a report to the Secretary containing its recommendations and other information he may request (by June 6th). In order to achieve this goal the broad topic of children and terrorism has been divided into 11 focus areas.

With the short timeline, each committee member will have responsibility for overseeing a specific focus area of the report (with help from federal advisors, consultants and other staff as needed). We support). In an effort to further clarify and provide direction for each focus area, we have listed five suggested topics to address in each focus area. We would like each committee member to come to the March 6th meeting with 2-3 sentences for each of the topics listed in their assigned focus area that will describe the topic in greater detail. If you feel we have left out an important topic in your focus area or that of any committee member please feel free to add them to the lists and we will discuss them during the meeting. We will spend the afternoon session of the meeting discussing the focus areas and, hopefully, come to a consensus on the focus areas, topics to be included and the clear scope of each focus area and the topics to be covered in each focus area.

It is then the plan that these focus areas and topics will then be transformed into the text which will describe the preparedness of the health care system to respond to bioterrorism as it relates to children for the next meeting and for the report to the secretary. Which will then serve as the basis for the text on the needed changes to the health care and emergency medical service systems, the needed emergency medical services protocols to meet the special needs of children and the changes, if necessary to the National Strategic Stockpile to meet the emergency health security of children for the final meeting and the report to the secretary. To this end please also think of any federal programs and activities which would be related to the topic area and begin to think about the content to be discussed in each topic.

This plan of action is up for discussion at the first meeting, but it is our belief that this structure will assist the committee in rapidly preparing a report for the Secretary on this critical issue and our desire that this structure be accepted.

Focus Groups

Primary Care Pediatricians, Office-Based Practice & Urgent Care Centers

Lead: Dr. Angela Diaz

Topics

- Education of primary care providers
- Role of primary care provider in terrorism disease/symptom recognition
- Anticipatory guidance
- Office based terrorism preparedness
- Role of primary care providers and urgent care centers in response to a terrorism event and as a care source for increased emergency department patients

Community Involvement

Lead: Mr. Kevin Dinnin

Topics:

- Family Centered Care
- Involvement and Role of faith-based organizations
- Involvement and Role of Volunteer organizations
- CERTS
- Social services agencies and organizations (displaced children, foster care, emergency guardianship)
-

Children's School and Childcare

Lead: Ms. Brenda Greene

Topics:

- School preparation Emergency Preparedness – (public, private)
- Emergency Planning for Children in Transit
- Role of school health in Terrorism Preparedness and Response
- Emergency Planning for Childcare facilities and their Role During a Terrorism Event
- Emergency Preparedness for after school programs, youth organizations, etc.

Surveillance and Assessment Mechanisms

Lead: Dr. Alexander Kelter

Topics:

- Key data elements
- Population based research
- Models for pediatrics terrorism research
- Fostering basic science research on children and terrorism
- Incorporate of pediatrics data collection into existing federal programs
- Funding pediatrics research
- Incorporation of pediatric data collection into existing federal programs

Training

Lead: Dr. Bobbie Maniece-Harrison

Topics:

- Provider training (all levels – first responder to clinicianMD)
- Community training
- NDMS/DMAT
- Federal sponsored/funded training programs
- Terrorism Simulations And Drills
-

Mental Health Response Phase

Lead: Dr. Steven Marans

Topics:

- Acute mental healthcare
- The care of children with chronic mental health problems during terrorism events
- Funding for acute mental health
- Mental health screening programs
- Linkage of acute mental health care to existing mental health programs
-

Risk Communication and Public Education

Lead: Dr. Angela Denise Mickalide

Topics:

- Children with chronic illness
- Technological assisted children
- Children with mobility problems
- Children with developmental disabilities

Mental Health Recovery and Mitigation Phase **Lead: Dr. Richard Mollica**

Topics:

- Resilience (helping children better prepare and cope for future disasters)
- PTSD
- Crisis Intervention
- Community-based mental health including funding issues
- School Mental Health

Hospital Preparedness

Lead: Mr. Richard Ricciardi

Topics:

- Inclusion of Children in Hospital Emergency Plans

- Staff training on the unique needs and care of children
- Pediatrics Physical Resources (equipment, pharmacy, supplies, etc...)
- Care of the child in non-pediatric centers and by non-pediatrics trained providers
- Facilities/Capacity (physical beds, # of patients able to care for, etc...)

Public Health Departments, Government Agencies/Government Role
Lead: Dr. Peter Rumm

Topics:

- Education
- Lab capability
- Local pharmaceutical equipment/resources
- Decontamination and isolation
- Coordinating Communication

Pre-Hospital and Critical Care **Lead: Dr. Jean Wright**

Topics:

- Pediatric Specific and Appropriate Triage
- Prehospital Care and Training
- Specialty Centers including pediatric critical care centers
- Secondary Transport
- Role of Children's Hospital as Regional Resource

If you have other questions, comments or concerns feel free to contact Timothy Broadbent at 404-639-7153 or by email at tbroadbent@cdc.gov. We know this is very short notice and we thank you for your prompt response.