

# Tab 7 – Communication

## Staff Notification Levels

The District Director or designee will determine what level of notification is issued to staff, and will issue all staff notifications.

Staff should be alerted based upon the current notification levels:

### BRDHD DOC Activation Levels

<b>Level 4</b>  <b>Monitoring Activation</b>	<ul style="list-style-type: none"> <li>● <b>Description:</b> Level 4 will be used anytime LHD is required to monitor and/or assess an incident/event for possible ESF 8 support and if required, activation to a higher level. Level 4 activation does not require LHD to significantly alter its day-to-day operations;</li> <li>● <b>Staffing:</b> A Preparedness Staff member and DOC Manager will be assigned to monitor the situation. Command and General ICS positions will not be activated;</li> <li>● <b>Notification:</b> LHD ICS staff will be notified through Email via the LHD alert and notification systems or established Listservs. ESF 8 Agencies will not be notified unless required;</li> <li>● <b>Operational Planning:</b> Incident Action Plans (IAP) are not required for this level of activation;</li> <li>● <b>Situational Awareness:</b> Situation Reports (SitReps) may be developed for each operational period and disseminated to involved agencies, as required;</li> <li>● <b>DOC Setup:</b> The DOC will not be physically set up for operations.</li> </ul>
<b>Level 3</b>  <b>Limited Activation</b>	<ul style="list-style-type: none"> <li>● <b>Description:</b> Level 3 will be used when an incident/event requires limited ICS staff to coordinate ESF 8 operations;</li> <li>● <b>Staffing:</b> A Preparedness Staff member, DOC Manager, and assigned ICS staff will coordinate response/ response activities while working from their respective offices. Additional ICS positions may be activated;</li> <li>● <b>Notification:</b> LHD ICS/ESF 8 Agencies will be notified through Email via the alert and notification systems or established Listservs;</li> <li>● <b>Operational Planning:</b> IAPs will be developed for each operational period and disseminated to involved agencies. A designated location will be reserved to conduct operational briefings and conference calls or conducted virtually;</li> <li>● <b>Situational Awareness:</b> SitReps will be developed for each operational period and disseminated to all ESF 8 Agencies and other involved agencies;</li> <li>● <b>DOC Setup:</b> The DOC may be set up in preparation for activation to Level 2.</li> </ul>
<b>Level 2</b>  <b>Partial Activation</b>	<ul style="list-style-type: none"> <li>● <b>Description:</b> Level 2 will be used when an incident/event requires additional ICS staff to coordinate ESF 8 operations;</li> <li>● <b>Staffing:</b> A Preparedness Staff member, DOC Manager, and assigned ICS staff will coordinate response/ recovery activities while working in the LHD DOC. Additional ICS positions may be activated. ESF 8 Agency Representatives may be requested to support DOC operations;</li> <li>● <b>Notification:</b> LHD ICS/ESF 8 Agencies will be notified through a High Priority Alert sent via email or the alert and notification systems;</li> <li>● <b>Operational Planning:</b> APs will be developed for each operational period and disseminated to involved agencies. Operational briefings and conference calls will be conducted in the DOC or designated spaces;</li> <li>● <b>Situational Awareness:</b> SitReps will be developed for each operational period and disseminated to all ESF 8 Agencies and other involved agencies;</li> <li>● <b>DOC Setup:</b> The DOC will be set up in preparation for activation to Level 1, but not fully staffed. This could be done virtually.</li> </ul>

<b>Level 1 Full Activation</b>	<ul style="list-style-type: none"> <li>• <b>Description:</b> Level 1 will be used when an incident/event requires all Command and General ICS staff, plus applicable Branches and Units, to coordinate ESF 8 operations;</li> <li>• <b>Staffing:</b> A Preparedness Staff member, DOC Manager, and assigned ICS staff will coordinate response/ recovery activities while working in the LHD DOC. ESF 8 Agency Representatives will most likely be requested to support DOC operations;</li> <li>• <b>Notification:</b> LHD ICS/ESF 8 Agencies will be notified through a High Priority Alert sent via the LHD 's alert and notification systems;</li> <li>• <b>Operational Planning:</b> IAPs will be developed for each operational period and disseminated to involved agencies. Operational briefings and conference calls will be conducted in the DOC or designated spaces;</li> <li>• <b>Situational Awareness:</b> SitReps will be developed for each operational period and disseminated to all ESF 8 Agencies and other involved agencies;</li> <li>• <b>DOC Setup:</b> The DOC will be set up and staffed to coordinate ESF 8 operations either in a location or virtually.</li> </ul>
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## Methods for Staff Mobilization/Notification:

During business hours, staff may be notified of a situation via health department intercom, email, or work telephone.

All BRDHD staff will be notified through the Kentucky READYOP system. READYOP will allow enrolled staff to be notified of events across the state via phone, cell phone, pager, and email.

If telephone services are unavailable, employees may be deployed by television or radio broadcast. If there is no television, radio, or phone services available, employees may have police escorts from their home.

## Emergency Communication Methods

**Phone or Cell Phone** - Telephones or cell phones will be the primary means of communication between agencies during an emergency; however, this service may not be reliable during a disaster.

**Fax Broadcast** - The Fax Broadcast may be used to notify local agencies across the eight counties that have the potential to respond to an incident. The contact database includes over 1,000 local agencies, responders, medical personnel and other organizations. Example database categories are: school superintendents, judge executives, hospital administrators, coroners, health departments, health care providers, and pharmacists. (See Tab 17)

**ReadyOp** - ReadyOp can send messages to outside agencies via phone, email, pager, or cell phone. Communication with agencies outside public health is in place. All BRDHD staff participates in this program. See detailed description of ReadyOp below.

**Email** - Email may be used to notify the DPH, hospitals, or other health departments within our region. The statewide Global Address list for email includes almost all state or local government employees, as well as faculty and staff of all public school systems.

**HAM Amateur Radio Operators** - HAM Amateur Radio Operators Club in the BRDHD area has agreed to provide back-up radio communication during an emergency, if requested. The HAM operators have agreed to connect Emergency Managers in Area 3, the EOC, EMS, Law Enforcement, and BRDHD together, if applicable. The local Emergency Management Director in any county can deploy the HAM Operators.

**Two-Way Radios** - All disaster kits located within BRDHD facilities contain at least two 2-way radios with extra batteries. These mobile radios may be used by staff to communicate over distances of up to two miles.

**Volunteer Runners** - Volunteer runners may be used to relay information between entities if no other means of communication exists.

**NOAA Weather Radios** - NOAA weather radios provide one-way communication by the National Weather Service to all Barren River District Health Department sites.

## **BRDHD Staff Essential Information**

It is pertinent for BRDHD management to be able to reach all staff when needed. Staff contact information (home phone, cell phone, and address, etc) can be found in a binder in the Human Resource (HR) Director's office. This will serve as the main staff roster during an emergency if Ready Op is not available.

Public Health Preparedness Planners also keep frequently updated records of all staff. Staff members are responsible for updating their personal contact information quarterly on READYOP when the update link is sent by the Preparedness Branch. Preparedness planners test the alerting system quarterly.

## **BRDHD Public Information Officers (PIO)**

The line of succession for BRDHD's PIO shall be:

Primary – Ashli McCarty

Secondary – Kim Flora

Tertiary – TBD (Preparedness staff member if needed)

## **READYOp Network**

### **Definition of ReadyOp**

ReadyOp is an innovative approach to interoperable communications based on lessons learned in the field with actual first responders, airports, mass transit, government agencies, hospitals and corporations. ReadyOp is a secure, web-based platform initially developed for incident and emergency planning, immediate access to information, and fast, flexible and efficient communications. ReadyOp integrates multiple databases and a communications platform for fast, efficient access to information, as well as the ability to plan, coordinate, direct and communicate with multiple persons, groups and agencies. ReadyOp provides a single location for planning, response, communication and documentation of personnel, assets and activities during both training and actual incidents and emergencies.

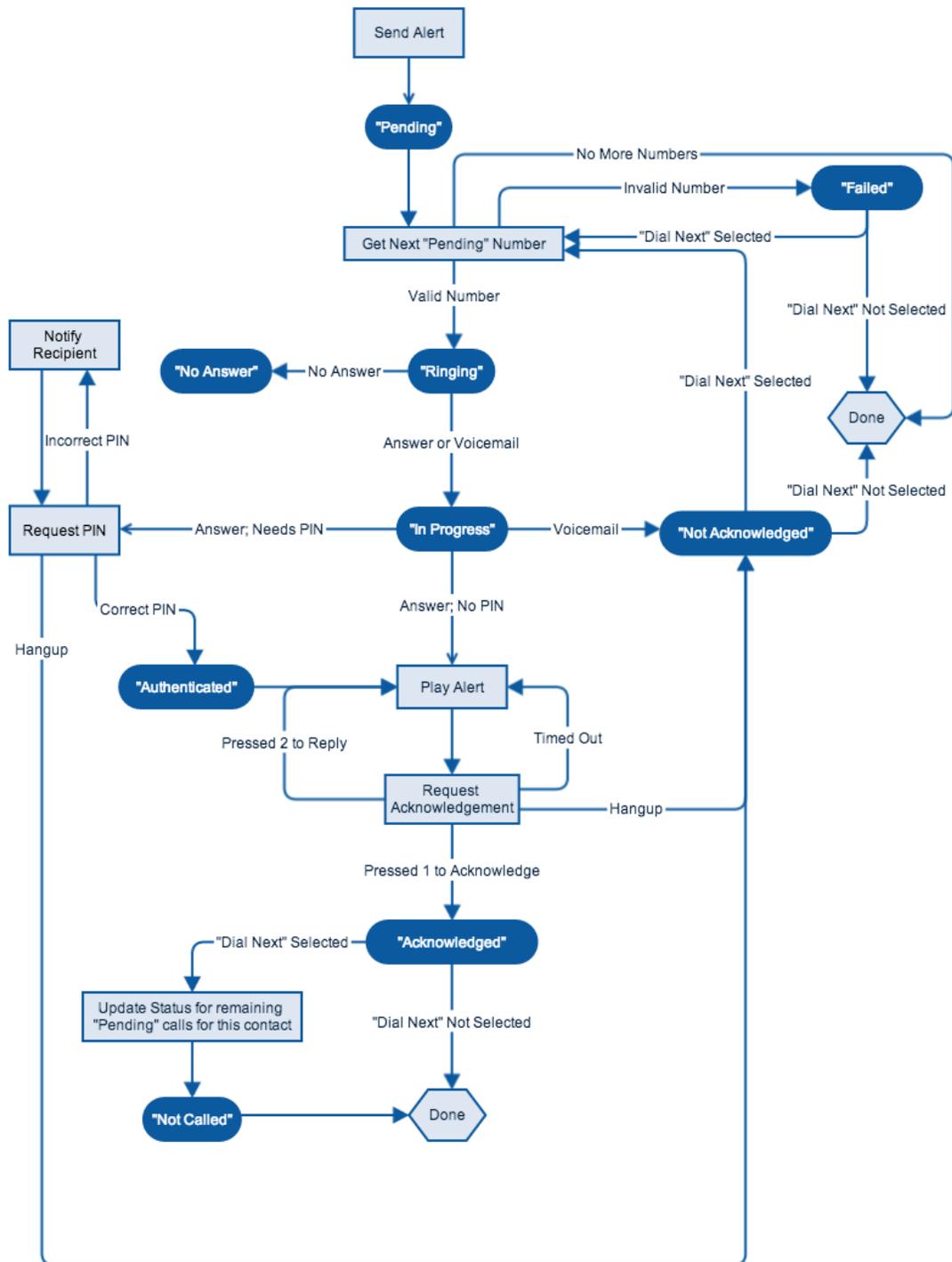
## **Readyop Notification**

Notifications are messages delivered thru a variety of platforms (email, text, text-to-speech, verbal) that contain information about a health issue or a health emergency. Depending upon the response required, notifications generally fall into one of three categories as defined by CDC: Health Alerts, Health Advisories, and Health Updates. The difference will be described in the Types of Messages section.

Staff will be notified by ReadyOp within 30 minutes of the decision to call them into work to respond to an event. Staff will then have an hour to call their supervisor, and report to work in 2 hours.

See Appendix A for more details on Ready Op.

# Lifecycle of an Alert



## Who Might Receive a ReadyOp Notification?

Health notifications are sent to both staff and ESF8 partners who might have some role in monitoring or responding to a health related issue or emergency. They include:

- Health department staff,
- Hospital personnel,
- Health care practitioners,
- Emergency Management,
- Any healthcare partner enrolled
- Public Information Officers,
- Fire,
- Emergency Medical Services,
- Lifeskills
- Other affiliated professionals.

ReadyOp notifications are not intended to be used for distributing information to the general public. Information for the general public is released through the Public Information Officer.

## Response Actions

The following table details actions that could possibly be taken during an emergency and how the actions should be recorded.

Action	Potential Responsible Group	Date/ Time Performed	Performed By	Persons/ Agencies Notified
Analyze current needs for involvement	CRT			
Activate the BRDHD All Hazard Plan	IC			
Activate BRDHD Incident Command Structure	CRT			
Notify outside agencies	Planning			
Deploy personnel to local EOC	IC			
Deploy personnel to scene(s)	Investigation			
Deploy personnel to local Joint Information Center	PIO			
Decide on appropriate medication	Investigation/ Operations			
Arrange for medication to be available	Logistics/ Planning			
Deploy personnel to Point of Distribution (POD) centers	Logistics			

Deploy staff to provide essential public health service programs	Operations			
Evaluate information and threats relating the event and response	Planning			
Conduct epidemiologic investigations	Investigation			
Activate Patient Tracking procedures	Investigation/ Operations/ Planning			
Activate Resource Management procedure	Logistics			
Issue Emergency Disease Reporting procedure	Planning/ Investigation			
Issue Emergency Medical Screening and Diagnosis procedure	Planning/ Investigation			
Activate emergency public information and media relations	PIO			
Establish ongoing communication with designated entities	Planning/ Logistics/ PIO			
Issue public health alerts	PIO			
Transmit data to designated recipients	Planning/ PIO			
Conduct Just-In-Time training with staff and volunteers	All Sections			
Issue worker health safety procedures	Safety Officer			
Advise government officials on need for emergency policies	IC			
Determine the need for isolation/ quarantine	Investigation			
Coordinate implementation of disease control measures	Investigation/ Planning			
Coordinate management of “worried well”	Planning/ Logistics/ LifeSkills			
Coordinate management of mental health services	Planning/ Logistics/ LifeSkills			

Track current cost of incident	Finance			
Coordinate restrictions of facilities as necessary to control spread	Investigation/ Planning			
Coordinate the allocation of vaccines or other medical supplies	Logistics			
Issue procedures concerning the management of fatalities	Planning			
Undertake environmental control measures	Investigation			
Coordinate veterinary investigation and control measures	Investigation			
Distribute Job Action Sheets to staff and volunteers	All Sections			
Monitor and request additional resources	Logistics			
Deactivate BRDHD All Hazard Plan	IC			

## Systems in Place for Communicating with Functional and Access Needs (FAN)

1. **Kentucky Outreach and Information Network (KOIN).** The KOIN is an alternative communication network that facilitates person-to-person communication with Kentucky’s at-risk populations to include individuals that are deaf or hearing impaired, the disabled, remote rural individuals, and non-English speaking individuals.

2. In the event of a disaster, many people can be hard to reach through radio and television or even by word of mouth. The Cabinet for Health and Family Services has developed the Kentucky Outreach and Network, a communication network that can help responders and service providers reach hard-to-reach populations throughout Kentucky. This network is updated monthly and is accessible at:  
<http://healthalerts.ky.gov/koin/Pages/default.aspx>

- i. Population group representatives who are encouraged to enroll themselves in the KOIN include:
  - i. Deaf/hearing impaired
  - ii. Blind and visually-impaired
  - iii. Non-native English speakers
  - iv. Elderly

- v.Children
- vi.People with disabilities
- vii.Economically disenfranchised
- viii.Physically/speech disabled
- ix.Remote rural residents

3.

i.Through the KOIN, the state is pushing preparedness responsibilities to trusted people and agencies in local communities, to informal and formal groups (the “go to” people who are trusted sources of information on many topics), and to the media.

1.

ii.The goal of the KOIN is to ensure that in the event of a public emergency, communication channels are in place and that the KOIN members understand their role for notifying individuals within their appropriate channels. This network utilization to protect the health of KY citizens in day-to-day situations such as immunization clinics, diabetes education/screening, or flu shot distribution as well in emergency declarations.

iii.

iv.Sample of organizations on the KOIN:

- a. Bluegrass Council for the Blind<sup>4</sup>
- b. Kentucky School for the Blind
- c. Kentucky Department of Mental Health/Retardation
- d. VA Medical Center, Dept. of Military Affairs
- e. Kentucky Long-Term Care Centers
- f. Kentucky Adult Day Care Facilities
- g. Kentucky Department of Education
- h. HAM Radio Emergency Service Group
- i. Kentucky State Police
- j. Rural Electric Cooperatives
- k. State and local health departments
- l. Bosnian Community, Inc.
- m. Division of Community Based Services
- n. India Community Association
- o. Office of International Affairs
- p.

v.To activate KOIN, contact the Cabinet for Health and Family Services Office of Communication at (502)564-6789 or email: or

#### 4. **Communication with people who are economically disadvantaged**

- i.Usually reached through traditional communication channels such as TV and radio, but more and more Social Media is an option.
- ii.Written and broadcast messages should be simple, and all directions given should be easy to follow (see Tab 7).
- iii.The biggest barrier to receiving and acting on health information for this special population is an apparent lack of awareness of possible threats to their health and their family’s well-being, and lack of trust in strangers.

- iv. Pertinent information can be distributed through trusted individuals and agencies within the community
- v. Use recognized community leader, and even celebrities, to broadcast messages
- vi. In the event of a power failure, outreach may require door-to-door contact and/or reaching people at venues where they may have gathered. Local police and/or Emergency Management will assist with this.

a.

## **5. Communication with limited or no English skills**

- i. Work with WKU's International Center, Bowling Green/Warren County International Center and Catholic Charities.
  - ii. BRDHD will utilize a fee for a service program called, Phone Interpreting Services Optimal Phone Interpreters (OPI).
    - a. (instruction sheet, Tab 17).
  - iii. Work with the KOIN to disseminate messages.
  - iv. Utilize the school systems to relay messages. We will send these messages out via our **Broadcast Blast Fax** or School Health Herald (electronic newsletter).
  - v. Work with BRDHD translators to translate messages. The supervisor will notify translators as needed.
  - vi. This group may have difficulty understanding both verbal and written instructions in English and native language.
  - vii. All printed information should be bilingual. KY Department for Public Health is currently working on developing bilingual information on communicable disease that will be issued to local health departments to use. The CDC's website also has some bilingual information that can be printed off and used.
  - viii. Some written information sheets and instructions on various emergency topics, in several languages, have been prepared, and can be found on READYOP and in the black media boxes (refer to TAB 7)
    - a. The Refugee Health Information Network: <http://www.rhin.org> is an example of online resources with prepared health information and education.
  - ix. If possible, print picture books, pocket guides and directional signs using universal symbols, and maps
    - a. Kentucky is very fortunate to have a POD pictogram signage package in place for all local health departments. Currently, there are a total of 27 POD pictogram signs (21 walk-in and 6 drive-thru) that are fully customizable by the LHDs and are used to direct people through Points of Dispensing (PODs) and mass care clinics that would serve as dispensing sites for Strategic National Stockpile (SNS) assets such as vaccines or prophylaxis. The complete pictogram signage package is located at <http://www.chfs.ky.gov/dph/epi/preparedness/pictograms.htm>.
  - x. Have "I-speak" cards that have the message "I speak (language). I need an interpreter," in English and the person's native language. These can be found in the POD packets.
  - xi. Use outlets of ethnic media (TV, radio, newspaper).
- ## **6. Communication with people with disabilities**
- i. Work with local hospitals to utilize TTDY equipment for hearing impaired patients, if necessary.

- ii. People with disabilities can be reached through traditional means, such as TV, radio, newspapers, brochures and push texts through county Emergency Management.
- iii. People who are blind can be alerted through sirens and radio announcements such as the Community Outdoor Warning System (COWS available in Warren and Barren Counties)
- iv. People who are deaf can be reached using both closed captioning and an in-screen ASL interpretation on TV
- v. People with mobility limitations are usually self-sufficient, but will need help to access transportation
- vi. People with cognitive disabilities can be reached through family members and trusted caregivers. Keep messages simple and repeat them often.
- vii. People who have mobility, sensory, or mental disabilities cannot always use standard resources in an emergency. This includes people using oxygen, those dependent on electricity or medicines, or those with service animals.

**7. Communicating with people who live in geographic/cultural isolation**

- i. Sheriffs, deputies, and postal workers can be good sources of information about rural residents and tourist/campers, but, many times, emergency crews and sheriff’s deputies cannot physically reach these persons.
- ii. Churches in rural areas can be used for community information.
- iii. People who work at shelters and food banks are most likely to know people who are homeless. An Emergency Food and Shelter National Program is established in our district. One of our branch directors is a board member. A description and board member list can be found in Annex A.
- iv. Door-to-door outreach, calling trees, and recognized trusted neighborhood leaders can be effective in reaching isolated people. A list of neighborhood watch organizations and active neighborhood organizations can be found at. <http://www.usaonwatch.org>.
- v. The BRDHD’s Volunteers can be a tremendous asset in reaching special needs residents in their communities. Contact a member of the preparedness staff for a current list of volunteers (this is a living document).

**Roles for Communication Systems**

<u>Communication System</u>	<u>Lead Role</u>	<u>Support Role</u>
KOIN	Kentucky Department for Public Health	Barren River District Health Department
Communication with people who are economically disadvantaged	Barren River District Health Department	Community Partners
Communication with limited or no English skills	Barren River District Health Department	Community Partners
Communication with people with disabilities	Barren River District Health Department	Community Partners
Communicating with people who live in geographic/cultural isolation	Barren River District Health Department	Community Partners

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## Public Health’s role in providing services to Functional and Access Needs (FAN)

1. Public Health’s role is to:
  - a. Communicate to the public to include special needs population
  - b. Plan with Non Government and community partners
  - c. Assure the delivery of essential public health services are maintained and restored to meet the needs of the affected population.
  - d. Provide a support role in establishing special needs shelters by:
    - i. Assisting established shelters with state required forms (i.e. surveillance forms)
    - ii. Conducting shelter inspections per environmental protocol
    - iii. Conducting disease surveillance in shelters
    - iv. Linking shelters to resources listed below
  
2. The Local Resources chart in Appendix B– Tab 7 provides “Local Resources to Assist with Functional and Access Needs (FAN)” which is used to accurately track partners working with potential special needs groups/people in our jurisdiction. The PIO along with other Planning, Quality, and Communication (PQC) Staff will work with each agency to disseminate health information. The mode of communication for each is: Phone (primary), Email (secondary), and Fax (tertiary). We are currently in the process of linking each agency up with the state wide KOIN by participating in yearly collaboration meetings.

### Percent of Functional and Access Needs (FAN) within BRDHD

County	Under 5	Under 18	Over 65	Non-English speaking	Below Poverty Level	**WIC Participation
Barren	6.8%	24.1%	15.3%	3.6%	19.7%	1728
Butler	6%	22.3%	13.8%	2.1%	20.1%	590
Edmonson	5.1%	21.2%	14.8%	2.3%	20.8%	453
Hart	6.2%	24.1%	14.2%	7.4%	25.3%	869
Logan	6.9%	24.8%	15%	6.3%	18.4%	1078
Metcalfe	6.7%	23.5%	16.2%	1.7%	23.6%	450

<b>Simpson</b>	6.1%	23.8%	14.1%	2.4%	15.1%	776
<b>Warren</b>	6.9%	23%	11.2%	8.1%	17.1%	3782

Source:

\*\* The WIC data was compiled in June 2011. Participation numbers represent the total number of pregnant, postpartum, and breastfeeding women, infants, and children who received benefits for that particular month.

# BRDHD Crisis (Risk) Communication Plan

## The Purpose of This Communication Plan

For any organization dealing with the public, it is good to have one spokesperson. Several different spokespersons will have several different opinions, several attitudes, and even several sets of 'the facts'. The Public Information Officers job is to work with the spokesperson to get the information the agency wants to get out to the public.

For the public, it is less confusing to have one spokesperson for the agency and helps to cut down on rumors. It also helps for the PIO and spokesperson to work with other agencies involved in the response to have the appearance that involved agencies are working together. The results can avoid damaged credibility, and even reduce human suffering or death if people are willing to follow recommendations.

For these reasons, crisis communication principles - and the NIMS command structure - place the job of Public Information Officer (PIO) in close proximity to the Incident Commander, with this person serving as the organization's single conduit for information to the public. A public agency with effective communication strategies will have the PIO already designated. This person will have established relationships with media outlets and reporters. When a crisis hits, most reporters will already know to call this person for timely, accurate, and complete information. They also trust the PIO to work in partnership with them to arrange access to other staff or involved individuals for interviews.

## Objectives of Risk Communication

To provide credible, timely, and accurate information to the public. Communications must also show empathy and concern.

To provide information about what is known, uncertain, or unknown, to explain risks, to recognize fears, and to provide information about what the actions the public can take to address these areas.

## Use of This Communication Response Plan

*This plan is a component of the BRDHD's All Hazards Plan. The Crisis Communications Plan is initiated during the initial meeting of the Exchange Team (see Step 1 of Crisis Communications Procedures below).*

**Responsibility** - **The Planning, Quality and Communications Branch** is responsible for implementing the Plan.

**Joint Information Center** - If multiple response agencies are involved, especially over multiple jurisdictions, an Area Command may be set up. This will almost certainly mean activation of a Joint Information Center (JIC), operating a Joint Information System

under NIMS guidelines. Disaster Management officials in our area have indicated that they will rely heavily on the BRDHD for JIC operation if the need arises. Under a Joint Information System, all communication to the public will be coordinated centrally and message approval will become extremely important.

**How Regional Messages Will be Decided** - The procedure outlines below ('During the Event'), and the Task Assignment Checklists include numerous instructions on seeking approval for messages prior to their use. It is essential that the PIO and/or Incident Commander review and approve all messages for use with the public or POD patients. One of the primary responsibilities of the PIO is coordination of messages with other acting PIOs during the incident. The PIO will work with them and the Incident Commander to identify what information can be released, by whom. In the event that a Joint Information Center is set up, those decisions will come from there.

## I. Stakeholders

### 1. Core Stakeholders

- The general public - Our primary stakeholders.
- Functional and Access Needs (FAN) - See list of potential FAN and how they will be reached under Tab 2.
- Media outlets - Local, regional, and state-wide media organizations.
- Other PIOs, at local or state level - Occasionally at the federal level as well.
- BRDHD Exchange Team
- Response partners - Those organizations most directly connected with response - will vary with the emergency event. As these are the partners who will be working most closely with the Exchange, all communication with them will be in coordination with the IC.

### 2. Additional Possible Stakeholders

The KY Department for Public Health - Disaster Preparedness Branch

Other BRDHD staff- Health Educators, Nurses, Dietitians, etc.

Other potential partners - Other individuals or organizations who may have a limited role to play (example private physicians, school officials, Community Emergency Response Teams, major employers, nursing homes, or Medical Reserve Corps)

Other communication partners - For example, HAM Radio volunteers (reached through the Area 4 Emergency Management Director or the county EM directors), cell phone companies, and others needed for door-to-door or phone tree communication such as:

Community Emergency Response Teams      CERT volunteers

Medical Reserve Corps (if not needed in POD)

KY's KOIN system members

Police Academy Citizen's Corps

United States Postal Service

Western KY University

local high schools

## II. Pre-Event Planning and Preparation

### 1. Planning, Quality, and Communication (PQC) Unit Training Program & Long-Term Plan

The BRDHD Planning, Quality, and Communication Branch maintain a three-year plan for all activities, including staff training and development. Planning, Quality, and Communication Branch staff also, participates in training workshops and activities as designated under the BRDHD's overall Training Plan.

### 2. Resource Materials -

**Media Manual** - The Media Manual is an important tool for the Public Information Officer before, during, and after an event. The Media Manual can assist any person who may be called upon to perform the PIO function in an emergency. The Media Manual exists as a hard copy and on CD ROM in the Health Information Office and in the Media boxes. The Marketing and Communications Branch continues to update components of the Media Manual. The current Media Manual includes:

- General Media Response Guidelines
- Media Policy and Photo Consent Forms
- Media List with Contact Information
- List of Key Contacts and Partners
- Operational Information including Checklist, Instructions and Message Development
- Communications Tools including Sample Media Advisories, Releases, Statements, Fact Sheets and FAQs

### 3. Communication Tools

These are worksheets, checklists, and other tools that can be used to facilitate fast, organized dissemination of information to target audiences. They are included below.

#### **Communication Tasks Assignments:**

- Health Education Materials
- Press Conference Management
- Press Conference Set-up & Support
- Communication Monitoring
- Web Development
- Preparing the Spokesperson
- Media Message Development

- Hotline Coordination

### **Worksheets:**

- Message Development
- Information Gathering
- Choosing the Spokesperson

### **Logs:**

- Event Crisis Communication Task Assignment Log
- BRDHD Crisis Communication – Activity Log
- Hotline Data Log

## **4. Equipment**

1. Fax machine located in District Office Administration Wing
2. Desktop computers
3. Laptop computers used by PIO
- 4
5. Cell phones
- 6
7. Printers
8. Chocolate bowl

## **5. Facility Preparation**

Unless a JIC is established, all public information activity will be managed out of the BRDHD's District Office in Bowling Green. The 2<sup>nd</sup> floor Conference Room will normally be used as a media briefing room. The PQC Operations Area will be within the Marketing and Communication Branch offices. Should the need arise for a Media Briefing Room within another BRDHD facility; it will be designated by the PIO.

Should an Area Command establish a Joint Information Center within the BRDHD facility, the 1<sup>st</sup> floor conference room will be used.

## **III. BRDHD Crisis Communication Procedures (during the event)**

1. During initial meeting of the Exchange Team, use the BRDHD Information Gathering Worksheet to help determine:

- The facts we know (and what we don't know)
- Threats, and to whom
- Target audiences for information
- Core messages for each audience (will include: what they need to know, actions planned by BRDHD, and actions they should take)
- General outline of entire response plan at this point

Tools: BRDHD Information Gathering Worksheet

2. The PIO should develop an **Event Crisis Communication Plan**. This action plan is specific to the community crisis and will include communication actions to be taken, due date/time, and assignment of responsibilities. Log additional activities for better communication between Unit staff, to help maintain order as events move quickly, and to help with After-Event Evaluation. Coordinate with response partner PIOs on the plan.

Tools:

- BRDHD Event Crisis Communications Assignment Log
- BRDHD Communication Activity Log
- Partner Database

3. For each Target Audience, develop a communications plan and message(s), in order of their priority. Use **the Media Message Development Checklist tool**, and information recorded by the PIO on the Information Gathering Worksheet. All messages will be developed by the PIO and approved by the Incident Commander. After messages are approved, note completion on the assignment log. Ensure message coordination with other PIO's.

Tools:

- Media Message Development Checklist
- Previously completed Information Gathering Worksheet
- **Special Population Communication Plan (to be developed)**

4. Identify BRDHD staff or community partner representatives who will serve as the lead spokesperson(s) for each target audience, and prepare them.

Tools:

- Choosing the Spokesperson Worksheet
- Preparing the Spokesperson Checklist
- Spokesperson Checklist
- Crisis Emergency Risk Communication Pocket Card

5. Begin dissemination of messages, per priority schedule, and staff assignment.

- If indicated, call a press conference. (Use Press Conference Task Checklist)
- During, or instead of, the press conference, distribute copies of press releases and related informational materials
- Record press questions and answers given by BRDHD staff or partners

Tools:

- Press Conference Set-Up and Support Task Assignment Checklist
- Press Conference Direction Checklist
- BRDHD Communication Assignment Log
- Media Database
- BRDHD FAQ Development Worksheet

6. Set up Alternate Communication Methods

- **Publish material on website and Social Media** – Use copies of press releases, reference materials, FAQ sheets, and instructions for more information or who to call to report a problem.
- **Activate Phone Hotlines** - in coordination with appropriate BRDHD staff
- **Other person-to-person distribution** – prepare materials for use. Distribution is coordinated by Point of Distribution (POD) Operations Coordinator.

Tools:

- BRDHD Information Gathering Worksheet
- Media Message Development Checklist
- Health Education Materials Checklist
- Hotline Coordination Checklist
- Web Site Communication Checklist
- Phone Call Data Log (under development)

7. Keep partners notified of BRDHD activities and of new developments. Distribute copies of press releases and related informational materials to response partners identified in the Event Communication Plan. Provide contact information for questions or reporting problems. Log what went to whom, and when. Ask that they acknowledge receipt of the communication.

Tools:

- Partner database (for broadcast fax)
- E-mail list distributions
- ReadyOp

8. Provide information to all partners of BRDHD and the public 24/7.

Tools:

- Social Media (Twitter and Facebook)
- Website
- Email using distribution lists or ReadyOp
- TV and Radio

9. Monitor and evaluate on-going communication. Use these methods to evaluate current communication activities:

- Media monitoring for accuracy of reporting, and use of the messages
- Input from Hotline records (misconceptions, unanticipated problems/questions)
- Records from the Communication Activity Log
- FAQ Development Worksheet (frequent questions)

Based on these sources, it may be necessary to modify the overall communication plan and schedule, add questions to the FAQ list, etc.

#### Tools:

- Communication Monitoring Checklist
- Media Monitoring Database/Tool

#### **IV. Post-Event Evaluation/Planning**

1. Assemble staff involved, PIO and at least one Exchange Team member.
2. Develop a written summary of events and media monitoring activities.
3. Review all records of activities for inadequacies and gaps.
4. Ask other PIO's for input/recommendations
5. Develop recommendations.

#### **V. Procedures for General Public**

The BRDHD PIO is the agency's designated person for public health message development, design and layout of communication materials, media coordination, and information dissemination to the public. In addition to expertise in message development for a variety of audiences, they have established in-house and external relationships for translation of materials into multiple languages. BRDHD public information worksheet is shown in "Appendix C – Tab 7 BRDHD Public Information-Risk Communications Plan".

During a public health emergency, the PIO or designee will develop and distribute approved messages through the media (T.V., radio, social media and newspaper). Electronic media are also routinely used for information dissemination, including the agency website ([www.barrenriverhealth.org](http://www.barrenriverhealth.org)), and online social media sites such as Facebook and Twitter. For message dissemination to families, our network of Health Educators and partners are often used, and these networks are especially useful in getting information to the various vulnerable and at-risk populations identified. Our established network of organizational, worksite, and agency partners will be used as needed to disseminate messages to their clients, employees, members, and staff. At the neighborhood level, our volunteers or working with Emergency Management will be valuable to ensure that hard-to-reach populations are receiving our messages.

#### **VI. Procedures for Isolation and Quarantine**

The PIO will follow the agency's Communication Plan to maintain public confidence and to provide accurate messages regarding any action that should be taken. In addition, message development will be sensitive to the need for protecting the privacy of the individual(s) who is/are under isolation or quarantine. For specific message development, the PIO will work with experts in the health department who have a history of working with individuals/groups under isolation and quarantine. The PIO will also utilize technical assistance from other agencies as needed. Public messages will be coordinated with all media outlets, and with pre-established partners (i.e. elected officials, healthcare professionals, etc.). Appropriate agency teams will also be utilized for message dissemination within the affected population(s), including Health Educators, Environmentalists, etc.

## **VII. Procedures for Mass Patient Care Communication**

The purpose of Mass Patient Care is to support the public health core mission of reducing morbidity and mortality that may be caused by an incident requiring a mass prophylaxis, vaccination, or treatment response. For this reason, the PIO will take the lead in providing crisis communication support to the Incident Commander in response to these situations. The PIO will follow the internal communication plan. When a Joint Information Center (JIC) is organized, the PIO will participate, working with partner organizations (i.e. American Red Cross and Emergency Management) to coordinate public messages with all media outlets.

## **Protocol for Public Reporting of Public Health Emergencies**

### **Introduction**

BRDHD is responsible for responding to public health threats 24/7/365. Our “on-call” system will allow senior staff to receive, evaluate, and respond to reports of communicable disease, including bioterrorism and other events that may have public health consequences.

### **Responsible Staff and Expectations**

Weekly, one Branch Manager (senior staff) is responsible for being “on-call”. This task involves answering the phone. The phone is expected to be answered while the health department is closed (4:30 PM – 8:00 AM, weekends, holidays).

Branch Managers are expected to:

- Receive notifications of public health emergencies, within 1 hour of call to the 24/7 phone line when the health department is not open
- Consult with the District Director, Clinical Manager, Preparedness and Response Director, or Environmental Directors
- Place notifications to appropriate personnel (local, regional, state)
- Record all calls in the 24/7 RedCap call log

### **Communicating 24/7 Number to the Public**

When the public calls the health center after-hours, a message is played instructing public health emergencies should be reported to option 3.

### **Testing the System**

Purpose: To make sure all health centers part of the Barren River District Health Department (BRDHD) have the 24/7 emergency on-call phone number on their after-hours outgoing messages verifying the phone is answered in a timely fashion.

Testing of the 24/7 emergency on-call phones will be conducted annually by the Regional Preparedness Coordinator. The goal is to make contact with the person “on-call” in 30 minutes or less.