

Emergency Assessment for Communication Response: Decision Tree

The degree or intensity and longevity of a crisis will impact on required resources, manpower and operations hours. The following questions will help determine the level of crisis, the anticipated longevity of the initial phase of the crisis and the durability of the crisis for long-term follow-up. The more checks in the boxes above the line, the more intense you should expect the media/public interest to be.

LEVEL A Crisis (Most intense in initial phase, a true public health emergency with expected casualties and unfolding event—may consider 24 hour operations)

Assessment: First three boxes must be checked.

LEVEL B Crisis (Intense, but not a public health emergency for public information—may need to extend hours for sometime)

Assessment: First box not checked, second or third boxes checked and the majority of the others.

LEVEL C Crisis (Media Frenzy, could end if a “real” crisis occurred—requires reassessments)

Assessment: Second box checked, boxes 1 and 3 not checked. Majority of the others are checked.

LEVEL D Crisis (Building slowly and may go on for weeks—may consider details to office)

Assessment: Less than 50 percent of the boxes checked and the first four boxes not checked.

Check all that apply at this time:

- Is the event a legitimate public health emergency requiring swift and widespread public education to prevent further morbidity and mortality (e.g., multi-state e-coli outbreak or bt-event).
- Is this the “first,” “worst,” “biggest,” etc.?
- Are deaths expected above endemic levels?
- Is the event occurring in a metropolitan area (with dense media outlets) versus a sparsely populated area with fewer media?
- Is the event national?
- Is the event international?

- Does the event involve children or special populations?
- Is there a product, service or industry potentially involved?
- Are there sensitive international trade or political relations involved?
- Does it involve an ongoing criminal investigation?
- Is this event within the scope of responsibility for your organization? Are we/should we be involved?
- Is the event possibly “man made,” deliberate, intentional?
- Is the event “acute?” The event occurred, is over and your organization is faced with explaining the event and the aftermath (e.g., an accident in the BL4 lab or a chemical release).
- Is the event regional?
- Is the event evolving? The event is uncertain and may become more or less serious (e.g., the identification of a novel influenza virus).
- Is the interest generated because of its novelty versus a legitimate public health concern?
- Is the outcome of the disease for humans uncertain (e.g., long term health effects)?
- Is the state or city health department at the epicenter of the event not well equipped and trained to manage a media response of this magnitude?

After considering the level of crisis expected, the following is a list of assessment questions that will help in the next critical task for Phase One, assignments:

- Should initial communication team hours of operation be: 10, 12, 20 or 24 hours a day?

- Should initial communication team days of operation be 5, 6, or 7?
- Will communication staff be expected to travel?
- Will jurisdiction over the information to be released be shared?

Source: CDC Public Health Training Network satellite and web broadcast *CDC Responds: Risk Communication and Bioterrorism* December 6, 2001

Videotapes

To order a copy of this broadcast, call the Public Health Foundation at 1-877-252-1200 (US) or 301-645-7773 (International) 9:00 AM - 5:00 PM EST or email them at info@phf.org. When emailing a request for a videotape, please indicate *Risk Communication and Bioterrorism* in the subject line.

Emergency Communication Plan Checklist: Your plan should include:

Longer is not better, but these components are a must:

1. Overview, purpose—signed by director
2. Response team chain of command and contacts (checklists)
3. Line and staff responsibilities
4. Designated spokespersons and pocket guidelines
5. Information verification and approval procedures (checklists)
6. Resources and procedures to secure more if needed (checklists)
7. Policies, pre-approved emergency messages and disclosure guidelines
8. Media lists for local/national/trade including phones/faxes/emails and 24-hour news desk phone and fax
9. Approved background information (print and visuals)
10. Debriefing and evaluation system

The plan should be reviewed at least every six months—assign the responsibility and give it importance.

Source: CDC Public Health Training Network satellite and web broadcast *CDC Responds: Risk Communication and Bioterrorism* December 6, 2001

Videotapes

To order a copy of this broadcast, call the Public Health Foundation at 1-877-252-1200 (US) or 301-645-7773 (International) 9:00 AM - 5:00 PM EST or email them at info@phf.org. When emailing a request for a videotape, please indicate *Risk Communication and Bioterrorism* in the subject line.

**4-Step Message Model
For Emergency Risk Communication**

<p>1) Empathy</p> <p>Identify with your audience.</p> <ul style="list-style-type: none"> • Recognize who’s been hurt • Assume responsibility for solving the problem • Define yourself, your values/policies • Acknowledge risk 	<p>2) Solution</p> <p>Advance the story. Don’t get stuck in the weeds about issues you can’t control.</p> <ul style="list-style-type: none"> • Describe what you're doing to <u>solve</u> the problem or reduce the risk • Provide actions that the public or other audiences should do
<p>3) Facts</p> <p>Be clear and straightforward.</p> <ul style="list-style-type: none"> • Explain what happened • Explain your record on this issue • Describe the benefits of your solution 	<p>4) Process</p> <p>Demonstrate how the decision-making or investigation process is credible.</p> <ul style="list-style-type: none"> • Explain the process for managing or investigating the problem • Explain when more information will be available • Demonstrate openness/accountability • Use third parties to lend credibility to your message

Source: CDC Public Health Training Network satellite and web broadcast *CDC Responds: Risk Communication and Bioterrorism* December 6, 2001

Videotapes

To order a copy of this broadcast, call the Public Health Foundation at 1-877-252-1200 (US) or 301-645-7773 (International) 9:00 AM - 5:00 PM EST or email them at info@phf.org. When emailing a request for a videotape, please indicate *Risk Communication and Bioterrorism* in the subject line.

Emergency Risk Communication: Anticipated Questions

Prepare to answer these questions:

Individuals want your message to answer:

- Am I and my family safe?
- What have you found that will affect me and my family?
- What can I do protect me and my family?
- Who (what) caused this problem?
- Can you fix it?

The media and communities want your message to answer:

- Who is in charge here?
- How are those who got hurt getting help?
- Is this thing being contained?
- What can we expect?
- What should we do?
- Why did this happen? (Don't speculate. Repeat facts of the event, describe data collection effort, describe treatment from fact sheets.)
- Did you have forewarning this might happen?
- Why wasn't this prevented from happening (again)?
- What else can go wrong?
- When did you begin working on this (e.g., were notified of this, determined this . . .)?
- What does this data/information/results mean?
- What bad things aren't you telling us? (Don't forget the good)

Source: CDC Public Health Training Network satellite and web broadcast *CDC Responds: Risk Communication and Bioterrorism* December 6, 2001

Videotapes

To order a copy of this broadcast, call the Public Health Foundation at 1-877-252-1200 (US) or 301-645-7773 (International) 9:00 AM - 5:00 PM EST or email them at info@phf.org. When emailing a request for a videotape, please indicate *Risk Communication and Bioterrorism* in the subject line.

Emergency Risk Communication: Immediate Response to Inquiries

By phone to media:

- “We’ve just learned about the situation and are trying to get more complete information now. How can I reach you when I have more information?”
- “All our efforts are directed at bringing the situation under control, so I’m not going to speculate about the cause of the incident.” How can I reach you when I have more information?”
- “I’m not the authority on this subject. Let me have XXXX call you right back.”
- “We’re preparing a statement on that now. Can I fax it to you in about two hours?”
- “You may check our web site for background information and I will fax/email you with the time of our next update.”

At incident site or press availability:

Response to Inquiries (You are authorized to give out the following information)

Date: Time: Approved by:

This is an evolving emergency and I know that, just like we do, you want as much information as possible right now. While we work to get your questions answered as quickly as possible, I want to tell you what we can confirm right now:

At approximately, _____ (Time), a (brief description of what happened) _____.

At this point, we do not know the number of (persons ill, persons exposed, injuries, deaths, etc.)

We have a system (plan, procedure, operation) in place for just such an emergency and we are being assisted by (police, FBI, EOC) as part of that plan.

The situation is (under)(not yet under) control and we are working with (local, state, federal) authorities to (e.g., contain this situation, determine how this happened, determine what actions may be needed by individuals and the community to prevent this from happening again).

We will continue to gather information and release it to you as soon as possible. I will be back to you within (amount of time, two hours or less) to give you an update. As soon as we have more confirmed information, it will be provided. We ask for your patience as we respond to this emergency.

Source: CDC Public Health Training Network satellite and web broadcast *CDC Responds: Risk Communication and Bioterrorism* December 6, 2001

Videotapes

To order a copy of this broadcast, call the Public Health Foundation at 1-877-252-1200 (US) or 301-645-7773 (International) 9:00 AM - 5:00 PM EST or email them at info@phf.org. When emailing a request for a videotape, please indicate *Risk Communication and Bioterrorism* in the subject line.

Emergency Risk Communication: NPHIC Communication Planning Checklist

● **Partners**

- Identify important partners now - before an event occurs: law enforcement, medical, media, first responders
- Clarify levels of jurisdiction and responsibility

- Clarify the roles of each group
- Clarify how information will be shared (i.e., who is responsible and “in charge” when during process of releasing information)
- Obtain and regularly update all partners’ phone/fax/cell numbers including those at the state and national level that might be needed as well as after hours contacts
- Designate alternate spokespersons and delegate responsibility to them...start now...
- Identify credible communicators/spokespersons from partners in a variety of sectors who elicit trust and respect

● **Public Inquiry**

- Identify qualified people to take phone inquiries; consider staff from throughout the health department as well as in partner organizations
- Consider recruiting volunteers from medical community to help with phones, esp. infectious disease specialists
- Train communication and other staff as well as volunteers now with basic information and do updates if information changes significantly
- Consider phone system/contractor that can supply phone menu that directs type of caller and level of information desired:
 - ▶ general information about the threat
 - ▶ tip line...listing particular actions people can take to protect themselves
 - ▶ reassurance/counseling
 - ▶ referral information for health care/medical facility workers
 - ▶ referral information for epidemiologists or others needing to report cases
 - ▶ lab/treatment protocols
 - ▶ managers looking for policy statements for employees
- Categorize information from public inquiry lines immediately and use to craft proactive messages for the public and media statements
 - ▶ REFRAME (or approach?) public inquiry as a dialogue opportunity - receiving as much valuable information as delivered

● **Emergency Operations Center**

- Identify available location(s) that can provide proper support...computer, phone, copiers, fax, creature comforts
- Have both cell and regular phone capability...cellular use unpredictable during crisis

- Have alternate location(s) if needed
- Have hard copies of important data...printed versions that can be faxed or transported in case of computer/equipment failure
- Make sure everyone in loop has consistent information...the same contacts and information sources
- Have a plan to stagger staffing schedule to prevent burnout
- **Press Briefings/Releases**
 - Determine approval/clearance processes at all levels...try to make it as expedient as possible
 - Set a specific daily time for press briefings
 - Identify qualified print/on-air spokespersons ahead of time...train if necessary...have several trained back-up spokespersons in case lead speakers are not available
 - Start developing Q & As and press kits ahead of time for all potential Bioterrorism agents
 - Brainstorm Q & As with information from BOTH public inquiry lines and media coverage
 - Keep all media and spokespersons contact information up-to-date
 - Trust and empower your Public Information Officers to do the job they were hired to do
- **General Tips:**
 - Get a laptop and portable printer (and paper) and make sure they work
 - Find ways to communicate with agencies in other states in a timely fashion; neighboring health departments may be able to help you in times of crisis
 - Start promoting services of state/county health department so public knows where to call
 - Identify and utilize all local media...radio, newspapers, local access
 - Identify locations where people can access information..libraries...public schools...grocery stores....do not assume everyone has computers/tv/radio
 - Keep your whole team informed with consistent information
 - Keep printed manuals of all material
 - Voice mail can slow things down - identify someone who can personally deliver crucial messages

Source: "Managing the Media and Public Health Communications" teleconference, 11/15/01, sponsored by CDC Office of Communication and the National Public Health Information Coalition (NPHIC)