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COMMUNICATIONS PLANNING & ASSESSMENT TOOL

A Healthcare Guide for Pandemic Flu Planning



PLANNING TODAY FOR A PANDEMIC TOMORROW

COMMUNICATIONS PLANNING & ASSESSMENT TOOL: A HEALTHCARE GUIDE FOR PANDEMIC FLU PLANNING

PLANNING TODAY FOR A PANDEMIC TOMORROW PUBLICATION SERIES

Prepared by the New Jersey Hospital Association

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INTRODUCTION

Through the use of a detailed assessment and planning tool, hospitals can review existing policies and procedures, identify gaps, adopt new policies and procedures and generate a pandemic influenza plan that will facilitate a more effective response during a crisis. This tool will assist hospitals in developing and adopting new policies that will be required to protect employees, patients and the hospital itself. The planning and assessment tool identifies critical elements within each module related to hospital operations during an emergency situation. In addition, the tool provides a variety of sample policies and procedures that facilities may elect to use in their planning process.

Critical areas to address when planning for a pandemic include:

Clinical Care	Leadership
Communication	Legal/Regulatory
Ethics	Operations
Finance	Psycho-Social
Human Resources	Supplies/Logistics/Support Services

How to Use This Module

Hospitals should form multi-disciplinary work teams to develop policies and procedures relating to each of the critical areas identified above. Diverse perspectives will help ensure that all issues or concerns that may be raised during a pandemic can be brought to the table while in the planning process.

The modules are to be used as a guide to facilitate discussion and to ensure that key points related to a topic such as human resources are identified and addressed in the planning process. Sample policies and/or procedures are provided; these policies and procedures are by no means all inclusive, and hospitals should not interpret the sample policies as what *must* be adopted. Sample policies are provided to assist a hospital in developing a policy that is consistent with the culture and values of the organization. Hospitals are not required to adopt any of the sample policies and procedures; they are intended simply to serve as a resource and guide in the planning process. *They are not reflective of a standard of care.*

Upon completion of the 10 modules reflected in *Planning Today for a Pandemic Tomorrow*, a "cross-walk" will be developed. This cross-walk will provide guidance for other module areas that should be referenced when developing policies and procedures. For example, when examining a Human Resources policy, the Legal and Regulatory module may need to be reviewed.

And finally, the information reflected in the planning and assessment tool modules is intended to be used as a fluid and flexible resource in dealing with the problems associated with a pandemic influenza outbreak. It is based on existing information, therefore hospitals should routinely review their plan to ensure new information is incorporated into policies and procedures as necessary.

COMMUNICATION MODULE

Creating a Well-Defined Crisis Communication Plan to Effectively Disseminate Critical Information During a Flu Pandemic

During a pandemic influenza or other public health crisis, managing communications to staff, patients, your community, media, facility leadership and other stakeholders is vitally important as this will give these audiences a clear understanding of what they can expect/request from your facility. A well-defined crisis communication plan will not only greatly augment a facility's ability to communicate in an effective and efficient manner; it is also an accreditation requirement and, in some locales, a regulatory requirement.

A solid communication plan is easy to understand, simple and specific, easy to implement, clear in the delineation of responsibilities and accountabilities, flexible, and fully integrated into facility-wide crisis/disaster plans. Therefore, your pandemic influenza crisis communication plan should include the following basic components¹:

- Identification of types of issues your facility may face during a pandemic.
- Procedures and contact information for notifying communication staff (i.e., the public relations department and/or the people who are responsible for crafting/delivering messages to media and the public) in the event of a crisis.
- Roles and responsibilities for specific communication team members.
- Contact information for various crisis communication audiences.
- Specific communication vehicles and technologies that may be activated during a crisis.
- Communication-related roles and responsibilities for general staff.
- Policies and procedures for managing the media.
- Procedures for maintaining an accurate message log.

¹ Adapted from: *Crisis Communications in Healthcare, Society for Healthcare Strategy and Marketing, American Hospital Association, 2002*

Creating a Well-Defined Crisis Communication Plan to Effectively Disseminate Critical Information During a Flu Pandemic, continued

- Policies and procedures for releasing information about the condition of patients.
- Location of and specifications for the media center, including catalog of required resources to support communication team.
- Types of materials to be released, when to release them, by whom, and to whom
- Details on how facility plan integrates with community plan.

In the sections that follow, a series of preparation tasks are broken down by essential communication planning areas. These tasks include:

- A. Creating a Crisis Communication Team
- B. Crisis Communication Identification and Trigger Points
- C. Communication Team Notification
- D. Roles and Responsibilities
- E. Audience Identification and Contact
- F. Communication Methods and Technology
- G. Communication Policies and Procedures for General Staff
- H. Media Policies and Procedures
- I. Community Integration
- J. Communication Infrastructure
- K. Post-Event Communication

Associated with each section are appendices that offer additional details, tips and/or further explanation of important considerations for each task.

Careful planning in these areas will assure that communication to all vital audiences runs smoothly under the extreme conditions of a pandemic influenza pandemic. The tasks reflected in this module are to serve as a resource and guide in the planning process. *They are not reflective of a standard of care.*

A. CREATING A CRISIS COMMUNICATION TEAM

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Designate a committee or team to help craft messages and handle media relations during a high-stress and/or high-impact crisis or event (hereafter referred to as <i>"The Communication Team"</i>).					
2	Ensure communication team has representatives from the following disciplines (if administration not represented, ensure channels for their ongoing approval of communication plan and its execution): <ul style="list-style-type: none"> • Public Relations office • Administration • Clinical Medicine • Legal • IT • Emergency Management/Disaster Coordinator • Governmental Affairs • Community Relations 					

A. CREATING A CRISIS COMMUNICATION TEAM, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
3	Develop a communication plan that clearly defines the following roles and who will perform them within the communication team: <ul style="list-style-type: none"> • Crisis communication team leader A1 • Public Information Officer (PIO) to serve in the hospital Emergency Operations Center (under Incident Command System (ICS) structure) A2 • Internal communications coordinator (patients, visitors, staff) • External communications coordinator (media, community, board of directors) • Media contact person and spokespeople • Patient/family communication coordinator • Medical adviser • Legal counsel • Outside marketing or public relations firm (as needed) • Communications team support • Web site and other IT support • Record keeper/historian 					
4	Ensure every position assigned to the communications team has at least five back-up staff members (if feasible).					
5	Include key communication team leadership on executive staff notification system.					
6	Maintain the communication team members' contact information in an easily accessible, bi-annually updated database.					

A. CREATING A CRISIS COMMUNICATION TEAM, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Develop communication team leadership training (including media training) for those who may be responsible for coordinating internal and external communications during a crisis.					
8	Conduct employee training for staff that may be called upon to serve on the communications team during a crisis. Consider cross-training where feasible to facilitate continuity of service during severe staff shortages.					
9	Conduct regular crisis communication exercises that include an After Action Report.					

B. CRISIS COMMUNICATION IDENTIFICATION AND TRIGGER POINTS

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Review facility hazard and vulnerability analysis and develop a list of events that would trigger an increase in communication needs either internally, externally or both.					
2	Identify important events that would trigger key elements of the communication plan. Key triggers may include: <ul style="list-style-type: none"> • Concerns over growing pandemic (external to U.S.) • First case of pandemic influenza diagnosed in U.S. • First case diagnosed in state • First case diagnosed in county • First case diagnosed in hospital 					
3	Identify key topics for ongoing communication (e.g., staffing, bed capacity, durable and consumable medical equipment and device needs, supplies of influenza vaccine and antiviral drugs, number of influenza victims admitted to facility) with internal and external audiences. B1, B2					

C. COMMUNICATION TEAM NOTIFICATION

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Develop a procedure to mobilize crisis communications team on short notice anytime day or night (e.g., phone tree, e-mails, text messages)					
2	Ensure notification system includes multiple notification methods (with built-in redundancy), as well as central meeting points for immediate next steps (e.g., secure conference call; immediately available meeting room at facility or elsewhere if facility is compromised).					

D. ROLES AND RESPONSIBILITIES

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Identify the necessary skill set and training for anyone designated as a spokesperson.					
2	Designate primary spokesperson, as well as 5 to 8 backup spokespeople if primary person is unavailable.					
3	Define spokespeople by name and functional titles. Consider various spokespeople with differing specialties to best handle information requests (e.g., PR person to handle general media/announcements; physician for medical information; facility director for administrative requests, etc.).					
4	Ensure that the communication team leader and spokespeople have appropriate ICS training to assure the ability to function within a multi-agency community response.					
5	For each of the pre-defined communication audiences (see Section E), assign team members responsible for effective, efficient information dissemination.					
6	Assign individual(s) to be responsible for communicating with regulatory and governmental agencies (e.g., case reporting, status updates, bed availability, etc.) during a pandemic.					

D. ROLES AND RESPONSIBILITIES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Define roles and responsibilities for each team member, including: who does what, when, how, and with whom. Ensure limits of authority for each position are defined (i.e., who can do what without obtaining additional executive approval). Ensure a reporting mechanism to the communication team leader and incident commander in the emergency operations center is clearly delineated. D1					

E. AUDIENCE IDENTIFICATION AND CONTACT

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	<p>Ensure key audiences are identified and important contact information is stored for each audience. Key audiences may include:</p> <ul style="list-style-type: none"> • Patients • Patients' families • Attending physicians • Media • Volunteers • Facility visitors • Board members • Trustees • Other stakeholders • Unions • Clergy • Community served by the hospital • Regulatory groups or agencies • Community groups • Community thought-leaders • Elected officials • Donors • Larger employer groups • Managed care organizations • Other healthcare facilities • Referring Skilled Nursing Facilities (SNFs) • Police/Fire/EMS • Local schools and colleges • Libraries and other community centers • Funeral directors • Vendors • Contractors 					

E. AUDIENCE IDENTIFICATION AND CONTACT, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
2	Develop and maintain a contact list of media outlets (e.g., print, radio, television, online), public health officials, community leaders, government representatives and the state hospital association. Include day and after-hours contact information and update bi-annually.					
3	Develop and maintain a contact list of other pandemic-affected healthcare entities in the region in order to streamline patient information sharing, report status, requests, media inquiries coordination, etc.					
4	Identify local media outlets and assess which outlets reach target audiences most effectively.					
5	Define the diverse cultures that exist within your community and develop a plan to ensure the ability to communicate in other languages so as to serve the whole community. Ensure foreign language speakers (e.g., Spanish, Chinese, French, Hindi) are part of your communication team, if needed and that messages are tailored to reach all groups.					
6	Identify special needs populations within the community and ensure messages are tailored to reach this audience.					
7	Define a mechanism to coordinate all information releases with the Joint Information Center (JIC) if one is set up by a regional or state government entity. E1, E2					

F. COMMUNICATION METHODS AND TECHNOLOGY

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Identify all communications methods that could be used during a crisis (e.g., phone, fax, Internet, facility web site, mail, personal visits, e-mail, voicemail, bulletin boards, etc.).					
2	Identify any special technology that could be used during a crisis. This may include PDAs, BlackBerrys, e-mail distribution lists, automated notification systems, group pages, web sites, etc.					
3	Identify outlets for sharing information with all audiences (e.g., hotlines, web site, Intranet, daily conference calls, faxes, etc.) and determine which would be generally available versus which would be restricted (e.g., staff information may be placed in a password protected section of the web site, etc.).					
4	Develop plans to set-up or turn on information outlets on short notice and with a minimum of technological difficulty (e.g., a tech-simple method to rapidly upload new web pages).					
5	Establish policies and procedures governing the use of information outlets and special technology that would be used during a crisis.					
6	Train team members to utilize identified technology at any time (e.g., generate group voicemail, activate automatic notification system, update facility web site, etc.).					

F. COMMUNICATION METHODS AND TECHNOLOGY, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Ensure IT staff is available around-the-clock to update web site and handle any technical difficulties during a crisis.					
8	Create a plan to handle a surge of telephone calls to facility switchboard or main number. Include script and recording plan for automated phone system, if needed.					

G. COMMUNICATION POLICIES AND PROCEDURES FOR GENERAL STAFF

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Ensure policies are in place for general staff approached by the media. G1					
2	Ensure policies are in place to guide general staff on the release of patient information to outside governmental agencies, the JIC (if operating), the public, and/or the media. G2					
3	Identify locations which receive high volumes of incoming phone calls, e.g., switchboard, administration, etc., ensure they are advised of the key contact person to direct calls to regarding the crisis.					

H. MEDIA POLICIES AND PROCEDURES

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	<p>Establish a clear set of policies and procedures regarding media outreach that is readily available, easy to understand, and livable for all parties. These policies and procedures should address the following:</p> <ul style="list-style-type: none"> • Establishment of media centers (both onsite and online) for use by news media. • Office supplies, computer hookups, telephones, food/drink, etc. for onsite media center. • Frequency of media contact with spokespersons and/or approved experts. • Clear limits of media access to patients, families, staff, departments/places within facility. • Methods for making media requests and expected timeframes for answers. • Required identification/credentials needed by media while onsite. • Entrances/exits for media use and check-in procedures. • Anticipated schedule for releasing news updates (be aware of media deadlines). • Ability to translate news updates in multiple languages, if appropriate for the community. • Policies on cell phone usage within the facility. 					
2	<p>Ensure media policies are shared with news outlets in advance of a crisis (via web site, direct mail, handing pre-printed policy to a reporter at media check-in site, etc.).</p>					

H. MEDIA POLICIES AND PROCEDURES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
3	Create safeguard plan to protect the privacy/confidential information of patients, families and staff, including HIPPA regulations outline. G2					
4	Create question and answer (Q&A) document, anticipating frequent media questions and offering appropriate suggested answers. H1, H2					
5	Develop a contact log to ensure that all media calls are followed up appropriately. H3, H4					

I. COMMUNICATION/PRESS MATERIALS

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Review the <i>Pandemic Influenza Pre-Event Message Maps</i> (produced by the U.S. Department of Health and Human Services) and customize and/or reformat applicable messages based on target audiences. Ensure messages are translated in more than one language, if appropriate to your community. I1					
2	Designate team members to craft messages/materials for pre-defined audiences. Determine appropriate format (e.g., memo, press release, voicemail, web page, etc.) and draft skeleton materials in advance of crisis. H2					
3	Review messages/materials approval process (i.e., who needs to approve materials before they are distributed – legal, administration, etc.) and how this process may be streamlined in a crisis.					
4	Ensure communication plan addresses anticipated timeframe for routine information releases including location, method of release, and intended audience. Coordinate with local government, health department and/or JIC to ensure that messaging is consistent across all responding agencies. I2					
5	Gather accurate information for materials from appropriate sources (e.g., administration, medical staff, governmental agencies, etc.).					

I. COMMUNICATION/PRESS MATERIALS, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6	Perform focused studies to determine public perceptions surrounding flu pandemic, as well as level of community education about pandemic crises. Utilize this information to determine education needs for the community.					
7	Identify and maintain a list of subject matter experts (internally and externally). Ensure appropriate media training has been provided to all spokespeople.					
8	Develop rumor control strategy by providing accurate information internally and externally on a pre-determined schedule (e.g., provide updates every 24 hours). Ensure coordination with JIC, hospital associations and/or other government agencies.					
9	Draft fact sheet that contains all known details. Ensure the fact sheet has been reviewed with respect to the public's right to know, as well as privacy and security issues.					
10	Coordinate messages to the extent possible with state and local health departments.					
11	Implement strategies for internal communication.					
12	Ensure spokespeople are prepared for media questions and direct media to spokespeople, as appropriate.					
13	Review crafted messages and materials to ensure brevity and relevance. Materials should offer positive action steps and should be produced in appropriate languages, if needed in community H3, I3.					

J. COMMUNITY INTEGRATION

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Ensure participation in local emergency planning committee and consult with local and/or state public health officials regarding the facility's role in communicating news with the media and public.					
2	Develop a plan on how to integrate with a JIC, if one is established.					
3	Consult with state and/or local government health departments regarding plans for coordinating communication among health care facilities.					
4	Address procedures to ensure message consistency between facility and local, state and/or federal agencies (Note: This is the JIC's job, once it is established).					

K. COMMUNICATION INFRASTRUCTURE

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Ensure plan includes operational processes that ensure continuity of operations for key communications, especially IT components/staff (e.g., phones, computers, web site) critical to managing crisis communications.					
2	Create list of emergency contact numbers for critical communications service providers (e.g., Internet Service Provider (ISP), telephone, paging service, satellite telephone provider, etc.).					
3	Create a list of backup secondary and tertiary communication service providers that can be contacted if primary providers are unavailable. Connect with alternate providers to understand procedures, costs, and other administrative needs to activate services, if needed.					
4	Identify vulnerabilities of each communications service provider and alternate providers. Ask providers for their pandemic preparedness plans and 24-hour contact information.					
5	Ensure plan includes regularly scheduled testing of primary and alternative communication systems.					
6	Develop processes to secure communication systems from physical and cyber attacks.					
7	Maintain easily accessible telecommunications infrastructure documents, including circuit numbers, diagrams, and any assigned Telecommunications Services Priority (TSP) program codes. K1					

L. POST-EVENT COMMUNICATION

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Hold "lessons learned" meeting with communication team to determine: <ul style="list-style-type: none"> • What responses were effective? • What messages did not resonate? Why? • What worked smoothly? Where did any "hitches" occur? Why? Could additional pre-planning have helped these situations? • Were chosen spokespeople effective in communicating key messages? • How effective was coordination with outside audiences (especially government agencies)? • What audiences were not properly considered? • Etc. 					
2	Identify how/when to inform staff of available support resources once the event is over.					
3	Ensure relevant event follow-up information is shared with government agencies, media, and other necessary contacts.					
4	Send appropriate thank you or sympathy letters to: <ul style="list-style-type: none"> • Helpful agencies • Impacted staff • Impacted patients and visitors • Others who went "above and beyond" during the event. 					

APPENDIX A I

HICS COMMUNICATION UNIT LEADER RESPONSIBILITIES

COMMUNICATIONS UNIT LEADER

Mission: Organize and coordinate internal and external communications connectivity.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____	
Position Reports to: Service Branch Director	Signature: _____
Hospital Command Center (HCC) Location: _____	Telephone: _____
Fax: _____	Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Service Branch Director. Obtain packet containing the Unit's Job Action Sheets.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Communications Unit team members and in collaboration with the Service Branch Director, complete the Branch Assignment List (HICS Form 204).		
Brief Communications Unit team members on current situation; outline Unit action plan and designate time for next briefing.		
Set up and maintain communication equipment and provide ongoing support for the HCC.		
Initiate the Incident Communications Log (HICS Form 205) and distribute to all HCC positions.		
Inventory and assess all available on-hand radios and report to the Service Branch Director and Support Branch's Supply Unit Leader.		
Determine radio channels for response and make radio assignments. Distribute two-way radios to pre-designated areas.		
Prepare for radio checks from personnel that are assigned hand-held radios and other portable communications equipment.		
Assess status of all on-site communications equipment, including two-way pagers, satellite phones, public address systems, data message boards, and inter and intra-net connectivity. Initiate repairs per the standard operating procedures.		
Evaluate status of internal and external telephone/fax systems and report to Service Branch Director.		
Request the response of assigned amateur radio personnel to the facility, if indicated.		
Establish contact with the Liaison Officer.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Expand communication network capability and equipment as required to meet the needs of the hospital response.		
Ensure communication equipment maintains proper functioning.		
If primary communications systems fail, establish mechanism to alert Code team and fire suppression team to respond to internal patient and/or physical emergencies (e.g., cardiac arrest, fire, etc.)		
Develop and submit an action plan to the Service Branch Director when requested.		
Receive and archive all documentation related to internal and external facility communication systems.		
Advise Service Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the Communications Unit staff's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Review and update the Incident Communications Log (HICS Form 205) and distribute to all HCC positions.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Service Branch Director at assigned intervals and as needed.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Communications Unit staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Ensure that all radios and battery operated equipment is serviced and recharged.		
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, brief the Service Branch Director or Logistics Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure that Operational Logs (HICS Form 214) and all documentation are submitted to the Service Branch Director or Logistics Section Chief, as appropriate.		
Submit comments to the Service Branch Director for discussion and possible inclusion in the after-action report; topics include:		



Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 204 – Branch Assignment List • HICS Form 205 – Incident Communications Log (Internal and External) • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan, including the Communications Plan and Auxiliary Communications Plan • Hospital organization chart • Hospital telephone directory • Radio/satellite phone • PC with internet access, as available

APPENDIX A2

PUBLIC INFORMATION OFFICER RESPONSIBILITIES

PUBLIC INFORMATION OFFICER

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initials: _____

Position Reports to: Incident Commander Signature _____:

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment and briefing from the Incident Commander.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Activate the facility communications and risk communications plan, policies and procedures.		
Establish a designated media staging and media briefing area located away from the HCC and patient care activity areas. Inform on-site media of the physical areas to which they have access and those which are restricted. Coordinate designation of such areas with the Safety Officer and the Security Branch Director.		
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.		
Consider need to deploy PIO to local Joint Information Center, if activated.		
Develop public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.		
Attend all command briefings and incident action planning meetings to gather and share incident and hospital information.		
Conduct or assign personnel to monitor and report to you incident and response information from sources such as the internet, radio, television and newspapers.		
Request one or more recorders and other support staff as needed from the Labor Pool & Credentialing Unit Leader, if activated, to perform all necessary activities and documentation.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Continue to attend all Command briefings and incident action planning meetings to gather		



Intermediate (Operational Period 2-12 Hours)	Time	Initial
and share incident and hospital information. Contribute media and public information activities and goals to the Incident Action Plan.		
Continue contact and dialogue with external Public Information Officers, in collaboration with the Liaison Officer, from community and governmental agencies to ascertain public information and media messages being developed by those entities to ensure consistent and collaborative messages from the hospital/facility. Coordinate translation of critical communications into multiple languages.		
Determine whether a local, regional or State Joint Information Center (JIC) is activated, provide support as needed, and coordinate information dissemination.		
Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.		
Ensure that media briefings are done in collaboration with JIC, when appropriate.		
Develop regular information and status update messages to keep staff informed of the incident and community and hospital/facility status in collaboration with the Employee Health and Well-Being Unit Leader, the Family Care Unit Leader and the Mental Health Unit Leader.		
Utilize internal hospital communications systems (e.g., email, intranet, internal TV, written report postings, etc.) to disseminate current information and status update messages to staff.		
Assess the need to activate a staff "hotline" for recorded information concerning the incident and facility status and establish the "hotline" if needed.		
Issue regular and timely incident information reports to the news media in collaboration with of the Situation Unit Leader and Liaison Officer, to be approved by the Incident Commander. Relay pertinent information received to the Situation Unit Leader and the Liaison Officer.		
Review the need for updates of critical information through in way finding and signage for staff, visitors and media. Assist in the development and dissemination of signage.		
Coordinate with the Patient Tracking Manager regarding: <ul style="list-style-type: none"> • Receiving and screening inquiries regarding the status of individual patients. • Release of appropriate information to appropriate requesting entities. 		
Continue to document all actions and observations on the Operational Log (HICS Form 214) on a continual basis.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to receive regular progress reports from the Incident Commander, Section Chiefs and others, as appropriate.		
Coordinate with the Logistics Section Chief to determine requests for assistance to be released to the public via the media.		
With approval from Incident Commander and in collaboration with community and governmental PIOs, conduct ongoing news conferences, providing updates on casualty information and hospital operational status to the news media. Facilitate staff and patient interviews as appropriate.		
Ensure ongoing information coordination with other agencies, hospitals, local EOC and the JIC.		



Extended (Operational Period Beyond 12 Hours)	Time	Initial
Prepare and maintain records and reports as indicated or requested.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for Public Information team staff decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner.		
Coordinate release of final media briefings and reports.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the Incident Commander on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, submit Operational Logs (HICS Form 214) and all completed documentation to the Planning Section Chief.		
Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report. Topics include: <ul style="list-style-type: none"> • Accomplishments and issues • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes 		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Documents/Tools
<ul style="list-style-type: none"> • Incident Action Plan • HICS Form 207 – Incident Management Team Chart • HICS Form 213 – Incident Message Form • HICS Form 214 – Operational Log • Hospital emergency operations plan • Crisis and emergency risk communication plan (Facility, and if available, community plan) • Hospital organization chart • Hospital telephone directory • Radio/satellite phone • Community and governmental PIO and Joint Information Center contact information • Local media contact information



APPENDIX B1

INTERNAL HOSPITAL INFORMATION UPDATE

B1.

Hospital Status Update

Status Update for: _____
Hospital Name Date Time

Census: _____ Number of patients
_____ % cases confirmed influenza

Our hospital is:

- ___ Fully functioning
- ___ Experiencing diminished capacity
 - ___ Reduced Staff
 - ___ Overwhelming number of patients
 - ___ At capacity
 - ___ Exceeding capacity
 - ___ Depleted supplies and medications

We have had to:

- ___ Cancel all elective procedures
- ___ Suspend some services,
Specifically:

Additional Comments: _____

Additional Comments: _____

Messages to the Community:

- ___ Use appropriate precautions (good hygiene).
- ___ If sick, stay home until fully recovered.
- ___ Do not come to the hospital unless acutely ill.
- ___ Avoid group gatherings.
- ___ Isolate yourself from family and friends that are well.

Additional Comments: _____

Update to be provided every: _____ hours/days

Contact: _____

APPENDIX B2

FACILITY SYSTEM STATUS REPORT

FACILITY SYSTEM STATUS REPORT

1. OPERATIONAL PERIOD DATE/TIME	2. DATE PREPARED	3. TIME PREPARED	4. BUILDING NAME
---------------------------------	------------------	------------------	------------------

5. SYSTEM STATUS CHECKLIST

COMMUNICATIONS SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Information Technology System (email/registration/patient records time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

INFRASTRUCTURE SYSTEM

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

FACILITY SYSTEM STATUS REPORT

PATIENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Decontamination System (including containment)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Digital Radiography System (e.g., PACS)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ethylene Oxide (EtO)/Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT. **ORIGINATION:** INFRASTRUCTURE BRANCH DIRECTOR. **ORIGINAL TO:** SITUATION UNIT LEADER. **COPIES TO:** SAFETY OFFICER, LIAISON OFFICER, OPERATIONS SECTION CHIEF, BUSINESS CONTINUITY BRANCH DIRECTOR, PLANNING SECTION CHIEF, AND DOCUMENTATION UNIT LEADER.

FACILITY SYSTEM STATUS REPORT

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Vacuum (for patient use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

6. CERTIFYING OFFICER

7. FACILITY NAME

APPENDIX D I

**INCIDENT COMMUNICATIONS LOG
(INTERNAL)**

HICS 205 – INCIDENT COMMUNICATIONS LOG (INTERNAL AND EXTERNAL)

PURPOSE: DOCUMENT THE INTERNAL/EXTERNAL COMMUNICATIONS EQUIPMENT/CHANNELS TO BE USED WITHIN THE FACILITY.

ORIGINATION: COMMUNICATIONS UNIT LEADER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **BASIC CONTACT INFORMATION** Identify assigned function and proper names of personnel assigned communication devices. Provide complete channel, frequency, telephone number, e-mail address, etc., information. Note any primary or preferred communication device.
5. **PREPARED BY (COMMUNICATIONS UNIT LEADER)** Use proper name.
6. **APPROVED BY (LOGISTICS SECTION CHIEF)** The signature of the Logistics Section Chief indicates approval of the assignments.
7. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Display this Log prominently within the Hospital Command Center.

APPENDIX E I

JOINT INFORMATION CENTER OVERVIEW

Section I

Joint Information Center

What a JIC Is

A JIC is a collocated group of representatives from agencies and organizations involved in an event that are designated to handle public information needs. The JIC structure is designed to work equally well for large or small situations and can expand or contract to meet the needs of the incident. Under the ICS/UCS, the JIC is led by the Information Officer (IO) who has three primary responsibilities:

To gather incident data. This involves understanding how an ICS/UCS operates and developing an effective method for obtaining up-to-date information from appropriate ICS/UCS Sections.

To analyze public perceptions of the response. This involves employing techniques for obtaining community feedback to provide response agencies with insight into community information needs, their expectations for the role to be played by the response agencies, and the lessons to be learned from specific response efforts.

To inform the public. That is, to serve as the source of accurate and comprehensive information about the incident and the response to a specific set of audiences.

When multiple public or private agencies and organizations come together to respond to an emergency or manage an event, efficient information flow is critical to effectively carrying out these IO responsibilities and meeting the expectations of various publics. A JIC is a centralized “communication hub” that serves to achieve that information flow.

Establishing a JIC, developing processes and procedures, and training staff on how to operate a JIC effectively allow response organizations to be more proactive in responding to the information needs of responders, the public, federal, state and local governments, foreign governments, and industry.

Because of the critical nature of providing emergency information to disaster victims, time spent getting organized rather than responding at the time of an event can lead to confusion and a loss of public confidence. Through a JIC, the

different agencies (including state, local, and other entities) involved in a response can work in a cohesive manner, enabling them to “speak with one voice.” By maintaining a centralized communication facility, resources can be better managed and duplication of effort is minimized. Finally, the use of a JIC allows for tracking and maintaining records and information more accurately—therefore, improving the ability to conduct post-incident assessments that can be used to improve crisis communication and general response activities during future incidents

JIC personnel should wear either identifying clothing or badges so they are readily identifiable by responders and members of the media and the public.

APPENDIX E2

**INCIDENT COMMUNICATIONS LOG
(EXTERNAL)**

HICS 205 – INCIDENT COMMUNICATIONS LOG (INTERNAL AND EXTERNAL)

PURPOSE: DOCUMENT THE INTERNAL/EXTERNAL COMMUNICATIONS EQUIPMENT/CHANNELS TO BE USED WITHIN THE FACILITY.

ORIGINATION: COMMUNICATIONS UNIT LEADER.

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, AND DOCUMENTATION UNIT LEADER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**. Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **BASIC CONTACT INFORMATION** Identify assigned function and proper names of personnel assigned communication devices. Provide complete channel, frequency, telephone number, e-mail address, etc., information. Note any primary or preferred communication device.
5. **PREPARED BY (COMMUNICATIONS UNIT LEADER)** Use proper name.
6. **APPROVED BY (LOGISTICS SECTION CHIEF)** The signature of the Logistics Section Chief indicates approval of the assignments.
7. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Whenever possible prior to an event, at the start of each operational period, and as changes are made.

HELPFUL TIPS: Display this Log prominently within the Hospital Command Center.

APPENDIX G I

**SAMPLE POLICY FOR STAFF CONTACTED
BY THE MEDIA**

G1.

Sample Policy for Staff Contacted by the Media²

- If you receive a call from the media, ***do not answer any questions or engage in any other discussion with the reporter*** unless specifically advised to do so by communications department. Simply take a message that includes the reporter's name, organization and phone number; specific purpose of the call; and the reporter's deadline. Advise the reporter that the call will be returned promptly.
- Contact the communication department and relay the information. If you reach voicemail, follow the instructions to page the individual, or contact the designated backup person.
- All members of the news media (including photographers and camera crews) are prohibited from entering the facility unless escorted by a member of the public relations department or an approved designee. If you see a reporter or photographer attempting to enter or on premises without an escort, ask the person to wait in reception while you contact public relations. Call for security backup, if necessary.
- Photographing, filming or videotaping patients or patient care activities could be a violation of federal HIPPA regulations and may only be authorized by the public relations department.

² Adapted from: *Media Communications Procedures, Geisinger Health Systems, Danville, PA* as published in *Crisis Communications in Healthcare, Society for Healthcare Strategy and Market Development, AHA*, publication year.

APPENDIX G2

NJHA HIPAA GUIDELINES

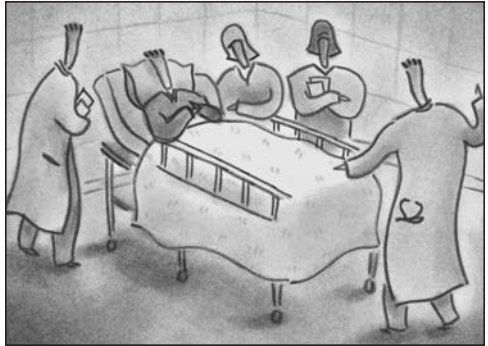
Updated Guidelines

FOR THE RELEASE OF INFORMATION ON PATIENT CONDITIONS TO THE MEDIA

NEW JERSEY HOSPITAL ASSOCIATION ■ NEW JERSEY PRESS ASSOCIATION
(2003 Edition, Compliant with HIPAA Regulations)

Hospitals and the media recognize that a delicate balance exists between protecting patient privacy and providing access to information that is newsworthy.

Beginning in April 2003, the federal Health Insurance Portability and Accountability Act (HIPAA) regulates certain aspects of patient privacy and confidentiality. These HIPAA regulations specify how information may be released to the media.



To clarify these changes, the New Jersey Hospital Association, in cooperation with its member hospitals, the New Jersey Press Association and major media outlets statewide, has developed this reference to serve as a model for consistency and cooperation.

The following information is provided as a general guideline that provides a minimum standard of patient privacy protection under HIPAA. Healthcare facilities should consult with legal counsel before finalizing any detailed policy on the release of patient information.

RELEASE OF INFORMATION

- **A hospital now has the responsibility of telling patients that it can release general condition information (directory information) and to whom that information will be disclosed. Patients have the option of stating that they do not want information released at all, including confirmation of their presence in the facility. If the patient requests that no information be released, the hospital *must* honor that request.**
- **The fact that a patient has been treated or admitted to the hospital, as well as his or her general condition (under evaluation, good, fair, serious or critical, etc.) may be given if the inquiry contains the patient's name and as long as the patient has not requested that the information be withheld.**
- HIPAA allows no discretion for reporting any details other than general condition. Any specific information such as time of admission, extent of injuries or type of treatment, interviews with patients or attending physicians and photographs can only be released with the specific written authorization of the patient.
- The patient's location within the hospital is part of the directory information that may be released under HIPAA. Hospitals should use discretion in releasing this information. HIPAA specifically prohibits releasing the patient's location in the hospital if that information could prove harmful to the patient.
- No information regarding treatment for psychiatric conditions, substance abuse, the AIDS virus or any other sensitive conditions or circumstances should be released. Special discretion should be used when releasing information regarding minors, victims of sexual assault and attempted suicides.
- If a patient is unconscious and cannot express an information release preference, the hospital must determine if the patient expressed a preference during a past hospital stay. If no preference is known, the hospital must decide if disclosure is in the patient's "best interest."

Updated Guidelines

FOR THE RELEASE OF INFORMATION ON PATIENT CONDITIONS TO THE MEDIA



MATTERS OF PUBLIC RECORD AND PUBLIC FIGURES

- Under HIPAA, matters of public record (those situations that are by law reportable to public authorities such as the police, coroner or public health officials) are now no different than other cases. Victims of accidents, explosions, falls, shootings, stabbings, injury from fire, natural disasters or terrorism have the same privacy rights as all other patients. Media calls requesting patient information should be answered with only the one-word condition.
- As with any patient, when a public figure is hospitalized and the media inquiry contains the patient's name, confirmation and the one-word condition may be given unless the patient requests that no information be released.
- In high-profile cases, especially those resulting in multiple injuries or mass casualties, only information as to number of injured and general conditions can be released without names.

PATIENT CONDITIONS

Unless the patient has expressed otherwise and opted out of releasing any information, only the following one-word conditions about the patient's condition should be released.

- **UNDER EVALUATION** - Patient undergoing assessment.
- **GOOD** - Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
- **FAIR** - Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.
- **SERIOUS** - Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators questionable.
- **CRITICAL** - Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators unfavorable.
- **TREATED AND RELEASED** - Received treatment but not admitted.
- **TREATED AND TRANSFERRED** - Received treatment. Transferred to a different facility.
- If the patient has expired, this fact can be reported to the media only after the patient has been pronounced dead and family has been notified. However, **death** is a condition subject to HIPAA restrictions, so if the patient initially opted out of providing information altogether a hospital cannot say the patient has died .

NOTE: The term "stable" should not be used as a condition or in combination with other conditions.

SPECIAL THANKS

- NJHA Release of Patient Information Task Force
- The Associated Press
- Newark Star-Ledger
- WCTC Radio
- McGimpsey and Cafferty
- American Hospital Association
- The Ohio Hospital Association

For additional copies call NJHA's Communications Department at (609) 275-4058



APPENDIX H I

FREQUENTLY ASKED JOURNALIST QUESTIONS

ANNEX 6. QUESTIONS FREQUENTLY ASKED BY JOURNALISTS AND THE PUBLIC DURING DISEASE OUTBREAKS

The following questions have often been asked by journalists and the public during past disease outbreaks. Such questions could be further refined by grouping them according to themes, such as clinical traits, epidemiological traits, accountability, blame, vulnerable groups and protective actions.

How contagious is the disease?
Can people be vaccinated? Will antibiotics and antiviral medicines work? How effective are vaccinations, antibiotics or antiviral medicines for those with the disease? How effective are vaccinations, antibiotics, or antiviral medicines for those who do not have the disease? How fast do the vaccines or antibiotics work?
What are the signs and symptoms of the disease?
Who is in charge of the disease control effort? How are you coordinating the efforts among responsible agencies?
Is the outbreak due to terrorism? Has the disease been “weaponized”? How certain are you that it is not a deliberate release? What if the disease is a genetically altered strain that is resistant to any known medical treatment?
What makes you think the disease control strategies of the past will work today?
What is being done to stop the spread of the disease?
What kind of medical care is available to the population at risk? Are there enough medical care facilities? What happens if these care facilities are overwhelmed by demand?
What resources are being used to respond to the disease outbreak?
Can the disease be treated? How effective is treatment? Are there strains of the disease that cannot be treated?
How does one know if the vaccinations, antibiotics or antiviral medicines are working?
Are laboratories able to quickly diagnose the disease? How long does confirmation take?
Is the disease airborne? Waterborne?
Can people get the disease from insects, pets, farm animals and wild animals?
What are the authorities in areas not affected doing to prepare for an outbreak?
How are the vaccines made? How are the antibiotics and antiviral medicines made? Are there enough vaccines, antibiotics or antiviral medicines for everyone who wants them? Who will pay for vaccines, antibiotics or antiviral medicines?
How will vaccines, antibiotics and antiviral medicines be distributed? How much time will be needed? Where can people be vaccinated, get antibiotics or get antiviral medicines? If there is a shortage, who will get priority? Who will make these decisions?

What should people do if they think they have the disease?
Do you recommend that people get vaccinated, take antibiotics or take antiviral medicines now? How long does protection last?
Are the vaccines, antibiotics or antiviral medicines licensed and approved? What is the expiration date? Should people be concerned?
Are the vaccines, antibiotics or antiviral medicines safe? How do you know? What studies have been done to demonstrate their safety?
Who should not get vaccinated, should not take antibiotics, or should not take antiviral medicines? What can these people do to protect themselves?
Who will tell people when to be vaccinated, take antibiotics, or take antiviral medicines?
Is there an adequate supply of medicines available to treat the complications of vaccination, or of taking antibiotics or antiviral medicines?
What are the alternatives to vaccination, antibiotics, or antiviral medicines?
How safe are people who get vaccinated, take antibiotics or take antiviral medicines?
Do you have a contingency plan if current control measures fail?
What does the contingency plan say? What is the worst case?
Who developed and approved the plan?
What is the risk to the population? How many could die?
How prepared were you for the disease outbreak?
How do you know whether the outbreak is real? Could it be a false alarm?
If people get sick from the vaccination, from taking antibiotics or from taking antiviral medicines, who will care for their families, pets, homes and property?
How common are side-effects from vaccination, taking antibiotics or taking antiviral medicines? What are the risks of each side-effect occurring?
Can pets and farm animals be vaccinated, or be given antibiotics or antiviral medicines?
Can people with HIV/AIDS, transplants, cancer and other causes of weakened immune systems be treated?
Can elderly people and children be treated? Can pregnant women be treated?
What are you recommending for your own family?
How long does it take for the vaccination, antibiotics or antiviral medicines to protect people against the disease?
Are there people who will not be protected even after getting vaccinated, taking antibiotics or taking antiviral medicines? How many people are in this category? What are their options?
How can people prevent the disease from spreading to others?
Will people be forced to be vaccinated, take antibiotics or take antiviral medicines?
Will infected people be isolated or quarantined?
How long will quarantine and isolation last?

What is the legal basis for quarantine and isolation?
How effective is quarantine and isolation in preventing the spread of the disease?
How will bills be paid while people are in quarantine or isolation?
How will people get health care, water, food and other services while in quarantine or isolation?
Where will people in quarantine or isolation be placed?
Will people in quarantine or isolation be isolated from each other?
Under what circumstances will people be put in quarantine or isolation?
What are the legal rights of a person who is quarantined or isolated?
Are there alternatives to quarantine and isolation?
How is quarantine or isolation done?
What is life like in quarantine or isolation?
Under what circumstances would a large-scale quarantine or isolation effort be started?
If someone becomes sick in quarantine or isolation, who will care for them? How good will the medical care be?
Will people in quarantine or isolation be able to communicate with family and friends?
Will a person's job be protected while they are in quarantine or isolation?
What will happen to people who refuse to be quarantined or isolated?
Can people get sick when in quarantine or isolation?
What happens if someone dies in quarantine or isolation?
What happens to facilities after they are used for quarantine or isolation?
Can people bring their pets/family/friends into a quarantine or isolation facility?
Can a community refuse to have a quarantine or isolation facility located nearby?
How will quarantine and isolation affect community life, including transportation?
Are there differences of opinion among experts about the need for and effectiveness of quarantine or isolation procedures?
After release from quarantine or isolation, will people be able to go back to work?
What are the personal, family and job consequences for people in quarantine or isolation?
In quarantine or isolation, will special provisions be made for cultural, religious and ethnic beliefs and values?
Who will pay the costs for quarantine or isolation?
Who will pay the costs for lost wages of people in quarantine or isolation?

APPENDIX H2

SAMPLE MESSAGES

**(ENSURE ALL MESSAGES ARE
PREAUTHORIZED AND SIGNED BY SENIOR
LEADERSHIP IF POSSIBLE)**

H2.

Sample Pre-Event Messages

- 1) Pre-Event Message to Clergy
- 2) Pre-Event Message to Community Leaders
- 3) Pre-Event Message to Employees
- 4) Pre-Event Message to Funeral Directors
- 5) Pre-Event Message to Government Leaders
- 6) Pre-Event Message to Independent Contractors
- 7) Pre-Event Message to Local Employers
- 8) Pre-Event Message to Senior Organizations, Home Health Agencies, Skilled Nursing Facilities and Rehabilitation Centers
- 9) Pre-Event Message to Volunteers
- 10) Pre-Event Message to Home Health Agencies, Skilled Nursing Facilities and Rehabilitation Centers that Accept Referrals From the Hospital

PRE-EVENT

MESSAGE TO CLERGY

We continue to see articles in the newspapers regarding avian flu and flu pandemic. These articles tend to raise concerns about how prepared we are and how people will be protected if we do experience a pandemic. We recognize that you are in a positive and accessible position to educate the members of your congregation on what a pandemic would mean to them. To help in that effort, we are providing you with some materials that will address many of the questions and concerns that could be raised.

We welcome your assistance in providing information and education to your congregation and the community. We want to work together with you to prepare members of our community for an eventual pandemic. I would be happy to schedule time to meet with you and others to discuss the work we are undertaking at (name of hospital). More important, I look forward to an ongoing working relationship that will allow for open communication both now and in the future.

PRE-EVENT

MESSAGE TO COMMUNITY LEADERS

We continue to see articles in the newspapers regarding avian flu and flu pandemic. These articles tend to raise concerns about how prepared we are and how people will be protected if we do experience a pandemic. We recognize that you are in a critically important position to educate the members of your community on what a pandemic would mean to them. To help in that effort, we are providing you with some materials that will address many of the questions and concerns that could be raised.

We welcome your assistance in providing information and education to our community. We want to work together with you to prepare members of our community for an eventual pandemic. I would be happy to schedule time to meet with you and others to discuss the work we are undertaking at (name of hospital). More important, I look forward to an ongoing working relationship that will allow for open communication and mutual assistance both now and in the future.

PRE-EVENT

MESSAGE TO EMPLOYEES

Over the last several months, many of our staff members have been working diligently to develop a flu pandemic planning and response document. This plan will allow us to maintain our operations under what we believe will be challenging conditions. Equally important, we want to ensure your safety and that of our patients and their family members. The safety of your family is also of importance to us.

We will be giving you more specific information regarding our anticipated policies and operations during a pandemic. Having this information now will provide you with an opportunity to ask questions, receive feedback and voice any concerns you may have.

Enclosed are some facts regarding flu pandemic. If you have more specific questions, contact _____ and he/she will be happy to meet with you. You are a valued staff member of the hospital and critical to our day-to-day operations. With your ongoing commitment, we will do our best to meet the needs of our community during a time of crisis.

PRE-EVENT

MESSAGE TO FUNERAL DIRECTORS

During a pandemic, the resources and services of the healthcare system will be severely taxed as will the community resources that support the day-to-day operations of hospitals. (name of hospital) is developing an extensive plan to ensure continuity of operations during a pandemic and planning for mortuary services is a critical component of that plan.

We are coordinating a meeting with representatives from local funeral homes to discuss how we will work together and support each other during a time of crisis. Your participation in this effort is critical. The meeting is scheduled for

Date
Time
Location

Our objective is to facilitate the sharing of contact information, discuss the planning process for a pandemic and identify issues of importance and/or concern for our respective organizations. Resolving issues and addressing concerns is a key objective of coming together in the planning process.

Please complete the enclosed meeting reply form regarding your interest and ability to attend this first meeting. We look forward to working with you.

PRE-EVENT

MESSAGE TO GOVERNMENT LEADERS

We continue to see articles in the newspapers regarding avian flu and flu pandemic. These articles tend to raise concerns about how prepared we are and how people will be protected if we do experience a pandemic. We recognize that you are in a critically important position to educate the members of your constituency on what a pandemic would mean to them. To help in that effort, we are providing you with some materials that will address many of the questions and concerns that could be raised.

We welcome your assistance in providing information and education to your constituency. We want to work together with you to prepare members of our community for an eventual pandemic. I would be happy to schedule time to meet with you and others to discuss the work we are undertaking at (name of hospital). Hopefully, we can discuss the goals we have for each other in planning and preparing for the eventual pandemic. More important, I look forward to an ongoing working relationship that will allow for open communication and mutual assistance both now and in the future.

PRE-EVENT

MESSAGE TO INDEPENDENT CONTRACTORS

Our hospital is developing a comprehensive flu pandemic planning and response document. As part of this effort, we have identified operational and clinical areas in our hospital that require special attention in the planning process. For example, employees that fall under collective bargaining agreements and independent contractors that work at our hospital, among other groups.

You play a critical role in the operations of our hospital and it is our commitment to ensure your safety. Although we are addressing the business relationship we have, we welcome your participation in the planning process.

Prior to any crisis, it is critical that there is a common understanding of what is expected. While I recognize that working in our hospital is dictated by the terms and conditions reflected in your contract, there are some situations that should be covered well in advance of an event, for example:

- An independent contractor is responsible for continuing to work during a declared state of emergency unless directly impacted by the emergency, i.e., falling ill.
- Should care for a sick family member be required, compensation will be adjusted according to the terms of the contract, specifically_____.
(Policies may provide paid sick leave, may allow for leave without pay, may require some kind of compensatory action against the company representing the independent contractors, prohibits leave time during a declared state of emergency, etc.)
- Failure to report to work when an absence does not meet the conditions required of an "authorized" absence will be subject to the penalties reflected in the contract.
- Notification of an absence must occur prior to the employee's scheduled shift, at which time a determination will be made if the absence is covered by the conditions reflected in contract.
- Protocols regarding the provision of care may need to be changed to respond to the challenges posed by a pandemic. It will be recognized that the Vice President of Medical Affairs for _____ (name of hospital) will have the authority to dictate changes as needed.

Hospital should add any other bullet that relates to a policy that independent contractors will be held to during a pandemic or other major crisis.

You will receive a copy of our flu pandemic response plan and I would be happy to meet with you to discuss any questions you may have. Appropriate staff will be speaking to company contacts to ensure appropriate changes are reflected in the contract and that you are provided with complete information. We look forward to working hand-in-hand with you to meet the needs of our community during this crisis.

PRE-EVENT

MESSAGE TO LOCAL EMPLOYERS

We continue to see articles in the newspapers regarding bird flu and pandemic influenza. These articles tend to raise concern about how prepared we are and how people will be protected if we do experience a pandemic. We know you are well positioned to educate your employees as to about what a pandemic would mean to them. To help in this effort, we are providing you with some materials that will address many of the commonly-raised questions.

We welcome your assistance in providing information and education to your employees and want to work in partnership to prepare members of our community for an eventual pandemic. I would be happy to speak with you and others regarding the work we are undertaking at (name of hospital).

We will make every effort to keep you apprised of new information and updates from federal and state agencies and welcome your feedback as to how we can work together to minimize the negative impact a pandemic will have on our society.

PRE-EVENT

MESSAGE TO HOME HEALTH AGENCIES, SKILLED NURSING FACILITIES AND REHABILITATION CENTERS WITHIN THE COMMUNITY

We continue to see articles in the newspapers regarding avian flu and flu pandemic. These articles tend to raise concerns about how prepared we are and how people will be protected if we do experience a pandemic. We recognize that you are in a positive and accessible position to educate the members of your community on what a pandemic would mean to them. To help in that effort, we are providing you with some materials that will address many of the questions and concerns that could be raised. We also understand that many in your community may be nervous about a flu pandemic and we hope this information will help them.

We welcome your assistance in providing information and education to your community. We want to work together with you to prepare members of our respective communities for an eventual pandemic. I would be happy to schedule time to meet with you and others to discuss the work we are undertaking at (name of hospital). More important, I look forward to an ongoing working relationship that will allow for open communication both now and in the future.

PRE-EVENT

MESSAGE TO VOLUNTEERS

Over the last several months, many of our staff members have been working diligently to develop a flu pandemic planning and response document. This plan will allow us to maintain our operations under what we believe will be challenging conditions. Equally important, we want to ensure your safety and that of our patients and their family members.

We will be giving you more specific information regarding our anticipated policies and operations during a pandemic. Having this information now will provide you with an opportunity to ask questions, provide feedback and voice any concerns you may have.

Enclosed are some facts regarding flu pandemic. If you have more specific questions, contact _____ and he/she will be happy to meet with you. You are a valued member of the hospital community. With your ongoing commitment to service, we will do our best to meet the needs of our community during a time of crisis.

PRE-EVENT

MESSAGE TO HOME HEALTH AGENCIES, SKILLED NURSING FACILITIES AND REHABILITATION CENTERS THAT ACCEPT REFERRALS FROM THE HOSPITAL

Articles continue to appear in newspapers regarding avian flu and flu pandemic. Hospitals are required to complete a pandemic flu response plan and post-acute care providers will play a critical role within that plan. Given the close relationship our hospital has with your agency/facility, we wanted to ensure that we plan collaboratively to ensure we meet the needs of our community during the crisis resulting from a pandemic. Toward that end, we would like to schedule the first of what may be several meetings to begin to identify needs and how we can collectively meet those needs.

_____ has been designated as the hospital's contact to coordinate and facilitate these planning meetings. She/he will be reaching out to you within the next week to schedule the first meeting.

In the meantime, I have enclosed materials that may address many of the questions and concerns that your patients/residents may raise regarding a pandemic. We welcome your suggestions as to how we can continue to educate your constituents and the people within our community in order to reduce the uncertainty and fear associated with a pandemic.

I look forward to working with you in the coming months.

Sample Event Messages

- 1) Event Message to the Family and Friends of Inpatients
- 2) Event Message to Doctors
- 3) Event Update to Board Members and Doctors
- 4) Event For Physicians to Hand Out or Mail Out to Patients
- 5) Event Message to Volunteers
- 6) Event Message to Board Members
- 7) Event Message to Clergy
- 8) Event Message to Community Leaders
- 9) Event Message to Employees
- 10) Event Message to First Responders
- 11) Event Message to Funeral Directors
- 12) Event Message to Independent Contractors
- 13) Event Message to Inpatients, Family and Friends
- 14) Event Message to Local Employers
- 15) Event Message to Media
- 16) Event Message to Pregnant Women
- 17) Event Message to Executive Staff, Home Health Agencies, Senior Centers, Assisted Living Facilities, Rehabilitation Centers and Skilled Nursing Facilities
- 18) Event Message to Home Health Agencies, Skilled Nursing Facilities and Rehabilitation Center that Accept Referrals From the Hospital

EVENT

TO THE FAMILY AND FRIENDS OF INPATIENTS

The Governor has declared a public health emergency because of pandemic influenza. A pandemic means that it is widespread. There are cases across the entire U.S. and in other countries as well.

Pandemic influenza is a highly contagious disease; however, there are steps that we are taking to protect both you and our patients. To continue to provide the best possible care for our patients and to protect you from influenza, we are implementing the following:

- In our hospital, patients infected with influenza are isolated in special rooms. These rooms contain the spread of infectious diseases, such as influenza.
- All our employees and volunteers have received information and training in infection control measures. This means they will use the proper equipment to protect themselves and you against the spread of influenza germs. They will wear masks, they will wash their hands and practice good hygiene to prevent the spread of germs.
- Only immediate family members are allowed to visit at this time. In the future, it may be necessary to restrict all visits to protect both patients and the public.
- If you visit our hospital, you will have to wear a mask to prevent the spread of germs and wash your hands frequently.
- Staff availability is less than normal because many are sick or taking care of family members. This will not compromise the quality of care being provided to your loved one. We appreciate your patience since we are taking care of an extremely high number of patients.

Because the health of our patients and their family and friends is our priority, please rest assured that we are taking all precautions to provide protection to both patients and you. You may contact _____ with any concerns or questions you may have.

EVENT

Message to Doctors

Multiple cases of influenza have been reported in our neighboring States and several cases have also been reported within our own State. While we are waiting for formal notification by our Commissioner of Health we should be prepared to implement our Flu-Pandemic Plan.

As part of this plan, we will be activating our Emergency Command Center and will implement the Incident Command System. Communication with various groups, including physicians and hospital employees will occur on a regular basis. A Web site will be established for employees, providing an opportunity for them to communicate and receive information in a more timely way. A separate telephone number for hospital physicians and employees will also be established to report absences. In anticipation of significant employee absences, a reassignment center will be established if there is a significant increase in the number of diagnosed cases within our hospital. Reassignment will allow us to redeploy staff to the most appropriate areas of the hospital to ensure continuity of operations.

If necessary, the hospital will implement a facility lock-down to control the flow of employees and the public. Access will be available only through the main entrance and through the emergency department. All physicians and staff will be required to wear their hospital identification badges to gain access to the hospital. This practice is critical since large numbers of the sick and/or "worried well" will attempt to enter the facility.

We will communicate with you on a regular basis, however, if you have any questions or concerns please do not hesitate to contact us. Thank you for your support, assistance and efforts in the coming months. This will be a challenging time for our hospital. However, we will do what we have always done best, which is to care for those within our community.

EVENT

Update to Board Members and Doctors

Our hospital is feeling the full force of the flu pandemic, specifically:

- Our supplies are limited with little anticipation of them being fully replenished.
- We are close to exceeding our surge capacity. This will create challenges as to how and where patients should be directed as most hospitals will also be at surge capacity.
- There is a staff absenteeism rate of approximately 35 percent.

Currently, we are sustaining operations, however, we expect that it will become even more challenging without adequate supplies. We are working closely with our hospital Association to consult with all medical/surgical distributors to see what supplies can be acquired in the coming weeks.

We will continue to keep you informed of our situation and the ongoing challenges that we will face as we respond to this statewide healthcare crisis.

EVENT

FOR PHYSICIANS TO HAND OUT OR MAIL OUT TO PATIENTS

We are experiencing a crisis and doctors and hospitals are trying to continue to serve their communities despite having limited resources. To protect yourself and your family from this highly contagious virus, we recommend the following:

- Limit your contact with others.
- If you are sick, seek medical attention.
- When seeing a healthcare professional, make sure they wash their hands before examining you.
- Wear something similar to a surgical mask to prevent the spread of germs either by you or from others that may be sick.
- Keep enough supplies on hand at home in case water and food should be in short supply should the pandemic last for an extended period of time.

For more information regarding the current state of the pandemic, log on to the Centers for Disease Control and Prevention Web site at _____ or contact your local health department to have information sent to you.

EVENT

MESSAGE TO VOLUNTEERS

Cases of influenza have been reported in surrounding states and we anticipate cases will be diagnosed within our state. Going forward, we will be communicating with you on a regular basis to keep you advised of how you can assist us in this trying time.

We will also alert you when our hospital's emergency operations plan is activated.

We ask you to look beyond many of your routine contributions as volunteers to the hospital as you may be asked to help in other tasks such as providing childcare for our employees, food preparation assistance, among other tasks. Your assistance is critical in our changing environment and will contribute to the overall well-being of our hospital.

Please remember to practice appropriate infection control measures, including good, consistent hand hygiene. Our commitment is to provide you with a safe and supportive work environment. If you have any questions or concerns, please do not hesitate to speak to _____.

It is critical that we educate the community on the impact flu pandemic may have and what preventive measures they can use. For this reason we have provided you with a flu pandemic fact sheet attached to this letter. You may also read our external website for additional information.

Thank you for your commitment to serve your community during this challenging time.

EVENT

MESSAGE TO BOARD MEMBERS

Currently there are multiple cases of influenza in our state. Earlier this week, cases were also diagnosed and confirmed in both Pennsylvania and New York. The Centers for Disease Control and Prevention has declared a pandemic and instructed all healthcare providers to implement their Flu pandemic Plans.

The State's Commissioner of Health and Senior Services has requested that all hospitals monitor and report all diagnosed cases of influenza and implement hospital Flu pandemic Emergency Response Plans. DHSS has reported that it will shortly activate its Health Command Center to ensure the 24/7 availability of its staff to support hospitals and other healthcare providers to effectively respond to this potential health crisis.

Here at our hospital, we will be activating our Command Center and implementing our Incident Command System. At this time, we will not maintain command center operations on a 24/7 basis. However, we will operate for twelve-hour shifts. We will reevaluate the hours of our emergency operations center on a daily basis particularly in light of the number of diagnosed cases increases over the coming days and weeks.

We will be communicating with both external and internal stakeholders on a regular, scheduled basis. We are also implementing the employee Web site where we will provide updated information, respond to questions and concerns and communicate information regarding operations within our hospitals during the coming weeks. In turn, I will be communicating with you on a regular basis. You will also have access to our employee web site.

As a Board member you should anticipate being approached by members of the community that are concerned about flu pandemic. We have provided you with talking points to assist you in assuring the community that our hospital has implemented an action plan that will protect our employees and the public to the greatest extent possible.

You may also be approached by the media. Please refer media inquiries back to our hospital where we have designated a point of contact. This direct contact will give us the opportunity to “control” the message being communicated and to hopefully avoid creating panic within our community.

I will provide you with updates on diagnosed cases and the impact they are having on our hospital operations. In the interim, please feel free to contact me with questions or concerns you may have. From this point on, I will coordinate conference calls with the Board, rather than having on-site meetings where the risk of exposure would be much greater. I thank you for your support in the coming months. Your understanding and cooperation will be critical in sustaining our hospital operations during this challenging time.

EVENT

MESSAGE TO CLERGY

Cases of influenza have been diagnosed in surrounding states including ____ (#) of cases in our state. We will be activating our emergency operations plan, which includes providing regular information and updates to you as well as the community.

Our hospital's use of infection control practices will reduce the spread of influenza within our hospital. Please remind your congregation about the role they can play in preventing the spread of flu and/or minimizing its impact. We have provided you with an information sheet that can be distributed to your congregation. It will help guide them in responding to a pandemic.

In addition, our hospital has activated a special Web site that will provide information about a pandemic, what residents can do to protect themselves and their family members, measures recommended by the State Commissioner of Health and how our hospital will support their healthcare needs.

We may also be contacting you for possible assistance in matters such as grief counseling, and religious support for both patients and staff.

_____ has been designated as a communication liaison between our hospital and your organization. If you have specific questions or need information, you may contact _____ at _____.

EVENT

MESSAGE TO COMMUNITY LEADERS

Cases of influenza have been diagnosed in surrounding states including 20 cases in our state. We will be activating our pandemic influenza plan, which includes providing regular information and updates to you as well as the community.

Our hospital's use of infection control practices will reduce the spread of influenza within our hospital. Please remind your partners and the community about the role they can play in preventing the spread of flu and/or minimizing its impact. We have provided you with an information sheet that can be distributed to the public that will help guide them in responding to a pandemic.

In addition, our hospital has activated a special Web site that will provide information about a pandemic, what residents can do to protect themselves and their family members, measures recommended by the State Commissioner of Health and how our hospital will support their healthcare needs.

_____ has been designated as a communication liaison between our hospital and your organization. If you have specific questions or need information, you may contact _____ at _____.

EVENT

MESSAGE TO EMPLOYEES

Cases of influenza have been reported in surrounding states and we anticipate cases will soon be diagnosed within our state. Going forward, we will be communicating with you on a regular basis to keep you advised of diagnosed cases, the impact these cases are having on hospital operations and how, if at all, you may be affected as an employee.

We will also alert you when our hospital's pandemic influenza plan is activated. Following activation, you will be informed of operational changes, if any, that we may require you to make in response to a significant influx of influenza cases.

Please remember to practice appropriate infection control measures, including good, consistent hand hygiene. Our commitment is to provide you with a safe and supportive work environment. If you have any questions or concerns, please do not hesitate to speak to your supervisor.

An internal Web site is available to provide you with regular updates. We encourage you to also review the external Web site that has been established to respond to community members concerns. It is critical that we educate the community on the impact flu pandemic may have and what preventive measures they can use.

Thank you for your commitment to provide quality healthcare to our community during this challenging time.

EVENT

MESSAGE TO FIRST RESPONDERS

As you're well aware, cases of influenza have been diagnosed in both New York and Pennsylvania and our understanding is that several cases have also been diagnosed within New Jersey. While we are awaiting formal notification by our Commissioner of Health, at this time (name of hospital) is prepared to implement our Pandemic Influenza Plan.

As part of this plan, we will be activating our Emergency Operations Center and will implement the Incident Command System. Communication with you and your colleagues will be critical to our success.

If necessary, the hospital will implement a facility lock-down to control the flow of employees and the public. Access will be available only through the main entrance and through the emergency department. This practice is critical as we anticipate large numbers of the sick and/or worried well attempting to enter the facility and we appreciate your cooperation.

We will communicate with you on a regular basis, however, if you have questions or concerns at this point, please do not hesitate to contact _____ so that we may address them. Thank you for your support, assistance and efforts in the coming months. This will be a challenging time for our hospital as well as for your organization. However, we will do what we have always done best, care for those within our community.

EVENT

MESSAGE TO FUNERAL DIRECTORS

Confirmed cases of Pandemic Flu have been reported in our state's hospitals. The pandemic will severely tax our hospital's resources and we are contacting you for assistance. (name of hospital) is implementing an extensive plan, developed specifically for a flu pandemic, to ensure continuity of operations and planning for mortuary services is a critical component of that plan.

We will be contacting you by phone to discuss our needs as well as your own during this pandemic. You should expect an increased demand for mortuary services during the next few months. We encourage you to practice hygienic procedures such as hand sanitation in order to remain healthy. We have attached a pandemic flu fact sheet for you to read and share with your family and friends.

We greatly appreciate your efforts at this time in caring for the deceased in our community and thank you for your hard work.

EVENT

MESSAGE TO INDEPENDENT CONTRACTORS

Cases of the flu have been reported in surrounding states and we anticipate cases soon will be diagnosed within our state. Going forward, we will communicate with you on a regular basis to keep you advised of diagnosed cases, the impact these cases are having on hospital operations and how, if at all, you may be affected.

We will also alert you when our hospital's emergency operations plan is activated. Following activation, you will be informed of any operational changes that we may require you to make in response to a significant influx of influenza cases.

Please practice proper infection control measures, including good, consistent hand hygiene. Our commitment is to provide you with a safe and supportive work environment. If you have any questions or concerns, please do not hesitate to speak to _____.

An internal Web site is available that will provide you with regular updates. We encourage you to also review the external Web site that has been established to respond to community members' concerns. It is critical that we educate the community on the impact flu pandemic may have and what preventive measures they can use to protect themselves.

Thank you for your commitment to provide quality healthcare to our community during this challenging time.

EVENT

MESSAGE TO INPATIENTS, FAMILY, AND FRIENDS

Our state has declared a public health emergency because of a flu pandemic. A pandemic means that it is widespread. We have attached a fact sheet about flu pandemic. There are cases throughout the United States and in other countries as well.

Flu pandemic is a highly contagious communicable disease; however, there are precautions that can be taken. Here's what we are doing to continue to provide you with the best possible care as well as our efforts to protect you from getting the flu.

- Patients that have influenza are isolated in special rooms in our hospital. These rooms are designed to contain the spread of infectious diseases, such as influenza.
- All our employees and volunteers have received information and training in infection control measures. This means they will use appropriate equipment to protect themselves and you against the spread of influenza germs. They not only will wear masks, but they will wash their hands and practice good hygiene to prevent the spread of germs.
- Only immediate family members will be permitted to visit at this time. In the future, it may be necessary to restrict all visits to protect both patients and the public.
- If you visit our hospital you will be asked to wear a mask to prevent the spread of germs and to wash your hands frequently.
- Staff availability is less than normal because many are sick or taking care of family members. This will not impact the quality of care that we will be providing to you. We appreciate your patience since we are taking care of an extremely high number of patients.
- You will be allowed to leave as soon as we believe your health to be stabilized so that you can recuperate either at home or another healthcare setting such as a skilled nursing facility, a rehabilitation facility or within support from home health services.

Because your health is our priority, please rest assured that we are taking all precautions to protect your health and safety. We will be happy to address any concerns or questions you may have.

EVENT

MESSAGE TO LOCAL EMPLOYERS

Numerous cases of the flu pandemic have been confirmed throughout the state as well as in New York and Pennsylvania. A pandemic is a widespread illness. The pandemic flu will interrupt many aspects of your daily business, including a high rate of absenteeism.

As an employer in our area we are contacting you to help us disseminate information and contribute to the mitigation of the spread of this pandemic. We ask that you distribute the attached pandemic flu fact sheet in order to educate your employees. We also ask that you tell your employees to remain home if they are ill. A sick employee at the workplace could endanger the health of the entire company. We also advise you to encourage proper hand hygiene and to provide paper towels, anti-bacterial soap and/or alcohol hand rub, for the use of your employees.

We thank you for helping us during these challenging times.

EVENT

MESSAGE TO MEDIA

We currently have ___ (#) cases of diagnosed influenza being treated at our hospital. At this time, we have implemented our Pandemic Influenza Plan. This means:

Possible responses include:

-

- We have established an external Web site that will provide information related to flu pandemic. This information will provide background information and guidance to the community on how they can minimize and/or respond to the spread of influenza.
- We are identifying additional space in our hospital to accommodate a greater than usual number of patients.
- We are cancelling all elective surgery at this time.
- Please communicate to the public the information provided from the State Commissioner of Health. Specifically, he recommends that: (see flyer)
- We will hold regular updates with you by conference call. We would prefer no on-site press conferences.
- Any questions you have may be directed to _____.

Your assistance in keeping the public informed, prepared and confident in our healthcare system's ability to care for them is critical. We appreciate your help during this challenging time.

EVENT

MESSAGE TO PREGNANT WOMEN

Our state has declared a public health emergency because of flu pandemic. A pandemic means that it is widespread. There are cases in all of our states and in other countries as well.

Flu pandemic is a highly contagious communicable disease. If you are pregnant or have just given birth, we can understand your concern for the health and well-being of your baby. We want you to know what we are doing to continue to provide you with the best possible care as well as our effort to protect you from influenza.

- Patients that are infected with influenza are isolated in special rooms in our hospital. These rooms prevent the spread of infections, such as influenza. All germs remain within these isolation rooms.
- All employees and volunteers in our hospital have received information and special training to protect themselves and you from the spread of germs. They will wear masks, wash their hands and practice good hygiene.
- Only immediate family members will be permitted to visit our hospital during this time. It may become necessary to not allow any visits to protect both patients and the public.
- Your visitors will be asked to wear a mask to prevent the spread of germs and to wash their hands frequently.
- Staff availability at this time is less than normal because many are sick themselves or taking care of family members. You will still receive quality care; however, we do appreciate your patience and understanding as we care for a high number of patients.
- You will be discharged as soon as you are stable so that you can recuperate either at home or in another care setting.

Because you are our priority, please rest assured that we are taking all precautions to protect your health as well as the health and safety of your baby. We have attached a fact sheet about flu pandemic. Read through this information and please share it with your friends and family. We will be happy to address any concerns or questions you may have.

EVENT

MESSAGE TO HOME HEALTH AGENCIES, SKILLED NURSING FACILITIES AND REHABILITATION CENTERS THAT ACCEPT REFERRALS FROM THE HOSPITAL

Cases of influenza have been diagnosed in surrounding states including 20 cases in hospitals in our state. We will be activating our emergency operations plan, which includes providing regular information and updates to you in recognition of the critical role you play in partnering with the hospital to provide post-acute care.

A conference call will be scheduled on a daily basis at _____time and will be facilitated by _____. This call will provide an opportunity to share information regarding our respective operations, identify areas where support is needed and allow us to develop a strategy to keep our organizations functioning. You may certainly keep in touch with our staff at any time as you would normally when facilitating patient placement and arranging for patient services.

Consistent with all of our plans, staff should be reminded of the importance of hand hygiene and use of Personal Protective Equipment when dealing with ill patients or residents. I have attached a fact sheet that you may wish to distribute to your patients/residents to educate them as to how they can minimize the impact of the flu.

I am confident that by working together we can continue to provide the care our community has come to rely upon.

APPENDIX H3

MEDIA INQUIRY FORM

COMMUNICATIONS

MEDIA INQUIRY

REPORTER	NEWS MEDIUM
DATE	
TIME:	LOCATION:
DEADLINE	PHONE

INFORMATION REQUESTED:

INFORMATION FURNISHED:

ADDITIONAL COMMENTS:

HANDLED BY:

APPENDIX H4

INCIDENT MESSAGE FORM



INCIDENT MESSAGE FORM

1. FROM (SENDER) 2. TO (RECEIVER)

3. DATE RECEIVED 4. TIME RECEIVED 5. RECEIVED VIA 6. REPLY REQUESTED

- Phone Radio Yes No Other: If Yes, REPLY TO (if different from Sender):

7. PRIORITY

- Urgent - High Non Urgent - Medium Informational - Low

8. MESSAGE (KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)

Lined area for message content

9. ACTION TAKEN (IF ANY)

Lined area for action taken

RECEIVED BY TIME RECEIVED

Comments:

Forward To:

RECEIVED BY TIME RECEIVED

Comments:

Forward To:

10. FACILITY NAME

HICS 213 – INCIDENT MESSAGE FORM

PURPOSE: PROVIDE STANDARDIZED METHOD FOR RECORDING MESSAGES RECEIVED BY PHONE OR RADIO.

ORIGINATION: ALL POSITIONS.

ORIGINAL TO: RECEIVER.

COPIES TO: DOCUMENTATION UNIT LEADER AND MESSAGE TAKER.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **FROM (SENDER)** Use proper name to identify who is sending the message. Include title and agency as appropriate.
2. **TO (RECEIVER)** Use proper name and/or HICS position title as appropriate to identify for whom the message is intended.
3. **DATE RECEIVED** Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
4. **TIME RECEIVED** Use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.
5. **RECEIVED VIA** Indicate communication system.
6. **REPLY REQUESTED** Indicate whether a reply was requested and to whom reply should be addressed, if different from Sender.
7. **PRIORITY** Indicate level of urgency of the message.
8. **MESSAGE (KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)**
Transcribe complete, concise, and specific content of message.
9. **ACTION TAKEN (IF ANY)** Note any action taken in response to message. When message is routed to any additional recipient, indicate who received, time received, action taken or other comments, and next person to whom message was forwarded.
10. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: When intended Receiver is unavailable to speak with the sender or when a communication includes specific details which accuracy needs to be ensured.

HELPFUL TIPS: This form is suitable for duplication using carbonless copy paper.

APPENDIX I I

MESSAGE MAPS

(ENSURE PERIODIC REVIEW OF WEB SITES
SUCH AS WWW.PANDEMICFLU.GOV FOR
UPDATES)



Pandemic Influenza Pre-Event Message Maps

The United States Department of Health & Human Services developed these avian influenza and pandemic influenza communication tools using the communication science-based message mapping development process.

“Message maps” are risk communication tools used to help organize complex information and make it easier to express current knowledge. The development process distills information into easily understood messages written at a 6th grade reading level. Messages are presented in 3 short sentences that convey 3 key messages in 27 words. The approach is based on surveys showing that lead or front-page media and broadcast stories usually convey only three key messages usually in less than 9 seconds for broadcast media or 27 words for print. Each primary message has three supporting messages that can be used when and where appropriate to provide context for the issue being mapped.

These pandemic influenza and avian influenza message maps are in the public domain. They may be used freely, including copying or redistributing on paper or electronically.

Pandemic Influenza (100 series)

100. What is pandemic influenza?
101. How is pandemic influenza different from seasonal flu?
102. Have there been influenza pandemics before?
103. What are the chances there will be pandemic influenza again?
104. How much warning will we have in the U.S. if a pandemic starts?
105. How fast would pandemic influenza spread?
106. How many people are likely to get sick in a pandemic? How many will die?
107. Will this be like Swine Flu in 1976, when many people were vaccinated, then the disease didn't appear?
108. How worried should people be about pandemic influenza?
109. Could terrorists make and spread an influenza virus for a pandemic?
110. If pandemic influenza comes into the United States, who is likely to get it first?
111. What should the public know about pandemic influenza now?
112. What should people do if there is an outbreak of pandemic influenza?
113. How do new influenza viruses come about?
114. Will people with strong immune systems be immune to pandemic influenza?
115. Is everyone at the same risk of illness or death from pandemic influenza?

100. What is pandemic influenza?

Pandemic influenza is a global outbreak caused by a new influenza virus.

- The virus may spread easily, possibly causing serious illness and death
- Because so many people are at risk, serious consequences are possible.
- Historically, pandemic influenza has caused widespread harm and death.

Pandemic influenza is different from seasonal influenza (or “the flu”).

- Seasonal outbreaks of the flu are caused by viruses that are already among people.
- Pandemic influenza is caused by an influenza virus that is new to people.
- Pandemic influenza is likely to affect many more people than seasonal influenza.

Timing and consequences of pandemic influenza are difficult to predict.

- Pandemic influenza has occurred three times in the last century.
- Flu viruses are constantly changing.
- The most serious was the 1918 pandemic which killed tens of millions of people worldwide.

Preparing now can limit the effects of pandemic influenza.

- The World Health Organization, the US Department of Health and Human Services, and countries throughout the world have developed emergency plans for a pandemic influenza.
- Informed public participation and cooperation will be needed for effective public health efforts.
- Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.

101. How is pandemic influenza different from seasonal flu?

Pandemic influenza is caused by an influenza virus that is new to people.

- Seasonal flu is caused by viruses that are already among people.
- Pandemic influenza may begin with an existing influenza virus that has changed.
- Fewer people would be immune to a new influenza virus.

The timing of an influenza pandemic is difficult to predict.

- Seasonal flu occurs every year, usually during winter.
- Pandemic influenza has happened about 30 times in recorded history.
- An influenza pandemic could last longer than the typical flu season.

An influenza pandemic is likely to be more severe than seasonal flu.

- Pandemic influenza is likely to affect more people than seasonal flu.
- Pandemic influenza could severely affect a broader set of the population, including young adults.
- A severe pandemic could change daily life for a time, including limitations on travel and public gatherings.

102. Have there been influenza pandemics before?

Influenza pandemics have occurred throughout recorded history.

- About 30 influenza pandemics have been recorded.
- There were three influenza pandemics in the last century.
- The most recent influenza pandemic was Hong Kong Influenza in 1968-69.

The severity of influenza pandemics has varied.

- The 1918 pandemic killed tens of millions of people worldwide.
- Deaths from the 1968-69 Pandemic were about the same as for seasonal influenza.
- Severe pandemics can have severe adverse effects on the economy and daily life.

It is difficult to predict how the next influenza pandemic will compare to the past.

- The severity of a pandemic influenza will depend on the virus that causes it.
- Increased travel and greater populations could speed the spread of pandemic influenza.
- Better detection and medical treatments could lessen the effects of an influenza pandemic.

103. What are the chances there will be pandemic influenza again?

Pandemic influenza will occur again.

- It is difficult to predict when the next pandemic will occur and how severe it will be.
- Influenza viruses are always changing.
- Occasionally a new virus emerges that can spread easily among humans.

Scientists are concerned that “bird flu” (H5N1 avian influenza) in Asia could change, causing pandemic influenza.

- The virus is spreading to birds and other animals in new regions.
- The virus has infected some people, causing severe illness and death.
- In rare cases the virus has spread from one person to another.

The United States and other countries are preparing to respond to pandemic influenza.

- The Department of Health and Human Services and others are developing supplies of vaccines and medicines.
- The US has been working with the World Health Organization and other countries to strengthen detection and response to outbreaks.
- Preparedness efforts are ongoing at the national, state, and local level.

104. How much warning will we have in the U.S. if a pandemic starts?

Warning time will depend on where the new virus starts.

- New influenza viruses often originate in Asia.
- Many experts believe that the worst recorded outbreak of pandemic influenza – the 1918 pandemic – started in the United States.
- The US is working with the World Health Organization and other countries to strengthen detection and tracking of new influenza viruses.

Warning time will depend on how soon the virus is identified.

- Pandemic influenza is caused by an influenza virus that is new to people.
- Many viruses circulate in animals, but don't cause disease in most humans
- The virus must spread easily among people to become pandemic influenza

The effectiveness of control measures will depend on where the new virus starts.

- If the new virus starts in Asia, limitations on travel, such as those used for SARS, may delay entry into the U.S.
- It is unlikely that control measures will prevent pandemic influenza from entering the U.S.
- Preparing now can limit the spread and effects of pandemic influenza.

105. How fast would pandemic influenza spread?

When pandemic influenza begins, it is likely to spread very rapidly.

- Influenza is a contagious disease of the lungs.
- Influenza usually spreads by infected people coughing and sneezing.
- Most people will have little or no immunity to pandemic influenza.

Efforts to prepare for pandemic influenza are continuing.

- Public health officials are building on existing disease outbreak plans, including those developed for SARS.
- Researchers are working to produce additional vaccine more quickly.
- Countries are working together to improve detection and tracking of influenza viruses.

Public participation and cooperation will be important to the response effort.

- Severe pandemic influenza could produce changes in daily life, including limits on travel and public gatherings.
- Informed public participation and cooperation will help public health efforts.
- People should stay informed about pandemic influenza and be prepared as they would for any emergency.

106. How many people are likely to get sick in a pandemic? How many will die?

The consequences of pandemic influenza are difficult to predict.

- Pandemic influenza has occurred three times in the last century.
- The most recent, in 1967, was the mildest.
- The most serious was the 1918 pandemic, which killed tens of millions of people worldwide.

During a pandemic many people will be infected.

- One-third of the people in the U.S. got sick during the 1918 pandemic.
- Historically, most people who get sick will recover.
- Having many people ill can be highly disruptive to daily life.

In general, some people are at greater risk for illness and death.

- People who already have a health problem are often at higher risk.
- People with weakened immune systems (for example transplant patients) are likely to be at higher risk.
- Older people tend to be at higher risk from certain diseases.

107. Will this be like Swine Flu in 1976, when many people were vaccinated, then the disease didn't appear?

Scientists are confident that an outbreak of pandemic influenza will occur again.

- Influenza pandemics have occurred over 30 times in recorded history.
- There were three influenza pandemics in the last century.
- The 1918 pandemic, the worst, killed tens of millions of people worldwide.

The timing and consequences of pandemic influenza are difficult to predict.

- Scientists are uncertain when pandemic influenza will occur and how severe it will be.
- Influenza viruses are always changing.
- Occasionally a new influenza virus emerges or an old one re-emerges that can spread easily.

Preparing now can limit the effects of pandemic influenza.

- The World Health Organization, the U.S. Department of Health and Human Services, and countries throughout the world have developed emergency plans for a pandemic influenza.
- Informed public participation and cooperation will be needed for public health efforts.
- Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.

108. How worried should people be about pandemic influenza?

Preparing and staying informed are the best responses now.

- Right now, there is no pandemic influenza in the U.S. or the world.
- Preparing now can limit the effects of pandemic influenza.
- You can stay informed through www.pandemicflu.gov.

The United States and other countries are preparing to respond to pandemic influenza.

- The Department of Health and Human Services and others are developing supplies of vaccines and medicines.
- The US is working with the World Health Organization and other countries to strengthen monitoring and response to outbreaks.
- Preparedness efforts are on-going at the national, state, and local level.

Individuals, communities, and businesses can prepare.

- Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.
- Businesses should prepare or review their emergency plans.
- Communities should prepare as for other public health emergencies.

109. Could terrorists make and spread an influenza virus for a pandemic?

Experts believe it highly unlikely that pandemic influenza could result from terrorism.

- Experts believe that other types of terrorist activities, such as bombings, are more likely.
- Developing a pandemic influenza virus would require extraordinary scientific skill.
- Developing a pandemic influenza virus would require sophisticated scientific equipment and other resources.

Preparing now can limit the effects of pandemic influenza – regardless of the source.

- Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.
- Businesses should prepare or review their emergency response plans.
- Communities should prepare as for other public health emergencies.

Public health agencies throughout the world are preparing for pandemic influenza – regardless of the source.

- The World Health Organization, the US Department of Health and Human Services, and countries throughout the world are building on existing plans, including those developed for SARS.
- Researchers are working to produce more vaccine more quickly.
- A coordinated international effort is underway to improve detection and tracking of influenza viruses.

110. If pandemic influenza comes into the United States, who is likely to get it first?

When pandemic influenza begins, it is likely to spread very rapidly.

- Influenza is a contagious disease of the lungs.
- Influenza usually spreads by infected people coughing and sneezing.
- Most people will have little or no immunity to pandemic influenza.

Federal, state, and local governments are preparing for pandemic influenza.

- Systems for early detection and containment have been improved.
- Researchers are working to produce additional vaccine more quickly.
- Pandemic influenza could still have serious effects on society.

Individuals should stay informed and prepare as they would for any emergency.

- Right now, there is no pandemic influenza in the U.S. or the world.
- Because of bird flu in Asia, travelers to this area should be careful.
- People can stay informed about pandemic influenza at <http://www.pandemicflu.gov>

111. What should the public know about pandemic influenza now?

Pandemic influenza is a global outbreak caused by a new influenza virus.

- The virus may spread easily, possibly causing serious illness and death.
- Because so many people are at risk, serious consequences are possible.
- Historically, pandemic influenza has caused widespread harm.

Scientists are confident that an outbreak of pandemic influenza will occur again.

- There have been three influenza pandemics in the last century, including an outbreak in 1918 that killed tens of millions of people worldwide.
- Scientists are uncertain when a new pandemic will occur and how severe it may be.
- Influenza viruses are always changing: new influenza viruses emerge or old ones re-emerge that can spread easily.

Preparing now can limit the effects of pandemic influenza.

- The World Health Organization, the US Department of Health and Human Services, and countries throughout the world are building on existing disease outbreak plans, including those developed for SARS.
- A coordinated international effort is underway to develop vaccines and improve the detection and tracking of influenza viruses.
- Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.

112. What should people do if there is an outbreak of pandemic influenza?

People should stay informed about prevention and control actions.

- Public health officials will share information about prevention and control actions.
- Information about prevention and control actions will be shared in a variety of ways, including through the CDC Hotline and www.pandemicflu.gov
- Informed public participation and cooperation will be needed for public health efforts.

People should use information about prevention and control actions to care for themselves and their loved ones.

- Public health officials will provide information on the signs and symptoms of the specific disease.
- People should practice good health habits, including eating a balanced diet and getting sufficient rest.
- People should discuss individual health concerns with their health care provider, health department, or other trusted sources.

People should take common-sense actions to keep from spreading germs.

- People should cover their coughs and sneezes, and wash their hands frequently.
- People should stay away from sick people as much as possible.
- If you are sick, you should stay away from others as much as possible.

113. How do new influenza viruses come about?

Influenza viruses are always changing.

- Changes can occur whenever the virus reproduces.
- The virus reproduces in those who have influenza.
- The changes can affect how the disease works in the body.

The most common changes are small changes called “drift.”

- Drift is why influenza vaccine is changed every year.
- Scientists are always tracking these changes in influenza viruses.
- Drift usually result in an influenza to which some people have immunity.

Occasionally, large changes occur that produce a pandemic influenza.

- Major changes are called “shift” and can result in a new type of influenza virus.
- Shift can result in the re-emergence of an old type of influenza virus.
- Shift is the type of change most likely to cause pandemic influenza.

114. Will people with strong immune systems be immune to pandemic influenza?

Almost no one will be immune to a pandemic influenza virus.

- Pandemic influenza comes from a virus that is new to people.
- Immunity to a virus can come from vaccination.
- People who recover from the disease will be immune to it.

During a pandemic many people will be infected.

- One-third of the people in the United States got sick during the 1918 pandemic.
- Historically, most people who get sick recover.
- Having many people ill can greatly disrupt daily life.

Preparing and staying informed are the best responses now.

- Right now, there is no pandemic influenza in the United States, or the world.
- Preparing now can limit the effects of pandemic influenza.
- You can stay informed through www.pandemicflu.gov.

115. Is everyone at the same risk of illness or death from pandemic influenza?

The severity of pandemic influenza will depend on the virus that causes it.

- The United States is working with the World Health Organization and other countries to strengthen detection and tracking of new influenza viruses.
- Antiviral medicines can be used to treat influenza.
- A vaccine for a specific virus can make people immune to that virus.

In general, some people are at greater risk for illness and death.

- People who already have a health problem are often at higher risk.
- People with weakened immune systems (for example transplant patients) are likely to be at higher risk.
- Older people, young children and pregnant women tend to be at higher risk of certain diseases.

Preparing and staying informed are the best responses now.

- Right now, there is no pandemic influenza in the United States or the world.
- Preparing now can limit the effects of pandemic influenza.
- You can stay informed through www.pandemicflu.gov.

Preparedness (200 series)

- 200. Is the United States prepared for an influenza pandemic?
- 201. Are state and local governments prepared for pandemic influenza?
- 202. Who else should be preparing for pandemic influenza?
- 203. What is the U.S. Department of Health and Human Services (HHS) doing to prepare for pandemic influenza?
- 204. What can businesses do to prepare for pandemic influenza?
- 205. What can communities do to prepare for pandemic influenza?
- 206. What can individuals do to prepare for pandemic influenza?
- 207. Why aren't more resources being invested in preparing for pandemic influenza?

200. Is the United States prepared for an influenza pandemic?

Steps have already been taken to prepare.

- Federal, state, and local governments have plans.
- The U.S. has started storing test vaccine and medicine.
- The U.S. is working with the World Health Organization and other countries to strengthen monitoring and response.

Efforts to prepare for pandemic influenza are continuing.

- Public health officials are building on experience, such as from SARS and Hurricane Katrina.
- Researchers are working to produce additional vaccine more quickly.
- There are international efforts to improve worldwide monitoring of influenza viruses.

Public participation and cooperation will be important to the response effort.

- In a pandemic, travel and public gatherings could be limited.
- Other emergency measures, such as quarantine, might be needed.
- People can stay informed and be prepared as they would for any other emergency.

201. Are state and local governments prepared for pandemic influenza?

State and local governments are preparing for pandemic influenza.

- State and local governments have plans for various emergencies (for example, snow storms and earthquakes).
- State and local governments are developing, improving, and testing their plans for pandemic influenza.
- The U.S. Department of Health and Human Services, and other federal agencies are providing funding, advice, and other support.

An influenza pandemic could still have serious effects.

- Vaccine might be in limited supply in the early stages of pandemic influenza.
- Hospitals are likely to be overwhelmed.
- Other public health measures might be required such as limiting travel and public events.

Public health officials already have some systems to help be ready for pandemic influenza.

- Vaccines for H5N1 and drugs to treat infection have been stockpiled.
- There are several systems for rapidly sharing emergency health information.
- A worldwide network of laboratories is in place to detect and track influenza viruses.

202. Who else should be preparing for pandemic influenza?

By preparing now the people can help protect themselves and their families later.

- Keep a supply of essential supplies at home (such as food, water, medicine) as for any emergency.
- People can volunteer with local organizations to help in emergency response.
- People should stay informed about pandemic influenza through 1-800-CDC-INFO or www.pandemicflu.gov

As in other emergencies, pandemic influenza could affect everyday life.

- Schools and businesses might be closed during pandemic influenza.
- Travel could be limited during a pandemic.
- There may be spot shortages during an influenza pandemic...

Many types of organizations are also preparing for pandemic influenza.

- Hospitals are planning how to deal with many sick people in a pandemic.
- Non-Government Organizations (for example the Red Cross) are planning their response to pandemic influenza.
- Businesses are making or improving plans to continue operations in an emergency.

203. What is the U.S. Department of Health and Human Services (HHS) doing to prepare for pandemic influenza?

HHS is developing a public health plan for pandemic influenza.

- The HHS Pandemic Influenza Strategic Plan describes a coordinated public health program for preparation and response.
- The Plan draws from experience with other public health events (for example, SARS).
- The Plan provides information to help guide national, state, and local preparedness and response.

HHS is working with researchers and other health organizations to prepare for pandemic influenza.

- HHS has been working with the World Health Organization and other countries to strengthen detection, tracking, and response to influenza.
- HHS is working with researchers and companies on ways to produce more vaccine more quickly.
- HHS is working with organizations (for example, hospitals) to increase their ability to respond to pandemic influenza.

HHS is working with other Federal Departments to develop a Federal Plan.

- Other Departments are examining how a pandemic will affect their sectors.
- Communities are being encouraged to develop plans for continuity services during a pandemic.
- Discussions are ongoing regarding how to best use limited supplies of medicine.

204. What can businesses do to prepare for pandemic influenza?

Determine your business's risks from pandemic influenza and develop an emergency response plan.

- Consider what challenges you might face in a pandemic and how to address them.
- Identify essential functions and personnel needed to keep your business running.
- Work with your medical advisor on ways to protect employees.

Learn about community resources that can help in a pandemic.

- State and local health departments can help identify resources.
- Trade associations and employee groups may have helpful information.
- Government information sources can help (see Internet site, below).

Time invested in preparation can protect your company's future.

- Identify and plan for challenges to essential functions and personnel.
- Develop a plan to maintain operations during an influenza pandemic.
- Work to minimize disruption to you and your customers.

205. What can communities do to prepare for pandemic influenza?

Communities can assess the resources they have to meet the challenges of pandemic influenza.

- Planning for pandemic influenza can be built on existing emergency plans.
- Communities should consider all the partners that might be able to help in a pandemic.
- Communities should plan to ensure the delivery of basic services without outside help.

Communities should identify their special needs and unique features.

- They can develop a list of resources and groups that might be at higher risk during pandemic influenza.
- Communities can identify possible barriers to communication
- Communities should consider their unique features that may affect how they respond.

Communities should coordinate and test plans for pandemic influenza.

- Communities should coordinate their plans with state and federal pandemic influenza plans.
- Planning should prepare to provide care for a large number of people during a pandemic.
- Plans should be tested and corrected to improve response to pandemic influenza.

206. What can individuals do to prepare for pandemic influenza?

Preparing and staying informed about pandemic influenza are the best responses now.

- Right now, there is no pandemic influenza in the U.S. or the world.
- Preparing now can limit the effects of pandemic influenza.
- You can stay informed through the Internet and other sources (See “For more Information”, below.).

If pandemic influenza starts, public health officials will provide more specific information.

- More information will become available as the circumstances of the pandemic become known.
- Vaccine might be in short supply in the early stages of an influenza pandemic.
- People should anticipate that daily life could change for a while, such as school closings and travel limitations.

People preparing now for pandemic influenza can help protect themselves and their families later.

- Keep a supply of essential supplies at home, such as food, water, medicine and a thermometer.
- People can volunteer with local organizations to help with emergency response.
- Prepare as you would for any emergency that affects large segments of society, such as an earthquake or blizzard.

207. Why aren't more resources being invested in preparing for pandemic influenza?

Funding to prepare for pandemic influenza has increased considerably.

- The US has been working with the World Health Organization and other countries to strengthen detection and response to outbreaks of influenza.
- There is funding to increase the amount of antiviral medicines set aside for emergencies.
- Research is in progress on how to make more vaccine more quickly.

Efforts for other public health issues help preparations for pandemic influenza.

- Resources devoted to being prepared for terrorist attacks helps prepare for pandemic influenza.
- Preparation for other diseases helps prepare for pandemic influenza.
- Lessons from natural disasters can be used in preparing for pandemic influenza.

The U.S. is better prepared each day for pandemic influenza.

- The Department of Health and Human Services and others are preparing for pandemic influenza.
- State and local governments are preparing for pandemic influenza.
- The World Health Organization and many countries are working together.

H5N1 Avian Influenza (300 series)

- 300. What is bird flu (H5N1 Avian Influenza)?
- 301. How many people have gotten bird flu (H5N1 Avian Influenza)? How many have died?
- 302. Why are public health officials preparing for pandemic influenza?
- 303. If bird flu (H5N1 Avian Influenza) becomes pandemic, what will happen?
- 304. What is being done to keep bird flu (H5N1 Avian Influenza) from becoming a pandemic disease?
- 305. How does bird flu (H5N1 Avian Influenza) get from birds to humans?
- 306. How easily does bird flu (H5N1 Avian Influenza) spread from human to human?
- 307. Given concerns about bird flu, is it safe to buy and eat chicken and duck in the US?
- 308. What advice would you give someone traveling to Asia, Europe, or Africa?
- 309. What are the symptoms of bird flu (H5N1 Avian Influenza) in people?
- 310. Why is bird flu (H5N1 Avian Influenza) so deadly?
- 311. How can infection with bird flu (H5N1 Avian Influenza) be prevented?
- 312. How are patients with bird flu (H5N1 Avian Influenza) treated?
- 313. Is there a test that can tell if someone has bird flu (H5N1 Avian Influenza)?

300. What is bird flu (H5N1 Avian Influenza)?

Bird flu is a disease of wild and domesticated birds.

- This type of influenza can also infect other animals and people.
- Since the 1990s, bird flu outbreaks have occurred in Asia, Europe, and Africa.
- The virus is spreading to birds and other animals in new regions.

This virus has infected some people.

- Confirmed human cases have been reported in Asia, Europe, and Africa.
- Most human cases probably came from direct contact with infected birds or their droppings.
- To date, about half of the people who were infected have died.

We are watching closely for any person-to-person spread of bird flu.

- So far there has been limited person-to-person spread.
- We are watching for changes in the virus that could lead to easier spread.
- The US Department of Health and Human Services, the World Health Organization, and many others are working together.

301. How many people have gotten bird flu (H5N1 Avian Influenza)? How many have died?

A small number of people, in Asia, Europe, and Africa, have died from bird flu.

- About half of the people who got bird flu died.
- Most cases come from direct contact with infected birds.
- New cases are expected as bird flu occurs in new regions.

There may be more human cases than have been reported.

- Disease tracking methods sometimes miss cases.
- To date, most outbreaks of bird flu (H5N1 Avian Influenza) have occurred in developing countries.
- Mild cases may not be recognized or reported.

The World Health Organization and many nations are working to improve disease tracking.

- Resources are being devoted to monitoring and detection.
- Health care workers in Asia are being trained to use test kits.
- Disease experts from many nations are working on this effort.

302. Why are public health officials preparing for pandemic influenza?

Pandemic influenza can be a serious and prolonged outbreak affecting all aspects of society.

- Some pandemics caused widespread illness and death, changing day-to-day life.
- The timing and consequences of pandemic influenza can be difficult to predict.
- The 1918 pandemic caused more deaths than World War II.

Scientists are watching “bird flu” (H5N1 Avian Influenza) because of its potential to change into pandemic influenza in people.

- The virus is spreading to birds and animals in new regions.
- The virus has infected some people, causing severe illness and death.
- In very rare cases the virus has spread from one person to another.

Preparing now can limit the effects of pandemic influenza.

- The World Health Organization and many countries are working together to plan.
- The US Department of Health and Human Services is working with States and communities to prepare.
- Individuals can stay informed and prepare as for any emergency.

303. If bird flu (H5N1 Avian Influenza) becomes pandemic, what will happen?

Pandemic influenza can be a serious worldwide event.

- Most pandemics cause widespread illness and death.
- The timing and consequences of pandemic influenza can be difficult to predict.
- Because one-third of the population can be sick, there are severe social consequences.

Public participation and cooperation will be important to the response effort.

- In a pandemic, travel and public gatherings could be limited.
- Other emergency measures might be needed.
- People should stay informed about pandemic influenza, and prepare as they would for any emergency.

The United States and other countries are preparing to respond to pandemic influenza.

- The US Department of Health and Human Services and others are developing supplies of potential vaccines and medicines against influenza.
- The US has been working with the World Health Organization and other countries to strengthen detection and response to outbreaks of influenza.
- Preparedness efforts are ongoing at the national, state, and local level.

304. What is being done to keep bird flu (H5N1 Avian Influenza) from becoming a pandemic disease?

We are watching closely for any person-to-person spread of bird flu.

- So far there has been limited person-to-person spread of bird flu worldwide.
- We are watching for changes in the virus that could lead to easier spread between people.
- The US Department of Health and Human Services, the World Health Organization, and many others are working together.

Public health officials already have some systems to help be ready for pandemic influenza.

- There is a program for fast distribution of vaccines and medicines.
- There are several systems for rapidly sharing emergency health information.
- A worldwide network of laboratories detects and tracks influenza viruses.

The United States and other countries are preparing to respond to pandemic influenza.

- The US Department of Health and Human Services and others are developing supplies of potential vaccines and medicines.
- The US has been working with the World Health Organization and other countries to strengthen monitoring and response to outbreaks.
- Preparedness efforts are ongoing at the national, state, and local level.

305. How does bird flu (H5N1 Avian Influenza) get from birds to humans?

Bird flu is a disease of wild and domesticated birds.

- This type of influenza can also infect other animals and people.
- Since the 1990s, bird flu outbreaks have occurred in Asia, Europe, and Africa.
- We are watching for changes in the bird flu virus that could lead to easier spread between people.

Although rare, human cases of bird flu have been reported.

- All human cases of bird flu have been in Asia, Europe, and Africa.
- A few reports are linked to drinking uncooked poultry blood.
- Most human cases came from direct contact with infected birds or their droppings.

There is worldwide coordination to try to control the spread of bird flu.

- Flocks are monitored for bird flu.
- Possibly infected birds are kept separate.
- Sick and possibly infected birds are killed.

306. How easily does bird flu (H5N1 Avian Influenza) spread from human to human?

So far bird flu has rarely passed from human to human.

- Bird flu is a disease of wild and domesticated birds.
- Most human cases in Asia or elsewhere came from direct contact with infected birds or their droppings.
- The very few people who may have gotten bird flu from other people did not pass it on.

Scientists are watching bird flu because of its potential to change into pandemic influenza in people.

- The virus is spreading to birds and animals in new regions.
- The virus has infected some people, causing severe illness and death.
- In very rare cases the virus may have spread from one person to another.

We are watching closely for any person-to-person spread of bird flu.

- So far there has been limited person-to-person spread.
- We are watching for changes in the virus that could lead to easier spread between people.
- The US Department of Health and Human Services, the World Health Organization, and many others are working together.

307. Given concerns about bird flu, is it safe to buy and eat chicken and duck in the US?

It is safe to eat properly cooked poultry in the US?

- H5N1 (the bird flu from Asia) has not been found in the US.
- Cooking destroys germs, including the bird flu virus.
- The US bans imports of poultry from areas with bird flu.

There is worldwide coordination to control the spread of bird flu.

- Flocks are monitored for illness.
- Possibly infected birds are kept separate.
- Sick and possibly infected birds are killed.

As usual, you should take steps to control the spread of germs from poultry.

- Keep hands, utensils, and surfaces clean.
- Because of bird flu in Asia and elsewhere, travelers to this area should be careful.
- Fully cook poultry before eating it.

308. What advice would you give someone traveling to Asia, Europe, or Africa?

During travel, you should take steps to minimize risk.

- Avoid contact with chickens and ducks (including droppings and blood).
- Follow good health habits, such as frequent hand-washing.
- Avoid “live markets,” birds farms, and partially cooked poultry.

Before travel take other steps.

- Check the Centers for Disease Control and Prevention's (CDC) (<http://www.cdc.gov/travel/>) for travel advisories.
- Be sure your shots are up-to-date and your health insurance covers you overseas.
- Contact the US Consulate there to learn of available health care.

There are things to do after your travel to Asia, Europe, or Africa

- If you have any illness within 10 days, see your health care provider.
- Tell your health care provider about your travel.
- No travelers to Southeast Asia have gotten bird flu.

309. What are the symptoms of bird flu (H5N1 Avian Influenza) in people?

Symptoms of bird flu are like those for other influenza viruses.

- A high fever that lasts for several days.
- Muscle aches occur and feel worse if they are touched.
- Coughing and shortness of breath are common.

We are watching closely for any person-to-person spread of bird flu.

- So far there has been limited person-to-person spread worldwide.
- We are watching for changes in the virus that could lead to easier spread between people.
- The US Department of Health and Human Services, the World Health Organization, and many others are working together.

So far, all human cases of bird flu have been in Asia, Europe, and Africa.

- Human cases are rare (more than 180 cases have been reported).
- Spread from person to person is very rare.
- Most human cases probably came from direct contact with infected birds or their droppings.

310. Why is bird flu (H5N1 Avian Influenza) so deadly?

The bird flu virus is new to people and mostly in developing countries.

- Few people are immune to a new virus.
- All human cases of bird flu in people have occurred in Asia, Europe, and Africa.
- Where bird flu is occurring, people may have less access to health care.

We are watching closely for any person-to-person spread of bird flu.

- So far there has been limited person-to-person spread worldwide.
- We are watching for changes in the virus that could lead to easier spread between people.
- The US Department of Health and Human Services, the World Health Organization, and many others are working together.

The World Health Organization and many nations are working to improve detection and tracking of influenza viruses.

- Funding for detection and tracking has been increased.
- Health care workers in Asia are being trained to use kits to test for bird flu.
- Disease experts from many nations are working on this effort.

311. How can infection with bird flu (H5N1 Avian Influenza) be prevented?

So far, all human cases of bird flu have been in Asia, Europe, and Africa.

- Most human cases of bird flu probably came from direct contact with infected birds or their droppings.
- Passing of bird flu from one person to another is very rare.
- Travelers to Southeast Asia should take steps before, during, and after travel.

We are watching closely for any person-to-person spread of bird flu.

- So far there has been limited person-to-person spread of bird flu worldwide.
- We are watching for changes in the virus that could lead to easier spread between people.
- The US Department of Health and Human Services, the World Health Organization, and many others are working together.

The World Health Organization and many nations are working to improve detection and tracking of bird flu.

- Resources are being devoted to detection and tracking of influenza viruses.
- Health care workers in Asia are being trained to use kits to test for bird flu.
- Disease experts from many nations are working on this effort.

312. How are patients with bird flu (H5N1 Avian Influenza) treated?

Antiviral medicines can help lessen the severity of influenza.

- Antiviral medicines work against a number of types of viruses.
- Each type of influenza virus must be tested to learn if antiviral medicines work against it.
- So far, research shows that some antiviral medicine works against bird flu.

Antiviral medicines could be important if bird flu becomes widespread in people.

- The US has a supply of antiviral medicines.
- The US has ordered more to increase its supplies as part of planning for pandemic influenza.
- There is a system to distribute these medicines quickly to where they are needed.

Bird flu is also treated by supportive care.

- Supportive care is treatment of the symptoms of a disease (for example, reducing fever).
- Supportive care includes treating other germs if they infect someone sick with bird flu.
- Supportive care includes treating other medical conditions the patient has, such as heart disease.

313. Is there a test that can tell if someone has bird flu (H5N1 Avian Influenza)?

There is a test for bird flu.

- Health care workers in Asia are being trained to use kits to test for bird flu.
- Most often diagnosis of bird flu is made by symptoms a patient has.
- Laboratories worldwide work to detect and track bird flu.

For now, only selected people with symptoms are tested for bird flu.

- Usually they are from areas where there is bird flu (Asia).
- Usually they are people with direct contact with birds.
- Some other people and animals are tested to see if bird flu is spreading.

The World Health Organization and many nations are working to improve the detection and tracking of bird flu.

- Funding for detection and tracking bird flu has been increased.
- Health care workers in Asia are being trained to use kits to test for bird flu.
- Disease experts from many nations are working on this effort.

Antiviral Medications (400 series)

- 401. Are there medicines other than vaccines that can be used to respond to pandemic influenza?
- 402. How will antiviral medicines be used during an influenza pandemic?
- 403. How well will antiviral medicines work against pandemic influenza?
- 404. How much antiviral medicine is currently available?
- 405. Should individuals get antiviral medicines and keep them in case of pandemic influenza?
- 406. How would antiviral medicines be dispensed in an emergency?
- 407. Will non-citizens in the United States get medications in an emergency?
- 408. If pandemic influenza occurs and there is not enough antiviral medicine, who will get it?
- 409. Oseltamivir (Tamiflu) is an important antiviral medicine, but only one company makes it. Will the United States be able to get enough?

401. Are there medicines other than vaccines that can be used to respond to pandemic influenza?

Doctors have ways to treat influenza, including antiviral medicines.

- Antiviral medicines can be used to lessen the severity of influenza symptoms.
- Antiviral medicines can be used to lessen the risk of getting influenza.
- Antiviral medicines can be used to make infected people less contagious.

During pandemic influenza, antiviral medicines will be used mostly to treat people who have influenza.

- Antiviral medicines will be used along with other methods to treat people with influenza.
- Healthcare workers will prescribe antiviral medicines if they are the best method for treatment.
- Antiviral medicines are most useful when given soon after symptoms begin.

The federal government is increasing its supply of antiviral medicines.

- Right now, there are enough antiviral medicines in the national stockpile to treat 2.2 million people.
- More antiviral medicines have been ordered for the national stockpile.
- The national goal is to have enough antiviral medicines to respond to major outbreaks.

402. How will antiviral medicines be used during an influenza pandemic?

During a pandemic, antiviral medicines will be used mainly to treat people who have influenza.

- Antiviral medicines can be used to lessen the severity of influenza symptoms.
- Antiviral medicines can be used to make infected people less contagious.
- Antiviral medicines are most useful when given soon after symptoms begin.

Antiviral medicines can be used to help contain small outbreaks of pandemic influenza.

- Antiviral medicines are most helpful when used in small, well-defined settings.
- Antiviral medicines will be given first to those living in places experiencing an outbreak.
- In response to a major outbreak, antiviral medicines will be used along with other methods to reduce or prevent spread of influenza.

Antiviral medicines can be used to prevent influenza among those exposed to the disease.

- Antiviral medicines may be given to those in close contact with influenza patients.
- Close contacts could include family members and health care workers.
- Antiviral medicines may be given to those who traveled or worked with an infected person.

403. How well will antiviral medicines work against pandemic influenza?

Antiviral medicines have helped people with different kinds of flu get better.

- Antiviral medicines have helped treat and prevent influenza for many years.
- Tamiflu and Relenza are two well-known brands of antiviral medicines.
- Antiviral medicines keep viruses from reproducing in the body.

Antiviral medicines usually work for people with bird flu.

- Antiviral medicines have been effective in treating humans with bird flu.
- There have been reported cases where a person with bird flu did not respond to antiviral medicines.
- Not all antiviral medicines are effective against all strains of influenza.

Testing must continue, because influenza viruses change all the time.

- Pandemic influenza is caused by an influenza virus that is new to people.
- The United States is working with the World Health Organization and other countries to strengthen detection and tracking of new influenza viruses.
- The United States and other countries continue testing antiviral medicines against influenza viruses.

404. How much antiviral medicine is currently available?

Right now, the national supply has enough antiviral medicines to treat 2.2 million people.

- The national stockpile of antiviral medicines will be used mainly to treat people with influenza.
- The national stockpile may be used to stop the spread of influenza from infected persons to others.
- The stockpile may also be used to help contain small outbreaks.

The federal government is increasing its supply of antiviral medicines.

- The national plan set up a schedule for increasing the stockpile of antiviral medicines. (<http://www.hhs.gov/pandemicflu/plan/>).
- The national plan is a joint effort of producers and buyers of antiviral medicines. (<http://www.hhs.gov/pandemicflu/plan/>)
- The government and industry are working together to build supplies of antiviral medicines.

The national goal is to have enough antiviral medicines to respond to major outbreaks.

- Antiviral medicine use may decrease the number of hospital stays for influenza patients by half.
- Two of the most effective antiviral medicines today are Tamiflu and Relenza.
- Scientists are working to make new antiviral medicines.

405. Should individuals get antiviral medicines and keep them in case of pandemic influenza?

The supply of antiviral medicines is limited.

- Antiviral medicines are given out only by prescription.
- Few companies make antiviral medicines.
- Usually, drug stores have only a small supply on hand.

There are risks in keeping antiviral medicines at home.

- Antiviral medicines should be taken under the care of a doctor -- there can be serious side effects.
- Like any medicine, some people can use antiviral medicines and others should not, because the medicine may harm them.
- Antiviral medicines may not work well if stored improperly.

Preparing and staying informed are the best responses now.

- Right now, there is no pandemic influenza in the United States or the world.
- Preparing now can limit the effects of pandemic influenza.
- You can stay informed through <http://www.pandemicflu.gov>.

406. How would antiviral medicines be dispensed in an emergency?

Local, state, and federal health agencies have plans for giving out medicines in an emergency.

- Plans for giving out medicines in an emergency involve government, the Red Cross, and other local groups.
- Plans tell how medicines will be given to the public in different types of emergencies.
- Plans guide us on how to meet the needs of daily life in an emergency; such as getting food, water, and medicine to people who need it.

Plans for giving out medicines are being tested and improved.

- Cities, states, and the nation have exercises to test their plans.
- Plans get updated based on research and exercises.
- Plans are also updated when new things are learned from real disasters.

Plans for giving out medicines in an emergency emphasize local needs and resources.

- Plans for giving out medicines in an emergency include how to handle those with special needs.
- Plans list the available resources that can help give out medicines in an emergency.
- To learn more about the plans in your area, contact your local health department.

407. Will non-citizens in the United States get medications in an emergency?

Pandemic influenza would affect all people regardless of citizenship.

- The response to pandemic influenza must address the needs of citizens and non-citizens alike.
- Health professionals have an ethical obligation to treat the sick.
- Local health agencies will have information on where to get treatment.

The needs of all people must be addressed in the response to pandemic influenza.

- People who have been exposed to an infectious disease might not know it.
- People may have an infectious disease without showing symptoms.
- People with influenza can spread the disease even if they have no symptoms.

If pandemic influenza occurs, we must all work together.

- A national response to pandemic influenza will require the cooperation of everyone.
- People here must be treated alike, wherever they are from.
- America wants to continue its tradition of helping those in need.

408. If pandemic influenza occurs and there is not enough antiviral medicine, who will get it?

Many people are contributing to a national pandemic plan for use of antiviral medicines.

- Doctors, scientists, and influenza experts have focused attention on these issues.
- People across the country have shared their thoughts at community meetings.
- The HHS Pandemic Influenza Plan describes the plan for using antiviral medicines (<http://www.hhs.gov/pandemicflu/plan/>).

Local, state, and national health agencies have plans for giving out medicines in an emergency.

- Plans for giving out medicines in an emergency involve government, the Red Cross, and other local groups.
- Plans tell how medicines will be given to the public in different kinds of emergencies.
- Plans guide us on how to meet the needs of daily life in an emergency; such as getting food, water, and medicine to people who need it.

Three uses of antiviral medicines are suggested in the national plan.

- The national stockpile of medicines will be used mainly to treat people with influenza.
- The national stockpile may be used to stop the spread of influenza from infected persons to others.
- The stockpile may also be used to help contain small outbreaks.

409. Oseltamivir (Tamiflu) is an important antiviral medicine, but only one company makes it. Will the United States be able to get enough?

It is difficult to predict how much antiviral medicine will be needed.

- It is difficult to predict when the next pandemic will occur.
- The value of using antiviral medicines depends on what virus causes the next pandemic.
- It is difficult to predict how severe the next influenza pandemic will be.

The federal government is increasing its supply of antiviral medicines.

- The national plan set up a schedule for increasing the stockpile of antiviral medicines. (<http://www.hhs.gov/pandemicflu/plan/>).
- The national plan is a joint effort of producers and buyers of antiviral medicines. (<http://www.hhs.gov/pandemicflu/plan/>)
- The government and private sector are working closely to find ways to make antiviral medicines faster.

The United States has resources to make antiviral medicines.

- Antiviral medicines other than Tamiflu can be produced in the United States.
- Gilead Laboratories, a United States Company, owns the patent for Tamiflu.
- Scientists in the United States are working to make new antiviral medicines.

Other countries and factories around the world may be licensed to make Tamiflu.

- Factories in China and India may make Tamiflu.
- The current maker of Tamiflu, Roche Laboratories, may license other facilities around the world to make it.
- Many countries are sharing resources to increase the supply of Tamiflu.

Vaccines (500 series)

- 500. Can a vaccine be made to protect against pandemic influenza?
- 501. How long will it take to make enough pandemic influenza vaccine for everyone in the U.S.?
- 502. Who decides who will get vaccine and who will not and how do they decide?
- 503. Is anyone making vaccine against bird flu (H5N1 Avian Influenza)?
- 504. How safe will a pandemic influenza vaccine be?
- 505. How will vaccine be distributed quickly if a pandemic breaks out?
- 506. Should people get vaccinated now?

500. Can a vaccine be made to protect against pandemic influenza?

We will need a vaccine for the specific pandemic influenza virus.

- Influenza viruses are changing all the time.
- Pandemic influenza is likely to be caused by a virus that is new to people.
- It is difficult to make large amounts of vaccine without knowing the exact pandemic influenza virus.

In a pandemic, the goal would be to vaccinate everyone.

- Vaccine might be in limited supply in the early stages of pandemic influenza.
- People who perform essential society services (for example, health care providers and police) will likely be the first vaccinated.
- Other groups will be identified for vaccination based on the pandemic.

Potential vaccines are already being made and tested against likely viruses.

- Researchers are making and testing small amounts of possible vaccines.
- Influenza viruses are being monitored for changes that would affect vaccine production.
- Research is underway on methods to make more vaccine more quickly.

501. How long will it take to make enough pandemic influenza vaccine for everyone in the U.S.?

The goal is to have enough vaccine for everyone.

- Supplies might be limited early in a pandemic.
- Researchers are working on ways to make vaccine more quickly.
- The U.S. is working to have more producers of vaccine.

Today, it could take a year to produce enough vaccine for the U.S.

- The exact pandemic influenza virus cannot be identified before a pandemic.
- Current techniques require months to make and test vaccines.
- Currently there are only two U.S. producers of influenza-vaccine.

We are preparing for early limits on vaccine availability.

- Medical experts and the public are recommending how best to use limited supplies.
- People who perform essential day-to-day services (for example, health care workers and police) will likely be among the first vaccinated.
- Other groups will be identified for vaccination based on the details of the pandemic.

502. Who decides who will get vaccine and who will not and how do they decide?

Scientific and public groups made recommendations about who will get vaccine first in a pandemic.

- Medical experts used their knowledge and experience to make recommendations.
- Groups of community members reviewed those recommendations.
- The recommendations will be provided to the President.

Fairness in vaccine use during a pandemic is important.

- Protecting people at high risk is an important consideration.
- Protecting essential day-to-day services, such as electricity and water, is an important consideration.
- Decisions regarding use of vaccine have been discussed by the public and medical experts.

People can help protect themselves and others during pandemic influenza.

- Frequent hand-washing can limit the passing of germs.
- Covering coughs and sneezes can limit the spread of germs.
- Staying home when you are sick helps protect others.

503. Is anyone making vaccine against bird flu (H5N1 Avian Influenza)?

Small amounts of vaccine against bird flu are being made and tested.

- Other possible vaccines are also being made and tested to see if they work against bird flu.
- Influenza viruses are being monitored for changes that would affect vaccine production.
- Research is underway on methods to make more vaccine more quickly.

There are challenges with making vaccines that need to be overcome.

- With current methods, it takes months to produce a batch of influenza vaccine.
- There are a limited number of companies that make influenza vaccine.
- It is difficult to make large amounts of vaccine without knowing the exact pandemic influenza virus.

The goal is to have enough vaccine for everyone in a pandemic.

- The U.S. is working to have more producers of influenza vaccine.
- Research is underway on methods to make additional vaccine more quickly.
- There are international efforts to improve worldwide detection and tracking of influenza viruses.

504. How safe will a pandemic influenza vaccine be?

The U.S. and others have experience in making safe and effective influenza vaccines.

- Influenza vaccine cannot give someone influenza.
- The most common side effects are sore arm and redness.
- Most people who get vaccinated for annual influenza have no side effects.

Before being used, new vaccines pass many safety tests.

- Safety tests are conducted at each step in development.
- Safety standards are very high.
- The Food and Drug Administration and panels of experts review safety findings before approving vaccines.

Vaccines being used continue to be monitored for safety.

- There is a system in place for monitoring vaccine use.
- This monitoring helps identify rare adverse events.
- Vaccines against a pandemic would have to meet existing safety requirements.

505. How will vaccine be distributed quickly if a pandemic breaks out?

Most likely, the federal government will direct shipments of influenza vaccine to the states.

- States are developing and improving plans to distribute a vaccine rapidly.
- These plans build on experience from other emergencies.
- An important part of this planning is to keep the public informed.

Influenza vaccine makers already distribute vaccine.

- Millions of doses of influenza vaccine are shipped every year.
- During past shortages, vaccine makers have responded to urgent situations.
- Informing the public of changes as events develop is important.

Other systems are already in place.

- The Strategic National Stockpile (SNS) is designed to get medical supplies and equipment quickly anywhere in the country.
- States have plans for distributing medicines and vaccines from the SNS.
- Informing the public of where to go for vaccine is part of states' plans.

506. Should people get vaccinated now?

People need not and cannot be vaccinated against pandemic influenza now.

- There is currently no pandemic influenza in the world.
- Test vaccines have been developed but will not be used until a pandemic is imminent
- Preparing and staying informed are the best responses now.

Vaccination will be an important tool if pandemic influenza breaks out.

- Researchers are making and testing small amounts of possible vaccines.
- Influenza viruses are being detected and tracked for changes that would affect vaccine production.
- Research is underway on methods to make more vaccine more quickly.

Getting a yearly “flu shot” for seasonal flu is recommended for many.

- Vaccination is recommended for the young, the old, and people they live with.
- Vaccination is recommended for health care workers.
- Vaccination is recommended for those with other health problems such as heart disease.

Response (600 series)

- 601. How will you know if a pandemic has started?
- 602. What is quarantine?
- 603. What is isolation?
- 604. Where are people quarantined and isolated?
- 605. Why do you believe that quarantine and isolation will be effective in limiting the spread of pandemic influenza?
- 606. Who would be in charge of responding to pandemic influenza?
- 607. What is expected from the media regarding pandemic influenza?
- 608. What is different between 1918 and now that suggests pandemic influenza might go differently?
- 609. During an influenza pandemic, what will you recommend that people do if they show symptoms of influenza?

601. How will you know if a pandemic has started?

The first sign of pandemic influenza will be the appearance of a new or rarely seen influenza virus.

- Laboratories in many countries are watching for new influenza viruses.
- Bird and animal populations are being constantly tested.
- Doctors and scientists are on alert worldwide.

This new influenza virus will spread quickly among people.

- The new influenza virus will spread as easily as normal seasonal flu.
- International travel may speed up the spread of pandemic influenza.
- Because the virus will be new, people will not be immune to it.

Outbreaks of pandemic influenza may occur in different places at different times.

- Outbreaks may occur in waves of 6-8 week time periods.
- These waves of influenza may occur over several months or years.
- Different people may be affected during each wave.

602. What is quarantine?

Quarantine is a method used to stop or limit the spread of disease.

- Quarantine is one of the first actions taken by health officials in response to an outbreak of infectious disease.
- Quarantine during pandemic influenza may last for as long as ten days.
- Quarantine has been successfully used in the past to prevent the spread of infectious disease.

Quarantine separates and restricts the movement of people.

- Quick action by health officials is needed to stop person-to-person spread of a contagious disease.
- Quarantine may be voluntary or involuntary.
- People exposed to the disease but not quarantined may accidentally spread disease to others.

Quarantine applies to people who have or might have been exposed to an infectious disease.

- People who have been exposed to an infectious disease might not know it.
- People may have an infectious disease without showing symptoms.
- People with influenza can spread the disease even if they have no symptoms.

603. What is isolation?

Isolation is a way to limit the spread of disease.

- Isolation is a standard public health practice for disease control.
- Hospitals have plans that describe how to isolate patients.
- Isolation is a medical decision that can be legally enforced.

Isolation applies to people known to be infected with a disease.

- Isolation allows for the delivery of specialized care to infected persons.
- People infected with a disease can spread it to others even if they have no symptoms.
- Isolation helps keep infected people from spreading a disease to others.

Isolation separates infected people from others.

- Isolation protects healthy people and caregivers from disease.
- Isolation protects infected people from getting other diseases.
- Isolation protects family and friends of infected people from getting sick.

604. Where are people quarantined and isolated?

Quarantine and isolation are often done in hospitals and in homes.

- Quarantine and isolation sites are determined in part by the number of cases.
- Many hospitals have facilities equipped for quarantine and isolation.
- In some circumstances, quarantine and isolation may be done at home.

Specialized facilities may be needed if large numbers of people are involved.

- Facilities may be needed to quarantine and isolate many people in many locations.
- Local and state emergency plans identify facilities that can be used for quarantine and isolation.
- The federal government is working with states and cities to identify additional facilities for quarantine and isolation.

Most communities and hospitals have plans for operating quarantine and isolation facilities during a disease outbreak.

- Disease control plans describe the equipment needed to do quarantine and isolation.
- These plans describe the supplies needed for quarantine and isolation.
- These plans describe the medicines needed for quarantine and isolation.

605. Will quarantine and isolation be effective in limiting the spread of pandemic influenza?

Quarantine and isolation have been used for hundreds of years to control the spread of disease.

- Quarantine is one of the first steps taken by health officials in response to a disease outbreak.
- Quick action by health officials is needed to limit person-to-person spread of a contagious disease.
- Quarantine and isolation have helped limit the spread of diseases such as plague and smallpox.

In the early stages of pandemic influenza, quarantine and isolation may slow the spread of the disease.

- Slowing the spread of pandemic influenza can reduce demands on hospitals.
- Slowing the spread of pandemic influenza can provide more time for preparation.
- Slowing the spread of pandemic influenza can provide more time for vaccine development.

Quarantine and isolation will help protect people from pandemic influenza while vaccines are being developed.

- People who have been infected with pandemic influenza may not know it.
- People infected with pandemic influenza can spread the disease even if they have no symptoms.
- People exposed to the disease but not quarantined may spread disease to others without knowing it.

606. Who would be in charge of responding to pandemic influenza?

The National Incident Management System (NIMS) describes federal responsibilities in an emergency.

- The NIMS would be used if pandemic influenza occurs.
- A “Lead Federal Official” would be assigned.
- More information on the NIMS can be found at <http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf>

The U.S Department of Health and Human Services (HHS) would lead public health efforts during pandemic influenza.

- HHS would work with the World Health Organization and other countries in response to pandemic influenza.
- HHS would work with many federal agencies in response to pandemic influenza.
- HHS will help state, local, and tribal governments according to their plans.

Local, state, and tribal officials will lead the response to pandemic influenza in their areas.

- Local, state, and tribal plans for pandemic influenza are being drafted, tested, and refined.
- Local, state, and tribal officials would work with federal partners to meet their local needs.
- Local, state, and tribal officials would work with the health care system in response to pandemic influenza.

607. What is expected from the media regarding pandemic influenza?

The media will be a vital partner in pandemic influenza planning and response.

- The media can quickly provide urgent information during an influenza pandemic.
- The public will turn to the media before and during an influenza pandemic.
- The media may provide key information to those leading planning and response efforts.

Health officials count on the media to be informed about pandemic influenza.

- Universities are sharing research with the media about pandemic influenza.
- The federal government is making a media guide for pandemic influenza.
- State and local officials are updating local reporters on pandemic influenza.

Health officials count on the media to provide accurate and timely reports about pandemic influenza.

- The media can inform the public on current events and what can be expected in regards to pandemic influenza.
- The media can bring attention to pandemic influenza issues.
- The media can inform the public of available services and actions that should be taken.

608. What is different between 1918 and now that suggests pandemic influenza might go differently?

There have been many advances in the detection and tracking of influenza.

- Diagnosis and patient care has improved since then.
- Antiviral medicines did not exist in 1918 and could help in an influenza pandemic today.
- Influenza vaccines have been developed since 1918 and could help in an influenza pandemic.

The world's population is denser and global travel is much greater than in 1918.

- Faster movement of more people could speed the spread of a new influenza virus.
- Economic effects would be felt around the world more quickly than in 1918.
- Population density, especially in major cities, is greater now that it was in 1918, and even remote areas of the globe are more accessible.

It is difficult to predict how the next influenza pandemic might differ from the past.

- The severity of pandemic influenza would depend on the virus that causes it.
- Increased travel and greater population could speed the spread of pandemic influenza.
- Better detection and medical treatment could lessen the effects of an influenza pandemic.

609. During an influenza pandemic, what will you recommend that people do if they show symptoms of influenza?

In a pandemic, health officials would advise the public about what they should do.

- The best actions to take will depend on the specific situation.
- Advice would also change as the pandemic progresses.
- Right now, there is no pandemic influenza in the United States or the world.

During an influenza pandemic, people could take steps to prevent its spread and to care for themselves and their loved ones.

- Health officials would describe the signs and symptoms of the specific disease.
- Some steps are as simple as practicing good health habits, including proper hygiene, eating a balanced diet and getting enough rest.
- People should discuss their own health concerns with their doctor, health department, or other trusted sources.

Preparing and staying informed are the best responses now.

- Right now, there is no pandemic influenza in the United States or the world.
- Preparing now can limit the effects of pandemic influenza.
- You can stay informed through <http://www.pandemicflu.gov>.

Mental Health (700 series)

- 701. What can people do if thinking about pandemic influenza makes them anxious?
- 702. Are there things people can do to help manage worries about pandemic influenza?
- 703. If vaccine and antiviral medicines are both likely to be in short supply, what hopes can people have?

701. What can people do if thinking about pandemic influenza makes them anxious?

People can prepare as they would for any emergency such as an earthquake, hurricane, or blizzard.

- People should keep their own supply of canned and other non-perishable foods.
- People should keep their own supply of drinking water.
- People should keep their own supply of essential medicines and household goods.

People can take good care of their physical needs to help their feelings.

- People can remember that good physical health helps produce good mental health.
- Avoiding increased use of drugs, alcohol, and tobacco can help reduce anxiety.
- Eating a balanced diet, practicing good sleep habits, maintaining normal routines, and getting regular exercise can help reduce anxiety.

People can address their emotional and spiritual needs to help them be calmer.

- Recognize and reduce other sources of stress as much as possible.
- Identify and plan for healthy ways to take care of themselves.
- Call on sources of social and spiritual support, such as friends and houses of worship.

702. Are there things people can do to help manage worries about pandemic influenza?

Helping others can reduce our own anxiety.

- Know your neighbors, especially those who live alone or have health problems.
- Help others get supplies when you are doing your own shopping.
- Help others make plans for getting aid during an influenza pandemic.

People can stay informed.

- People should be aware there is no pandemic influenza in the United States or the world at present.
- People can stay informed through the government pandemic influenza web site (<http://www.pandemicflu.gov>)
- People can stay informed through local and national media and other sources.

People can prepare as they would for any emergency such as an earthquake, hurricane, or blizzard.

- People should keep their own supply of canned and other non-perishable foods.
- People should keep their own supply of drinking water.
- People should keep their own supply of essential medicines and household goods.

703. If vaccine and antiviral medicines are both likely to be in short supply, what hopes can people have?

There are things people can do to protect themselves and others during an influenza pandemic.

- Health officials would describe the signs and symptoms of the specific disease.
- People should practice good health habits, including eating a balanced diet and getting enough rest.
- People should discuss their own health concerns with their doctor, health department, or other trusted sources.

The United States and other countries are preparing to respond to an influenza pandemic.

- The U.S. Department of Health and Human Services and others are increasing supplies of vaccines and medicines.
- The United States has been working with the World Health Organization and other countries to strengthen detection and response to outbreaks.
- Preparedness efforts are on-going at the national, state, and local level.

People can take common-sense steps to keep from spreading germs.

- People should cover their coughs and sneezes, and wash their hands frequently.
- People should stay away from sick people as much as possible.
- If you are sick, you should stay away from others as much as possible.

APPENDIX I2

COMMUNICATION VEHICLE WORKSHEET

COMMUNICATIONS AUDIENCE GRID

Communication Vehicles	Audiences							
	Patients	Managers	Employees	Affiliates	Physicians	Board	Media	Community/Others
Telephone								
Special Meetings								
Voice Mail								
Intranet								
Overhead Announcements								
E-mail								
Distribution of Special Newsletter Editions								
Broadcast Fax								
Video Teleconference								
Town Hall Meetings								
Web Site Announcements								
One on One Meetings								
Press Release								
Mail								
Hand Delivered Memos/Fliers								
Cafeteria Announcement Boards								
Tent/Tray Cards								
Staff Communication Boards								
Advertisement								
Call Center								
Public Service Announcements								
Information Center								
Hotline								

NJHA extends its appreciation to Meridian Health System for its contribution.

APPENDIX I3

TIPS FOR PRESS MESSAGES

13.

Tips for Press Messages/Materials Creation in a Crisis Environment

In a crisis situation, particular care should be taken with the tone and word choice in your materials. When drafting your messages/materials, it is helpful to keep the following tips in mind:

- Keep all materials relevant to the situation at hand. Brevity and use of plain language is critical. Repetition of key messages helps ensure that information is absorbed.
- Continue to state concern about the situation, prior to addressing any good news and stating reassuring updates.
- Ensure messages under promise and over deliver. Do not “over-reassure.”
- Allow people the right to feel fear. Acknowledge it and give contextual information.
- Ensure messages give people things to do. Anxiety is reduced by action and a restored sense of control.

Review messages for the five communication steps that *boost success*:

- Execute a solid communication plan.
- Be the first source for information.
- Express empathy early.
- Show competence and expertise.
- Remain honest and open.

Review messages for the five communication failures that *kill success*:

- Mixed messages from multiple experts.
- Delayed or late release of information.
- Paternalistic or “know-it-all” attitudes.
- Not countering rumors or myths in real-time.
- Public power struggles and/or confusion.

Consider that evidence strongly suggests that media coverage is more factual when reporters have more information and more interpretative when less information is provided. Predictable information sought by the media includes:

- What has happened?
- Who is in charge?
- Who caused this situation?
- Has this been contained?
- Are victims being helped?
- What can we expect?
- What should we do?

- Why did this happen?
- Did you have forewarning?
- How can this situation be fixed?
- What are the casualty numbers, patient conditions, available treatments?
- What is the extent of property damage?
- What response and relief activities are underway?
- What are/will be the resulting effects (e.g., anxiety, stress)?
- Are families safe? H2
- What can people do to protect themselves and their families? I4
- If you're treating people that have the flu at your facility, are people safe there? H2

When first communicating with both internal and external audiences, ensure the following is addressed:

- Recognize/empathize with what the audience must be feeling.
- Provide only confirmed facts and action steps.
- Communicate what you don't know about the situation.
- Explain how answers will be identified.
- Verify your commitment to continue to respond to the situation and to continue communication.
- Direct people to other sites or sources of information for updates.

When developing flu pandemic communication pieces, recognize:

- Feelings of overwhelming fear in the community, particularly if the event continues over an extended period of time, if there is a high mortality rate, and/or if facility capacity is exceeded.
- People do not feel in control because individual behaviors can impact the spread of influenza. Uncertainty will create great anxiety. To reduce anxiety, give people specific things to do (e.g., practice good hygiene; disinfect surfaces in the home).
- There is reassurance in communicating that hospital operations are under control.
- Understanding a complex issue requires simple messages delivered in plain language.
- There is an inadequate supply of vaccines/antivirals, and there may be a limited supply of medicine to treat those that become infected.
- There may be feelings of loss of control over making individual decisions (e.g., mandated quarantine, burial processes, etc.).
- Different age populations may need different messages to feel reassured.
- There may be a need for sustained communications at regular intervals.

The need to be prepared to handle communication related to unpredictable situations (e.g., limited staff availability, staff burnout, staff errors, referrals to alternate care sites if facility reaches capacity, etc.).

United States. Centers for Disease Control and Prevention. [Crisis and Emergency Risk Communication by Leaders for Leaders](#). By Barbara Reynolds. Atlanta: Centers for Disease Control and Prevention, 2002.

Communication Module

THE POLICIES AND PROCEDURES INCLUDED HEREIN ARE NOT REFLECTIVE OF A STANDARD OF CARE.

APPENDIX I4

CHECKLIST FOR INDIVIDUALS/FAMILIES



Pandemic Flu Planning Checklist for Individuals & Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the current behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.



3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<ul style="list-style-type: none"><input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups<input type="checkbox"/> Protein or fruit bars<input type="checkbox"/> Dry cereal or granola<input type="checkbox"/> Peanut butter or nuts<input type="checkbox"/> Dried Fruit<input type="checkbox"/> Crackers<input type="checkbox"/> Canned juices<input type="checkbox"/> Bottled water<input type="checkbox"/> Canned or jarred baby food and formula<input type="checkbox"/> Pet food<input type="checkbox"/> Other nonperishable foods	<ul style="list-style-type: none"><input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment<input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash<input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen<input type="checkbox"/> Thermometer<input type="checkbox"/> Anti-diarrheal medication<input type="checkbox"/> Vitamins<input type="checkbox"/> Fluids with electrolytes<input type="checkbox"/> Cleansing agent/soap<input type="checkbox"/> Flashlight<input type="checkbox"/> Batteries<input type="checkbox"/> Portable radio<input type="checkbox"/> Manual can opener<input type="checkbox"/> Garbage bags<input type="checkbox"/> Tissues, toilet paper, disposable diapers

PandemicFlu.gov



AvianFlu.gov

APPENDIX K I

**TELECOMMUNICATIONS SERVICE PRIORITY
INFORMATION**

TSP for Health Care Providers

FREQUENTLY ASKED QUESTIONS

Q. How does the telecommunications service priority (TSP) program work?

A. There are two aspects of the TSP program: restoration and provisioning. For priority restoration, a qualifying organization must first enroll its essential telecommunications lines in the telecommunications service priority (TSP) program. For Health Care Providers, this may include communication circuits used for voice and data communications in emergency departments, with first responders (ambulance) as well as with state and local health departments.

If any of these TSP services become inoperable, the telecommunications service provider must restore them on a priority basis before it restores any non-TSP services. Having TSP coverage is especially important following a major disaster in which the telecommunications infrastructure has been damaged and large numbers of customers are without telecommunications service.

Qualifying organizations can also use the TSP program to have essential communications services installed on a priority basis. This can ensure that essential communications services are available without lengthy delays that can occur otherwise. For example, if due to a disaster the existing communications circuits into the Health Care Provider's facility is inadequate to handle an increased need for communications or data transmission (e.g. telemedicine applications or transfer of patient medical records), the Health Care Provider can request priority provisioning of additional lines through the TSP program.

For more information, visit the Department of Homeland Security's National Communications System (NCS) web site at <http://tsp.ncs.gov>.

Q. Do all Health Care Providers qualify for TSP?

A. Yes. To qualify for the TSP program, an organization must: (1) be engaged in activities essential to the nation's security or emergency preparedness and response functions (e.g., the promotion of public health, safety, and maintenance of law and order), and (2) rely on telecommunications services to provide these essential functions. Health Care Providers meet these criteria and therefore will qualify.

Q. When should a Health Care Provider enroll in TSP?

A. A Health Care Provider should enroll in the TSP program at its earliest convenience. It should not wait until there is a major disaster or emergency. During a disaster or emergency, the telecommunications service providers must restore services to those organizations that **are already enrolled** in the program. An attempt to enroll in the program during the disaster would not be effective since the enrollment process itself takes a considerable amount of time and would delay rapid restoration of essential telecommunications services.

A TSP application can be completed via the Internet on the NCS web-site at: <http://tsp.ncs.gov> .

Q. How does a Health Care Provider enroll in the TSP program?

A. The Health Care Provider should take the following steps:

- Consult with its telecommunications service provider to determine its essential services and the cost of TSP coverage. From this they should determine which services to cover;
- Contact the Department of Health and Human Services (HHS) via email (Commo@hhs.gov) to request Federal sponsorship for TSP.
- Go to the TSP website at <http://tsp.ncs.gov> to establish an account. (Select “E-forms”, then “Register to use E-forms”). NCS will provide a login ID and password via an email;
- After receiving the login and password, re-enter the TSP web-site and fill out the application form. [Select “E-forms”, then “Access to e-forms application”, then “TSP request for service users (Form 315)].” List HHS as the Federal sponsor.
- The NCS approves TSP coverage and provides the Health Care Provider’s Administrator with TSP authorization codes for each circuit (e.g., TSP02H682.)
- Provide those authorization codes to the telecommunications carrier so that they can be assigned to specific essential communications lines identified as TSP circuits via enrollment in the program. This enables the carrier to quickly identify TSP enrolled circuits and work to restore service or replace them with new lines.

For more information regarding enrollment via email, contact the “NCS Priority Programs” hotline at 1-866-NCS-CALL (1-866-627-2255) or send an e-mail to tsp@ncs.gov.

Q. Who is involved in the TSP program?

A. Four organizations are involved:

- (1) User -- a telecommunications service customer that has its essential telecommunications services enrolled in the program.
- (2) Telecommunications service provider -- the service provider develops internal operating procedures and practices to ensure that TSP-designated services are given priority restoration and installation.
- (3) NCS -- this organization provides the day-to-day administration of the TSP program, including approval of TSP requests.
- (4) Federal sponsor -- any non-Federal TSP user must have a Federal sponsor; the Department of Health and Human Services (HHS) serves as the sponsor for Health Care Providers.

Q. What is the Federal sponsor’s role in the TSP process?

A. Any non-federal organization that requests TSP coverage must be sponsored by a federal agency. The federal sponsor's responsibilities include: (1) ensuring that the telecommunications service for which TSP coverage is requested supports a national security or emergency preparedness or response function; and (2) determining the appropriate priority level assignment.

Q. Who is my Federal sponsor for TSP?

A. The Department of Health and Human Services (HHS) is the Federal sponsor for Health Care Providers. Health Care Provider administrators rely on telecommunications services to provide the essential functions that they perform for the health and welfare American citizens, especially in the aftermath of a disaster or other emergency event. As a result, many of their telecommunications services qualify for TSP coverage. HHS will sponsor Health Care Providers, in order to help ensure that these facilities have access to essential communication services at all times. Any Health Care Provider administrator seeking HHS sponsorship in the TSP program should contact HHS at: Commo@hhs.gov.

Q. How long does the enrollment process take?

A. In most cases, the NCS will complete the sponsorship and approval process within 30 days of the receiving the request from the Health Care Provider. The telecommunications service provider also needs time to issue service orders and make the changes in its records to enable the priority service. The amount of time the service provider requires to process the orders depends on the number of circuits requested.

Q. What should the Health Care Provider do once it receives the TSP authorization codes from NCS?

A. The Health Care Provider should provide the TSP authorization codes to its communications service provider and request TSP service. The service provider generates a service order and enrolls the designated circuits in the TSP program by entering them into its priority service operations support systems. The service provider then has 45 days in which to send a confirmation report back to the TSP Program Office.

Q. What recourse does the applicant have if the application is disapproved?

A. The applicant is afforded due process and may appeal a decision to disapprove the application with the FCC. Applicants who wish to appeal a denial of a request to enroll in TSP may file an appeal in writing with the FCC at tspinfo@fcc.gov. Applicants may also contact the FCC’s Public Safety and Homeland Security Bureau at 202-418-1300 for additional information on the appeals process.

Q. How much does it cost to participate in the TSP program?

A. The Federal government does not charge for TSP. The charge normally varies by telecommunications service provider and depends on the number of lines covered. Your service provider may have a tariff for TSP. Typically, service providers impose a one-time charge for each line selected, as well as a monthly per-line charge. The one-time charge for a local line is approximately \$100; the monthly per-line charge is approximately \$3. The Health Care Provider must consult with its service provider in order to determine its cost for TSP coverage.

Q. Does a user such as a Health Care Provider need to purchase TSP coverage for all of its telecommunications lines?

A. It is critical that health care providers enroll their most essential telecommunications circuits to ensure that the facility is able to continue to provide quality health care to patients at all times. In general, hospitals and other health care providers should enroll essential telecommunications lines that allow for communications with first responders (i.e. police, fire and ambulance) as well as to state and local health departments (including lines that allow for data transfer of patient case specific information, telemedicine, bed availability and other resources and medical equipment needs). Some telecommunications for hospitals and health care facilities would not qualify for TSP, for example telephone lines to patients' rooms and circuits used for billing and administrative functions.

Q. What is TSP restoration?

A. When a telecommunications service covered by the TSP program fails for any reason, including due to a major disaster, the telecommunications service provider must restore the service on a priority basis. TSP restoration can be thought of as an insurance policy for existing circuits (both voice and data). By paying minimal amounts to enroll essential communications services in the program, during a major disaster when it may take days or weeks to restore service to many subscribers, TSP enrollees will have their services restored much more quickly than telecommunication users who are not enrolled in the program.

Q. What is TSP provisioning?

A. TSP provisioning is used when new, essential communications services must be installed on a priority basis to ensure they are available without lengthy delays that would occur otherwise. This includes emergency provisioning of new services at the Health Care Provider's primary location or at an alternate, pre-designated site. For example, to the extent that a Health Care provider envisions needing additional transmission capacity during an emergency to accommodate additional needs of telemedicine and transfer of medical health records, the TSP program would provide for priority provisioning of these services. To request priority provisioning, contact the TSP Program Office at 1-866-627-2255.

Q. During a crisis how long will it take to have service restored for the lines covered by the TSP program?

A. It depends on the extent of the damage to the critical telecommunications infrastructure and the amount of resources (personnel and spare parts) available to the telecommunications service provider to repair the damage. In any event, the telecommunications service provider must

restore all TSP-designated services, on a priority basis, before any others. **This is a legal requirement.**

A good example of how quickly restoration can be made under the TSP program is the situation in Lower Manhattan following the attacks on the World Trade Center in September 2001. Despite unprecedented damage to the telecommunications infrastructure that took many weeks to restore, the telecommunications services supporting the New York Stock Exchange were back in operation in just three days.

Q. Are there any provisions under TSP for health care providers, and in particular a hospital, forced to evacuate and relocate to another facility or venue to provide health care to patients?

A. Yes. In situations in which a hospital or other health care provider was forced to evacuate and relocate operations to another location due to a hurricane, flooding or other type of disaster, the organization would have the option of establishing new priority telecommunications lines under the TSP program. Those facilities enrolled in TSP are strongly encouraged to pre-identify alternate care sites and discuss this TSP provisioning option for those sites with their telecommunications service provider.

Q. Does TSP restoration only apply to situations in which the Federal government has declared an emergency?

A. No. Under the TSP program, there is no requirement for any authority (Federal, state, or local) to declare an emergency or disaster. TSP priority restoration applies at all times. When any TSP-designated service is disrupted it goes to the front of the line for restoration, regardless of the cause of the outage -- whether it was caused by a hurricane, flood, terrorist attack, or backhoe.

Q. If my service contract requires the service provider to restore my service within a specified time frame, e.g., within 24 hours, should I consider TSP coverage?

A. Yes. In accordance with FCC rules, service providers must restore TSP-designated lines before any others, regardless of whether their service contracts specify rapid restoration time frames. Without TSP coverage, a Health Care Provider's lines may not be restored until all other TSP lines are restored and until commercial customers' lines which have contract-designated restoration periods have been restored.

Q. Are there TSP priority levels higher than that which is designated for Health Care Providers? If so, why is it important for Health Care Providers to participate in TSP?

A. There are five TSP priority restoration levels. A Health Care Provider typically will qualify for level three, which includes communications lines necessary for public health, safety, and maintenance of law and order. The higher priority levels, i.e., levels one and two, include national security leadership and certain high-level military communications lines. Fortunately, very few communications lines actually have a priority one or two assignment. In fact, less than one-tenth of one percent of the nation's access lines has been assigned a TSP priority level of

one or two. Therefore, it is highly unlikely that restoration of higher priority TSP lines will appreciably slow restoration of level-three TSP lines.

If a Health Care Provider does not enroll its lines in the TSP program, its telecommunications service provider cannot restore these lines until it has restored all TSP lines in priority levels one, two, three, four, and five. More importantly, the organization's lines would also have to compete with all other (non-TSP) lines for telecommunications service provider maintenance and repair resources. During major disasters, all telecommunications customers would likely be clamoring for rapid service restoration, thereby severely overextending the telecommunications service providers' maintenance and repair resources. Under such circumstances, the only way the organization can be certain it will go near the front of the line is by participating in the TSP program.

Q. If a Health Care Provider's telecommunications lines are working but the public telecommunications networks are congested, will the TSP program help complete its calls?

A. The TSP program is designed to ensure that the most critical telecommunications lines are working. It does not, however, provide for priority completion of calls. That role is provided by Government Emergency Telecommunications Service (GETS) for wireline service and Wireless Priority Service (WPS) for mobile cellular phones.

GETS and WPS are emergency telecommunications programs administered by the NCS that provide for priority completion of out-bound calls when the public telecommunications networks are congested. GETS does not provide priority completion of in-bound calls. Since Health Care Providers are so vital to the health and welfare of the public during emergencies, the FCC, HHS and the NCS recommend that they participate in all three programs, GETS, WPS, and TSP. For information on these programs please visit the NCS web-site at: <http://gets.ncs.gov/> for GETS and <http://wps.ncs.gov/> for WPS.

For further information about the TSP program, call or email:

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