

Appendix 2: Public Information and Warning

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1. INTRODUCTION

The New Hampshire Department of Health and Human Services' (DHHS) Public Information Office (PIO) has primary responsibility for communicating with the public and partners during a bioterrorism or health-related crisis, such as a smallpox attack or pandemic flu, or regarding the health components of another type of emergency, i.e., flooding or other natural disaster, under the direction of the Commissioner of the New Hampshire DHHS. Northern Grafton and Coös Counties will work with NH DHHS PIO to disseminate messages to its residents.

1.1. Purpose

This plan establishes North Country Public Health Region procedures and policies for the development, coordination, and dissemination of information to the general public in the event of a health emergency in New Hampshire. This plan gives an overview of what the Northern Grafton and Coös County's regional communications response will be during a public health emergency.

This plan covers the steps the Northern Grafton and Coös Counties will undertake to provide timely, accurate, and useful information and instructions to the public before, during, and after a public health threat or emergency within the context of the principles of risk communication.

1.2. Scope

During a public health emergency, such as a bioterrorist attack or a disease outbreak, the Northern Grafton and Coös County's Joint Information Center (JIC), in conjunction with the DHHS Public Information Office (PIO), will coordinate and deliver crisis and emergency risk communication (CERC) and public health information to the public and partners through every appropriate and available channel including the media, press conferences, teleconferences, and press releases; a telephone information line (hotline); SAU "Alert Now"; "Grafton County Code Red"; the Health Alert Network (HAN); town meetings, educational forums and broadcasts; website and email communications, flyers, brochures, or other printed material; cooperation with appropriate partners; and through stakeholders.

Communications will be conducted through coordination with the NH Department of Health and Human Services (DHHS); the Department of Safety, HSEM; other appropriate State agencies; sites; key local partners in accordance with other State and local emergency plans (such as physicians, health officers, hospitals, etc.). DHHS will initially assume the communications lead by virtue of it being a public health emergency, but the Governor's office, HSEM or federal officials may take over the response depending on the situation, in which case DHHS will work collaboratively with the designated lead agency.

1.3 Situation and Assumptions

Situation. Public information and rumor control are crucial when dealing with an emergency to help the public understand the situation, avoid panic, and take the appropriate actions. Bioterrorism, disease outbreaks, natural disasters, and other potential public health emergencies

may require a long, complex, and coordinated communication response, depending on the situation and how widespread it is.

The public response may include anxiety, fear, depression, panic, inappropriate actions, substance abuse, absenteeism, family disruption, and even violence. Therefore, it is not only imperative that the communication regarding the situation be well handled and widely disseminated, but also that the Northern Grafton and Coös Counties JIC be a leader in helping to educate the public, allay fears, give appropriate instructions, and aid citizens in finding the help they may need.

Assumptions. A key element of this plan is that a public health emergency will require extensive communication activities which will involve many other people, agencies, and partners. The size, type, scope, novelty, and location of the disease outbreak or other emergency will also dictate the public's reaction and the media interest. It is thus impossible to entirely plan for every eventuality, especially in the case of a new illness never seen before, such as SARS.

In any public health crisis though, the public's safety and welfare are primary and the general public needs to receive as much information about the situation as possible, as soon as possible and as often as new information is available. The media is an essential participant and partner in disseminating information about any health event. Working with the media is the fastest, most efficient way to reach the most number of people. Since the media will be covering the situation to report on events, it is beneficial to everyone that Regional Planning Partners and the media collaborate, before, during, and after any public health emergency.

Rumor control is also a major aspect of public information. Public feedback and regular monitoring of news reports facilitates the communication efforts and helps to alleviate bad situations which may result from misinformation as well as to measure the effectiveness of information being released.

Thus, it is imperative that the dissemination of information during a public health emergency be centrally coordinated for Northern Grafton and Coös Counties. Coordination will take place at the MACE or through virtual communications. Coordination helps to ensure that the information being released is credible, accurate, complete, timely, useful, helpful, and relevant.

To maintain message consistency with the state, the MACE will work with the NH Department of Health and Human Services office; the Department of Safety, HSEM and other appropriate State agencies. The region has identified individuals throughout the region to act as a spokesperson that will be responsible for media inquiries. The policy for media inquiries is included in the responsibilities of the PIO (page 11 of this document).

1.4. Goals of the Plan

The goals of the implementation of this plan are to:

- Provide timely, credible, and accurate health information about a crisis to the public to maintain public confidence;

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- To use as many different avenues as feasible to involve as many citizens as necessary or possible in responding to a crisis;
- To work closely with the media, making efforts to respect media deadlines, deliver background information in writing when possible, and in tailoring the information to a type of outlet when possible;
- To build public trust by showing empathy, acknowledging uncertainty, by explaining what is known and not known and what will be done to find answers, by not over-reassuring, and by listening and responding to public concerns;
- To ensure that a plan is in place to reach and effectively communicate with the Northern Grafton and Coös County’s special populations in the event of a public health emergency in coordination with the HSEM Special Populations Coordinator;
- To involve local health departments and community officials and other partners by sharing clear and accurate information quickly, by listening carefully and responding to needs and suggestions;
- To direct public action as determined by the Commissioner of DHHS, in consultation with the Department’s Medical Director and Director of Public Health Services, in concert with the Governor of New Hampshire and the Department of Safety and the Northern Grafton and Coös Counties local governments.
- To coordinate with other federal, state, and local agencies and entities involved in responding to the crisis and providing information to the public.

1.5 PIO Contacts – State and Regional Contacts

NH Dept. of Health and Human Services	DHHS- PIO Nicola Whitley	1-800-852-3345 x 4957 603-271-6526 603-271-4332 (fax) n.whitely@dhhs.state.nh.us
NH Division of Homeland Security and Emergency Management	HSEM –PIO Jim Van Dongen	1-800-852-3792, EXT 3, Monday – Friday, 8:00 – 4:30 603-271-2231 (Office) 603-419-9057 (Cell) 603-225-6336(fax) Jim.VanDongen@hsem.nh.gov
NH Emergency Operations Center EOC	110 Smokey Bear Blvd Concord NH 03301	1-800-852-3792 603-271-2231 603-223-3609 (fax)
Northern Grafton County Joint Information Center (JIC)	Gregg Public Safety Academy 646 Union Ave Littleton NH 03561	Chris Collman 603-444-9889 603-444-9933 chris.collman@granite.edu
Colebrook Area EOC (POD Group 1)	45 th Parallel EMS, 46 Ramsey Rd. Colebrook NH 03576	Wayne Frizzell EMD (603) 237-5593
Berlin Area EOC (POD Group 2)	Berlin Police Department Green St. Berlin NH 03570	(603)752-3131

Lancaster Area EOC (POD Group 3)	19 Mechanic St. Lancaster NH 03584	Ron Wert EMD (603) 788-3221
Colebrook Area PIO (POD Group 1)	Public Relations, Upper Connecticut Valley Hospital Indian Stream Health Center	Mia West, 603.237.4971 Jill Gregoire, 603.237.8336
Berlin Area PIO (POD Group 2)	Public Relations Berlin Health Department	603.752.1272
Lancaster Area PIO (POD Group 3)	Public Relations	Weeks Medical Center Administration on Call, 603.788.4911
Cottage Hospital PIO (POD Group 6)	Public Relations	Maryanne Aldrich 603-747-9189 603-747-3310 (fax) maldrich@cottagehospital.org
Littleton Hospital PIO (POD Groups 4 and 5)	Public Relations	Gail Clark 603-444-9304 603-444-0443 (fax) gclark@littletonhospital.org

Each Municipality within the Region will designate and train a PIO for their jurisdiction. All local emergency management directors, department heads, local PIO and on-scene commanders will refer media questions to the Regional PIO.

2. CRISIS AND EMERGENCY RISK COMMUNICATION PRINCIPLES

Be first. Be right. Be credible. In a crisis, people make decisions differently than during normal times. They simplify, they process information less well, and they cling to current beliefs. They remember what they see or have previously experienced, which means that initial messages carry more weight.

The overall objectives of crisis and emergency risk communication (CERC) principles include gaining the public’s trust and confidence by providing information that is timely and empathetic, accurate and understandable, and credible yet pertinent. It is also important to allay fears by acknowledging any uncertainty, taking care not to over-reassure, admitting when information is not known, yet explaining the process in place to find answers, giving the public specific things to do relative to the emergency, and involving the public in the response by asking more of them (sharing the risk). There are many resources available on the principles of risk communication (see Appendix 1).

3. PRE-EVENT PLANNING

3.1. Training

For any emergency, it is important to plan ahead and put in place as many resources, instructions, and training as possible. Nothing can take the place of training to prepare for an emergency. At a minimum, the Region’s Public Information Officers and other officials designated to help during an emergency will be trained in:

- The Crisis and Emergency Risk Communication Plan
- Joint Information Systems
- The Incident Command System
- Crisis and Emergency Risk Communication
- News Release Writing
- Use of the Internet for Research

The Regional Coordinating Council (RCC) has a significant role in communicating with residents of the region prior to a public health emergency. RCC's members are uniquely positioned by virtue of their professional roles to prioritize, compose, and disseminate key messages to vulnerable populations and to the general public. The North Country Health Consortium, Littleton Regional and Cottage Hospitals, Ammonoosuc Community Health Center, Northern Human Services, Upper Connecticut Valley Hospital, Indian Stream Health Care Center, Androscoggin Valley Hospital, Coos County Family Health, Berlin Health Department, Weeks Medical Center and the municipalities in Northern Grafton County along with other partners have worked collaboratively to identify key messages to keep the public healthy and to prepare individuals and families to respond effectively in an emergency.

These messages have been chosen based on the following criteria:

1. Relevance to real and probable health and safety risks,
2. Applicability to a variety of hazards,
3. Simplicity and clarity; and,
4. Association with health topics in the media.

Health education topics that have been prioritized in the last couple of years include:

- Personal and family all-hazards preparedness
- Community organization roles in a regional disaster
- School based vaccination clinics
- Preparing for emergencies with people with disabilities
- Disaster Behavioral Health / Psychological First Aid
- Staying healthy / physical activity and nutrition
- Cough etiquette / respiratory hygiene
- Hand washing / infection control
- Promoting seasonal flu vaccination
- Preparing businesses for emergencies
- Workplace wellness policies
- Regional emergency planning

Vehicles used to communicate these messages include:

- Speaker presentations
- Fliers at public events
- Training for health and safety professionals
- Posters and fliers in public places
- News coverage in print and TV media
- Direct mail
- Existing newsletters

- Email communications

3.2. Media

It is also important to build strong media relations before any emergency, as the media will be one of the Region’s main partners. The Region continually works with the media including answering questions on a day-to-day basis, distributing press releases, inviting the media to press conferences, town meetings, drills, and other events of potential interest to the public, as well as providing training and materials on potential health emergencies such as pandemic flu. All press announcements are sent out by email and fax. The following media distribution list maintained by the Public Health Coordinator allows for timely dissemination of information to the public.

Newspapers (also serves as an email distribution list)

Name	Address	Phone	Fax	Email
Ammonusuc Times	PO Box 518 Littleton, NH 03561	603 444 7283	N/A	editor@ammtimes.com
Berlin Daily Sun	164 Main St Berlin, NH 03570	603 752 5858	1 866 475 4429	bds@berlindailysun.com
Berlin Reporter	79 Main St Lancaster, NH 03584	603 788 4939	603 279 3331	frank@salmonpress.com
Caledonian Record	190 Federal St PO Box 8 St Johnsbury, VT 05819	802 748 8121	802 748 1613	news@caledonia-record.com
Carroll County Independent	Clark Plaza Wolfboro Falls, NH 03896	603 569 3126	603 279 3331	tbeeler@salmonpress.com
Colebrook News & Sentinel	6 Bridge St PO Box 39 Colebrook, NH 03576	603 237 5501	603 237 5060	karenhladd@newsandsentinel.com
Concord Monitor	PO Box 1177 Concord, NH 03301	224-5301	224-8120	rtracewski@cmonitor.com
Conway Daily Sun	PO Box 1940 North Conway, NH 03560	603 356 3456	603 356 8360	bart@conwaydailysun.com
Edith Tucker	Durand Rd, Randolph, NH 03593	603 466 5425	N/A	edithtucker@ne-rr.com
Colebrook Chronicle	PO Box 263 Colebrook, NH 03576	603 246 8998	603 246 9918	editor@colebrookchronicle.com
Great North Woods Journal	98-BMain St, Lancaster, NH 03584	603 788 2660	603 788 4470	editor@greatnorthwoodsjournal.com
Littleton Courier	33 Main St,	603 444	603 279	amcgrath@salmonpress.com

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	Littleton, NH 03561	3927	3331	
Union Leader	PO Box 9555 Manchester, NH 03108	668-4321	668-0382	news@theunionleader.com
Plymouth Record Enterprise	5 Water St Meredith, NH 03253	603 279 4516	602 279 3331	record@salmonpress.com
The Bridge Weekly Showcase	PO Box 444 North Haverhill, NH 03774	603 747 2444	603 747 2604	news@thebridgeweekly.com
The Democrat	79 Main St Lancaster, NH 03584	603 788 4939	603 279 3331	democrat@salmonpress.com
The Meredith News	5 Water St Meredith, NH	603 279 4516	603 279 3331	mnews@salmonpress.com
The Mountain Ear	Rt 16, PO Box 530 Conway, NH 03818	603 447 6336	603 447 5474	earsales@salmonpress.com

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Television

Name	Address	Phone	Fax	Email
WMUR (ABC)	100 S Commercial St Manchester, NH 03101	800-257-5151	641-9005	newspics@wmur.com
NHPTV (PBS)	268 Mast Rd Durham, NH 03824	868-1100		themailbox@nhtv.org
RADIO				
Name	Address	Phone	Fax	Email
WGXL-FM	31 Hanover st #4 Lebanon, NH 03766	448-1400	448-1755	pbixby@uppervalleyradio.com
WLTN-AM	15 main st littleton, nh 03561	444-3911	444-7186	wltnnew@roadrunner.com
WMOU-AM	297 pleasant st berlin, nh 03570	752-1230	752-3117	wmou@wmou.com
WMTK-FM	107 main st littleton, nh 03561	444-5106	444-1205	Thenotch@kingcon.net
WYKR	1047 us route 302 wells river, vt	802-757-2773		wykr@kingcon.com
WMWV-FM	Settler's green #a30 north conway nh 03860	356-8870	356-8875	mark@wmwv.com
WNTK-FM	25 newport road new london nh 03257	448-0500	448-6601	office@wntk.com
WTSM-FM	31 hanover st suite 4 lebanon nh 03766	448-1400	448-1755	
WXXS-FM	195 main st lancaster nh 03584	788-3636	788-3536	Kiss102@together.net
WEVO (NHPR)	2 Pillsbury St. Concord, NH 03301	228-8910/ 223-2473	224-6052	mbevis@nhpr.org (Mark Bevis)
WJYY	Village West Building #1 Gilford, NH 03249	225-1160	224-7280	adukette@nassaubroadcasting.com
WKXL	37 Redington Rd Concord, NH 03301	225-5521		falosa@concordnewsradio.com
WVNH	P.O. Box 40 Concord NH 03301	227-0911		info@wvnh.org
WZID	500 N Commercial St Manchester, NH 03101	669-5777	668-3299	raydionh@wzid.com
WTPL-FM 107.7 The Pulse	501 South St, 3rd Floor Bow, NH 03304	545-0777	545-0781	production@wtplfm.com Studio Line---(866) 823-1077

3.3. Spokespersons

In a large and/or long-term public health emergency, it will be necessary for the Region to utilize additional communications officers. The North Country Public Health Region will continue to identify planning partners with particular skills that make them good candidates to assist with communications in a crisis and provide additional training as necessary. This effort will be an on-going effort.

It is important that spokespersons for the Region be trained in advance of any emergency. The effective spokespersons should be identified ahead of time for their specific skills and strengths, such as the ability to speak clearly and remain calm during a crisis.

Northern Grafton and Coös Counties has identified spokespersons that can speak to planning efforts, impacts of an emergency and regional response. These spokespersons are actively involved in all regional planning efforts regarding preparedness, so they are aware of all activities taking place within the Region, at the local level, and across State government. Training is available to all spokespersons on crisis and emergency risk communication at the State and local level from DHHS and the NH Department of Safety, Division of Fire Standards and Training and Emergency Medical Services.

3.4. Drills and Exercises

Drills and exercises are an essential part of planning and preparedness. Northern Grafton and Coös Counties continues to exercise its plans and change them as appropriate after each exercise. The Region also alters plans after naturally occurring events as needed. Planning Partners willingly engage in drills and exercises held within the State, the region, or on a federal level. The most recent up-dates to this plan are a result of the activation of a regional public health emergency response to H1N1 in 2009-2010.

4. REGIONAL RESPONSIBILITIES

4.1. Joint Information System (JIS)

Definition. A Joint Information System (JIS) is defined by the National Incident Management System (NIMS) training course as a way to “organize, integrate and coordinate information to ensure timely, accurate, accessible and consistent messaging across multiple jurisdictions and/or disciplines with NGOs and the private sector.” A JIS consists of a network of PIOs from different settings working together to delivery accurate, timely information the public needs and wants.

Each PIO participating in a JIS maintains his or her autonomy to carry out the risk communications activities of their own organization for the benefit of their particular stakeholders; however, the participants also work together to share the most critical information about their organization or department’s status, and to craft message that cross audiences and jurisdictions.

Roles of a JIS:

- Developing and delivering regionally coordinated messages
- Developing and executing regional public information plans and strategies
- Anticipating the public's need for information
- Advising responders on public affairs issues
- Controlling rumors and inaccurate information
- Providing a central point of contact for all news media

Pre-Activation Communications. In advance of an activation of the JIS, the regional public health Point of Contact (POC) will be responsible for distributing key information and Health Alert Network (HAN) messages to the Regional Coordinating Council (RCC) to ensure that agencies and departments are informed and prepared. Email messages originating from and forwarded by the regional POC will include a naming convention in the subject line that will indicate

1) Priority of information / 2) Target audience, if any / 3) What action is required.

The naming convention for health alert messages will follow this format:

Subject:

Priority:

Target:

Action:

1) Priority will be designated:

Low (up-date, no action needed)

Medium (new information, no or non-immediate action needed)

High (Urgent new information, immediate action needed)

2) Target audience, if appropriate, will be designated by profession or affiliation, to be determined by the content of the message.

3) Actions may include: *please distribute, please respond, please review attachment, and please attend.*

For example, an email with new information about PPE protocols for public safety personnel in a contagious disease outbreak could have the subject line:

“New PPE protocols / High Priority / Law Enforcement / Please share.”

Once the JIS is activated, a new protocol for labeling and distributing information may be adopted to accommodate current needs. If no new practice is established, health alert information will continue to be sent by the regional POC and follow this system.

Activation procedure. The regional JIS will be activated when the centralized distribution of health alerts from the regional PIO and the informal communications among agencies are no longer sufficient to support regional partners in addressing questions from their constituents and the public. The JIS may be activated prior to a regional Unified Command; however, if a regional Unified Command is activated, the JIS will automatically be activated.

JIS participants. Activation of the JIS will originate from either the regional PIO or the Unified Command by direct phone contact with the following individuals:

1. Northern Grafton County Joint Information Center (JIC) at the Gregg Public Safety 603-444-9889 / chris.collman@granite.edu
2. Upper Connecticut Valley Hospital PIO, Mia West: 603 237 4971/ mwest@ucvh.org
3. Androscoggin Valley Hospital PIO, James Patry: 603 752 2200/ james.patry@avnhh.org
4. Berlin Health Department PIO, Laura Viger: 603 752 1272/603 723 7380/
5. Coos County Family Health Center CEO, PIO, Adele Woods, 603 752 3669 x4010/603 752 2040 / awoods@ccfhs.org
6. Weeks Medical Center, “Administration on call” 603 788 4911
7. Cottage Hospital, Maryanne Aldrich, Public Relations: 603-747-9189 / 603-747-3310 (fax)
maldrich@cottagehospital.org
8. Littleton Hospital Gail Clark Public Relations: 603-444-9304 / 603-444-0443 (fax)
gclark@littletonhospital.org
1. Cottage Hospital PIO, Maryanne Aldrich: 747-9189
2. ACHS Executive Director, Ed Shanshala: 444-8223 ed.shanshala@achs-inc.org
3. Northern Human Services DBHRT Liaison, Mark Lindberg: 444-5358
mlindberg@northernhs.org
4. North Country Health Consortium Regional POC, Amy Holmes: 259-3700 x 228
aholmes@nchcnh.org
5. Grafton County Executive Director, Julie Cough: 787-6941
6. Grafton County Sheriff’s Department Communications Director, Tom Andross: 787-2111 x115
7. North Country Home Health and Hospice Director, Gail Tomlinson: 444-5317
gtomlinson@nchha.org
8. Spokespersons from communities engaged or effected. Contact town administration or EMD to identify municipal PIO. A contact list for towns in the region is provided in the regional public health emergency response plan as well as Appendix A.

JIS process and decision-making. Once key spokespersons from impacted departments and agencies are contacted, an initial information sharing and assessment meeting will be scheduled. At this initial meeting, the following decisions should be made, preferably by consensus:

1. The best method (face-to-face, phone conference, web forum) and frequency (continuous, daily, weekly, as needed) for coordination meetings
2. Whether, or at what point, to open a Joint Information Center (JIC)
3. Who will act as a regional PIO
4. Who are our audiences (for example: public health professionals, public safety personnel, people with chronic disease, parents of school-aged children, the ‘worried well’)
5. What key messages will be shared with each audience and the general public
6. What vehicles will be used to convey information to each audience and the general public; who is be responsible
7. What method will be employed for jointly developing a frequently-asked-questions (FAQ) sheet for public health and public safety partners that consolidates the types of public inquiries being received
8. What method will be used to anticipate public information needs and jointly up-dating the FAQ for distribution to partner agencies and departments (Consider using Dr. Vincent Covello’s ‘Message Mapping’ technique, included in appendix.)

9. What additional priorities and items for future action does the group recommend?

Regional PIO Responsibilities

The North Country PIOs, with the assistance of the Public Health Network Coordinator or designee, will assume the following responsibilities during a crisis:

- Coordinate Northern Grafton and Coös Counties media communications
- Assess media needs and organize mechanisms to fulfill those needs during a crisis
- Handle all media calls
- Support spokespersons and partner agencies with up-to-date information
- Review Health Alert Network messages and assess need to share with partners
- Produce and distribute key media messages collaboratively with other members of the JIS
- Develop and maintain media contact lists and call logs
- Produce and distribute materials, such as FAQs, fact sheets, audio releases, and video releases, web postings, etc.
- Oversee media monitoring to determine needed messages, to discover which information needs to be corrected, and to identify concerns, interests, and needs arising from the crisis and response
- Help ensure that risk communication principles to build trust and credibility are incorporated into all public messages delivered through the media
- Serve as liaison or staff for the State Emergency Operations Center if needed, the DHHS Incident Command Center (ICC) if necessary, and the Public Health Division Operations Center (DOC) if activated
- Serve in an advisory capacity to JIC if activated
- Coordinate message content with other agency PIOs and other partners
- To facilitate swift release of information, PIO staff will continue to develop/obtain and pre-clear fact sheets on a variety of diseases and agents. During an incident, all prepared and pre-approved information will be reviewed to make sure it is sensitive and pertinent to the incident.
- An inventory of fact sheets will be maintained by PIO, with copies available on the DHHS website at www.dhhs.nh.gov.

4.2. Joint Information Center (JIC)

The JIS may utilize a Joint Information Center (JIC) as a mechanism or a forum for coordinating information. The JIC is a physical or virtual location where public information professionals from various organizations involved in incident management activities can co-locate to perform critical emergency information, crisis communication, and public affairs functions or can meet electronically to collaborate on communication needs. The Northern Grafton and Coös Counties JIC will be located at Gregg Public Safety Academy at the Littleton Learning Center, 646 Union Ave in Littleton. (Contact: Chris Collman 444-9889)

The Gregg Public Safety Academy has the following resources:

- Computers
- Fax machines
- Printers

- Telephones (landline and cell)
- Copiers
- Internet Connectivity
- LCD projector
- Screen
- Television with VCR
- Radio
- Emergency generator
- Parking

5. IDENTIFIED VEHICLES OF COMMUNICATION

The mechanisms for communicating in a crisis will vary depending on the nature of the crisis, the audience for communication, the geographical location of the incident, and resources available. Means used to communicate with the public, the media, and partners will include:

- Grafton County Sheriff Dispatch - Code Red System
- Phone (including telebriefings and conference calls)
- **Hotline** (The North Country Health Consortium will provide a hotline/call-bank to address questions/concerns from the public should the need arise. NCHC staff will be provided information on how to respond to questions. **The following number will be used 603-259-3700 ext 247**)
- “Alert Now” SAU messaging systems
- NH 2-1-1 (when operational)
- Fax
- Email
- E-studio
- Web EOC
- Health Alert Network
- Town hall meetings
- Press conferences and briefings
- Mailings
- Media (including print, radio, web, and TV)
- North Country Health Consortium website (www.nchcnh.org)
- Prerecorded phone messages
- Printed material, such as brochures, fact sheets and posters and flyers
- Videotaping for dissemination
- Door-to-door

Emergency Responders in the Region use digital/analog radios through their local dispatch or mutual aid agencies. All municipalities have the ability to communicate between their fire, police and public works departments. In addition, Northern NH Ham Operators will provide communication resources as needed. Each hospital has a HAM radio and has received training on its operation. The Regional ARES representative will assist with communications in an emergency. *Note: Regional Emergency Responders will assist when there is a power outage by using digital/analog radios and through their local dispatch.

6. REACHING SPECIAL POPULATIONS ("AT RISK" POPULATIONS)

The definition for "at risk" populations as defined in the National Response Framework (NRF) is as follows;

"Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged."

In the event of a health emergency, one of the greatest challenges will be to communicate effectively with the Region's special populations ("at risk" populations). A broad-based, multi-faceted strategy is needed to meet the specific needs of Northern Grafton and Coös County's special populations. For the purposes of this plan, special populations include any individual, group, or community whose physical, mental, emotional, cognitive, cultural, ethnic, socio-economic status, language, or circumstance creates barriers to understanding or the ability to communicate and act in the manner in which the general population has been requested to proceed.

The Region will coordinate with the State and local agencies as needed and will:

- Utilize Language Line (130 languages interpreters) when possible
- Deliver communication materials to key partners under the Emergency Communications Network being developed by PIO and the NH Department's Office of Minority Health
- Encourage the general public via the media to adopt the buddy system and check on neighbors and relatives, especially the elderly/homebound
- Institute the use of communication methods, vehicles, and styles identified by the HSEM special populations assessment
- Work with the Special Populations coordinator at HSEM
- Make every attempt to communicate information in a culturally sensitive fashion
- Work with the non-English radio and television stations, websites, and newspapers in the region
- Employ easy-to-read formatting and plain language principles when developing educational materials
- Have important documents translated into other languages
- Healthy Roads Media- <http://www.healthyroadsmedia.org/topics/emergencies.htm>

CONSIDERATIONS FOR SPECIAL NEEDS AUDIENCES:

Plan for those who:

- Can't/Won't RECEIVE your message
- Blind and visually impaired.
- Deaf and hearing impaired.
- Physically disabled.

- Tourists.
- Transients.
- Migrant workers.
- Isolated recreationalists.
- Isolated elderly.
- Homeless.
- Can't/Won't UNDERSTAND your message
- Illiterate.
- Language barriers.
- Migrant workers.
- Mentally disabled.
- Caretaker minors.
- Can't/Won't ACT ON your message
- Undocumented workers.
- Isolated elderly.
- Homeless.
- Religious restrictions.
- Cultural restrictions.
- Tourists.
- Displaced residents.
- Geographically isolated persons.

Channels and tools to consider when trying to reach your special needs audiences:

- Translated broadcast materials.
- Reverse 911 (if available).
- AMBER Alert.
- VHF/HAM radios.
- Meals on Wheels.
- TTY.
- AT&T language lines.
- Websites.
- Bullhorns/loudspeakers.
- HAN – Health Alert Network.
- Targeted media – (Billboards, bus boards).
- WIC programs.
- Senior centers.
- Public transportation.
- Day care centers.
- Hotlines.
- Emergency management offices.
- Border control.

These groups represent audiences that can also serve as a communication channel to reach special populations.

- Trusted leaders.
- Hotels/tourism industry.
- Educational institutions (if open).
- Churches/civic organizations.
- Soup kitchens/homeless shelters.
- Mental health clinicians/associations.
- Employers.
- Law enforcement/first responders.
- Citizen Corps.
- Neighborhood Watch.
- Local governments.
- Council on Aging.
- Housing authorities.
- Community businesses.
- Parks department.
- Healthcare providers.
- Pharmacists.

The NH Department of Health and Human Services has already developed some resources in other languages for use during a public health emergency. Because not every possible event or scenario can be known in advance, general materials have been developed and translated into the top five languages spoken in New Hampshire after English by population according to the 2000 Census: Spanish, French, Bosnian, Vietnamese, and Arabic. These materials include brochures, fact sheets, posters, and web content on such topics as how to prevent illness, smallpox symptoms, avian and pandemic flu, and mental health issues during a crisis.

7. MEDIA MONITORING AND RUMOR CONTROL

The Regional PIO will monitor local, regional, and national television, radio, and newspaper coverage to discern focus, content, and accuracy of news stories addressing the issue. In the event a misunderstanding, error, or inaccuracy is discovered or reported, the Regional PIO will contact the news outlet and ask that a correction be made. Due to the fast-paced nature of emergencies, it is inevitable that rumors will arise among the press, the public, and/or health care providers. The Regional PIO will rely on several methods to discern the advent of rumors, including (but not limited to):

Public inquiries of partner agencies – The Regional PIO will check in with partner agencies and municipal departments to identify information needs emerging in response to new line of public concern and inquiry.

Health Officers – Each town in the State has a designated health officer, whose role is to serve as a liaison to DHHS. The Regional PIO will ask the regional Health Officers to actively inquire about any rumors being discussed in town and to notify the Regional PIO in a timely fashion if any are encountered.

News Media – The Regional PIO will monitor news stories and incoming media inquiries for rumors that need to be addressed.

Unified Command - If activated, the JIC will fall under the authority of Unified Command.

8. RECOVERY AND DEACTIVATION

In addition to continuing the day-to-day responsibilities for communicating with the public about the event, the Region will need to provide after-action reports, archive material for future use, participate in state and local debriefings, and create reports. Post event review and analysis will include evaluation of communications and warranted adjustments to the Public Information and Warning Plan will be made.

9. DHHS Document Approval Process for a Public Health Event

External Documents (e.g., from other State departments, AHRs, schools, etc.)

No Activation	Incident Command Center Activated	Public Health Operations Center Activated
Call Public Information Office 603-271-4822	Call Incident Command Center 603-271-7522	Not Applicable

Internal Documents

	No Activation	Incident Command Center Activated	Public Health Operations Center Activated
HAN	TBD	TBD	TBD
Guidance Document	DPHS - PIO - PH Director ⁵	DPHS - ICC - PIO	PHOps - ICC - PIO
Press Release	DPHS - PIO - PH Director	DPHS - ICC - PIO - PH Director <i>or</i> PIO - DPHS - PH Director	PHOps - ICC - PIO <i>or</i> PIO - PHOps
Article	DPHS - PIO - PH Director	DPHS - ICC - PIO <i>or</i> PIO - DPHS	PHOps - ICC - PIO <i>or</i> PIO - PHOps
FAQs + Fact Sheets	DPHS - PIO - PH Director	DPHS - ICC - PIO <i>or</i> PIO - DPHS	PHOps - ICC - PIO <i>or</i> PIO - PHOps
Web Postings (Approved Documents)	DPHS - PH Director - Web Team/PIO	DPHS - Web Team	PHOps - Web Team
Other Languages – for translating	DPHS - PH Director - PIO	DPHS - ICC – PIO	PHOps - ICC - PIO
Other Languages – already created (posting/distribution)	DPHS - PH Director - PIO - Web Team	DPHS - ICC - PIO	PHOps - ICC - PIO
Outside Agency Document (e.g., Minnesota, CDC)	DPHS - PIO – PH Director	DPHS - ICC - PIO	PHOps - ICC - PIO
Public Inquiry Line Scripts	Not applicable	DPHS - ICC - PIO <i>or</i> PIO - DPHS	PHOps - ICC - PIO <i>or</i> PIO - PHOps

Not every document related to an emergency incident created by local public health entities needs to be approved by DHHS.

- If an entity takes the language from an approved DHHS document, does not change anything, and merely places it into another document or if the language is from another government agency (such as CDC) and it is consistent with New Hampshire guidance, it does not need DHHS approval.
- If a local public health entity creates a document that only has to do with local issues (such as when a POD, NEHC will be open and where, or a press advisory or a poster announcing a public forum) and not the bigger public health issue, it does not need DHHS approval.
- If a document takes language from a DHHS document and changes it or if it is a new document, it needs to be approved by DHHS to make sure the meaning hasn't been inadvertently changed.

Email to an individual is not sufficient notification during these stages – people are often too busy to read email in a timely manner. Email to the ICC is acceptable though.

At this point, Public Health needs to let PIO know who the designated person is and who their two backups are and how best to reach them. Or his/or her designee.

10. Alternate Method for Identifying Individual Languages

2004 Census Test	United States Census 2010
LANGUAGE IDENTIFICATION FLASHCARD	
<input type="checkbox"/> <p>ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.</p>	1. Arabic
<input type="checkbox"/> <p>Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:</p>	2. Armenian
<input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।</p>	3. Bengali
<input type="checkbox"/> <p>ឈ្មួញបញ្ជាក់ក្នុងប្រអប់នេះ លើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។</p>	4. Cambodian
<input type="checkbox"/> <p>Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.</p>	5. Chamorro
<input type="checkbox"/> <p>如果你能读中文或讲中文，请选择此框。</p>	6. Simplified Chinese
<input type="checkbox"/> <p>如果你能讀中文或講中文，請選擇此框。</p>	7. Traditional Chinese
<input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p>	8. Croatian
<input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p>	9. Czech
<input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p>	10. Dutch
<input type="checkbox"/> <p>Mark this box if you read or speak English.</p>	11. English
<input type="checkbox"/> <p>اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.</p>	12. Farsi

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<input type="checkbox"/> Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/> Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/> Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/> Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/> अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/> Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/> Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/> Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/> Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/> 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/> ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືຢາກພາສາລາວ.	24. Laotian
<input type="checkbox"/> Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

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<input type="checkbox"/> Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/> Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/> Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/> Обележите овај квадратикъ уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/> Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/> Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/> ให้กาเครื่องหมายลงในช่องสี่เหลี่ยมหรือรูปทศภาษาไทย.	33. Thai
<input type="checkbox"/> Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/> Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/> اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/> באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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Appendix A

Principles of Crisis and Emergency Risk Communication

Sound and thoughtful risk communication can assist Northern Grafton and Coös Counties in preventing ineffective, fear-driven, and potentially damaging public responses to serious crises such as unusual disease outbreaks and bioterrorism. Moreover, appropriate risk communication procedures foster the trust and confidence that are vital in a crisis situation (Covello et al., 2001; Maxwell, 1999).

PUBLIC CONFIDENCE IS EVERYTHING

The success of any policy, program and management decision ultimately depends on how well it is communicated and understood. It is vital that a communication process and planning be at the forefront of all plans, policy, and management decisions.

Communication processes, audiences and tools cannot be an afterthought of decision-making, but must be an integral part of all forms of management operations to ensure that goals and objectives are understood and achieved.

Risk communication "is the interactive process of exchanging information and opinion among individuals, groups and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concerns, opinions, or reactions to risk messages or to legal and institutional arrangements for risk management" (National Research Council). Furthermore, risk communication provides a means for involving and informing the general public in the decision making process.

RISK COMMUNICATION PRINCIPLES AND PITFALLS

Risk communication must be initiated at the start of the decision making process and carried throughout. Much of the "process", then, consists of obtaining and providing information from and to the stakeholders involved. It can be seen as a relatively straightforward operation. However, given the combination of the technical nature of some material, the need to ascertain and utilize the values of the participants, and the democratic nature of our society, there are numerous pitfalls that can be encountered.

There are many resources available on the principles of risk communication (see Appendix 2), but key principles to which this plan adheres and that would be followed during an emergency are listed below.

Stop trying to allay panic – People tend not to panic because of an emergency; it is usually lack of information or conflicting information that may cause panic. In general, people are levelheaded and calm during emergencies.

It is essential to build trust and credibility – By expressing empathy and caring, competence, expertise, honesty, and dedication Regional PIO officials can earn the public's trust--key in managing a public health emergency.

Choose the correct spokespersons – Northern Grafton and Coös Counties spokespersons will be selected from the region's planning efforts, will stay within the scope of their responsibilities, be honest and transparent, be caring and sympathetic, be able to explain complex material so it is easily understood, stay calm no matter the situation.

The most important element is speed – In a crisis, the Regional PIOs will deliver the information it has as soon as possible as the event unfolds. This promotes credibility and is important to provide factual information before others who may not be experts, but will gain the public's trust just by virtue of being first.

Crafting the public message correctly – In accordance with the CDC principles, the Region's public messages in a crisis will employ the STARCC Principle, in other words be:

- Simple – Frightened people don't want to hear big words
- Timely – Frightened people want information now
- Accurate – Frightened people won't get nuances
- Relevant – Answer their questions and give action steps
- Credible – Empathy and openness are key to credibility
- Consistent – The slightest change in the message is upsetting and dissected by all

The technical nature of risk messages frequently proves to be difficult for those involved in the risk communication process. A balance must often be struck between summarizing the information in concise, everyday terms (in order to facilitate understanding, stimulate and maintain interest, etc.), and presenting a complete set of information (in order to develop detailed understanding, eliminate bias and/or charges of manipulation). This is not an easy balance to maintain, particularly given the difficulties in effectively utilizing the various forums:

- Face to Face Meeting
- Group or Community Presentations
- Direct Mailings
- Press Conferences
- Advertisements
- TV/Radio Interviews
- Hot Lines
- News/Journal Articles

The cardinal rule of risk communication is the same as that for emergency medicine: first do no harm. A threatening or actual crisis often poses a volatile equation of public action and reaction. Given the often technical information that is used in the decision making process, difficulties in understanding the information used are often encountered. These difficulties primarily fall into two areas; *unfamiliar language* and *unfamiliar magnitudes*. With the lack of formal training/education in basic risk principles in today's society, participants in a process often struggle with the meaning, relevance and importance of the material presented. Furthermore, the (usually) exceedingly small probabilities and large consequences of environmental or ecological risks are often difficult to comprehend. Introduction of risk comparisons to provide a frame of reference comes with its own problems (comparing unlike risks, comparisons with risks that are perceived to be minimal/great).

Closely related to and compounding these difficulties in understanding the technical information are the problems encountered as a result of conflicting messages to stakeholders and to the public. Given the uncertainties inherent in risk-based decision making, varying interpretations of available data will be encountered. When presented with multiple opposing views, participants often become confused and may discount input from one or all sides, thus causing the risk communication to fail.

Goal #1: Ease public concern

Messages

- The risk is low.
- The illness is treatable.
- It is not easily contracted.
- Symptoms are easily recognized.

Goal #2: Give guidance on how to respond

Messages

- Take these precautions.
- If possibly exposed, contact physician.

- If symptomatic, contact physician.
- Note possible symptoms in others.

The second major problem encountered in risk communication is the need to deal with and include the values of the participants. Values are explicitly included in risk communication through two primary means; choice of the normalizing factor for exposure, and encoding of the values and attributes of the hazards and countermeasures. Value judgments are explicitly included in assessing the values and attributes of hazards and their associated countermeasures. If these steps are neglected in risk assessment and risk management phases, then the rankings of the risks and countermeasures will not be representative of stakeholder perception of the situation at hand. To assume that hazards and countermeasures are viewed the same by all involved parties is a mistaken simplification which should be avoided.

Risk Message Checklist

INFORMATION ABOUT THE NATURE OF RISKS

- What are the hazards of concern?
- What is the probability of exposure to each hazard?
- What is the distribution of exposure (who is exposed to the hazard)?
- What is the probability of each type of harm from a given exposure to each hazard?
- What are the sensitivities of different populations to each hazard?
- How do exposures interact with exposures to other hazards?
- What are the qualities of the hazard?
- What is the total population risk?

INFORMATION ON ALTERNATIVES

- What are the alternatives to the hazards in question?
- What is the effectiveness of each alternative?
- What are the risks and benefits of alternative actions and of not acting?
- What are the costs and benefits of each alternative and how are they distributed?

UNCERTAINTIES IN KNOWLEDGE ABOUT RISKS

- What are the weaknesses of available data?
- What are the assumptions on which estimates are based?
- How sensitive are the estimates to changes in assumptions?
- How sensitive is the decision to changes in the estimates?
- What other assessments have been made, what differences exist and why?

INFORMATION ON MANAGEMENT

- Who is responsible for the decision?
- What issues have legal importance?
- What constrains the decision?
- What resources are available?

Risk Communication practices are of necessity an essential element for communicating about public health matters in an emergency. This type of communication practice in the event of an emergency or pandemic, however, needs to be well coordinated within the state, and perhaps the region, to ensure that messaging is clear and consistent.

Risk and Crisis Communication

77 Questions Commonly Asked by Journalists during a Crisis

(Reprinted from: Covello, V.T., Keeping Your Head In A Crisis: Responding To Communication Challenges Posed By Bio-terrorism And Emerging Infectious Diseases. Association of State and Territorial Health Officers (ASTHO), 2003 in press)

Journalists are likely to ask six questions in a crisis (who, what, where, when, why, how) that relate to three broad topics: (1) what happened; (2) What caused it to happen; (3). What does it mean.

Specific questions include:

1. What is your name and title?
2. What are your job responsibilities?
3. What are your qualifications?
4. Can you tell us what happened?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How certain are you about this information?
11. How are those who were harmed getting help?
12. Is the situation under control?
13. How certain are you that the situation is under control?
14. Is there any immediate danger?
15. What is being done in response to what happened?
16. Who is in charge?
17. What can we expect next?
18. What are you advising people to do?
19. How long will it be before the situation returns to normal?
20. What help has been requested or offered from others?
21. What responses have you received?
22. Can you be specific about the types of harm that occurred?
23. What are the names of those that were harmed?
24. Can we talk to them?
25. How much damage occurred?
26. What other damage may have occurred?
27. How certain are you about damages?
28. How much damage do you expect?
29. What are you doing now?
30. Who else is involved in the response?
31. Why did this happen?
32. What was the cause?
33. Did you have any forewarning that this might happen?
34. Why wasn't this prevented from happening?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?
38. Who is to blame?
39. Could this have been avoided?
40. Do you think those involved handled the situation well enough?
41. When did your response to this begin?
42. When were you notified that something had happened?
43. Who is conducting the investigation?
44. What are you going to do after the investigation?
45. What have you found out so far?

46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people over reacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you about whether laws have been broken?
54. Has anyone made mistakes?
55. How certain are you that mistakes have not been made?
56. Have you told us everything you know?
57. What are you not telling us?
58. What effects will this have on the people involved?
59. What precautionary measures were taken?
60. Do you accept responsibility for what happened?
61. Has this ever happened before?
62. Can this happen elsewhere?
63. What is the worst-case scenario?
64. What lessons were learned?
65. Were those lessons implemented?
66. What can be done to prevent this from happening again?
67. What would you like to say to those that have been harmed and to their families?
68. Is there any continuing the danger?
69. Are people out of danger? Are people safe?
70. Will there be inconvenience to employees or to the public?
71. How much will all this cost?
72. Are you able and willing to pay the costs?
73. Who else will pay the costs?
74. When will we find out more?
75. What steps need to be taken to avoid a similar event?
76. Have these steps already been taken? If not, why not?
77. What does this all mean?

Appendix B Public Service Announcements

Incident specific Public Service Announcements (PSA's) will be developed in collaboration with DHHS, DOS, and the Center for Disease Control and Prevention at the time of the incident. PSA's that are incident specific will be made available to Regional PIOs at the time of the incident, however the template will need to be adapted to include region specific information. The sample PSA's that follow are offered for review to help local planners with the basics of PSA message development. Please note that these messages are generally 15 or 30 seconds long.

Public Service Announcement Transcripts – CDC

PSA – Preparing for Hurricanes: Prescription Medications (: 15 seconds)

Announcer: As you evacuate, remember to take your prescription medicines with you. Many businesses, including pharmacies, may be closed during and after a hurricane. If you are unable to evacuate and cannot drive, ask a friend or a relative to drive you to pick up items you may need during an emergency, including a week's supply of medication. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Evacuating the Area of a Hurricane – Long Version (:30)

Announcer: If a hurricane warning is issued for your area, or authorities tell you to evacuate, take only essential items. If you have time, turn off gas, electricity, and water. Disconnect appliances to reduce the likelihood of electrical shock when power is restored. Make sure your automobile's emergency kit is ready. You can purchase an emergency kit if you don't have one. Be sure to take prescription drugs with you. Follow the designated evacuation routes – others may be blocked – and expect heavy traffic. To learn more, contact your local emergency management authorities.

PSA – Evacuating the Area of a Hurricane – Short Version (:15)

Announcer: If you evacuate because of an oncoming hurricane, take only essential items. Make sure your automobile's emergency kit is ready. Be sure to take prescription drugs with you. Turn off gas, electricity, and water, and disconnect appliances. Follow designated evacuation routes. To learn more, contact your local emergency management authorities.

PSA – Carbon Monoxide – Long Version (:30)

Announcer: During a power outage, running power generators or other devices can lead to deadly carbon monoxide poisoning. Carbon monoxide is an odorless, colorless, tasteless gas that kills more than 500 American every year. Never use generators, grills, camp stoves, or other gasoline-, charcoal-, or propane-burning devices inside your home, basement, garage, or carport, or outside near an open window. If your home is damaged, stay with friends or family or in a shelter. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Carbon Monoxide – Short Version (:15)

Announcer: Never use generators, grills, camp stoves, or other gasoline-, propane-, or charcoal-burning devices inside your home, garage, or carport. They produce carbon monoxide, which can kill you. If your home is damaged, stay with friends or family or in a shelter. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Staying Safe in Your Home during a Hurricane – Long Version (:30)

Announcer: If emergency personnel recommend that you evacuate your home because of an oncoming hurricane, follow local emergency management instructions. If you are unable to evacuate through the duration of a hurricane, there are things you can do to protect yourself. Seek shelter in a basement or in an interior room with no windows. Stay away from all windows and exterior doors. Monitor the radio or television for weather reports. Listen to reports on a NOAA weather radio if one is available. Stay indoors until the authorities declare the storm is over. Do not go outside – even if the weather

appears to have calmed. Strong winds can resume quickly. Evacuate to a shelter or to a neighbor's home if your home is damaged or if emergency personnel instruct you to do so. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Staying Safe in Your Home During a Hurricane – Short Version (:15)

Announcer: If you stay in your home through a hurricane, there are things you can do to protect yourself. Monitor the radio or television for weather reports. Stay indoors until the storm is over. Seek shelter in a basement or in an interior room with no windows. Stay away from all windows and exterior doors. Evacuate to a shelter or to a neighbor's home if your home is damaged or if emergency personnel instruct you to do so. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Electrical Safety – Long Version (:30)

Announcer: During hurricanes, power outages and flooding can cause electrical hazards. Never touch a downed power line or anything in contact with a downed power line. Contact the utility company before performing work near a downed power line. If a power line falls on your car, remain in your car unless the car catches fire or until authorities tell you to get out. Shut off electricity and natural gas in your home. Don't turn the power back on until equipment has been inspected by a qualified technician. Don't touch a person who appears to have been electrocuted without checking to see whether the person is still in contact with the electrical source. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Electricity Safety – Short Version (:15)

Announcer: During hurricanes, power outages and flooding can cause electrical hazards. Never touch a downed power line or anything in contact with a downed power line. If a power line falls on your car, remain in your car unless the car catches fire or until authorities tell you to get out. Don't touch a person who has been electrocuted without checking to see whether the person is still in contact with the electrical source. To learn more, call the CDC at 1-808-CDC-INFO.

PSA – Mold Prevention – Long Version (:30)

Announcer: Rain or floodwaters that get into buildings can create conditions that enable mold to grow. You can take steps to prevent mold growth. Make repairs to stop water from entering the building. Clean and dry wet items within 48 to 72 hours. Keep wet areas well ventilated. Discard materials that retain water and can't be repaired, including damaged building material. If you see or smell mold, clean it with a solution of 1-cup household bleach per 1 gallon of water. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Mold Prevention – Short Version (:15)

Announcer: When rain or floodwaters get into buildings, take steps to prevent mold growth. Clean and dry wet items within 48 to 72 hours. Air out wet areas. Discard materials that can't be repaired. Clean mold with a solution of 1-cup household liquid bleach per 1 gallon of water. To learn more, call the CDC at 1-800-CDC-INFO.

Appendix C
Sample Job Action Sheets

- **JIC – PIO Lead**
- **JIC Manager**
- **JIC – Media Relations Lead**

JIC PIO Lead

Mission: The JIC PIO Lead is responsible for overall JIC operations and providing prompt and organized responses to the news media as well as coordinating all public information efforts out of JIC.

Date: _____ Start: _____ End: _____ Position to Report to: _____
Command Center Location: _____ Radio Title: _____ Fax: _____
Telephone: _____ Cell/Pager: _____ Email: _____

Immediate (Operational Period 0-2 Hours)

- Report to the EOC and receive appointment from EOC Director/Incident Commander
- Read this entire job action sheet, review EOC and JIC org charts and put on vest.
- Obtain situational briefing from EOC Director/ Incident Commander.
- Establish JIC location and contact agencies involved to send a representative to JIC.
- Review initial objectives with EOC Director/ Incident Commander, including deadlines.
- Develop message objectives and identify restrictions in content of news release and public information from EOC Director/ Incident Commander.
- Assign and Instruct JIC Manager to call down PIO staff, make assignments and complete JIC staff org chart.

Intermediate (Operational Period 2-12 Hours)

- Attend meetings with EOC command team and report information back to JIC. Instruct JIC Manager to oversee/ manage JIC operations while in meetings/briefings.
- Ensure all information for release has been verified. Obtain approval from the EOC Director/ Incident Commander.
- Review and approve all final media and public information developed by JIC Unit Leads before public release/distribution.
- Obtain regular briefings and situational reports from JIC Manager and/or JIC Unit Leads.
- Establish frequency of the release of information and/or media briefing sessions. Determine interval for next release of information to the media.
- Document all JIC activities and messages received, including other key information such as media logs, special contacts, decisions made and actions taken etc.
- Document and keep records of all of media advisories and media releases.

Extended (Operational Period Beyond 12 Hours)

- Access media needs during a prolonged event.
- Continue to receive regular briefings from JIC Manager and Unit Leads.
- Continue to attend EOC command team meetings/ briefings as needed.
- Continue to verify and approve all information for public release.
- Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- Observe all JIC PIO staffing for signs of stress or atypical behavior and make reassignments as necessary.
- At shift change, provide detailed status report and written materials to replacement staff.
- Evaluate JIC operations with JIC Unit Leads and staff.

Demobilization/System Recovery

- As need for media response decreases, ensure that JIC PIO staff return to their normal jobs by combining or deactivating positions.
- Instruct JIC Manager to assist in deactivation procedures and ensure proper shut-off or return of all equipment and supplies, including all assigned incident command equipment.
- Coordinate release of final media briefings and reports.
- Brief Incident Commander on current problems, outstanding issues, and follow-up requirements.
- Prepare final status reports upon deactivation of position.
- Collect and document observations, lessons learned and recommendations for improvements for possible inclusion in the After Action Report.
- Participate in after-action debriefings.
- Conduct Post-event Evaluation.

JIC Manager

Mission: The JIC Manager is responsible for overseeing the operations of the JIC, PIO functions and staff.

Date: _____ Start: _____ End: _____ Position to Report to: _____
Command Center Location: _____ Radio Title: _____ Fax: _____
Telephone: _____ Cell/Pager: _____ Email: _____

Immediate (Operational Period 0-2 Hours)

- Receive appointment/instruction from the JIC PIO Lead.
- Obtain situational briefing from JIC PIO Lead.
- Read this entire job action sheet, review JIC Org Chart and put on vest.
- Review JIC operations objectives with JIC PIO lead, including deadlines.
- Assist JIC PIO Lead with staff call down list, making assignments and completing the JIC Org Chart.
- Assign Admin Support staff to support JIC and assist with JIC set up and workstations.
- Instruct Admin support to hand out RC material packets, preloaded flash drives, etc.
- Post important key contact numbers and relevant operational information on white boards.
- Support JIC PIO Lead by maintaining managerial oversight of JIC Unit Leads and operations.
- Provide guidance and support to JIC Unit Leads on roles and responsibilities.
- Obtain regular reports from each JIC Unit Lead to report back to JIC PIO Lead. Report back any relevant information to JIC Unit Leads, every 20 minutes.

Intermediate (Operational Period 2-12 Hours)

- Support JIC PIO Lead by maintaining managerial oversight of JIC Unit Leads and operations.
- Manage and oversee JIC while JIC Lead is in meetings/ briefings.
- Clarify issues with JIC PIO Lead and provide direction to staff as needed.
- Assess flow of operations and determine if staff reassignments need to be made based upon unit productivity and effectiveness.
- Obtain regular reports from each JIC Unit Lead and provide all reports to JIC PIO Lead.
- Instruct EOC liaison to verify information and clarify issues as needed to report back.
- Provide situational briefing updates and other key information to all JIC staff.
- Determine additional public informational needs based upon main JIC Unit Leads, rapid response unit, etc.
- If a virtual JIC is called, secure and set up necessary equipment and technology needed.

Extended (Operational Period Beyond 12 Hours)

- Access JIC operational needs during a prolonged event.
- Continue to obtain verified information and provide updated briefings to JIC PIO Lead and Staff.
- Continue to receive briefings from JIC Unit Leads and report back to JIC PIO Lead.
- Evaluate the effectiveness of information distribution and consider less traditional methods if needed.
- Continue to assess operations flow and determine if staff reassignments are necessary.
- Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques for all staff.
- Observe JIC staff for signs of stress or atypical behavior. Make reassignments as necessary and notify the JIC PIO Lead
- Continue to review informational reports as needed.
- Document activities and provide reports to JIC PIO Lead.
- At shift change, provide detailed status report and written materials to replacement staff.
- Evaluate JIC operations.

Demobilization/System Recovery

- As need for media response decreases, ensure that JIC operations staff return to their normal jobs by combining or deactivating positions
- Instruct Admin Support to assist in deactivation procedures and ensure return of all equipment and supplies, including all assigned incident command equipment.
- Coordinate release of final briefings and reports from each JIC unit.
- Brief JIC PIO Lead regarding any problems, outstanding issues, and follow-up requirements
- Assist JIC PIO Lead in preparing final status reports upon deactivation of position
- Collect and document observations, lessons learned and recommendations for improvements for possible inclusion in the After Action Report.
- Participate in after-action debriefings with the JIC PIO Lead as needed.
- Conduct post-event evaluation

JIC - Media Relations Lead

Mission: The Media Relations Lead is responsible for assessing, monitoring and managing all media needs. The Media Relations Lead is also responsible for organizing and assigning staff to the following tasks: News Desk, Media Liaison, Deputy/Field PIO, and Media logistics.

Date: _____	Start: _____	End: _____	Position to Report to: _____
Command Center Location: _____	Radio Title: _____	Fax: _____	
Telephone: _____	Cell/Pager: _____	Email: _____	

Immediate (Operational Period 0-2 Hours)

- Receive appointment/ instruction from the JIC PIO Lead and/or JIC Manager.
- Obtain situational briefing from JIC PIO Lead and/or JIC Manager.
- Read this entire job action sheet, review JIC Org Chart and put on vest.
- Review media objectives with JIC PIO Lead and/or JIC Manager, including deadlines.
- Work with JIC PIO Lead to establish frequency of the release of information and/or media briefing sessions.
- Prioritize and assign tasks and activities to work team members for News Desk, Media Liaison, Deputy/ Field PIO, and Media Logistics.
- Oversee work team members to ensure that tasks are carried out and review work progress.
- Instruct News Desk to establish a secured media phone and notify news media about phone line for media only.
- Ensure that News Desk promptly answers and returns all media calls and logs media calls, inquires and requests on media log. News Desk should update and maintain media contact numbers, if necessary.
- Consult with Research/Writing Unit to develop media advisories, releases, talking points, and press packet materials and obtain approvals from the JIC PIO Lead and/or JIC Manager.
- Review release of information to media with the JIC PIO Lead.
- Assign and deploy Deputy/Field PIOs to handle on-site media in the field, if necessary.
- Prepare and provide status reports on media activities, including JIC and field operations as needed to JIC Manager and staff.

Intermediate (Operational Period 2-12 Hours)

- Work with JIC PIO Lead and/or JIC Manager to assess media needs and organize resources to fulfill those needs.
- Assign news desk to prioritize and respond to media calls, requests and inquiries and maintain media log.
- Obtain approval from the JIC PIO Lead and/or JIC Manager to release of information to media as needed.
- Instruct Media Liaison to distribute approved information to the news media, JIC unit staff, and deputy/field PIOs via fax, email, hardcopy, press packets, etc.
- Work closely with the Deputy/ Field PIOs to obtain and provide situational reports from the field.
- Provide direction and guidance to Deputy/ Field PIO on handling on-site media at field locations, including approving release of information as appropriate.
- Ensure that the Deputy/Field PIO receives copies of all current and updated media advisories, releases, talking points, and all other public information materials that are being distributed
- Instruct Media Logistics to set up briefing area for news conferences under the direction of the JIC PIO Lead and/or JIC Manager.

Extended (Operational Period Beyond 12 Hours)

- Work with JIC PIO Lead and/or JIC Manager to assess media needs during a prolonged event and organize resources to fulfill those needs.
- Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques
- Observe work team members for signs of stress or atypical behavior. Document and report concerns to PIO.
- Instruct team members to continue to carry out tasks for News Desk, Media Liaison, Deputy/Field PIO, and Media Logistics as needed.
- Continue to provide status reports to JIC PIO Lead and/or JIC Manager.
- Continue to obtain status reports from JIC and PIO field operations staff
- Continue to provide informational updates to news media as needed.
- Document media activities and media requests on log form.
- At shift Evaluate Media Relations Unit operations. change, provide detailed status report and all written materials to replacement staff.

Demobilization/System Recovery

- Obtain final reports and documentation from work team members to prepare final briefings.
- Assist in deactivation procedures as needed.
- Ensure return of all equipment and supplies, including all assigned incident command equipment.
- Document observations, lessons learned and recommendations for improvements for possible inclusion in the After Action Report.
- Brief JIC PIO Lead and/or JIC Manager with the final status reports upon deactivation of position.
- Submit media logs, contact lists, and any other status documentation to PIO.
- Participate in or provide information for after-action debriefings.
- Conduct post-event evaluation.

□

Appendix D

Messages to support medical countermeasure distribution and dispensing

Message Development Resources

NCPHN has developed the following templates to assist the PIO and staff to develop effective materials for the public during an emergency. These templates will obviously contain information and guidance pertaining to a particular "event" at the time of that "event". Currently, these templates can be ordered through the North Country Health Consortium print shop for duplication and distribution. Contact 603-259-3700 ext 227 for details.

**For additional pre-developed messages from the State of NH, please refer to DHHS HSEM
SNS Annex Appendix F**

(In EStudio : SNS Folder / SNS Annex / v. 4.2)

Sample SNS Fact Sheet

A message from the North Country Public Health Network

EMERGENCY LIFESAVING MEDICINES

The Centers for Disease Control and Prevention (CDC) operates the Strategic National Stockpile (SNS). SNS will deliver large amounts of vital drugs, vaccines, medical equipment, and supplies to the site of a national emergency such as a:

- natural disaster.
- terrorism attack.
- disease outbreak.

The SNS is large. It can provide medicines to many states at the same time. State officials can request SNS if it appears that local supplies won't be enough.

THE MEDICINE THAT COMES FROM THE SNS IS FREE THE SNS WILL GET HERE FAST

The SNS is stored in many secure places around the country. Stockpiles can be shipped anywhere in the United States. There are two main types of support that can be provided by the SNS:

- 12-hour Push Package: A "ready-to-go" reserve.
 - 12-hour: It will arrive within 12 hours.
 - Push: The state only needs to ask for help, not exact items.
 - Package: This is a complete cache of different medicines and supplies needed to respond to a broad range of threats.
- Managed Inventory (MI): MI provides only the medical products the state needs and requests.

SNS PROGRAM ACTIVITIES

- Buy, manage, and store drugs, supplies, and equipment.
- Provide quick shipment in response.
- Train and work with local, state, and federal emergency responders.
- Conduct research and evaluation.
- Send staff with the SNS if requested, including
 - planning, transport, storage, and distribution experts.
 - emergency responders.

For more information



The Centers for Disease Control and Prevention

www.bt.cdc.gov/stockpile

NEWS Release Template

... a message from the North Country Public Health Network

FOR MEDICINE AND INFORMATION

Points of dispensing are often called PODs.

- PODs can be opened in emergency situations or
 - When someone purposely spreads germs or chemicals to make people sick.
 - When there is a natural outbreak of a very contagious disease.
 - During some natural disasters.
- PODs are set up to quickly get medicines and treatment advice to people.
- They provide medicines such as
 - Antibiotics.
 - Antiviral drugs.
 - Vaccines.

MEDICINES GIVEN AT THE PODS WILL BE FREE

IT IS IMPORTANT TO ONLY GET MEDICINES FROM OFFICIAL SOURCES

PODS will be easy to find and can take care of many people.

- The NCPHN has plans for operating many PODs at the same time.
- Federal, state, and local authorities are working hard to make sure there is enough safe medicine for everyone who needs it.
- Drugs purchased from “unofficial sources” may not work, and they could be harmful.

PAY CLOSE ATTENTION TO THE NEWS

You will find out what you need to do and will hear about POD openings

- On TV and radio.
- In the newspapers.
- On the Internet

AFTER YOU LEAVE A POD

Once you receive your medicine at a POD, you will receive information to inform you of potential side effects and any questions you may have. Note: It is important that you follow all directions when taking your medicines.

Any questions?

**Please call the North Country Public Health Network Hotline
at 259-3700 ext 247**

NEWS Release Template

...a message from the North Country Public Health Network

SNS Push Pack Requested

Due to the number of people possibly exposed to **agent** at the **event/facility/when**, **State governor** has requested preventive medicines and other medical supplies from the federal government's Strategic National Stockpile (SNS) for **area**. The SNS program was established to provide large and continuous quantities of medications, vaccines, and medical equipment to the site of an emergency. These materials should arrive in **the NCPHN region** within 12 hours of the governor's request and is approved by federal authorities.

Once they arrive, the preventive medicines will be distributed to potentially exposed individuals at no charge.

The **County Health Department** will hold a press conference at **time** today at **location/address** to discuss details of the distribution process, which will be based on the county's Mass Prophylaxis Emergency Plan.

Any questions?

**Please call the North Country Public Health Network Hotline
at 259-3700 ext 247**

NEWS Release Template

...a message from the North Country Public Health Network

Medication Dispensing Procedures & Alternative Dispensing Methods

Due to the recent cases of **agent/illness/disease** local authorities are enacting a plan to offer preventive medication to potentially exposed persons at no charge. Those persons who will receive the medication include **define who is included in “potentially exposed public”**.

There is enough medication for everyone affected. Each potentially exposed person will have the opportunity to receive medication.

If you are a resident or visitor to the area, and you and/or a family member meet the above criteria, please **send one adult per household –or- refer to your plan’s procedures** to the medication dispensing site, located at **site/address**. If your household is unable to send an adult, please seek the assistance of a neighbor or call your local Emergency Medical Services contact.

The dispensing site will open at **time/date** and will remain open as needed. One member of the household should come pick up medicine for all household members who meet the above. In order to expedite the process, please bring the following information with you for each affected household member.

- Name
- Age
- Weight
- Any known allergies to antibiotics
- **Other messages?**

Once you have filled out the form, staff members will review it and will then give you medicine for each member of your household.

Household members may not all receive the same medicine, but any medicines given at the dispensing site should be effective in reducing the risk of becoming ill with **agent/illness/disease**. Please carefully follow the directions that are given to you with the medicine.

If you have questions about **agent/illness/disease**, the medicine dispensing site, or the medicine you received, **please call the North Country Public Health Network hotline at 603-259-3700 ext 247, or visit our website at www.nchcnh.org. The North Country Public Health Network will also post information on our facebook page.**

Any questions?

**Please call the North Country Public Health Network Hotline
at 259-3700 ext 247**

MESSAGE Template

...from the North Country Public Health Network

Dispensing Sites to Open

The state Emergency Management Agency and the North Country Public Health Network are activating the regional POD plan.

Date/time the **facility/address** will open as a medication dispensing site. Any resident or area visitor who **attended the event -or- located in geographic area during selected time period** and who does not have symptoms of **symptom, symptom, or symptom** should go to receive antibiotic medication (**or vaccine**) to reduce the risk of getting sick. The **event** took place at **location** on **date**. The preventive medicine will be provided at no cost and there will be enough for everyone.

In order to allow everyone to receive medication more quickly, we ask that only one member from each affected household report to the **site** on **date**. Please do not come early. The site will not open until **time**.

For each household member for whom you will be picking up medications, please have the following information available:

- Age
- Weight
- Any known allergies to antibiotics
- **Other messages?**

Include basic information on agent/disease and emphasize that it is a serious condition and the need for preventive treatment.

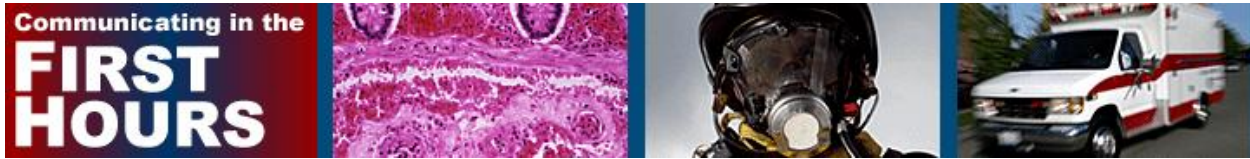
Remember **agent/disease is/is not** spread from person-to-person. **Who** needs to receive medication at the vaccination sites.

Persons who have symptoms of **symptom, symptom, or symptom** should immediately contact **their doctor, phone number, etc.** These individuals should not come to the dispensing site.

Any questions?
Please call the North Country Public Health Network Hotline
at 259-3700 ext 247

MESSAGE Template

...from the North Country Public Health Network

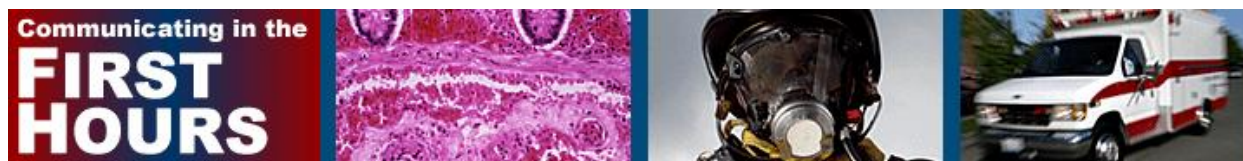


When authorized by NH DHHS or the NH EOC, the regional PIO will provide the regional news media with continuous updates regarding the status of the event within the NCPHN area, as well as updates regarding POD activities and operations.

POD communications will consist of details about the location(s) and operations of the POD. We would specify information about what the POD is providing and why and ensure that the news media is aware of what the public will need upon arrival at the POD.

NCPHN will also use its website, Facebook page and Twitter account to communicate with the public and news media during the event.

**Any questions?
Please call the North Country Public Health Network Hotline
at 259-3700 ext 247**



The suggested template below could be used in the first minutes after a suspected terrorism incident when little is known.

1. Please pay close attention. This is an urgent health message from the North Country Public Health Network (NCPHN).
2. Officials [emergency, public health, etc.] believe there has been a serious “event” [describe event including time and location] in _____ area.
3. At this time, we do not know the cause or other details about the event.
4. Local officials are investigating and will work with State and Federal officials to provide updated information as soon as possible.
5. Stay informed and follow the instructions of health officials so you can protect yourself, your family and your community against this public health threat.
6. Give specific information about when and how the next update will be given.

When more information is known, additional messages could be added about what is happening, the specific terrorist agent, the actions people should take to protect themselves and others and where to go for more information. Since these messages were developed to be effective for a variety of scenarios, they will need to be adapted to the specific event.

Any questions?
Please call the North Country Public Health Network Hotline
at 259-3700 ext 247

Mass Prophylaxis Flyer Template

... a message from the North Country Public Health Network

Situation

- To meet the medical demands of those affected by the “event,” the governor has requested the deployment of the Strategic National Stockpile (SNS).
- The SNS is designed to provide a back-up and continuous supply of large quantities of essential medical items during an emergency. It will arrive within 12 hours of the federal decision to deploy.

Action

- The public should locate dispensing sites via **specific information sources**, receive **appropriate treatment** and adhere to follow-up instructions.
- The public is urged to monitor the local news, the NCPHN website at www.nchcnh.org for regular updates on the situation and where to go for treatment.
- Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones.
- It is essential that affected individuals follow instructions from health officials for the entire duration of the treatment.

Follow Up

- The NCPHN network and State health officials will continue to work diligently to resolve the situation, respond to public health needs and ensure public safety statewide.
- State and local officials will continue to provide updates as new information becomes available.

Any questions?
Please call the North Country Public Health Network Hotline
at 259-3700 ext 247



What **YOU** Need to Know...

The North Country Public Health Network (NCPHN) has identified six locations within our region where antibiotics, vaccines and other medical supplies can be quickly distributed in the event of a public health emergency. We will provide detailed instruction at the time of an “event” about what is happening and where to go if distribution of medical prophylaxis becomes necessary. We refer to these distribution sites as Points of Dispensing or PODs. Any service or medication that you or your family receives from a POD is free of charge.

When state or local health officials decide it is necessary to activate POD sites in our region, the public will be advised to monitor media reports for specific details about the “event” and about who needs to go to a designated POD and details about the POD operation. Provisions have been made for people who are physically unable to come to a POD location.

NCPHN will be providing details of the event and up-to-date information for the public at www.nchcnh.org.

If you have any questions, please call our hotline at 259-3700 ext 247

Be sure to have the following information with you when you go to a POD:

- Names and ages of all household members
- Your address and emergency contact phone number(s)
- Photo identification
- Weights of any household member under 90 pounds
- Medication allergies for any household member
- Known medical conditions including: Liver problems, Kidney problems, Epilepsy, Heart condition, Immune-compromised, Skin condition, Pregnancy, Breastfeeding

POD Locations and Directions

If you live in Pittsburg, Clarksville, Stewartstown, Colebrook, Columbia, Odell, Millsfield or Dixville go to :

Colebrook Elementary School
22 Dumont Street
Colebrook, NH 03576

Directions from Stewartstown, NH:

1. Head west on **River St** toward **Bridge St**
79 ft
2. Take the 1st left onto **Bridge St**
0.2 mi
3. Continue onto **US-3 S**
9.6 mi
4. Turn right onto **Colby St**
0.2 mi
5. Take the 1st left onto **Dumont St**
Destination will be on the right
0.1 mi

If you live in Stratford, Northumberland, Stark, Kilkenny, Lancaster, Jefferson, Dalton, Whitefield or Carroll go to :

Lancaster Elementary School
51 Bridge Street
Lancaster, NH 03584

Directions from North or South

Destination is just past the intersection of US-3/Lancaster Road and US-2W/Bridge St. From US 3, take US 2 West. School will be on the right about 1/2 mile down US 2 & a large school sign is posted on US 2.

If you live in Errol, Dummer, Cambridge, Milan, Berlin, Randolph, Success, Shelburne or Gorham go to :

**Berlin High School
550 Willard Street
Berlin, NH 03570**

Directions From Interstate 93 North

Take Rte. 93 North to Exit 35 onto Rte. 3 and into Twin Mountain.
Come to a stoplight. Go through the light, which keeps you on Rte. 3, and go approximately 2 miles.
Take a right onto Rte. 115 (at the blinking amber light).
Follow Rte. 115 to its end and take a right onto Rte. 2 into Gorham, NH (approximately 13 miles)
At the stoplight take a left onto Rte. 16 into Berlin.

If you live in Bethlehem, Franconia, Sugar Hill or Easton go to :

**Profile Middle/High School
691 Profile Road
Bethlehem, NH 03574**

Directions from I 93:

Take exit **40** for **US-302/NH-10 E** toward **Bethlehem Twin Mt**
Merge onto **NH-10 N/NH-116 W/NH-18 S/US-302 E/Dartmouth College Rd/Main St**
Turn right onto **NH-116 S/NH-18 S/Profile Rd**
Continue to follow NH-116 S/NH-18 S for about 1 mile. Destination will be on the left

If you live in Littleton, Lyman or Monroe go to :

**Littleton High School
159 Oak Hill Avenue
Littleton, NH 03561**

Directions:

From Lisbon: Take NH 10N/US 302 E/Dartmouth College Rd and continue to follow for approximately 10.6 miles

Turn Left onto School Street

Take the 2nd right onto Oak Hill Avenue. Destination will be on the right.

If you live in Lisbon, Landaff, Benton, Bath or Haverhill go to:

**Haverhill Cooperative Middle School
175 Morrill Drive
North Haverhill, NH**

Directions from Lisbon, NH

NH-10 S/Dartmouth College Rd/ US 302W

Continue to follow NH-10 S

13.6 mi

Slight left onto **NH-116 E/Benton Rd**

1.4 mi

Turn right onto **Morrill Dr**

0.2 mi

175 Morrill Drive North Haverhill, NH

Fact Sheet

SMALLPOX

SMALLPOX IS A DISEASE

- A virus causes it.
- Only humans can get smallpox.
- Smallpox no longer occurs naturally in the world.
 - In 1980, it was eliminated from the world by vaccination.
 - If it occurs again, it would be because laboratory samples were deliberately spread.
- Smallpox and chickenpox are different.
 - Smallpox starts with a high fever.
 - Smallpox makes many sores on the palms of hands and soles of feet.
 - A doctor can easily tell the difference.

SMALLPOX IS KNOWN BY THE RASH IT CAUSES

- About two weeks after getting the virus, a person gets a high fever and feels very sick.
- Two to three days after the fever starts
 - small, colored bumps appear in the throat
 - rash spreads to the chest, back, and legs
- The rash changes over the next two weeks as
 - bumps become round, hard blisters
 - pimples scab over
 - scabs fall off
- Smallpox spreads mostly from person to person.
 - People can only spread the disease when she/he has the rash.
 - Usually, it requires close personal contact for hours to pass the disease.
 - Once the scabs fall off the pox, a person can no longer spread the disease.
- The smallpox virus is easily killed outside the body.
 - It will die if exposed to sunlight for a short time.
 - Most household cleaners (bleach) will kill it.

THE DISEASE AND ITS SPREAD CAN BE PREVENTED

- There is a vaccine that protects people.
 - It prevents or lessens the disease if given up to four days after exposure.
 - If smallpox occurs again, people vaccinated years ago should be vaccinated again.
 - There is vaccine for everyone in the United States.

- *Once symptoms start*
 - there is no cure
 - for every three people who get sick with smallpox, about one will die from it
 - people are treated for the symptoms they have (“supportive care”)

- Vaccination, isolation, and quarantine prevent the spread of smallpox.
 - People exposed to the virus are vaccinated.
 - People who have the disease are “isolated” from those who don’t in hospital rooms or other places that keep germs from spreading.
 - People who might have the disease but are not showing it yet are “quarantined.”
 - They are kept from coming in close contact with other people.
 - This might be done at a hospital or at home.

For more information, call the New Hampshire Department of Health and Human Services at 800-852-3345 . For further information, refer to the Centers for Disease Control and Prevention website at www.cdc.gov or the NH DHHS website at www.dhhs.nh.gov.

Fact Sheet

What is influenza (the flu)?

Influenza, commonly called “the flu,” is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). The flu usually spreads from person to person when an infected person coughs, sneezes, or talks and the virus is sent into the air. The flu is more likely than other viral respiratory infections, such as the common cold, to cause severe illness and life-threatening complications.

What are the symptoms of the flu?

Symptoms of flu include fever, headache, extreme tiredness, dry cough, sore throat, runny nose, and muscle aches. Children can have additional gastrointestinal symptoms, such as nausea, vomiting, and diarrhea, but these symptoms are uncommon in adults. Although the term “stomach flu” is sometimes used to describe vomiting, nausea, or diarrhea, these illnesses are caused by certain other viruses, bacteria, or possibly parasites, and are rarely related to influenza in adults.

Does the flu have complications?

Yes. Some of the complications caused by flu can include bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children may have sinus problems and ear infections as complications. Those aged 65 years and older and persons of any age with chronic medical conditions are at highest risk for serious complications of flu.

How do I find out if I have the flu? It is very difficult to distinguish the flu from other viral or bacterial causes of respiratory illnesses on the basis of symptoms alone. A test can confirm that an illness is influenza if the patient is tested within the first two to three days after symptoms begin. In addition, a doctor’s examination may be needed to determine whether someone has a complication from influenza.

How soon will I get sick if I am exposed to the flu?

The time from when a person is exposed to flu virus to when symptoms begin is about one to four days, with an average of about two days.

How long is someone who has the flu contagious?

Persons are infectious usually from one day prior to becoming sick to about 5 days after they first develop symptoms. Children may be contagious longer, and some are infectious for 6 days after they become ill.

What can I do to protect myself from the flu?

The single best way to prevent the flu is for individuals, especially persons at high risk for serious complications from the flu, to get the flu vaccine each fall. In the absence of a flu shot, there are still many things people can and should be doing to avoid catching the flu:

- Wash your hands frequently with soap and water, especially before touching

food, after using the bathroom, and after changing diapers

- Use an antibacterial hand gel for the times you cannot wash your hands with soap and water
- Use a tissue to cover your nose and mouth when you cough or sneeze, throw away the tissue, then wash your hands
- Stay home from work or school if you have flu-like symptoms until 48 hours after the symptoms stop
- As much as possible, stay away from people who have flu-like symptoms
- Eat right, exercise, and get plenty of sleep
- Wash frequently touched objects, such as door handles, kitchen and bathroom surfaces, drinking fountains, and phone receivers, with a household disinfectant
- Avoid sharing utensils, such as glasses and spoons, and food

Can the flu shot give you the flu?

No. The licensed injectable flu vaccine used in the United States, which is made from inactivated or killed flu viruses, cannot cause the flu and does not cause flu illness.

Can antiviral medications cure the flu?

When started within the first two days of illness, an antiviral medication can reduce the duration of the flu but cannot cure it outright. All antiviral medications must be prescribed by a doctor. These medications are effective against flu viruses, but they are not effective against other viruses or bacteria that can cause symptoms similar to influenza. They also are not effective for treating bacterial infections that can occur as complications of influenza. Antibiotics will not help against the flu because they only work against bacteria and the flu is caused by a virus.

When is the flu season in the United States?

In the United States, the peak of flu season generally occurs anywhere from late December through March. The health impact (infections and death) of a flu season varies from year to year. The Centers for Disease Control and Prevention monitors circulating flu viruses and their related disease activity and provides influenza reports each week from October through May. Influenza is also monitored in New Hampshire by reports from health care providers, long-term care facilities, and schools, and by reports of flu culture test results from the Public Health Laboratories.

Do other respiratory viruses circulate during the flu season?

In addition to the flu virus, several other respiratory viruses also can circulate during the flu season and can cause symptoms and illness similar to those seen with flu infection. These non-flu viruses include rhinovirus (one cause of the “common cold”) and respiratory syncytial virus (RSV), which is the most common cause of severe respiratory illness in young children as well as a leading cause of death from respiratory illness in those aged 65 years and older.

For more information about this influenza or the flu vaccine, call the New Hampshire Department of Health and Human Services Communicable Disease Section at 1-603-271-4496 or 1-800 852-3345 x4496. For further information about influenza and the flu season, refer to the Centers for Disease Control and Prevention website at www.cdc.gov or the New Hampshire Department of Health and Human Services website at www.dhhs.nh.gov.

Fact Sheet

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax most commonly occurs in wild and domestic lower vertebrates (cattle, sheep, goats, camels, antelopes, and other plant-eating animals), but it can also occur in humans when they are exposed to infected animals or tissue from infected animals. Anthrax has also been weaponized, as in the October 2001 contaminated mail attacks in the United States.

Why has anthrax become an issue?

It has become an issue because it is a potential agent for use in biological warfare or by terrorists.

How common is anthrax and who can get it?

Anthrax can be found globally. It is more common in agricultural regions of developing countries or countries without veterinary public health programs. Certain regions of the world (South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East) report more anthrax in animals than others. When anthrax affects humans, it is usually due to occupational exposure to infected animals or their products. Workers who are exposed to dead animals and animal products from other countries where anthrax is more common may become infected with *B. anthracis* (industrial anthrax). Unfortunately, it can also be used as a bioweapon, as evidenced by the events in the United States of October 2001, when contaminated mail was sent to Tom Daschle of the U.S. Senate and others.

How is anthrax transmitted?

Anthrax infection can occur in three forms: cutaneous (skin), inhalation, and gastrointestinal. The most common route during a bioterrorist attack is inhalation. *B. anthracis* spores can live in the soil

What are the symptoms of anthrax?

Symptoms of the disease vary depending on how it was contracted, but they usually occur within 7 days.

Cutaneous: Most (about 95%) anthrax infections occur when the bacterium enters a cut or abrasion on the skin, such as when handling contaminated wool, hides, leather, or hair products (especially goat hair) of infected animals. Skin infection begins as a raised itchy bump that resembles an insect bite but within 1-2 days develops into a vesicle and then a painless ulcer, usually 1-3 cm in diameter, with a characteristic black necrotic (dying) area in the center. Lymph glands in the adjacent area may swell. About 20% of untreated cases of cutaneous anthrax will result in death. Deaths are rare with appropriate antimicrobial therapy.

Inhalation: Initial symptoms may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is usually fatal after symptoms appear.

Intestinal: The intestinal form of anthrax may follow the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax results in death in 25-60% of cases.

How is anthrax diagnosed?

As in determining any infection, a physician orders laboratory tests and makes a diagnosis based on the findings. Anthrax is diagnosed by isolating *B. anthracis* from the blood, skin lesions, or respiratory secretions, or by measuring specific antibodies in the blood of persons with suspected cases.

Is there a treatment for anthrax?

Doctors should begin antibiotic treatment as soon as a diagnosis of anthrax is suspected.

Can anthrax be spread from person to person?

Direct person-to-person spread of anthrax is extremely unlikely to occur. Communicability is not a concern in managing or visiting with patients with inhalation anthrax. Therefore, there is no need to immunize or treat contacts of persons with anthrax, such as household contacts, friends, or co-workers, unless they were exposed to the same source of infection.

How can I prevent anthrax exposure from cross-contaminated mail?

There are no scientifically proven recommendations for preventing exposure. However, there are some common-sense steps people can take:

- * Do not open suspicious mail. This could include items with inappropriate or unusual labeling, excessive postage, threatening language, no return address, mail that has a powdery feel to it or oily stains, discoloration, or odor.
- * Do not shake or empty the contents of any suspicious package or envelope.
- * Do not carry the package or envelope, show it to others, or allow others to examine it.
- * Put the package or envelope down and do not sniff, touch, taste or look closely at it or at any contents that may have spilled.
- * Alert others in the area about the suspicious package.
- * Wash hands with soap and water to prevent spreading infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- * If at work, notify a supervisor, a security officer, or a law enforcement official. If at home, contact the local law enforcement agency.
- * If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and list of persons who have handled it. Give this list to both the NH Division of Public Health Services, Bureau of Communicable Disease Control authorities and law enforcement officials.

Is there a way to prevent infection from other sources?

In countries where anthrax is common and vaccination levels of animal herds are low, humans should avoid contact with livestock and animal products and avoid cooking meat that has not been properly slaughtered and cooked. An anthrax vaccine also can help to prevent infection. A quickly started treatment after a known exposure to anthrax will help as well to prevent the development of disease.

Does a patient have immunity after recovering from anthrax infection?

We do not have enough data at this time to make this determination. However, it is theoretically possible to gain post-infection immunity.

Is there a vaccination I can get for anthrax?

There is a vaccine, which is used for military personnel and persons who handle potentially infected animal products. However, there are no studies or evidence that the vaccine protects against inhalation anthrax. Vaccination against anthrax is not recommended for the general public in order to prevent the disease. The vaccine is not effective in prevention of the disease after someone has been exposed. Antibiotics are recommended in case of a highly suspicious or confirmed exposure. New Hampshire Department of Health and Human Services' health officials will notify the public if such a measure is ever needed.

For specific concerns about anthrax, call the New Hampshire Department of Health and Human Services, Communicable Disease Control Section at 603-271-4496 or 800-852-3345 x4496. For further information, refer to the Centers for Disease Control and Prevention website at www.cdc.gov

BOTULISM

New Hampshire Preparations

Because of ongoing concerns about potential terrorist attacks, New Hampshire is working to improve overall preparation against terrorism. One aspect of this preparation is to learn more about protecting ourselves against possible attacks with biological agents. If a public health emergency happens in our community, the New Hampshire Department of Health and Human Services will be the agency responsible for preparing and guiding medical response and public information efforts.

During such an emergency, a critical role of the Department of Health and Human Services will be to work with other local first responders, such as fire and police. The New Hampshire Department of Health and Human Services will also coordinate response activities with federal agencies.

The New Hampshire Department of Health and Human Services is providing this information to help you understand what botulism is and what response you may be asked to take in the unlikely event that you would be exposed to the agent that causes botulism.

What is Botulism?

Botulism is a disease caused by a nerve toxin that is produced by the bacterium *Clostridium botulinum*. While botulism is rare, all forms can cause serious illness that can result in paralysis and even death. There are three main kinds of botulism:

- Food-borne botulism is caused by eating foods that contain the botulism toxin. Outbreaks of food-borne botulism of two or more people happen almost every year. Eating contaminated canned foods usually causes these cases.
- Wound botulism is caused when wounds are infected with the botulism bacteria. Wound botulism has increased in recent years because of the use of black-tar heroin, especially in California.
- Infant botulism is caused by swallowing the bacteria. It grows in the intestines and releases the toxin into the body.

Botulism and Bioterrorism

It may be possible for terrorists to use the botulism toxin to contaminate food supplies. The toxin may also be spread through the air as an aerosol or spray, but most authorities agree that this would be very difficult to do because the botulism toxin decays quickly once it is released into the environment. Botulism cannot be spread from person to person.

In the event of a bioterrorist attack with botulism, the New Hampshire Department of Health and Human Services and emergency officials will provide emergency information and instructions on how to protect yourself and your family. You may be asked to evacuate (leave the area) or

shelter-in-place (remain inside a building). In either case, it is important that you and your family have an Emergency Plan.

Since botulism cannot be spread person to person, instructions will be given to people who were likely exposed to the botulism toxin.

Symptoms of Botulism

Symptoms include double or blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness that moves through the body; beginning in the shoulders, then upper arms, lower arms, thighs, calves, etc. The muscle weakness moves into the chest causing a paralysis of the breathing muscles that can stop a person's breathing unless help is provided. With food-borne botulism, symptoms usually begin 18 to 36 hours after eating contaminated food, but they can occur as early as 6 hours or as late as 10 days.

Treatment for Botulism

The antitoxin for botulism reduces the severity of symptoms if given soon after exposure. If you were exposed to botulism, you should seek medical help immediately. You should receive weeks or months of supportive medical care, which would include fluid replacement, nutrition and assisted breathing to help you recover.

Fact Sheet

PLAGUE

New Hampshire Preparations

Because of ongoing concerns about potential terrorist attacks, New Hampshire is working to improve overall preparation against terrorism. One aspect of this preparation is to learn more about protecting ourselves against possible attacks with biological agents. If a public health emergency happens in our community, the New Hampshire Department of Health and Human Services will be the agency responsible for preparing and guiding medical response and public information efforts.

During such an emergency, a critical role of the Department of Health and Human Services will be to work with other local first responders, such as fire and police. The New Hampshire Department of Health and Human Services will also coordinate response activities with federal agencies.

The New Hampshire Department of Health and Human Services is providing this information to help you understand what plague is and what response you may be asked to take in the unlikely event that you would be exposed to the agent that causes botulism.

What is Plague?

There are two kinds of plague. Bubonic plague occurs naturally and is primarily a disease of rodents (usually rats, mice, prairie dogs, ground squirrels and chipmunks). It is spread to humans by the bite of infected fleas that feed on the rodents. This form of plague is very rare and cannot be spread from person to person.

Pneumonic plague is the highly contagious form of the disease caused by the bacterium *Yersinia pestis*. Pneumonic plague affects the lungs and can cause severe respiratory symptoms. This form of plague can be spread from person-to-person.

Plague and Bioterrorism

It may be possible for bioterrorists to spread plague through the air as an aerosol or spray. The danger is that people exposed could breathe in the bacteria and develop pneumonic plague, the most serious kind.

If plague were released, it would probably affect a large number of people. The first sign of this kind of biological attack would be sick people going to emergency rooms with plague symptoms. In the event of a bioterrorist attack with plague, the New Hampshire Department of Health and Human Services and emergency officials will provide emergency information and instructions on how to protect yourself and your family. You may be asked to evacuate (leave the area) or shelter-in-place (remain inside a building). In either case, it is important that you and your family have an Emergency Plan.

Symptoms of Plague

Bubonic plague - from infected flea bites - can cause swollen and painful lymph glands along with fever, chills and headache. Pneumonic plague – the disease of the lungs with severe respiratory symptoms – can cause chest pain, shortness of breath, cough, rapidly developing pneumonia and fever. Nausea and stomach pain may also occur. If you were exposed to the pneumonic plague, you would begin to experience symptoms within one to six days after exposure. If left untreated, pneumonic plague can quickly cause death. Pneumonic plague can be spread from person-to-person.

Treatment for Plague

If you have bubonic plague and get treatment in time, almost all the time, it can be cured. With pneumonic plague, it is critical to be diagnosed and treated as soon as possible. The treatment for pneumonic plague is specific antibiotics and supportive medical care to relieve symptoms. The important thing is to get medical care as quickly as possible, preferably within 24 hours of the first symptoms. National and state public health officials have large supplies of the drugs needed in the event of a plague attack. At the present time, there is no vaccine available in the United States to prevent people from getting plague.