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 JIC located at the Gregg Public Safety Academy at the Littleton Learning Center, 646 Union Ave, Littleton. Coordination helps to ensure that the information being released is credible, accurate, complete, timely, useful, helpful, and relevant.

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;
- ➢ 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)	45th 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. In a regional coordinated response, individual members of the Joint Information System will maintain contact with the media groups and reports with whom they typically work. The regional PIO will work to 'fill in the gaps' to provide comprehensive coverage of consistent public messages.

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@avhnh.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. In the event that a Unified Command is established, the Unified Command will designate a Regional Public Information Officer (PIO) to speak on behalf of the regional response. If a regional Unified Command is not activated, the North Country Public Health Regional Point of Contact, or his/her designee, will be responsible for communicating regional messages about the public health situation until or unless the JIS identifies another regional spokesperson. The regional PIO will take direction from (in order): the MACE Manager, the consensus decisions and joint output of the JIS, and the North Country PHR RCC. Regional PIO responsibilities include:

- 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
- "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 Point of Contact is working on developing a Memorandum of Agreement with ARIES to assist with communications in an emergency.

6. REACHING SPECIAL POPULATIONS

In the event of a health emergency, one of the greatest challenges will be to communicate effectively with the Region's special 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, in coordination with the Office of Minority Health, 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

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.

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:

> **S**imple – Frightened people don't want to hear big words
> **T**imely – Frightened people want information now
> **A**ccurate – Frightened people won't get nuances
> **R**elevant – Answer their questions and give action steps
> **C**redible – Empathy and openness are key to credibility
> **C**onsistent – 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.

Qualitative Factors Affecting Risk Perception

Factor	Conditions Associated with **Increased** Public Concern	Conditions Associated with **Decreased** Public Concern
Catastrophic Potential	Fatalities and injuries grouped in time and space	Fatalities and injuries scattered and random
Familiarity	Unfamiliar	Familiar
Understanding	Mechanisms or process not understood	Mechanisms or process understood
Controllability (own)	Uncontrollable	Controllable
Exposure Willingness	Involuntary	Voluntary
Effects on Children	Children specifically at risk	Children not specifically at risk
Effects Manifestation	Delayed effects	Immediate effects
Future Generation Effects	Risk to future generations	No risk to future generations
Victim Identification	Identifiable victims	Statistical victims
Dread	Effects dreaded	Effects not dreaded
Trust in Institutions	Lack of trust in responsible institutions	Trust in responsible institutions
Media Attention	Much media attention	Little media attention
Accident History	Major and/or minor accidents	No major or minor accidents
Equity	Inequitable distribution of risks and benefits	Equitable distribution of risks and benefits
Benefits	Unclear benefits	Clear benefits
Reversibility	Effects irreversible	Effects reversible
Origin	Caused by human actions/failures	Caused by acts of nature/God

With this understanding of some of the pitfalls encountered in communicating about risks and technological issues, some basic objectives for a given risk communication effort can be identified.

RISK COMMUNICATION DEVELOPMENT

Risk communication must be a designed process, targeted for the audience and the situation. Audience considerations to take into account include; cultural background, shared interests,

concerns and fears, social attitudes, and facility with the technical language used. If low trust is felt about or within a given institution, more care must be given into the crafting of risk messages, as misunderstandings will be more likely to occur. Conversely, if high trust is encountered, messages may be less rigorous. Additionally, high degrees of trust prevent/minimize the finger pointing encountered if a good decision has a bad outcome.

Once goals and messages have been established, the challenge becomes one of delivery and ensuring that messages are heard and goals are met. The method for accomplishing this is what has come to be known as being "on message" and is, essentially, a form of artful repetition. If the goal is to ease public concern and the message in support of that goal is, "the risk to the public is low," that message should be clearly stated at the outset and returned to as often as possible:

1. "I want to begin by first saying that the risk to the public is very low."
2. "As I said a moment ago, the risk to the public is low . . ."
3. "That's an important question, but before I answer it I want to again stress that the fact remains that the risk to the public is low."
4. "Before I close I want to remind everyone that the risk is low."
5. Raise your points often enough that your audience leaves with a clear understanding of the message you wanted them to hear.
6. Take opportunities to begin or end statements with a reiteration of your message.
7. Don't be so repetitious with a single message that you appear to be trying to convince a person of something that isn't true.
8. Don't repeat your messages word-for-word every time you answer a question.
9. Another aspect of staying on message is to exercise some control over the conversation you are having, be it an interview, press conference, or questions from an audience. Don't allow the conversation to be led down paths that are not pertinent to your goals or message—no matter how persistent the questioner might be in pursuing a line of inquiry.

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 you 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 no 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
Message Mapping by Vincent T. Covello, Ph.D.

One of the most important tools available to a risk communicator is the "message map." As illustrated in template form in Figure 1, a message map is a roadmap for displaying detailed, hierarchically organized responses to anticipated questions or concerns. It is a visual aid that provides at a glance the organization's messages for high concern or controversial issues.

Developing and using message maps achieves several important risk communication goals:
- identifying stakeholders early in the communication process
- anticipating stakeholder questions and concerns before they are raised;
- organizing our thinking and developing prepared messages in response to anticipated stakeholder questions and concerns;
- developing key messages and supporting information within a clear, concise, transparent, and accessible framework;
- promoting open dialogue about messages both inside and outside the organization;
- providing user friendly guidance to spokespersons;
- ensuring that the organization has a central repository of consistent messages;
- encouraging the organization to speak with one voice.

The process used to generate message maps can be as important as the end product. Message mapping exercises – involving teams of scientists, communication specialists, and policy experts – often reveal a diversity of viewpoints within an organization for the same question, issue, or concern. Gaps in message maps often provide early warnings of message incompleteness. They represent opportunities for focused efforts by issue management teams, and also may provide clues for needed changes in strategy or policy.

Several steps are involved in constructing a message map. The first step is to identify stakeholders -- interested or affected parties – for a selected issue of high concern, such as a bio-terrorist attack.

The second step is to identify a complete list of stakeholder questions and concerns. A partial list of categories of stakeholder concerns is presented in Figure 2. Lists of general and specific stakeholder questions and concerns are typically generated through research, including media content analysis, reviews of historical documents (such as public meeting transcripts), interviews with issue experts, facilitated discussion sessions with those who are familiar with the issue, focus groups, and surveys. Most questions that will be raised related to a controversy or concern can be anticipated. When questions are accumulated through a thorough and systematic process, a realistic goal is to anticipate at least 95 percent of the questions that will actually be asked.

The third step in message map construction is to analyze these questions to identify common sets of underlying concerns. Case studies indicate that most public health issues are associated with 8-15 primary underlying concerns – from the perspective of the intended receiver.

The fourth step in message map construction is to develop key messages in response to the generated list of underlying stakeholder concerns and specific stakeholder questions. Key messages are typically developed through brainstorming sessions with a message mapping team. The message mapping team typically consists of a subject matter expert, a communication specialist, a policy expert, and a facilitator. The brainstorming session produces

a message narrative, which in turn is reduced to key messages and entered on the message map.

Key message construction by the message mapping team is based on principles derived from one of the main theories of risk communication -- mental noise theory. Mental noise theory states that w
hen people are upset they often have difficulty hearing, understanding, and remembering information. Mental noise can reduce a person's ability to process information by over 80 percent. The challenge for risk communicators, therefore, is (1) to overcome the barriers that mental noise creates and (2) to produce accurate messages for diverse audiences; and (3) to achieve maximum communication effectiveness within the constraints posed by mental noise.

Solutions to mental noise theory that guide key message development specifically, and message mapping generally, include:
- Developing a limited number of key messages: ideally 3 key messages or one key message with three parts for each underlying concern or specific question (conciseness);
- Keeping individual key messages brief: ideally less than 3 seconds or less than 9 words for each key message and less than 9 seconds and 27 words for the entire set of three key messages (brevity).
- Developing messages that are clearly understandable by the target audience: typically at the 6th to 8th grade readability level for communications to the general public (clarity).

Additional solutions include:
- Placing messages within a message set so that the most important messages occupy the first and last positions.
- Developing key messages that cite credible third parties.
- Using graphics and other visual aids to enhance key messages.
- Balancing negative key messages with positive, constructive, or solution oriented key messages.
- Avoiding unnecessary uses of the words no, not, never, nothing, none.

The fifth step in message map construction is to develop supporting facts and proofs for each key message. The same principles that guide key message construction should guide the development of supporting information.

Guidelines for Using Message Maps
- Use one or all of the three key messages on the message map as a media sound bite.
- Present the sound bite in less than 9 seconds for television and less than 27 words for the print media.
- When responding to specific questions from a reporter or stakeholder regarding a key message, present the supporting information from the message map in less than 9 seconds or 27 words.
- If time allows, present the key messages and supporting information contained in a messages map using the "Triple T Model": (1) Tell people what you are going to tell them, i.e., key messages; (2) Tell them more, i.e., supporting information; (3) Tell people again what you told them, i.e., repeat key messages.
- Study and practice the use of message maps.

- Stay on the prepared messages in the message map; avoid "winging it."
- Take advantage of opportunities to reemphasize or bridge to key messages.
- Keep messages short and focused.
- Be honest: tell the truth.

In conclusion, message maps are a viable tool for risk communicators. They ensure that risk information has the optimum chance of being heard, understood, and remembered. Importantly, they encourage public health agencies to develop a consistent set of messages and speak with one voice.

Sample message map

Stakeholder:
Question or Concern:

Key Message 1	**Key Message 2**	**Key Message 3**
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3

Sample Categories of Concern
1. Health and Safety
2. Ecological
3. Economic
4. Quality of Life
5. Equity/Fairness
6. Cultural and Symbolic
7. Legal and Regulatory
8. Basic Informational -- Who, What, Where, When, Why, Wow
9. Openness, Transparency, and Access to Information
10. Accountability
11. Options and Alternatives
12. Control
13. Voluntariness
14. Benefits
15. Trust

Appendix D
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.