**COMMUNICATION**

**AND**

**INFORMATION MANAGEMENT**

**Communication and Information Management**

The Communication and Information Management section provides policies and procedures for the coordination and development of effective communication within the agency and with external partners in the event of a public health emergency. It also addresses timely and accurate information management, which is critical to an effective response.

Communication involves sending and receiving timely, credible, accurate information and messages with multiple audiences in order to protect public health and life safety.

Information management involves:

* the collection, evaluation, processing and provision of information in useful forms for planning and response purposes,
* guidance for developing objectives during an emergency,
* support for safety in the emergency response environment,
* updates on incident response progress,
* facilitating the efficient use of resources, and
* supporting a cooperative environment for responding organizations.

The purpose of this section is to:

* identify the role of the agency in communication and information management during an emergency,
* describe communication dissemination methods,
* define what elements of information need to be collected and analyzed by the agency during an emergency,
* define what elements of information need to be distributed by the agency to response partners during an emergency, and
* identify the system and process for the collection and distribution of information.

**INFORMATION MANAGEMENT**

**Information Management**

Information sharing is the ability to share health-related information and situational awareness data among all response partners and stakeholders. This includes the routine sharing of information as well as public health alerts to help partners, stakeholders and the public prepare for, respond to, and recover from events with public health significance.

Information management involves the collection, verification, evaluation, processing and provision of information in useful forms for planning and response purposes, including—

* developing objectives during an emergency,
* supporting safety in the emergency response environment,
* updating stakeholders on incident response progress,
* providing responders and stakeholders with relevant data,
* facilitating the efficient use of resources,
* supporting a cooperative environment for responding organizations, and
* providing timely, accurate, credible information to the public.

**Identify Events that Necessitate Information Exchange**

The Agency will identify determinants for information exchange that may include the following elements:

* unusual cluster(s) or illness that threaten closure of institutional settings (e.g., illness among healthcare workers or prisoners),
* high burden of illness or a cluster of illness confined to a specific population (e.g., racial or ethnic group, or vulnerable populations),
* illness burden that is expected to overwhelm local medical or public health resources,
* a public health laboratory finding of interest (e.g., a novel virus identified by lab) that is not picked up clinically or through other surveillance,
* large numbers of patients with similar and unusual symptoms,
* large number of unexplained deaths,
* higher than expected morbidity and mortality associated with common symptoms and/or failure of patients to respond to traditional therapy,
* simultaneous clusters of similar illness in noncontiguous areas,
* received threats or intelligence, and
* incidents in other jurisdictions that raise possible risk in home jurisdiction (e.g., elevation of pandemic influenza alert level, or an Ebola case).

When an incident occurs, steps can be taken early to complete a rapid needs assessment in order to help identify data and information to be collected, analyzed, and shared. A rapid needs assessment should focus on the following objectives—

* determine the magnitude of the emergency,
* define the specific health needs of the affected population,
* establish priorities and objectives for action,
* identify existing and potential public health problems,
* evaluate the capacity of the local response including resources and logistics,
* determine external resource needs for priority actions, and
* set up the basis for a health information system.

Additional assessments can be completed using the CDC’s CASPER tool.

**Identify the Agency’s Role**

The Agency will work with stakeholders to identify individual communication needs and the most efficient and most effective communication tools, methods and frequencies. It will facilitate development of an official process for stakeholder communication. This process should ideally occur before an emergency.

During the emergency planning, response and recovery phases, the Agency will provide stakeholders with public health alert messaging, situation assessments, relevant data, and public health related information regarding the nature and extent of the hazard, any cascading effects, and the status of the response. The objective of information sharing will be to aid stakeholders in decision-making and situation response regarding immediate lifesaving and life-sustaining activities, meeting basic human needs, stabilizing the incident, and recovering from the incident.

The Agency will work with stakeholders using a quality improvement process to continuously define and redefine information-sharing needs.

**Identify Stakeholders and Information Needs**

Prior to and during an event, the Agency will work to identify its local jurisdiction response partners and stakeholders. The Agency will develop a role-based directory that includes agency names, contact persons, contact numbers and information, activation level, security level, and communication needs. The Agency will also list inter-jurisdictional public health stakeholders that may need to be included in an information exchange. Both directories will be updated at least annually.

**Define Information Elements**

The Agency will define minimum requirements for information sharing including the following elements:

* when data should be shared,
* who is authorized to share data,
* who is authorized to receive data,
* what types of data can be shared,
* data use and re-release parameters,
* what data protections are sufficient, and
* legal, statutory, privacy, and intellectual property considerations.

The Agency will work with stakeholders to identify routine or incident-specific data needs. The Agency does not have dedicated IT staff capable of identifying and facilitating data-exchange requirements for each stakeholder that adhere to national standards. Therefore, it will utilize existing data collection and sharing systems such as MOHSAIC, WebEOC, EMResource®, MOWINS, and PROD, as applicable.

**Identify Data Collection Methods**

The Agency will follow several important steps to ensure that the data collection process and measurement systems are stable and reliable. These steps can be summarized in three phases:

Pre-data collection:

1. Clearly define the goals and objectives of the data collection

In order to facilitate efficient and accurate data collection, the Agency will describe the event, identify the specific data that is needed, explain the rationale for collecting the data, describe what the data might provide, and identify what will be done with the data once it has been collected.

For example: During the 2009 H1N1 outbreak, local public health agencies collected data on the number of vaccines available and aggregate data on what age groups vaccines were administered to. Sharing this information helped stakeholders identify vaccine demand, vaccine availability, public information messaging effectiveness, gaps in planning, and the level of community protection.

1. Reach understanding and agreement on operational definitions and methodology for the data collection plan

The Agency will communicate with stakeholders how data will be collected and what data will be collected to ensure there is no duplication of efforts. The Agency will define the scope of data collection, including the number of observations needed, the time interval, and the methodologies that will be used to record data. The Agency will seek to gain agreement from stakeholders on the definitions, procedures and guidelines that will be used in data collection.

For example: During the 2009 H1N1 outbreak, reports of the case count varied widely at any given moment. The CDC made the decision to release an official case count number at a set time each day, regardless of whether that number varied later in the day.

1. Ensure data collection and measurement repeatability, reproducibility, accuracy, and stability

The Agency will ensure the data it shares with stakeholders is repeatable, meaning the same operator is able to reach essentially the same outcome multiple times on one particular item with the same equipment. The Agency will ensure the data will be reproducible, meaning all the operators who are measuring the same items with the same equipment are reaching essentially the same outcomes. The Agency will ensure the data’s accuracy, which is the difference between an observed average measurement and the associated known standard value. The Agency will also ensure the data is stable, meaning it has an acceptable variation resulting from the same operator measuring the same item, with the same equipment, over an extended period. Factors that could impair the repeatability, reproducibility, accuracy or stability of the data should be mitigated or eliminated.

For example: In a comparison of seasonal influenza cases between the current year and the past year, it is important to use the same case definition. Case counts may vary from year to year, but patterns should be fairly consistent, such as month of onset, typical bell curve, age of ill persons, and approximate timeframe.

During data collection:

1. Follow through with the data collection process

The Agency will ensure data is collected, analyzed and shared according to the plan, and will mitigate or address any barriers in the process.

For example: When the Agency is depending on all the hospitals that serve a jurisdiction to report seasonal influenza based on diagnosis codes, and one hospital is either not reporting, or reports based on patient-reported symptoms, the data collection process will need to be reevaluated and adjusted.

Post-data collection:

**5.** Follow through with the results

The Agency will weigh data to ensure its validity before sharing it, and will use a continuous quality improvement process to mitigate or address barriers.

For example: Often the Agency’s seasonal influenza case count does not agree with the case count reported by the MoDHSS. The Agency will need to explain to stakeholders what the difference is, and why the Agency will be reporting its own numbers.

**Define Rules for Information Sharing**

Information sharing will be guided by state and federal rules and regulations as described in the Legal Issues section of this EOP, Missouri State Statutes, Missouri Code of State Regulations, and HIPAA. The Agency will report data to MoDHSS according to requirements in 19 CSR 20-20.070. All other information on communicable diseases, including information shared across jurisdictions or to the federal level, will be shared in statistical aggregate format only, except as permitted by law.

Information shared by the Agency will be verified first for credibility and authenticity. It should be labeled “for internal use only”, and should be handled as such by its recipients. Internal information is intended to be used for decision-making, but not to be shared with the media or the public, or posted on websites, social media outlets, or facilities open to the public. Stakeholders will be asked to sign the Agency’s information sharing memorandum of understanding to show their understanding of and compliance with information sharing rules (Appendix 14 - MOU: Information Sharing).

Approved messages for the public and media will be shared separately and will be clearly labeled for public or media release.

The Agency will comply with CDC’s Public Health Information Network Guidelines version 2.01 and protocols established by National Institute of Standards and Technology (NIST) for equipment and information by utilizing existing data collection and sharing systems such as MOHSAIC, WebEOC, EMResource®, MOWINS and PROD.

Additional guidance may be sought from the Office of the National Coordinator on health information exchange (<http://www.healthit.gov/policy-researchers-implementers/health-information-exchange-governance>) and health IT and safety (<http://www.healthit.gov/policy-researchers-implementers/health-it-and-safety>), and the Office of Civil Rights (<http://www.hhs.gov/ocr/civilrights/resources/providers/index.html>) for non-discrimination laws (<http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>). The Agency will review the HIPAA Privacy Rule (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>) to determine what information is protected and how protected information can be used and disclosed. The Agency will also review the HIPAA Security Rule (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>) to ensure comprehension of who is covered by the HIPAA privacy protections and what safeguards must be in place to ensure appropriate protection of electronic protected health information.

The Agency will utilize a continuous quality improvement process to identify and address any unintended legal or policy barriers to sharing information within the Agency’s control.

The Agency will seek the advice of official legal counsel when information sharing guidelines are not clear.

The Agency will work with stakeholders to determine appropriate activation points and levels of security clearance needed for information access. This information will be included in the role-based directory. When sharing information with state or federal agencies, such as the FBI, the Agency will comply with the more stringent data sharing protocol.

The following terms will be used as defined below when sharing information:

**Access** – qualitative indicator that describes the proportion of the target population that can use the service or facility.

**Age-specific rates** – used to define the status of the most vulnerable group

**Availability** – qualitative indicator that describes amount of services compared with total target population (should be based on minimum standard requirements).

**Case-fatality rates** – used to define the risk of people dying from a particular disease. It indirectly expresses the quality of care with baseline numbers, e.g., case fatality rate for cholera should not exceed 1% for a well-run program.

**Cause-specific rates** – used to define priorities by identifying the most serious diseases

**Coverage** – qualitative indicator that describes the proportion of the target population that has received service.

**Crude rates** – used to summarize events in terms of the total population.

**Incidence** – thenumber of new occurrences of a condition (or disease) in a population over a period of time.

**Morbidity rate** – all persons in the population under consideration (e.g. belonging to a specific gender or age-group) who become clinically ill during the stated time period.

**Mortality rate** – thenumber of deaths occurring in a population in a stated period of time (usually a year) divided by the number of persons at risk of dying during that period, e.g., mortality rate of infants during their first year of life.

**Period prevalence** – a combination of point prevalence and incidence. Prevalence data may have implications to the provision of services needed in a community. Both measures of prevalence are proportions.

**Point prevalence** – the number of persons with a disease in a time interval (eg, one year) divided by number of persons in the population

**Prevalence** – thenumber of cases of a disease that are present in a particular population at a given time.

**Proportional morbidity** – used to define the most common causes of disease. Measles, diarrhea, acute respiratory infections

**Quality of services** – qualitative indicator that describes the actual services received compared with the standards and guidelines.

**Sex-specific rates** – used to assess whether both sexes have equal access to services

**Specific rates** – used to measure the number of events in a population in terms of a given age, race, or gender.

**Describe the Process of Exchanging Information**

In the Public Health Incident Management model, communication and information management is a component of three functional areas:

* Incident Command Staff/ Public Information Officer
	+ Coordination of the delivery of messages to the public, often through the media.
* Operations
	+ Internal and external notifications to public health personnel, regional and State partners, and community partners involved in healthcare delivery,
	+ Messages to responders and the general medical community,
	+ Intra/interagency communications during operations (i.e. Epi investigations, dispensing clinics)
	+ Establishment of Public Health Hotlines for community and medical provider access
* Planning
* Collection, analysis, and dissemination of incident health and medical data to assist with the development of the operational period Incident Action Plan, contingency plans, and demobilization plan.
* Collection, analysis, and reporting of measures of effectiveness data to command staff and operations.
* Provision of incident related data to Operations to assist with the development of tactics to accomplish incident goals
* Provision of data to assist the Public Information Officer with developing appropriate public information messages

The Agency will use the following alert structure with partners and stakeholders, in order to remain consistent with messages sent by Missouri’s Healthcare Coalitions:

* Advisory – notice that an event is taking place or is expected to occur. Recipients should maintain awareness; no response required. The message should include:
* all relevant incident data,
* the Agency’s response, including its plan for investigation
* provision of a case definition,
* a request for reporting of possible cases,
* disease specific information and treatment protocols,
* tactical or logistical expectations from partner agencies/message recipients,
* contact numbers for further information, and
* a reference for more information including relevant credible web sites.
* Alert – stand ready for activation. No response is required of recipients. An alert may be issued when sufficient credible threat or medical evidence exists, when a potential to create significant health impact exists, or when evidence of terrorist or criminal intent paired with demonstrated capability exists. The message will include all the information as listed under “advisory” above, as well as information for potential activation of non-public health resources.

Alerts may also be used for ongoing notifications during an incident to convey urgent information and recommended actions. These alerts will be shared with stakeholders at least twice daily at the start of each operational period, or more often if dictated by the situation and rapidly unfolding events. Information will be shared with MoDHSS and CDC at least twice daily at the start of each operational period, unless otherwise dictated by MoDHSS or CDC. Information will be shared with the media at least twice daily at approximately 10:00 am and 6:00 pm, or more often as dictated by the situation, media inquiries, public queries, and other factors.

* Activation – the Agency’s EOC is activated in response to a public health incident or emergency. A response is required from recipients. The message will include all the information listed under “advisory” and “alert” above, as well as requests for additional information from the health and medical community, and possibly requests for support for the public health response.

Suspected Bioterroism Event

When the agency is made aware of a high risk suspicious substance, it will notify the MoDHSS Department Situation Room (DSR), and then contact the Department of Natural Resources (DNR) or the regional Homeland Security Regional Response System (HSRRS) team to request test collection and identification.

Until the substance is confirmed, the agency will only notify those partners with a critical need to know, including law enforcement and possibly hospital and health care, depending on location and situation.

If the substance is confirmed to be biological, the agency will notify the MoDHSS’ DSR, law enforcement, health care, hospital, emergency management, the Board of Directors, staff, and other partners as applicable.

If necessary, the agency will also notify the public through traditional media and social media outlets.

NOTE: In a confirmed bioterrorism event, the FBI will become the lead agency and the Agency will play a support role.

Non-Bioterrorism Event

Reports of non-bioterrorism events may come to the Agency from multiple sources, some unexpected. Whenever the Agency is made aware of a non-biological event, such as a natural disaster, mass trauma, mass casualty, chemical, radiological or nuclear event, it will contact the county Office of Emergency Management (OEM) to verify information, learn its activation level, and identify the role of local public health. The Agency will then notify the MoDHSS’ DSR, its own staff, its Board of Directors, its health care partners and other organizations as applicable or as requested by OEM.

When appropriate, the agency will also notify the public through traditional media and social media outlets.

The most appropriate and available communication system will be used at the discretion of the Incident Commander, keeping in mind expediency, confidentiality, accuracy, and staffing.

Communication Tools and Resources

Large scale emergencies may directly, through damage or overloading, impact the agency’s ability to send or receive information. Redundant and interoperable forms of communications are vital. The agency is prepared to use a variety of tools in order to facilitate information exchange and communication between the agency and its audiences:

* **Landline telephone** is available for all partners but may be subject to severe competition among users in large-scale emergencies.
* **GETS** (Government Emergency Telecommunications Service) landline services, provided by the NCS (National Communications System provides high priority, long distance circuits to complete local or long distance calls.
* **Cellular telephone** service is available for all partners, and typically includes text messaging service which may continue to function even when cell phone communication is limited. Limitations may include cell phone jamming due to overuse, cell towers inoperable, or battery life expended.
* **FRS radios** can provide communication between agency staff, usually limited to one mile or less depending on terrain. Channels are public communication channels, and battery life is limited.
* **MOSWIN radio** provides point to point two way radio service from the agency to other partners who have compatible communication devices. It is preprogrammed with multiple channels, and is in a fixed location at the agency.
* **Ham radio** is the most dependable system, with the ability to be set up anywhere, anytime, as long as equipment and operators are available. The Agency’s ham radio is installed \_\_\_\_\_\_\_\_\_\_\_\_\_\_(location).
* **Blast fax** capability allows the agency to send messages quickly to a preprogrammed list of recipients that may include hospitals, clinics, nursing care facilities, pharmacies, group homes, and food establishments.
* **Internet** services/programs include:
	+ Agency website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ WebEOC – to communicate with regional emergency response partners
	+ EMResource® – to communicate status and share information with hospitals and health care partners across multi-regions
	+ eICS® – to manage Healthcare Coalition incident response using the incident command structure
	+ Email – for communication with agency staff, Board of Directors, and stakeholders
	+ Health Alert Network (HAN) – to communicate emergency messages to healthcare partners within the county
	+ ESSENCE Surveillance Tool – to receive information on communicable diseases from DHSS
	+ Social media platforms – to share information with the public and media
		- * Facebook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			* Twitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			* Instagram: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Alert System** (EAS) – to send community-wide civil emergency messages
* **Traditional media** outlets – to efficiently communicate with the public through media

Interoperability

The Agency has sufficient wireless communications to meet everyday internal and emergency communication requirements. The Agency has interoperability with other agencies through MOSWN base station and mobile radios, a Ham radio installed at the County EOC, and UHF/VHF radio systems. These interoperable communications allow the Agency to exchange voice information on demand, in real time, when needed, and when authorized.

Audiences and Dissemination Methods

Most emergencies will require information to be shared with multiple audiences. Each identified audience may require a unique method of message dissemination through use of the tools described above. In general, audiences will receive communication in the following priority order:

* Agency staff: text message, cell phone call, email or interoffice memo, person to person
* Agency Board of Directors: phone call, text message, email
* MoDHSS: via phone call to the Department Situation Room, backup Ham radio
* Emergency Management Director (EMD): via WebEOC, phone, cell phone, Ham radio
* Hospitals: via the assigned Healthcare Liaison to the Healthcare Coalition duty officer via EMResource®, phone, Ham radio
* Community Medical and Health Providers (nonhospital): through the agency’s listserv email, phone, or HAN
* Media: via press releases sent by email or fax, press briefings held in person, phone calls, social media, agency website
* Affected public: via Emergency Alert System (if applicable), traditional media, social media, agency website, flyers and other means as applicable and available
* Public Safety Partners: through WebEOC, MOSWIN, Ham radio
* Regional Partners (MACC): via WebEOC, MOSWIN, Ham radio
* General public: via traditional media, social media, agency website

**Identify Data Protection Methods**

The Agency will draw on guidance from NIST and US DHHS provided in the [Risk Management Guide for Information Technology Systems](http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/nist800-30.pdf) to establish security policies and procedures to protect the integrity of information systems, and to prevent unauthorized data disclosure, modification, exploitation, or destruction. The Agency will include a policy to restore data if necessary.

The Agency’s Information Technology staff or service will monitor computers and data files and will mitigate, prevent, and investigate malicious activity. Computer information technical services are provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Agency will provide employees and volunteers with training on confidentiality and security policies, laws, and penalties for violations. The Agency will monitor employees and volunteers to assure compliance with confidentiality laws, rules, policies, and procedures.

The Agency will verify authenticity with message senders or information requestors when the information is not part of the public record. The authentication process will include a telephone call to known partners or stakeholders, or a fax request for authentication. At times the Agency may request an acknowledgement of receipt of information from its partners or stakeholders. This request will simply be conveyed in the text of the electronic communication. The Agency will use encryption in electronic data sharing when warranted.

**EMERGENCY PUBLIC INFORMATION AND WARNING**

**Public Information and Warning**

A suspected disease outbreak or public health emergency will generate immediate, intense and sustained public, health care provider, media and policymaker concern, interest and demand for information. Research shows that in a disaster, information is as important to people as food and water. Good public information and emergency risk communication can multiply resources and move people to take appropriate actions.

The purpose of the Emergency Public Information and Warning section of the EOP is to describe the process of providing accurate, coordinated, timely, consistent information to affected audiences – including governments, media, the private sector, and the general public, including children, those with disabilities and others with access and functional needs, and individuals with limited English proficiency – in a way they can access and understand, so that they can make appropriate decisions on health, wellness, prevention, safety, survival, and recovery in a disaster.

**General Guidance**

Location

The Agency will primarily support public information operations out of its EOC.

When the disaster dictates that multiple agencies become involved in the public information response, the Agency will work with partners to coordinate a Joint Information System (JIS) and may physically relocate its Public Information Officer (PIO) to the jurisdiction’s Emergency Operations Center (EOC) or to the Joint Information Center (JIC), if one is established. If an alternate site is needed for public information coordination and dissemination, the PIO will work with the Logistics Chief to identify a location that meets the Incident Commander’s approval.

Structure

The PIO will utilize a NIMS-compliant framework for coordinating public information and risk communication efforts. The Agency’s PIO will maintain jurisdictional control and responsibility concerning local PIO activities, unless the PIO turns control over to the state or federal government. State and federal officials may be on-site to offer assistance and guidance, under ESF #15, which coordinates Federal actions to provide the required external affairs support to local, state, tribal, territorial, insular area, and Federal incident response entities; however, local and state authorities retain the primary responsibility for communicating health and safety instructions for their population. In the event that local or state governments are unable to perform these responsibilities, the Federal Government may provide vital operational health and safety information to the affected population.

Leadership

The Health Department Administrator, or Agency staff in the role of Incident Commander, will be responsible for the following:

* 1. Activate the Public Information section of the EOP.
	2. Serve as primary spokesperson before media.
	3. Give final approval for release of all information.
	4. Designate location for media briefings and JIC.
	5. Approve implementation of any special provisions for media convergence.
	6. Brief peers and EOC staff.

Approval

Other employees of the Agency and its volunteers will understand that only the PIO and designated spokespersons are permitted to respond to media inquiries. All information is to be approved by the Agency’s administrator or the Incident Commander before being released. Only approved information will be considered official. Any person releasing information to the media or the public of their own volition, including through social media outlets, will bear the responsibility for any repercussions.

Principles

The PIO will ensure that public information and risk communication principles are employed in all public information efforts.

Resources

Public information sources will be multiple and will include, but not be limited to, existing templates, Redbook, CD Manual, DHSS PIO Toolkit, [Talking About Disasters](http://www.redcross.org/email/test/disasterguide/standardmsg.html), [CDC’s First Hours website](http://www.bt.cdc.gov/firsthours/index.asp), resource CDs and credible websites.

**Staffing**

Public Information Officer (PIO)

The Agency’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*staff position*) will serve as PIO.

* If the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is unable to perform the PIO duties, the \_\_\_\_\_\_\_\_\_\_\_\_ (*backup staff position*) will assume the role.
* If the \_\_\_\_\_\_\_\_\_\_\_\_ (*backup staff position*) is unable to perform the role, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*second backup staff role*) will assume the role of PIO.
* If none of these persons are available, the Agency’s Incident Commander will assign someone to the PIO role.

The primary responsibility of the PIO will be managing the public information response, including the following broad objectives:

* representing and advising the Incident Commander on all public information matters relating to the management of the incident,
* disseminating incident-specific information to the public, media, response partners, and stakeholders,
* monitoring media reports and responding to media inquiries,
* coordinating with Public Information Officers from response partner agencies in a JIS,
* supporting physical operations at a JIC, when public health is the lead agency.

Detailed responsibilities of the PIO during a disaster are outlined in Job Action Sheets.

The PIO should be skilled at research, writing, communicating, organizing, educating, public speaking, media relations, and social media. The PIO should complete minimum training that includes ICS 100, 200, 700, 702, 800, and CDC Crisis and Emergency Risk Communication Basics.

Spokespersons

The Agency should also identify spokespersons. The spokesperson will be the face of the Agency during the disaster, and must be able to build trust with audiences. Spokespersons should have integrity, credibility, the ability to express empathy, a calm presence under pressure, and strong communication skills. Recommended minimal training for spokespersons includes SEMA’s Basic PIO course (<http://training.dps.mo.gov/>).

* The Agency’s \_\_\_\_\_\_\_\_\_\_\_\_ (*staff position*) will serve as the primary spokesperson.
* In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ absence, the line of succession for spokesperson will be:
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*backup staff position*)
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*secondary backup staff position*)
* If none of these persons are available, the Agency’s Incident Commander will assign someone to the spokesperson role.

Support Staff

The Agency should also seek to identify staff and volunteers with the skill sets to assist in the public information and warning function as needed. Persons will be activated on an as-needed and as available basis, in priority order, following guidance in the JIC Plan appendix entitled JIC Staffing at Various Levels. If additional personnel are needed during a disaster response, the Agency should submit a resource request to the EOC. Persons who will support the public information function during an incident should have awareness-level training specific to media operations during an incident, such as IS-702.

**Pre-Crisis (Mitigation / Planning Phase)**

An effective public information response depends on quality planning well before an incident occurs. The PIO will work to build relationships before an event and develop an effective public information system.

1. Identify response partners

The PIO will build relationships with agencies that will likely be involved in the response. These early partnerships will allow for more seamless integration during the response. The PIO will identify its partners’ information needs and develop an effective information delivery system.

1. Identify multiple audiences

The Agency understands that in a disaster there will be multiple audiences, with different needs, and varying levels of access to information. A successful public information campaign will make information available to all audiences in a way they can access, understand, and act on.

Prior to an event, the PIO will seek to build relationships with all identified audiences in order to establish avenues for public interaction and information exchange. The PIO will seek to learn about each audience’s level of preparedness, understanding of public health, preferred means of communication, cultural issues, language barriers, and other relevant information.

The PIO will identify foreign-language interpreters and translators to assist with public information and risk communication message development and dissemination.

1. Share preparedness information

The PIO will share information with all audiences to help people understand the importance of personal preparedness, becoming more knowledgeable about available services and resources, and taking action to protect self and family.

1. Develop template message maps

The PIO will develop broad general message maps based on the most likely incidents to impact the jurisdiction. Messages will seek to answer common questions the public and the media will ask. They will describe the situation, the Agency’s response, and recommended actions for the affected public. Messages will follow legal guidelines on information sharing and privacy.

Messages will also be based on simple language and clear communication principles. Staff will use tools in the [CDC’s Clear Communication Index](http://www.cdc.gov/ccindex/) (<http://www.cdc.gov/ccindex/>) to assess messages before they are released. Written materials will be assessed using the full scorecard, and oral messages and social media messages will be assessed using the modified scorecard. If time is short or resources are limited, messages may alternately be reviewed based on the National Institutes of Health’s (NIH) Plain Language Checklist.

1. Develop redundant, scalable message delivery mechanisms

The PIO will develop multiple resources for message dissemination, including, but not limited to, website, social media outlets, traditional media outlets, email groups, text messaging systems, printed materials, videos, audio clips, and photographs.

1. Acquire equipment

Recommended equipment includes internet access, computers and printers, fax machines, hard-wired phones and multiple phone lines, clocks, cell phones, radio, television, video, and recording devices for both radio and television.

The Agency has access to the following equipment and communication resources:

* an essential services designation from the telecom industry and utilities,
* a dedicated phone line with emergency service designation for inquiries,
* 24/7 alerting capacity through website and Facebook,
* gas-powered generators to provide redundant power supply to support the 24/7 alerting capacity and operations,
* cell phones,
* a Ham radio installed at the County EOC with support through local volunteer amateur operators,
* MOSWN base station and mobile radios, and
* handheld radios.

**Response (Response Phase)**

When the Agency administrator recognizes that an event has occurred or will occur which will generate significant public or media interest, create the need to share public information, or necessitate coordinating public information with partners, she will activate this section of the EOP and the public information staff.

The PIO will take steps to begin the public information component of the response using tools listed in the appendix of this EOP to complete the tasks listed below. The list is not necessarily in chronological order, as some tasks may need to be completed simultaneously, or may be ongoing. Throughout the initial response, the PIO should use an ongoing evaluation to ensure all tasks are completed.

1. Check in with the Incident Commander, and develop the initial statement to media. The public will judge the Agency’s level of preparedness by the speed of its first information release. Therefore, to maintain Agency credibility, it is essential to recognize the disaster early and make an initial statement, regardless of whether or not all the facts are known.

The statement may be sent out via email to media, posted on social media, placed on telephone recordings at the office, or all of these methods. It should be short, but should include the following:

* Acknowledge the event has occurred
* Include a statement of empathy, recognizing the audience’s emotions
* Explain and inform the public about the risk in clear terms—what is known, what is not known, and the plan and timetable for learning more
* Establish spokesperson credibility
* Commit to ongoing communication with stakeholders and the public
* Provide contacts for more information

Until the initial statement is released, the PIO and staff may use brief pre-scripted statements to respond to early media and public telephone inquiries.

1. Establish presence in the EOC by introducing self to Command and General staff and setting up a work station. Review incident objectives for current operational period.
2. Review Job Action Sheet, and ensure the availability of necessary resources, tools, and equipment.
3. Complete event assessment to determine the level of public information response and help in development of the communication plan.
4. Activate PIO support staff following prioritization in the JIC Plan. Deploy PIO staff to the incident command post, EOC, and other sites as needed.
5. Contact partners and activate information sharing system, based on guidance in Information Sharing section of EOP.
6. Identify audiences, needs, and primary mechanisms for information dissemination to each audience.
7. Review pre-scripted key messages and tailor them to the incident and to specific audiences. Use messaging to help the public understand the continuing and emerging risks, and provide the comprehensive information they need to make appropriate decisions about their health and safety.
8. Schedule press briefing with approval from Incident Commander and brief spokesperson.
9. Manage the media.
	1. In anticipation of media convergence, implement media credentialing protocol to verify identity, ensure accountability, and authorize grant access to specific locations and information.
	2. Proactively send out press releases with the most current, relevant information. (See <http://www.naccho.org/communications/hd-communications/media-outreach/news.cfm> for assistance in writing press releases).
	3. Send Media Advisories to communicate information only pertinent to media, such as the time and location of media briefings, or the activation of a JIC. Media briefings will be held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	4. Hold media briefings at least once each operational period in order to provide media with the most current information from agency officials and spokespersons.
	5. Respond to media inquiries in a timely fashion, facilitating interviews, access to spokespersons, requests for information, requests for tours of the event site, interviews, photo opportunities, and story ideas. However, do not allow the media audience to replace or take precedence over the primary public audience that is depending on critical health and safety information.
10. Support activation of the JIS and JIC.

When more than one PIO becomes involved in a response, a Joint Information System (JIS) should be activated. A JIS supports message consistency and coordination. It can be as simple as two PIOs talking to one another by phone, or as complex as multiple PIOs sharing information in a virtual or physical Joint Information Center (JIC).

In a virtual JIC, PIOs from various agencies utilize digital tools such as email, texting, Adobe Connect, and other web-based platforms to collect, verify, coordinate, assemble, and disseminate information to audiences. In a physical JIC, PIOs coordinate the public information response from a single, physical location. The JIC should provide convenient access for spokespersons, the Incident Commander, and the Command and General staff. A JIC offers the media access to multiple PIOs and spokespersons in a single location, but should not allow them easy access to the EOC or the Incident Command Post.

When public health is the lead agency in a disaster response, and more than one agency is involved in the response, the Agency PIO, Agency administrator and jurisdiction EMD will discuss whether a JIC should be opened. If the decision is made to open a JIC, the Agency will activate the JIC Plan with the public health PIO acting as the lead PIO in the JIC. If the Agency and its partners do not have adequate resources to staff a physical JIC, if a physical location is not available, or if the incident is widespread, a virtual JIC may be activated instead.

When public health is not the lead agency in a response, the Agency will support the EMD’s decision to open a JIC by sending its PIO to the JIC to represent public health and support other agencies, as able.

1. Maintain the information management cycle

The PIO will be responsible for continuously gathering, verifying, organizing, collaborating, and disseminating information relevant to the incident and public health and safety in a management cycle that includes at least the following steps:

1. Gather and verify information by attending incident briefings and talking with officials, Command and General staff, subject matter experts, and other credible sources.
2. Identify and prioritize audiences and identify appropriate dissemination methods.
3. Craft situation specific messages by adapting pre-developed talking points.
4. Work with subject matter experts (SME) to ensure information is accurate before it is released.
5. Tailor messages for specific audiences and dissemination tools, using plain language, a dissemination method that is accessible, and information that is able to be acted upon.
6. Work with partners to develop messages for all audiences. Tools like Language Select (1-888-546-7703) can assist with real time foreign language translation over the phone. A TTY system should be utilized to assist with calls from persons who are deaf or hard of hearing. Braille materials may also need to be developed. The PIO will work with partners, MoDHSS, CDC and request additional resources from the EOC as needed.
7. Develop supporting materials such as handouts, flyers, charts, graphs, infographics, brochures, website content, videos, photographs.
8. Ensure Incident Commander reviews and approves messages as indicated by placing his initials, date, and time in top right corner of each approved document.
9. Share messages with Command and General staff, EOC, JIC, and response partners before releasing information to the public and/or media. Details on information sharing can be found in the Information Sharing section of this EOP.
10. Share messages with stakeholders, the media, and the general public, using a variety of tools (email, text, social media, website, telephone recording, traditional media, press briefings, media releases, interviews, town hall meetings, public speaking engagements, printed materials).
11. Log messages disseminated. Post one copy of each press release and accompanying talking points in JIC and one of each in the EOC. Send one copy of talking points to call center. File one copy of press release and talking points in Event Chronology folder.
12. Respond to interview requests, and log media requests, interviews, and coverage.
13. Monitor media and social media outlets for accuracy.
14. Correct misinformation and address rumors as quickly as possible, and document efforts.
15. Support information flow and facilitate site visits from officials, dignitaries, and VIPS.
16. Evaluate messages by monitoring media reports and social media interaction, and by verifying that people are taking recommended actions.

Support may be requested from the Region D JIS.

1. Start the cycle again with the latest information.
2. Engage the audience in the exchange of information

During the event, the PIO will utilize a series of scalable mechanisms to engage the audience in an exchange of information. The PIO may use social media, town hall meetings, or focus groups to obtain audience input. The Agency will follow its internal policy on social media usage during an emergency. It should utilize resources to ensure a well thought out social media plan, including double-checking social media messages before release.

The objective in gathering information from audiences is to determine if messages are being received and understood, if appropriate actions are being taken, what misinformation is circulating, and what information needs or gaps still exist. Two-way communication is a vital tool for evaluating the effectiveness of public information and risk communication efforts.

1. Manage public inquiries

If a call center is warranted, the PIO will submit a resource request to the EOC for activation of a call center. The PIO will provide the call center with talking points and approved scripts by which to answer questions from the public.

If the EOC is unable to fill the call center request, or while it is being set up, the PIO may direct the public to contact CDC-INFO for general information. CDC-INFO has information on more than 750 health and safety topics, and a warehouse of materials available at no cost. They have live operators that can be reached Monday through Friday from 8:00 am to 8:00 pm EST by calling 1-800-CDC-INFO (232-4636). They are also available by TTY 888-232-6348 or by email at [www.cdc.gov/info](http://www.cdc.gov/info). (Note: They are closed on holidays as listed at <http://www.cdc.gov/cdc-info/>).

1. Document

During the event, the PIO will maintain a chronological record of public information efforts, media messages, and events pertinent to the public information and risk communication response. Records should include a copy of all materials and messages disseminated during the incident. Staff should log all media interviews. Staff should maintain incident logs, Unit Logs and time sheets.

**Demobilization and Recovery (Recovery Phase)**

Before the disaster response is officially in the recovery phase, media interest may begin to wane. When media demands begin to subside and/or the need to disseminate public information slows, the PIO will recommend to the IC that the JIC be demobilized and the public information response transitioned into the recovery phase.

1. Conduct public education

During recovery, important information still needs to be disseminated about restoration of basic services and community functionality. Responders will continue to work to meet needs, while promoting independence and well-being of community members in accordance with the specified recovery timeline. The PIO may struggle to get media cooperation or to find its audience receptive to more messages. The PIO may need to use creative methods to ensure information reaches its audiences and is acted upon.

The information management cycle will follow the same process as the response phase, except press releases will likely replace media briefings. Social media will likely play a large role in disseminating recovery public information messages.

1. Monitor messages and events

The PIO staff will need to continue to monitor media messages, social media, and public requests for information, to evaluate accuracy and ensure needs are being met.

1. Care for communication team

The Lead PIO should ensure that all communications staff receive a debriefing and a well-being assessment, and that long-term recovery resources are provided as described in the Responder Health and Safety section of this EOP.

1. Review and analyze data

The PIO staff should review messages, feedback, actions taken, media requests, and other data as part of the evaluation process.

1. Identify lessons learned and areas for improvement

In the recovery phase, the PIO should focus on evaluating the public information response, documenting lessons learned and indicating areas for improvement and specific strategies. This information should be included in the incident after-action plan and the Agency’s improvement plan.

As the event comes to a close, the PIO staff should find themselves in a new state of readiness for the next emergency, by identifying lessons learned and areas for improvement, and implementing changes to the risk communication plan and processes.