

## APPENDIX A - II - 5: CRISIS COMMUNICATION PLAN FOR PANDEMIC INFLUENZA

### **PANDEMIC INFLUENZA CRISIS COMMUNICATION TEAM:**

- 2 FTE - Health Promotion Specialist
- 2 FTE - Media Coordinator

### **ISSUE/ACTION**

This Crisis Communication Plan (CCP) sets out the Simcoe Muskoka District Health Unit's communications strategy for Phases 3-6 of the WHO Pandemic Influenza Alert.

### **BACKGROUND**

Influenza is a serious respiratory illness caused by influenza A or B virus. When an outbreak of a new type of influenza virus affects a large number of people around the world, it is known as a pandemic.

There have been four flu pandemics in the last century, with the most severe being the 1918-19 Spanish Flu when 20 to 40 million deaths occurred worldwide. The other pandemics were less serious, but still caused significant illness and death. We now have the Pandemic (H1N1) 2009 Influenza A experience to add to our knowledge and insights related to pandemic planning.

The World Health Organization (WHO) and a large number of national health agencies, including the Public Health Agency of Canada, have recommended the development of pandemic plans to help reduce the impact of the next pandemic on the world's population.

The Simcoe Muskoka District Health Unit created its own plan in 2006 to combat a flu pandemic in this region. It is designed to meet the needs of the community and to be coordinated with the current plans that have been developed by the Public Health Agency of Canada, the Ontario Ministry of Health and Long Term Care (MOHLTC) and other health care agencies in our communities. The plan is currently being updated for 2010. The Health Unit also worked with several community partners on a region-wide plan, including hospitals, municipal governments, ambulance and other emergency response agencies. The Simcoe Muskoka Health Sector Emergency Planning Committee Pandemic Plan (2006) is also being updated in 2010.

Communications is an important and vital component of a comprehensive public health response to a pandemic. The creation of a general communications plan, as well as a crisis communication plan for the pandemic phase will help to inform and guide the public, media, staff and partners/stakeholders in implementing an appropriate response to a pandemic situation, as well as in the compliance of public health measures.

### **PUBLIC CONCERNS TO BE ADDRESSED**

Person/family safety

Interruption of normal life activities

- What are the risks to me and my family?
- What is the best way to prevent me catching the flu?
- What should I do to prevent spreading the flu if I get it?
- At what point do I seek medical attention?
- Should I go to school/work?
- What is the province/region doing to protect me?

- How can I be reassured that everything that can be done to safeguard my health during a pandemic is being done?
- What is the health unit doing to protect us when a pandemic occurs?
- Will I be able to access medications/antivirals?
- Will I be able to access vaccine?

### **STAKEHOLDER CONCERNS TO BE ADDRESSED**

Adequate resources to respond (health, emergency, recovery)

Information to respond to patients/clients/publics served

Access to treatment supplies

Accurate information, situation updates and actions being taken

Business impacts

Quality of planning and implementation

- Are systems in place to receive/transmit communications with the health unit?
- How do we react to the crisis with a united front?
- What messages should we be giving to our staff and to the public?

### **CONSTRAINTS**

The following hurdles may potentially affect the smooth implementation of this crisis communications plan:

- Logistical challenges related to geography and location, both at health unit level and partner level (e.g. availability of spokesperson(s) at multiple, concurrent press conferences; location of joint media centre, etc.)
- Media demand for a local perspective and comment from various health, emergency, education and social service organizations.
- Limited number of trained communications and technical personnel available
- Availability of necessary resources
- Personnel trained in crisis communications
- Conflicting messages from partners

### **GOALS AND OBJECTIVES**

The goals of this crisis communication strategy are to:

- Provide the health unit with a comprehensive, well-planned communications strategy that can be quickly implemented in the event of an influenza pandemic that becomes localized to the Simcoe Muskoka.
- Provide a crisis communications strategy that will respond to the information needs of the public, media, health unit staff, workplaces, stakeholders and partners in a timely, efficient and effective manner.

These goals will be reached through the implementation of the following objectives:

- Develop a comprehensive timeline of key activities that will ensure the provision of factual, timely and accurate information to the public, media, staff, stakeholders and partners regarding all events, reports, surveillance, directives, services and information related to an influenza pandemic in Simcoe Muskoka.
- Develop key relevant messages that target specific audiences throughout the duration of the Stage 6 outbreak. Particular attention must be paid to the tone of the messages (e.g. public needs reassurance that mechanisms and systems are in place - locally, provincially and nationally- to combat the pandemic).

- Create a collaborative process with partner agencies and services for the development and implementation of a joint crisis communications strategy for the region.

## **APPROACH**

This CCP will incorporate the following approaches and concepts:

- Consistency in messaging across the region (health unit staff and partner organizations)
- Collaborative communications activities with regional partners.
- Emphasis on the dissemination of critical and timely information to the media, public, health unit staff and partners as required.
- Provide opportunities for dialogue and information sharing on the issues between the health unit and the public (telephone, email, face-to-face).
- Continuation of public education campaign for the public regarding influenza prevention and precautions.
- Communications activities are underpinned by the following principles:
  - In a health crisis situation, people need accurate, clear, succinct information about how to protect their health and the health of others.
  - Information presented should minimize speculation and misinterpretation.
  - Rumours, myths and misconceptions need to be dealt with immediately.
  - Dissemination of information should be timely and transparent in order to build public trust and confidence.

## **TARGET AUDIENCES**

1. Members of the public (residents of Simcoe Muskoka) – will require up-to-date information on pandemic status/statistics, signs and symptoms, prevention/self-protection measures, public health measures, systems and procedures in place to combat pandemic, antiviral and vaccine availability, etc. CHANNELS/VEHICLES: the media, distribution of resources (pamphlets, fact sheets, notices), internet, e-mail, Health Connection, health unit telephone system (pre-recorded messages), public information sessions, newspaper ads/inserts, digital ads, PSA's, call-in shows.
2. Media (Simcoe Muskoka) – will require current, accurate and timely information on all issues listed above. CHANNELS/VEHICLES: regular press releases, PSA's, one-on-one interviews with health unit spokespeople, press conferences, pre-recorded or live television/radio shows, health unit internet site (News Room).
3. Health Unit staff – will require detailed, up-to-date information on pandemic status/statistics/surveillance, MOH/ MOHLTC public health directives, systems and procedures, antiviral and vaccine availability, information specifically for health unit staff. CHANNELS/VEHICLES: intranet, e-mail, taped telephone message (if urgent).
4. Partners/Stakeholders (Simcoe Muskoka) – will require up-to-date information on pandemic status/statistics/surveillance, MOH/ MOHLTC public health directives, systems and procedures, antiviral and vaccine availability, information specifically for health professionals and community partners. CHANNELS/VEHICLES: internet, e-mails, faxes, teleconferences, press releases, communiqués released by joint communication team.
5. Businesses/Workplaces (Simcoe Muskoka) – will require information on public health measures, public health directives, prevention/self-protection, essential service information. CHANNELS/VEHICLES: internet, faxes, e-mails, media, resources (fact sheets, etc.)

## KEY PUBLIC MESSAGES

### A) PANDEMIC ALERT PHASES 3 to 5

- Personal & family protection measures - Prevention is the key to avoiding the flu – annual universal flu shot, handwashing, cough and sneeze etiquette, staying home when sick, etc.
- During a pandemic, follow all public health measures and directives (reiterate what these are).
- Reassure the public that systems and processes are in place to safeguard public health during a pandemic.
- Agencies/services throughout the region are working together to deal with pandemic flu issues – identify pertinent issues and how they will be dealt with. (e.g. health unit and Boards of Education have working collaboratively to get illness-reporting and management systems in place to protect students and staff; collaborative work to develop Flu Assessment Centres)
- Dispel rumours and address false reports

### B) PANDEMIC PHASE 6

#### *FIRST CASE REPORTED IN SIMCOE MUSKOKA*

- Flu is confirmed in Simcoe Muskoka – details as appropriate
- Personal & family protection/prevention measures – explain mode of transmission, etc.
- Watch for symptoms of flu & instructions of how to deal with the symptoms, including when/where to seek medical attention
- Surveillance is taking place to monitor and track the path of the disease
- Address rumours and dispel false reports

#### *SPREAD OF FLU IN Simcoe Muskoka*

- Spread of flu has occurred – report on details
- Public health measures – if implemented
- Protective and prevention measures
- “we are in control” message
- Address rumours and dispel false reports

#### *FIRST FATALITY IN SIMCOE MUSKOKA*

*(as communication required if MOH determines the risk to population)*

- Expression of regret, sympathy for family of the deceased
- Placing relative risk to population in perspective
- Surveillance background (will/will not be reporting on local mortality)
- Protection & prevention repeated
- Symptoms, instructions on managing, including when to seek medical attention repeated
- Public health measures, if any
- Address rumours and dispel false reports

## ACTIVITIES

Activities for Phase 3, 4, 5 and 6 appear in the Pandemic Communication Activities pages of this document. Additional detail for Phase 6 Crisis Communications activities appear in Appendix B

## EVALUATION OF CCP

It is imperative that proper evaluation is conducted on this plan, including formative, process, impact and outcome components. Keeping in mind that time constraints and urgent emerging priorities may hinder some of this process, the evaluation ideally will include:

- Tracking of all media-related occurrences:
  - # of press conferences
  - # releases and PSAs released and published/broadcast
  - # interview requests
- Tracking of all public enquiries:
  - # calls to Health Connection
  - # website hits
  - # email enquiries
- Tracking of staff-related communications
  - # emails and blog postings
  - # postings to the intranet pandemic portal
- Testing of messages and materials
  - Public feedback
  - Surveys
- Impact indicators
  - Public perception of risk, intention to get vaccinated, credibility of local spokesperson(s), vaccine clinic experience  
(access through MOHLTC Communications Branch public survey reports)
- Outcome indicators